Form **990-T** Department of the Treasury Internal Revenue Service

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning 10/01, 2008, and ending 09/30, 2009. ▶ See separate instructions.

OMB No 1545-0687

2008

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section
[X] 501(C)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year 249,877,110.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions)
WINCHESTER HOSPITAL

Number, street, and room or suite no If a P O box, see page 9 of instructions
41 HIGHLAND AVE

City or town, state, and ZIP code
WINCHESTER, MA 01890

D Employer identification number (Employees' trust see instructions for Block D on page 9)
04-2104434

E Unrelated business activity codes (See instructions for Block E on page 9)

F Group exemption number (See instructions for Block F on page 9) ▶ 3843

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [X] Yes [ ] No
If "Yes," enter the name and identifying number of the parent corporation ▶ SEE STATEMENT 2

J The books are in care of ▶ GARRETT MIZIOCH Telephone number ▶ 781-756-2135

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 17,210,351.				
b	Less returns and allowances 11,879,034. c Balance ▶	1c	5,331,317.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	5,331,317.		5,331,317.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	256,048.	135,272.	120,776.
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See page 11 of the instructions, attach schedule)	12	1,168,690.	STMT 3	1,168,690.
13	**Total.** Combine lines 3 through 12	13	6,756,055.	135,272.	6,620,783.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	2,024,090.
16	Repairs and maintenance			16	
17	Bad debts			17	299,620.
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See page 13 of the instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	NONE		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	NONE
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	427,186.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule) SEE STATEMENT 4			28	3,265,609.
29	**Total deductions.** Add lines 14 through 28			29	6,016,505.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			30	604,278.
31	Net operating loss deduction (limited to the amount on line 30)			31	2,519,924.
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30			32	-1,915,646.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-1,915,646.

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JSA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
8E1610 3 000

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation on page 15 Controlled group members (sections 1561 and 1563) check here ▶ [X] **See instructions** and		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order) (1) 50,000. (2) 25,000. (3) 9,925,000.		
b	Enter organization's share of (1) Additional 5% tax (not more than $11,750)		
	(2) Additional 3% tax (not more than $100,000)		
c	Income tax on the amount on line 34 STMT 5 ▶	35c	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16 Income tax on the amount on line 34 from [ ] Tax rate schedule or [ ] Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See page 16 of the instructions ▶	37	
38	Alternative minimum tax	38	4,086.
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	4,086.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see page 17 of the instructions)	40b			
c	General business credit Attached Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	4,086.
42	Other taxes Check if from [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	4,086.
44a	Payments A 2007 overpayment credited to 2008	44a			
b	2008 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Other credits and payments [ ] Form 2439 [ ] Form 4136 [ ] Other Total ▶	44f			
45	**Total payments.** Add lines 44a through 44f			45	
46	Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached ▶ [ ]			46	128.
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	4,214.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	NONE
49	Enter the amount of line 48 you want **Credited to 2009 estimated tax** ▶ **Refunded** ▶			49	NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

		Yes	No
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶ CAYMAN ISLANDS	X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	6	Inventory at end of year	6
2	Purchases	2	7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3	Cost of labor	3			
4a	Additional section 263A costs (attach schedule)	4a	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes: [ ] No: X
b	Other costs (attach schedule)	4b			
5	**Total.** Add lines 1 through 4b	5			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

▶ [signature] 8/10/2010 ▶ V.P. OF FINANCE/CFO

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [ ] No

Paid Preparer's Use Only

Preparer's signature ▶ [signature]	Date 8/9/10	Check if self-employed [ ]	Preparer's SSN or PTIN P00886681
Firm's name (or yours if self-employed), address, and ZIP code ▶ DELOITTE TAX LLP 200 BERKELEY STREET BOSTON, MA 02116		EIN 86-1065772	Phone no 617-437-2000

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)

1 Description of property

(1) N/A
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income** Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) . . . ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) SEE STATEMENT 6			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals . . . . . ▶			256,048.	135,272.
Total dividends-received deductions included in column 8 . . . . . ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals . . . . . ▶				

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Statement of Tax Bracket Allocation

The amounts in each taxable income bracket in the tax table in Section 11(b) have been allocated to the corporations listed below pursuant to Regulation 1.1561-3(a).

The original copy of this statement is filed with the Internal Revenue Service Center in CINCINNATI, OH

Authorization consent for allocation on behalf of member companies

EXECUTIVE V.P./C.F.O

Employer ID No.	$50,000 Bracket	$25,000 Bracket	$9,925,000 Bracket
04-2104434	NONE	NONE	NONE
04-3262963	NONE	NONE	NONE
04-2932059	50,000.	25,000.	9,925,000.

Employer ID No.	Name, Address and Taxable Year
04-2104434	WINCHESTER HOSPITAL 41 HIGHLAND AVE WINCHESTER, MA 01890 Taxable year 10/01/2008 to 09/30/2009
04-3262963	WINCHESTER PHYSICIAN ASSOCIATES, INC. 41 HIGHLAND AVE WINCHESTER, MA 01890 Taxable year 10/01/2008 to 09/30/2009
04-2932059	WINCHESTER HEALTHCARE ENTERPRISES, INC 41 HIGHLAND AVE WINCHESTER, MA 01890 Taxable year 10/01/2008 to 09/30/2009

Controlled Group Election Statement

Election to Allocate Business Asset Expense

The undersigned corporations, component members of a controlled group of corporations, as defined in Section 179(d)(7), hereby consent to the apportionment plan listed below with respect to the taxable year of each corporation which includes December 31, 2008.

Election to Allocate $40,000 Alternative Minimum Tax Exemption

The undersigned corporations, component members of a controlled group of corporations, (within the meaning of Section 1563(a)), hereby consent under Regulation 1.58-1(c)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes December 31, 2008.

Election to Allocate $150,000 Alternative Minimum Tax Phase-out

The undersigned corporations, component members of a controlled group of corporations, (within the meaning of Section 1563(a)), hereby consent under Regulation 1.58-1(c)(3) to the apportionment plan listed below with respect to the taxable year of each corporation which includes December 31, 2008.

Employer ID No.	Section 179 Allocation	AMT Allocations $40,000	AMT Allocations $150,000
04-3262963	NONE	NONE	NONE
04-2932059	20,000.	40,000.	150,000.
04-2104434	NONE	NONE	NONE

Employer ID No.	Name, Address and Tax Year End	Signature & Title Of Officer
04-3262963	WINCHESTER PHYSICIAN ASSOCIATES 41 HIGHLAND AVENUE WINCHESTER, MA 01890 Tax Year End 09/30/2009	Executive VP/CFO
04-2932059	WINCHESTER HEALTHCARE ENTERPRISES, INC. 611 MAIN STREET WINCHESTER, MA 01890 Tax Year End 09/30/2009	Executive VP/CFO

WINCHESTER HEALTHCARE ENTERPRISES, INC. 04-2932059

Controlled Group Election Statement

Employer (Cont'd) ID No.	Name, Address and Tax Year End	Signature & Title Of Officer
04-2104434	WINCHESTER HOSPITAL 41 HIGHLAND AVE WINCHESTER, MA 01890 Tax Year End 09/30/2009	Executive VP/CFO

WINCHESTER HOSPITAL
Y/E 9/30/2009
EIN: 04-2104434

Per Reg. 1.382-2T(a)(ii), the following information is provided:

1) For the period covered by this return, October 1, 2008 to September 30, 2009, the following testing dates occurred:

   None

2) No ownership changes occurred on any of the testing dates listed above.

3) The following testing dates occurred during and closest to the end of the three month periods ending on December 31, 2008, March 31, 2009, June 30, 2009 and September 30, 2009, during the taxable year:

   None

4) The identity of each 5% owner on each such testing date:

   Winchester Healthcare Management, Inc.
   Winchester, MA

5) The percentage ownership of the loss corporation for each five percent owner as of each such testing date and the increase, if any, in such ownership during the testing period is as follows:

	OWNERSHIP %	INCREASE
Winchester Healthcare Management, Inc.	100%	NONE

6) The loss corporation has relied upon the presumptions regarding ownership to determine whether an ownership change occurred on any identified testing date:

   Actual knowledge regarding ownership

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.
==========

LAB SPECIMENS BROUGHT IN
NURSING HOME SPECIMENS BROUGHT IN
PHYSICIAN ANSWERING SERVICE
DEBT-FINANCED RENTAL INCOME
STAFFING

NAME AND FEIN OF PARENT CORPORATION
==========

WINCHESTER HEALTHCARE MANAGEMENT, INC. 22-2701817

PART I - LINE 12 - OTHER INCOME

OB/GYN REVEUE	41,093.
LEASING PHYSICIAN REVENUE	6,854.
620 WASHINGTON STREET	284,998.
BALDWIN PARK II	49,224.
PEDIATRIC REVENUE	786,521.
PART I - LINE 12 - OTHER INCOME	1,168,690.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SEE ATTACHED SCHEDULE

PART II - LINE 28 - OTHER DEDUCTIONS	3,265,609.
PART II - LINE 28 - OTHER DEDUCTIONS	3,265,609.

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T	-1,915,646.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE $50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	-1,915,646.
3	SUBTRACT LINE 2 FROM LINE 1	
4	LINE 3 OR THE CORPORATION'S SHARE OF THE $25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
5	SUBTRACT LINE 4 FROM LINE 3	
6	LINE 5 OR THE CORPORATION'S SHARE OF THE $9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
7	SUBTRACT LINE 6 FROM LINE 5	
8	ENTER 15% OF LINE 2	
9	ENTER 25% OF LINE 4	
10	ENTER 34% OF LINE 6	
11	ENTER 35% OF LINE 7	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER $100,000 OR (B) $11,750	
13	MEMBER'S SHARE OF ADDITONAL TAX: (A) 3% OF THE EXCESS OVER $15 MILLION OR (B) $100,000	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T	

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

1. DESCRIPTION OF DEBT-FINANCED PROPERTY	2. GROSS INCOME	3. DEDUCTIONS DIRECTLY CONNECTED (3A)	(3B)	4. AVERAGE ACQUISITION DEBT	5. AVERAGE ADJUSTED BASIS	6. % 4 IS OF 5	7. GROSS INCOME REPORTABLE (2 X 6)	8. ALLOCABLE DEDUCTIONS 6 * (3A + 3B)
SEE ATTACHED SCHEDULE	453,567.	52,255.	187,368.	1,521,712	2,695,592.	56.452	256,048.	135,272.
				TOTALS			256,048.	135,272.

Winchester Hospital
Form 990-T
Y/E 09/30/09

Net Operating Loss Carryforward:

2002	9/30/2003	(376,699)
2003	9/30/2004	(473,241)
2004	9/30/2005	(684,053)
2005	9/30/2006	(59,002)
2006	9/30/2007	67,231
2007	9/30/2008	187,734
	Total	2,519,924

Statement 7

Winchester Hospital
F/Y 2009 Form 990-T
Consolidating Schedule
J:_Lotus\Gmizioch\Taxes\Taxes FY09\990T\[990T for FY2009-620&BCC xls]Consolidating

		Income Column A	Expenses Column B	Net Column C	
Line 1a - Gross Receipts on Sales:					
Lab SBI	5,160,991				
Woburn Nursing Home SBI	620				
Physician Answering Service	169,706				
	5,331,317	5,331,317		5,331,317	
Line 7 Debt-Financed Income:	(Rental)				
OB/GYN Revenue	36,314				
Leasing Phys Revenue	265,988				
Pediatric Revenue	151,265				
		256,047			
OB/GYN Expenses	79,016				
Leasing Phys. Expenses	79,016				
Pediatric Expenses	81,592				
			135,271		
				120,776	
Line 12 Other Income:	(Staffing Revenue)				
OB/GYN Revenue	41,093				
Leasing Phys Revenue	6,854				
620 Washington Street	284,998				
Baldwin Park II	49,224				
Pediatric Revenue	786,521				
		1,168,690		1,168,690	
Total Income		**6,756,053**	**135,271**	**6,620,783**	**(a)**

DEDUCTIONS NOT TAKEN ELSEWHERE:

LIne 15 - Salaries & Wages:

Lab SBI	1,003,039	
Woburn Nursing Home SBI	197	
Physician Answering Service	256,828	
FMC OB/GYN	30,546	
FMC Leasing Physicians	95,242	
FMC Pediatrics	638,238	
		2,024,090

Line 16 - Repairs & Maintenance

Physician Answering Service	0	
FMC OB/GYN	0	
FMC Leasing Physicians	0	
FMC Pediatrics	0	
		0

Line 17 - Bad Debts/Contractuals:

Lab SBI	299,620	
Woburn Nursing Home SBI	0	
		299,620

Line 18 - Interest:

FMC OB/GYN	0	
FMC Leasing Physicians	0	
FMC Pediatrics	0	
Less· amounts not allowed-private bnd	0	
		0

Line 21 - Depreciation

Physician Answering Service	0	
FMC OB/GYN	0	
FMC Leasing Physicians	0	
FMC Pediatrics	0	
		0

Line 25 - Employee Benefits:

Lab SBI	200,452	
Woburn Nursing Home SBI	39	
Physician Ans Service (22 6% of Sal)	61,639	
FMC OB/GYN	6,598	
FMC Leasing Physicians	20,599	
FMC Pediatrics	137,859	
		427,186

Line 28 - Other Deductions:

Lab SBI Variable Costs	1,781,054		
Lab SBI Fixed Costs	1,350,163		
Wob Nur Home SBI Variable Costs	172		
Wob Nur Home SBI Fixed Costs	704		
Phys Ans Svc Rentals	22,026		
Phys Ans Svc Service Contracts	18,468		
Phys Ans Svc Forms & Office	0		
Phys Ans Svc Minor Equipment	0		
Phys Ans Svc Purchased Services	0		
Phys Ans Svc Other Expenses	13		
Breast Care Center Lease Payment	54,633		
620 Washington Street	29,138		
FMC OB/GYN Utilities	0		
FMC OB/GYN Other	25		
FMC Leasing Physicians Utilities	0		
FMC Leasing Physicians Other	4,845		
FMC Pediatrics Utilities	0		
FMC Pediatrics Other	4,368		
		3,265,609	
Total Deductions		**6,016,505**	**(b)**
Net		**604,278**	**(a)-(b)**

Contractuals (These are not returns and allowances)

SBI Contractuals	11,505,844	
SBI UCCP	373,190	
	11,879,034	0

Winchester Hospital
FY 2008 Form 990T

Debt-Financed Income
Summary of allocated expenses

Salaries	-	
Other expenses	-	
Utilities	84,845	
Maintenance	102,523	
Employee benefits	-	
		187,368
Depreciation		52,255
		239,622

Winchester Hospital
Calculation of % of income included as UBI
FY 2009
J:_Lotus\Gmizioch\Taxes\Taxes FY09\990T\[990T for FY2009-620&BCC.xls]Consolidating

OK-Checked 7/29/10-JR

Calculation of average adjusted cost basis:

		Oct-08	Nov-08	Dec-08	Jan-09
10.11230200	Land Wilmington	442,258.82	442,258.82	442,258.82	442,258.82
10.11232200	Land Improvements Wilmington	613,626.29	617,126.29	617,126.29	617,126.29
10.11234200	Bldg Wilmington	3,610,546.45	3,610,546.45	3,610,546.45	3,610,546.45
10.11236200	Bldg Improvements Wilmington	2,675,424.55	2,684,646.55	2,696,953.55	2,699,762.18
10.11250200	Accum Depr - FMC Land Improvements	(553,748.34)	(553,748.34)	(553,748.34)	(553,748.34)
10.11252200	Accum Depr - FMC Building	(2,876,427.02)	(2,876,427.02)	(2,876,427.02)	(2,876,427.02)
10.11254200	Accum Depr - FMC Bldg Improvements	(1,418,987.16)	(1,418,987.16)	(1,418,987.16)	(1,418,987.16)
	Total - Adjusted Cost Basis	2,492,693.59	2,505,415.59	2,517,722.59	2,520,531.22

		Feb-09	Mar-09	Apr-09	May-09
10.11230200	Land Wilmington	442,258.82	442,258.82	442,258.82	442,258.82
10.11232200	Land Improvements Wilmington	617,126.29	617,126.29	617,126.29	617,126.29
10.11234200	Bldg Wilmington	3,610,546.45	3,610,546.45	3,610,546 45	3,610,546.45
10.11236200	Bldg Improvements Wilmington	2,964,615 83	2,971,413.83	2,971,413.83	2,971,413.83
10 11250200	Accum Depr - FMC Land Improvements	(553,748.34)	(553,748.34)	(553,748.34)	(553,748.34)
10.11252200	Accum Depr - FMC Building	(2,876,427.02)	(2,876,427.02)	(2,876,427.02)	(2,876,427.02)
10.11254200	Accum Depr - FMC Bldg Improvements	(1,418,987.16)	(1,418,987.16)	(1,418,987.16)	(1,418,987.16)
	Total - Adjusted Cost Basis	2,785,384.87	2,792,182.87	2,792,182.87	2,792,182.87

		Jun-09	Jul-09	Aug-09	Sep-09
10.11230200	Land Wilmington	442,258.82	442,258.82	442,258.82	442,258.82
10.11232200	Land Improvements Wilmington	617,126.29	617,126.29	617,126.29	617,126 29
10.11234200	Bldg Wilmington	3,611,796.45	3,611,796 45	3,611,796.45	3,611,796 45
10.11236200	Bldg Improvements Wilmington	2,979,352.92	2,989,171 68	2,993,061.68	3,093,590 68
10.11250200	Accum Depr - FMC Land Improvements	(553,748.34)	(553,748.34)	(553,748.34)	(565,900 64)
10.11252200	Accum Depr - FMC Building	(2,876,427.02)	(2,876,427.02)	(2,876,427 02)	(2,913,247.96)
10.11254200	Accum Depr - FMC Bldg Improvements	(1,418,987.16)	(1,418,987.16)	(1,418,987.16)	(1,564,463.14)
	Total - Adjusted Cost Basis	2,801,371.96	2,811,190.72	2,815,080.72	2,721,160 50

		Average Adjusted Cost Basis
10.11230200	Land Wilmington	442,258.82
10.11232200	Land Improvements Wilmington	616,834.62
10.11234200	Bldg Wilmington	3,610,963.12
10.11236200	Bldg Improvements Wilmington	2,890,901.76
10.11250200	Accum Depr - FMC Land Improvements	(554,761.03)
10.11252200	Accum Depr - FMC Building	(2,879,495.43)
10.11254200	Accum Depr - FMC Bldg Improvements	(1,431,110.16)
	Total - Adjusted Cost Basis	2,695,591.70

Winchester Hospital
FMC Debt-financed property UBI
FY 2009 Form 990T (Line 7 - Schedule E)

Summary:

	Income	Expenses	Total
FMC OB/GYN	36,314	79,016	(42,701)
FMC Physician Leasing:	265,988	79,016	186,973
FMC Pediatrics:	151,265	81,592	69,673
	453,567	239,622	213,944

Form **4626**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Corporations

▶ See separate instructions.
▶ Attach to the corporation's tax return.

OMB No 1545-0175

2008

Name

Employer identification number

Part I Alternative Minimum Tax Computation

Note: *See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).*

1	Taxable income or (loss) before net operating loss deduction			1	604,278
2	**Adjustments and preferences:**				
a	Depreciation of post-1986 property			2a	
b	Amortization of certified pollution control facilities			2b	
c	Amortization of mining exploration and development costs			2c	
d	Amortization of circulation expenditures (personal holding companies only)			2d	
e	Adjusted gain or loss			2e	
f	Long-term contracts			2f	
g	Merchant marine capital construction funds			2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			2h	
i	Tax shelter farm activities (personal service corporations only)			2i	
j	Passive activities (closely held corporations and personal service corporations only)			2j	
k	Loss limitations			2k	
l	Depletion			2l	
m	Tax-exempt interest income from specified private activity bonds			2m	
n	Intangible drilling costs			2n	
o	Other adjustments and preferences			2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o			3	604,278
4	**Adjusted current earnings (ACE) adjustment:**				
a	ACE from line 10 of the ACE worksheet in the instructions	4a	0		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	(604,278)		
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	453,209		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). **Note:** *You **must** enter an amount on line 4d (even if line 4b is positive)*	4d	0		
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount			4e	0
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT			5	604,278
6	Alternative tax net operating loss deduction (see instructions)			6	(543,850)
7	**Alternative minimum taxable income.** Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions			7	60,428
8	**Exemption phase-out** (if line 7 is $310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):				
a	Subtract $150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0		
b	Multiply line 8a by 25% (.25)	8b	0		
c	Exemption. Subtract line 8b from $40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-			8c	40,000
9	Subtract line 8c from line 7. If zero or less, enter -0-			9	20,428
10	If the corporation had qualified timber gain, complete Part II and enter the amount from line 24 here. Otherwise, multiply line 9 by 20% (.20)			10	4,086
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)			11	None
12	Tentative minimum tax. Subtract line 11 from line 10			12	4,086
13	Regular tax liability before applying all credits except the foreign tax credit			13	None
14	**Alternative minimum tax.** Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return			14	4,086

Part II **Alternative Tax for Corporations with Qualified Timber Gain.** *Complete Part II* **only** *if the corporation had qualified timber gain under section 1201(b). See instructions.*

15	Enter qualified timber gain from Schedule D (Form 1120), line 15, as refigured for the AMT, if necessary. If you are filing Form 1120-RIC, see instructions for the amount to enter	15	
16	Enter the amount from Schedule D (Form 1120), line 13, as refigured for the AMT, if necessary	16	
17	Enter the amount from Part I, line 9	17	
18	Enter the **smallest** of the amount on line 15, line 16, or line 17	18	
19	Multiply line 18 by 15% (.15)	19	
20	Subtract line 18 from line 17	20	
21	Multiply line 20 by 20% (.20)	21	
22	Enter the total of line 19 and line 21	22	
23	Multiply line 17 by 20% (.20)	23	
24	Enter the **smaller** of line 22 or line 23 here and on Part I, line 10	24	

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☑

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization **Winchester Hospital**	**Employer identification number** **04** **2104434**
	Number, street, and room or suite no If a P O. box, see instructions **41 Highland Avenue**	
	City, town or post office, state, and ZIP code For a foreign address, see instructions **Winchester, MA 01890**	

Check type of return to be filed (file a separate application for each return):

☐ Form 990	☑ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Gerald F. O'Neill

Telephone No. ▶ (781) 756-2115 FAX No. ▶ (781) 756-2989

- If the organization does not have an office or place of business in the United States, check this box . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year 20_____ or
▶ ☑ tax year beginning October 31 , 20 08 , and ending September 30 , 20 09 .

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ None
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ None
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ None

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.