



TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP
Special Instructions	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
Application for Recognition of Exemption	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHWESTERN VERMONT MEDICAL CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 HOSPITAL DRIVE City or town, state or province, country, and ZIP or foreign postal code BENNINGTON, VT 05201 F Name and address of principal officer: THOMAS DEE SAME AS C ABOVE	D Employer identification number 22-2563241 E Telephone number (802) 442-6361 G Gross receipts \$ 196,322,695. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SVHEALTHCARE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1912
		M State of legal domicile: VT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1234
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,239,630.	2,095,054.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	183,098,698.	193,757,263.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	748,846.	423,310.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,100.	8,600.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,097,274.	196,284,227.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	102,863.	76,900.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71,922,764.	75,671,539.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,903.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	109,097,554.	120,052,475.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	181,123,181.	195,800,914.	
19 Revenue less expenses. Subtract line 18 from line 12	9,974,093.	483,313.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	99,153,092.	124,177,920.
	22 Net assets or fund balances. Subtract line 21 from line 20	60,822,196.	78,181,611.
		38,330,896.	45,996,309.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	COPY-DO NOT FILE				
	Signature of officer JAMES ROY, INTERIM CFO Type or print name and title		Date		
Paid Preparer Use Only	Print/Type preparer's name ERIN COUTURE	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01390592
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 75 STATE ST. 13TH FLOOR BOSTON, MA 02109	Firm's EIN ▶ 36-6055558		Phone no. (617) 723-7900	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SOUTHWESTERN VERMONT MEDICAL CENTER	Taxpayer identification number (TIN) 22-2563241
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 HOSPITAL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BENNINGTON, VT 05201	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

STEPHEN MAJETICH

- The books are in the care of ▶ 100 HOSPITAL DRIVE - BENNINGTON, VT 05201

Telephone No. ▶ 802-447-5011

Fax No. ▶ _____

- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO CARE FOR AND COMFORT OUR PATIENTS, RESIDENTS, AND THEIR LOVED ONES AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 125,377,370. including grants of \$ 76,900.) (Revenue \$ 164,714,788.) SOUTHWESTERN VERMONT MEDICAL CENTER IS A 99 BED HOSPITAL THAT PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES AND PHYSICIAN SERVICES IN BENNINGTON AND THE SURROUNDING AREA. IT IS VERMONT'S ONLY MAGNET HOSPITAL FOR NURSING EXCELLENCE. ITS SERVICES INCLUDE A FULLY STAFFED EMERGENCY DEPARTMENT, INCLUDING A CHEST PAIN UNIT, CANCER CENTER, A FAMILY CENTERED BIRTH PLACE, MINIMALLY INVASIVE AND OTHER SURGICAL SERVICES, A RENAL DIALYSIS UNIT, A FULL SERVICE ACCREDITED LABORATORY, PRIMARY CARE AND SPECIALIST PHYSICIANS. THERE ARE SATELLITE CAMPUSES IN DEERFIELD VALLEY, NORTHSHIRE AND POWNAL. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 44,792,234. including grants of \$ 0.) (Revenue \$ 29,042,475.) THE MEDICAL PRACTICE GROUP INCLUDES: PRIMARY CARE PHYSICIANS, RHEUMATOLOGY AND IMMUNOLOGY, RADIATION ONCOLOGY, MEDICAL ONCOLOGY, PEDIATRIC PRACTICE, GENERAL SURGERY PRACTICE, GASTROENTEROLOGY, UROLOGY PRACTICE, ORTHOPEDICS, THREE OFF CAMPUS CLINICS, INTERNAL MEDICINE PRACTICE, INFECTIOUS DISEASE PRACTICE, OB/GYN PRACTICE, ANESTHESIA SERVICES, DENTISTRY, GERIATRIC PRACTICE, PULMONOLOGY, DERMATOLOGY, NEUROLOGY, CARDIOLOGY, PALLIATIVE CARE AND ENDOCRINOLOGY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 170,169,604.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included on line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records []
STEPHEN MAJETICH - 802-447-5011
100 HOSPITAL DRIVE, BENNINGTON, VT 05201

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS A. DEE TRUSTEE/CEO SVHC	40.00 5.00	X		X				625,561.	0.	323,586.
(2) STEPHEN D. MAJETICH TRUSTEE/CFO SVHC	40.00 7.00			X				529,250.	0.	78,824.
(3) KEVIN P. DAILEY VP HR	39.00 1.00			X				358,109.	0.	48,880.
(4) PAMELA A. DUCHENE CNO	40.00 0.00			X				313,329.	0.	34,020.
(5) LESLIE J. KEEFE V.P. SVHC FOUNDATION	16.00 24.00			X				281,369.	0.	56,896.
(6) RICHARD J. OGILVIE JR. VP CIO	40.00 0.00			X				263,767.	0.	22,830.
(7) JOHN P. LABERT ANESTHESIA ASSISTANT	40.00 0.00					X		242,900.	0.	22,267.
(8) KELSEY L. BURAN ANESTHESIA ASSISTANT	40.00 0.00					X		230,553.	0.	12,139.
(9) CODY J. HOLLOWAY ANESTHESIA ASSISTANT	40.00 0.00					X		214,061.	0.	27,933.
(10) MARY E. CAMPBELL ANESTHESIA ASSISTANT	40.00 0.00					X		210,894.	0.	22,267.
(11) JAMES R. ROY CONTROLLER - FINANCE DEPARTMENT DIRE	40.00 0.00					X		189,028.	0.	27,227.
(12) MICHAEL E. BRADY TRUSTEE/DENTIST	37.00 3.00	X		X				176,942.	0.	130.
(13) CARL DOBSON MEDICAL DIRECTOR	38.00 2.00			X				0.	0.	0.
(14) KATHLEEN FISHER CHAIR	1.00 3.00	X		X				0.	0.	0.
(15) STEPHEN KELLY VICE CHAIR	1.00 3.00	X		X				0.	0.	0.
(16) LARA SHORE-SHEPPARD SECRETARY	1.00 2.00	X		X				0.	0.	0.
(17) ANGIE MARANO TRUSTEE (AS OF 10/2021)	1.00 2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRIAN G. O'GRADY TRUSTEE	1.00 2.00	X						0.	0.	0.
(19) CAROL CONROY TRUSTEE	1.00 2.00	X						0.	0.	0.
(20) CHRISTINE MILES TRUSTEE	1.00 2.00	X						0.	0.	0.
(21) CONNIE JASTREMSKI TRUSTEE	1.00 2.00	X						0.	0.	0.
(22) DIMITRI GARDER TRUSTEE	1.00 2.00	X						0.	0.	0.
(23) KRISTYN HARRINGTON TRUSTEE	1.00 2.00	X						0.	0.	0.
(24) RICHARD ADER TRUSTEE	1.00 3.00	X						0.	0.	0.
(25) ROBERT VAN DEGNA TRUSTEE	1.00 3.00	X						0.	0.	0.
(26) SCOTT ROGGE TRUSTEE	1.00 2.00	X						0.	0.	0.
1b Subtotal								3,635,763.	0.	676,999.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,635,763.	0.	676,999.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 76

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	PSA AGREEMENT	36,757,743.
DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	PURCHASED LAB, TECHNICAL, ADMIN SERVICES	2,154,579.
RENOVO SOLUTIONS, LLC, 4 EXECUTIVE CIRCLE, SUITE 185, IRVINE, CA 92614	BIOMEDICAL ENGINEERING	1,064,854.
CLARO HEALTHCARE, LLC, 200 S WACKER DRIVE SUITE 2800, CHICAGO, IL 60606	INPATIENT CDI	655,866.
TLC NURSING ASSOCIATES, INC. P.O. BOX 2244, SOUTH BURLINGTON, VT 05403	NURSING STAFF	631,553.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 23

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STANLEY STROUP TRUSTEE	1.00 2.00	X						0.	0.	0.
(28) SUE MAGUIRE TRUSTEE (THRU 6/2022)	1.00 2.00	X						0.	0.	0.
(29) TOMMY HARMON JR TRUSTEE	1.00 3.00	X						0.	0.	0.
(30) WAYNE GRANQUIST TRUSTEE	1.00 2.00	X						0.	0.	0.
(31) MARIE GEORGE TRUSTEE (THRU 6/2022)	1.00 2.00	X						0.	0.	0.
(32) BRIAN BAREFOOT TRUSTEE	1.00 2.00	X						0.	0.	0.
(33) MATTHEW VERNON TRUATEE (AS OF 6/2022)	1.00 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	370,840.				
	e Government grants (contributions)	1e	1,666,894.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	57,320.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,095,054.			
Program Service Revenue	2 a NET PATIENT SERV. REV	Business Code	621990	154,884,051.	154,884,051.		
	b FIXED PROSPECTIVE REV		621990	31,845,094.	31,845,094.		
	c PHARMACY		446110	2,419,005.	2,419,005.		
	d PROGRAM INCENTIVES		446110	1,490,065.	1,490,065.		
	e CHILDCARE TUITION		772514	604,686.	604,686.		
	f All other program service revenue		900099	2,514,362.	2,514,362.		
	g Total. Add lines 2a-2f			193,757,263.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			146,211.		146,211.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	8,600.			
			(ii) Personal				
	b Less: rental expenses	6b		0.			
	c Rental income or (loss)	6c		8,600.			
	d Net rental income or (loss)			8,600.		8,600.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	315,567.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		0.	38,468.		
c Gain or (loss)	7c		315,567.	-38,468.			
d Net gain or (loss)			277,099.		277,099.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			196,284,227.	193,757,263.	0.	431,910.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	76,900.	76,900.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,407,641.	490,271.	1,917,370.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	57,466,071.	47,635,392.	9,815,527.	15,152.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,215,814.	1,766,169.	432,094.	17,551.
9 Other employee benefits	9,302,949.	7,928,106.	1,321,179.	53,664.
10 Payroll taxes	4,279,064.	3,568,249.	709,671.	1,144.
11 Fees for services (nonemployees):				
a Management	1,213,849.		1,213,849.	
b Legal	149,340.		149,340.	
c Accounting	320,900.		320,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	829.		829.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	49,766,294.	48,534,896.	1,197,808.	33,590.
12 Advertising and promotion	407,036.	684.	406,352.	
13 Office expenses				
14 Information technology	3,951,982.	635,503.	3,316,479.	
15 Royalties				
16 Occupancy	4,621,095.	4,021,779.	599,316.	
17 Travel	120,706.	89,855.	30,668.	183.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,622.		2,622.	
20 Interest	767,601.	717,518.	50,083.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,241,552.	5,732,778.	508,774.	
23 Insurance	828,774.	9,680.	819,094.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & DRUG	30,622,406.	30,606,564.	15,842.	
b PROVIDER TAX	10,868,480.	10,868,480.	0.	
c LICENSES, DUES, SUB.	2,070,223.	239,388.	1,830,835.	
d TELEMEDICINE	1,084,847.	1,084,847.		
e All other expenses	7,013,939.	6,162,545.	849,775.	1,619.
25 Total functional expenses. Add lines 1 through 24e	195,800,914.	170,169,604.	25,508,407.	122,903.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	190,748.	1	586,891.
	2 Savings and temporary cash investments	15,863,336.	2	13,292,354.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	14,392,160.	4	14,574,202.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,207,284.	8	3,851,214.
	9 Prepaid expenses and deferred charges	3,208,416.	9	2,530,942.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 171,365,607.		
	b Less: accumulated depreciation	10b 123,135,241.	38,231,055.	10c 48,230,366.
	11 Investments - publicly traded securities	9,222,840.	11	8,795,709.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,837,253.	15	32,316,242.
16 Total assets. Add lines 1 through 15 (must equal line 33)	99,153,092.	16	124,177,920.	
Liabilities	17 Accounts payable and accrued expenses	28,731,516.	17	27,390,695.
	18 Grants payable		18	
	19 Deferred revenue	555,353.	19	450,151.
	20 Tax-exempt bond liabilities	6,486,344.	20	27,520,108.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,883,312.	23	12,995,100.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,165,671.	25	9,825,557.
	26 Total liabilities. Add lines 17 through 25	60,822,196.	26	78,181,611.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	38,330,896.	27	45,996,309.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	38,330,896.	32	45,996,309.
33 Total liabilities and net assets/fund balances	99,153,092.	33	124,177,920.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	196,284,227.
2	Total expenses (must equal Part IX, column (A), line 25)	2	195,800,914.
3	Revenue less expenses. Subtract line 2 from line 1	3	483,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,330,896.
5	Net unrealized gains (losses) on investments	5	-2,162,565.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-573.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	9,345,238.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,996,309.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 370,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">SOUTHWESTERN VERMONT MEDICAL CENTER</p>	Employer identification number <p style="text-align: center;">22-2563241</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		22,859.
j Total. Add lines 1c through 1i			22,859.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OTHER LOBBYING ACTIVITIES:

SOUTHWESTERN VERMONT MEDICAL CENTER IS A MEMBER OF THE VERMONT

ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS AND THE AMERICAN HOSPITAL

ASSOCIATION. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS ARE

AVAILABLE FOR LOBBYING EXPENDITURES ON BEHALF OF SOUTHWESTERN VERMONT

Part IV Supplemental Information *(continued)*

MEDICAL CENTER AND THE OTHER MEMBER ORGANIZATIONS IN FURTHERANCE OF

THEIR EXEMPT PURPOSE.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER **Employer identification number** 22-2563241

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,021,533.	11,765,029.	11,707,678.	11,514,089.	11,387,116.
b Contributions	91,346.	1,744.		121,435.	120,000.
c Net investment earnings, gains, and losses	-2,838,372.	1,091,480.	112,349.	99,582.	92,590.
d Grants or scholarships					
e Other expenditures for facilities and programs	-2,381,641.	836,720.	54,998.	27,428.	85,617.
f Administrative expenses					
g End of year balance	11,656,148.	12,021,533.	11,765,029.	11,707,678.	11,514,089.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 79.6900 %
 - c Term endowment 20.3100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,000.		5,000.
b Buildings		54,684,660.	36,580,559.	18,104,101.
c Leasehold improvements				
d Equipment		101,997,098.	86,554,682.	15,442,416.
e Other		14,678,849.		14,678,849.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,230,366.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BOND ESCROW ACCOUNT	14,942,049.
(2) DUE FROM AFFILIATES	11,402,300.
(3) FINANCE LEASE ASSETS	3,318,962.
(4) OTHER RECEIVABLES	1,369,981.
(5) DEF. COMPENSATION PLAN ASSETS	680,503.
(6) OPERATING LEASE ASSETS	599,180.
(7) OTHER ASSETS	3,267.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	32,316,242.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE LIABILITY	3,816,965.
(3) DEFERRED COMPENSATION	1,594,368.
(4) EST AMT DUE TO THIRD PTY PYRS	1,537,638.
(5) ASSET RETIREMENT OBLIGATION	1,217,767.
(6) ESTIMATED SELF-INS COSTS	1,049,882.
(7) OPERATING LEASE LIABILITY	608,937.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,825,557.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	203,443,029.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,162,565.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-2,162,565.
3	Subtract line 2e from line 1	3	205,605,594.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	829.
b	Other (Describe in Part XIII.)	4b	-9,322,196.
c	Add lines 4a and 4b	4c	-9,321,367.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	196,284,227.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	195,777,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	195,777,044.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	829.
b	Other (Describe in Part XIII.)	4b	23,041.
c	Add lines 4a and 4b	4c	23,870.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	195,800,914.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS:

THE ENDOWMENTS ARE HELD THROUGH SOUTHWESTERN VERMONT HEALTHCARE

FOUNDATION, A RELATED ORGANIZATION, AND ARE INVESTED TO PROVIDE INVESTMENT

RETURNS TO FUND GENERAL OPERATIONS AND SPECIFIC DONOR RESTRICTED PURPOSES.

PART X, LINE 2:

UNCERTAIN TAX POSITIONS:

SVHC, SVMC, MAHC, SVHCA, THE FOUNDATION, SVHCNY, TWIN RIVERS, NBM, AND CNR

HAVE BEEN RECOGNIZED AS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE

INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. THE

CORPORATION IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE,

Part XIII Supplemental Information (continued)

UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. EACH ORGANIZATION
 HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS
 TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE
 ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS;
 AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX
 POSITIONS.

SVHCE ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH INCOME TAX ACCOUNTING
 GUIDANCE. THE CORPORATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING
 FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
 RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND
 MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN
 TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE
 POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO
 BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS
 BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO
 THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE CORPORATION
 HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT
 REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS
 AT SEPTEMBER 30, 2022 AND 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	23,041.
CHANGE IN FAIR VALUE SWAP AGREEMENT	5,517.
DEFINED BENEFIT PENSION COST	-929,581.
NET PERIODIC BENEFIT INCOME	-230,344.
TRANSFER FROM AFFILIATE	-8,190,829.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-9,322,196.

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 23,041.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
<p>2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.</p> <p><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities</p> <p><input type="checkbox"/> Generally tailored to individual hospital facilities</p>			
<p>3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.</p> <p>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:</p> <p><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>225</u> %</p> <p>b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:</p> <p><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</p> <p>c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.</p>			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			751,742.	0.	751,742.	.38%
b Medicaid (from Worksheet 3, column a)			42,588,035.	23,346,289.	19,241,746.	9.83%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			43,339,777.	23,346,289.	19,993,488.	10.21%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,523,152.	2,602.	1,520,550.	.78%
f Health professions education (from Worksheet 5)			142,807.	142,807.	0.	
g Subsidized health services (from Worksheet 6)			10,078,717.	5,859,793.	4,218,924.	2.15%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			40,310.	0.	40,310.	.02%
j Total. Other Benefits			11,784,986.	6,005,202.	5,779,784.	2.95%
k Total. Add lines 7d and 7j			55,124,763.	29,351,491.	25,773,272.	13.16%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with 3 columns: Question, Amount, Yes/No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount (Amount: 5,171,384). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit (Amount: 584,366). Row 4: Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

Table for Section B with 3 columns: Question, Amount, Yes/No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (Amount: 38,230,448). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (Amount: 47,430,256). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (Amount: -9,199,808). Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [] Cost accounting system, [X] Cost to charge ratio, [] Other.

Section C. Collection Practices

Table for Section C with 3 columns: Question, Yes/No. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes: X). Row 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI (Yes: X).

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group SOUTHWESTERN VERMONT MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SOUTHWESTERN VERMONT MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>225</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SOUTHWESTERN VERMONT MEDICAL CENTER

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
--	---	--

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group SOUTHWESTERN VERMONT MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Schedule H (Form 990) 2021

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SOUTHWESTERN VERMONT MEDICAL CENTER:

PART V, SECTION B, LINE 5: DURING THE 2021 CHNA PROCESS, SOUTHWESTERN

VERMONT MEDICAL CENTER (SVMC) RECEIVED INPUT FROM PERSONS WHO REPRESENT

THE BROAD INTERESTS OF THE COMMUNITIES SERVED BY THE HEALTH SYSTEM

INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH

AND PERSONS WHO REPRESENT THE NEEDS OF THE MEDICALLY UNDERSERVED,

LOW-INCOME AND MINORITY POPULATIONS, GROUPS AT RISK HEALTH DISPARITIES,

THE UNINSURED OR UNDERINSURED, AND THOSE WITH GEOGRAPHIC, LANGUAGE,

FINANCIAL, OR OTHER BARRIERS TO HEALTH EQUITY.

INPUT FROM THE COMMUNITY OCCURRED ACROSS 7 CHANNELS:

1. SVMC BOARD OF TRUSTEES AND MEDICAL STAFF

2. COMMUNITY GROUPS INCLUDING THE 4 REGIONAL ADVISORY BOARDS COMPRISED OF

LOCAL LEADERS IN CLOSE CONNECTION WITH THE NEEDS OF THEIR SPECIFIC

COMMUNITIES

3. SEASONAL LEGISLATIVE UPDATES IN WHICH ELECTIVE OFFICIALS INFORM SVMC

ABOUT NEEDS COMMUNICATED BY THEIR CONSTITUENTS

4. THE BENNINGTON COMMUNITY COLLABORATIVE, COMPRISED OF MULTIFUNCTIONAL

LEADERS FROM THE REGION'S MEDICAL AND SOCIAL SERVICE AGENCIES INCLUDING

HOUSING, FOOD INSECURITY, EDUCATION, CRIMINAL JUSTICE, AND TRANSPORTATION.

5. COMMUNITY FORUMS HELD BY OTHER REGIONAL ORGANIZATIONS SUCH AS THE

COUNCIL ON AGING, DEPARTMENT OF HEALTH, AND DESIGNATED MENTAL HEALTH

AGENCY

6. COMMUNITY HEALTH AND MEDICAL ACCESS SURVEY COMPLETED BY 1,632

RESPONDENTS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

7. FIVE SEPARATE, IN-DEPTH VIRTUAL FOCUS GROUPS INVOLVING COMMUNITY

MEMBERS AND LEADERS FROM MULTIPLE REGIONS IN VERMONT, NEW YORK, AND

MASSACHUSETTS

EACH OF THESE CHANNELS OFFERS OUR HEALTH SYSTEM THE OPPORTUNITY TO HEAR

UNIQUE PERSPECTIVES ABOUT HEALTH EQUITY FROM A WIDE RANGE OF POPULATIONS.

THROUGH THIS PROCESS 4 PRIORITY HEALTH NEEDS WERE DERIVED:

- MENTAL HEALTH SUPPORTS
- PROMOTION OF HEALTHY BEHAVIORS AND PRIMARY PREVENTION ACTIVITIES
- ACCESSIBILITY OF HIGH-QUALITY, CONVENIENT, AND AFFORDABLE CARE
- SUBSTANCE USE PREVENTION, HARM REDUCTION, TREATMENT AND RECOVERY

RESOURCES

THESE PRIORITY HEALTH NEEDS REFLECT INPUT FROM THE DIVERSE POPULATIONS

SERVED BY THE HEALTH SYSTEM.

SOUTHWESTERN VERMONT MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE

2021 COMMUNITY HEALTH NEEDS ASSESSMENT WERE ADDRESSED BY A COMPREHENSIVE

IMPLEMENTATION PLAN IN 2022.

IN 2022, SVMC INVESTED \$21.7 MILLION IN COMMUNITY BENEFITS ACROSS A WIDE

ARRAY OF SERVICES, PROGRAMS AND INITIATIVES. SVMC PROVIDED \$1.8 MILLION IN

CHARITY CARE AND \$15.7 MILLION IN UNREIMBURSED MEDICAID AND OTHER

MEANS-TESTED GOVERNMENT PROGRAMS. SVMC PROVIDED \$4.2 MILLION IN SUBSIDIZED

HEALTHCARE AND \$352,000 IN PROVIDER RECRUITMENT TO ADDRESS ISSUES WITH

HEALTHCARE ACCESS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SVMC ALSO INVESTED \$1,012,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES

INCLUDING DIABETES EDUCATION, CHILD BIRTH CLASSES AND TRANSITIONAL CARE

NURSING. THESE PROGRAMS WERE BALANCED BY EFFORTS TO ADDRESS THE SOCIAL

DETERMINANTS OF HEALTH INCLUDING \$157,000 TOWARDS ECONOMIC DEVELOPMENT AND

POVERTY ALLEVIATION AND IN DIRECT COMMUNITY BASED HEALTH AND WELLNESS

PROGRAMS.

THE ECONOMIC EFFORTS INCLUDED FUNDING TO THE BENNINGTON REGIONAL

COMMISSION FOR A VOLUNTEER IN SERVICE TO AMERICA FELLOW TO WORK ON THE

IMPACT OF THE OPIOID EPIDEMIC AND COVID ON HEALTH EQUITY, FUNDING TO THE

BETTER BENNINGTON CORPORATION IN SUPPORT OF A HOUSING STUDY TO SPUR PUBLIC

AND PRIVATE INVESTMENT IN HOUSING DEVELOPMENT, AND FUNDING TO LEVER, INC

FOR START-UP ENTREPRENEURS.

EFFORTS IN YOUTH ACTIVITIES AND WELLNESS INCLUDED FUNDING FOR SCHOLARSHIPS

ALLOWING SPORTS AND ARTS INVOLVEMENT. FUNDS ALSO SUPPORTED AFTERSCHOOL

AND SUMMER ACADEMIC ENRICHMENT. LASTLY FUNDS ALLOWED DEPLOYMENT OF AN

INNOVATIVE MENTAL HEALTH APP FOR TEENS.

BROADER EFFORTS WELLNESS AND HEALTH PROMOTION SUPPORTED ORGANIZATIONS

ADDRESSING FOOD INSECURITY AND HEALTH SELF-ADVOCACY. FUNDS WERE USED TO

DEVELOP A FREE HEALTH MAGAZINE, HEALTHY+. THE MAGAZINE'S ARTICLES AND

CONTENT BROUGHT FORWARD THEMES FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT,

INCLUDING A HELPFUL RESOURCE DIRECTORY. THE MAGAZINE WAS DISTRIBUTED

THROUGHOUT THE HEALTH SYSTEM'S THREE STATE FOOTPRINT. ALONG WITH

DISTRIBUTING 20,000 COPIES REGIONALLY, IT WAS ALSO AVAILABLE TO READ AND

DOWNLOAD DIGITALLY AT [HTTPS://SVHEALTHCARE.ORG/HEALTHY](https://svhealthcare.org/healthy)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE CHNA IMPLEMENTATION PLAN FOR 2022 WAS ALTERED TO RESPOND TO THE COMMUNITIES' ACUTE NEEDS AROUND COVID TESTING, VACCINATION, AND ACCURATE PANDEMIC INFORMATION. RESOURCES WERE DEPLOYED TO OPERATE A COVID RESOURCE CENTER THAT OBTAINED MORE THAN 50,000 SAMPLES FOR COVID TESTS AND VACCINATED AND/OR BOOSTED MORE THAN 45,000 PATIENTS.

ADDITIONALLY, SVHC PROVIDED CLEAR, ACCURATE, AND ACTIONABLE INFORMATION THROUGH A MULTI-PRONGED COMMUNICATION STRATEGY INCLUDING: SIGNAGE, INTENSIFIED SOCIAL MEDIA PRESENCE, WEEKLY EMAIL NEWSLETTERS, PRINT MESSAGING, AND BROADCAST MESSAGING. IN COLLABORATION WITH THE SOUTHERN VERMONT CHAMBER OF COMMERCE AND CAT-TV, SVHC PRODUCED MANY COMMUNITY EDUCATION SHOWS FEATURING CLINICAL LEADERS AND INFECTIOUS DISEASE EXPERTS. SVHC HOSTED SEVERAL QUESTION AND ANSWER VIRTUAL COMMUNITY FORUMS ABOUT COVID-19 AS WELL AS SESSIONS WITH PRIMARY CARE AND SPECIALTY PHYSICIANS.

AS AN ADDITIONAL EFFORT TO EDUCATE THE COMMUNITY, SVMC CREATED AN INTERACTIVE, MULTIPLATFORM MEDICAL-THEMED TALK SHOW WITH ITS CHIEF MEDICAL OFFICE DR. TREY DOBSON AS THE HOST. FORTY-FOUR 30-MINUTE EPISODES WERE PRODUCED DURING FY22. THE WEEKLY SHOW PROVIDES A BEHIND-THE-SCENES PERSPECTIVE ON HEALTHCARE, INCLUDING TOPICS LIKE MENTAL HEALTH, FOOD INSECURITY, EQUITABLE CARE, HEALTHY BEHAVIORS, YOUTH ENGAGEMENT, AND THE OPIOID CRISIS. THE SHOW WAS PRODUCED IN PARTNERSHIP WITH CATAMOUNT ACCESS TELEVISION (CAT-TV) AND IS BROADCAST ON CAT-TV, GREATER NORTHSHIRE ACCESS TELEVISION, WILLINET, FACEBOOK LIVE, YOUTUBE, PODCAST PLATFORMS AND SYNDICATED THROUGH THE VERMONT ACCESS NETWORK.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE RESOURCES UTILIZED TO ADDRESS THE COMMUNITY'S COVID NEEDS FOR TESTING,

VACCINATION AND ACCURATE PANDEMIC INFORMATION TOTALED \$1,059,694.

SOUTHWESTERN VERMONT MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTP://SVHEALTHCARE.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/](http://svhealthcare.org/patients-visitors/billing-insurance/)

SOUTHWESTERN VERMONT MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://SVHEALTHCARE.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/](http://svhealthcare.org/patients-visitors/billing-insurance/)

SOUTHWESTERN VERMONT MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTP://SVHEALTHCARE.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/](http://svhealthcare.org/patients-visitors/billing-insurance/)

SOUTHWESTERN VERMONT MEDICAL CENTER:

PART V, SECTION B, LINE 16J: LEP TRANSLATIONS:

THERE ARE NO GROUPS WITH LIMITED ENGLISH PROFICIENCY THAT RISE TO THE THRESHOLD REQUIRED UNDER IRC SECTION 501(R).

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
1 POWNAL FAMILY PRACTICE 7237 ROUTE 7 POWNAL, VT 05262	PRIMARY CARE, LABORATORY
2 DEERFIELD VALLEY CAMPUS 30 ROUTE 100 SOUTH WILMINGTON, VT 05363	SAME-DAY CARE, LABORATORY
3 NORTHSHIRE CAMPUS 5957 MAIN STREET, ROUTE 7A NORTH MANCHESTER CENTER, VT 05255	PRIMARY CARE, LABORATORY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

COSTING METHODOLOGY:

THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1, 3 AND 6.

PART I, LINE 7G:

SUBSIDIZED SERVICES:

THE ORGANIZATION HAS INCLUDED COSTS ASSOCIATED WITH RURAL HEALTH CENTERS (RHC) IN THE CALCULATION OF SUBSIDIZED SERVICES ON LINE 7G. SOUTHWESTERN VERMONT MEDICAL CENTER PROVIDES PRIMARY CARE SERVICES TO THE SURROUNDING COMMUNITIES AT THE CENTERS. THESE SERVICES ARE PROVIDED IN RURAL AREAS WHERE THERE WOULD BE A SHORTAGE OF QUALITY MEDICAL CARE WITHOUT THE SERVICES AND THE ORGANIZATION CONTINUES TO PROVIDE THESE SERVICES AS A BENEFIT TO THE COMMUNITY DESPITE KNOWING THAT FINANCIAL SHORTFALLS WILL BE SUSTAINED.

PART III, LINE 2:

BAD DEBT EXPENSE:

132100 11-22-21

Part VI Supplemental Information (Continuation)

THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU 2014-09.

UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR WHICH THE

HEALTH SYSTEM DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE PATIENTS

ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE HEALTH

SYSTEM'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED. BAD DEBT

EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR THE

YEAR ENDED SEPTEMBER 30, 2022. HOWEVER, THE HOSPITAL INTERNALLY TRACKS BAD

DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT AMOUNT HAS BEEN

REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2.

PART III, LINE 3:

BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE:

THE ORGANIZATION HAS ESTIMATED THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE

TO PATIENTS UNDER THE ORGANIZATION'S CHARITY CARE POLICY FOR LINE 3 BASED

ON CENSUS DATA SHOWING 11.3% OF THE POPULATION IN ITS SERVICE AREA FALLING

BELOW THE FEDERAL POVERTY GUIDELINES.

PART III, LINE 4:

BAD DEBT EXPENSE FOOTNOTE:

THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES

BAD DEBT EXPENSE. THEY DO, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES

PATIENT ACCOUNTS RECEIVABLE. THAT FOOTNOTE CAN BE FOUND ON PAGE 14 OF THE

ATTACHED AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT:

SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A

COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE

Part VI Supplemental Information (Continuation)

HELD TO. THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

PART III, LINE 9B:

COLLECTION POLICY:

ALL PATIENTS OF THE HOSPITAL HAVE THE ULTIMATE RESPONSIBILITY FOR PAYMENT OF THEIR MEDICAL BILLS; HOWEVER, THE ORGANIZATION RECOGNIZES THAT THERE WILL BE INSTANCES WHERE THE PATIENT WILL BE UNABLE TO MEET THIS OBLIGATION. ALL APPLICATIONS FOR FREE CARE MUST BE MADE TO THE COLLECTION COORDINATOR OR FINANCIAL COUNSELOR, WHO WILL REVIEW THE INFORMATION AND DETERMINE ELIGIBILITY. THE HOSPITAL WILL MAKE EVERY EFFORT TO ASSIST PATIENTS AND THEIR FAMILIES IN ARRANGING FOR THE SETTLEMENT OF THEIR MEDICAL FINANCIAL OBLIGATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT:

AS A NON-PROFIT, SOUTHWESTERN VERMONT MEDICAL CENTER (SVMC) STRIVES TO CREATE MEANINGFUL PUBLIC PARTICIPATION IN OUR STRATEGIC PLANNING, DECISION-MAKING AND IDENTIFICATION OF COMMUNITY NEEDS THROUGH A NUMBER OF CHANNELS EACH OF THESE CHANNELS OFFERS OUR HOSPITAL AND HEALTH SYSTEM THE OPPORTUNITY TO HEAR A VARIETY OF VOICES FROM OUR COMMUNITIES. IN GENERAL, WE IDENTIFY COMMUNITY NEEDS IN SEVERAL WAYS:

- 1. THROUGH LISTENING TO THE COMMUNITY INPUT THROUGH OUR BOARD OF TRUSTEES, OUR MEDICAL STAFF, AND OUR CONNECTIONS WITH OUTSIDE COMMUNITY GROUPS.

Part VI Supplemental Information (Continuation)

2. LEGISLATIVE UPDATES DURING WHICH SVMC HEARS FROM ELECTIVE OFFICIALS

ABOUT NEEDS COMMUNICATED TO THEM FROM CONSTITUENTS.

3. THE BENNINGTON COMMUNITY COLLABORATIVE COMPRISED OF LEADERS THAT SPAN

THE REGION'S MEDICAL AND SOCIAL SERVICE AGENCIES INCLUDING HOUSING, FOOD

INSECURITY. EDUCATION, CRIMINAL JUSTICE AND TRANSPORTATION.

4. ATTENDANCE AT COMMUNITY FORUMS HELD BY OTHER ORGANIZATIONS, FOR

EXAMPLE, THE HEALTHCARE TOWN HALL HOSTED BY THE BENNINGTON FREE

LIBRARY.

5. THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WHICH INCLUDED

SIX SEPARATE, IN-DEPTH FOCUS GROUPS INVOLVING MORE THAN 70 COMMUNITY

MEMBERS AND LEADERS FROM MULTIPLE SECTORS IN VERMONT, NEW YORK, AND

MASSACHUSETTS COMMUNITIES. THESE FOCUS GROUPS CONSISTED OF MEMBERS WHO

REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY SVHC. MEMBERS

INCLUDED STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS, A WIDE VARIETY OF

COMMUNITY LEADERS, AND REPRESENTATIVES OF THE MEDICALLY UNDERSERVED,

LOW-INCOME AND MINORITY POPULATIONS. FOCUS GROUP DISCUSSIONS DID NOT

EXCLUDE ANY POPULATIONS WITH HEALTH DISPARITIES OR GROUPS AT RISK OF NOT

RECEIVING ADEQUATE MEDICAL CARE BECAUSE OF BEING UNINSURED OR UNDERINSURED

OR DUE TO GEOGRAPHIC, LANGUAGE, FINANCIAL OR OTHER BARRIERS.

THE FOCUS GROUPS IDENTIFIED THE HEALTH NEEDS IN THE FOLLOWING

DEMOGRAPHIC SEGMENTS:

-POPULATION DEMOGRAPHICS

-PRE-K AND PARENTS

-CHILDREN AND YOUTH (AGES 6-12)

Part VI Supplemental Information (Continuation)

-TEENS AND YOUNG ADULT (AGES 13-20)

-ADULTS (AGES 21-34)

-MATURE ADULTS (AGES 35-64)

-SENIORS (AGE GREATER THAN 65)

TO REDUCE THE LIST OF IDENTIFIED HEALTH NEEDS, SIMILAR HEALTH NEEDS IN EACH SEGMENT WERE GROUPED AND SIMILAR HEALTH NEEDS IN SEPARATE AGE SEGMENTS WERE COMBINED. FOCUS GROUPS REVIEWED QUANTITATIVE DATA TO FURTHER DEEPEN THEIR PERSPECTIVE OF THE HEALTH NEEDS OF THE COMMUNITY. AFTER CATALOGUING PREVALENT HEALTH NEEDS AND REVIEWING QUANTITATIVE AND QUALITATIVE DATA, FOCUS GROUPS USED A STRUCTURED VOTING SYSTEM TO PRIORITIZE THE FINAL LIST OF THE MOST PRESSING COMMUNITY HEALTH NEEDS. FOCUS GROUPS ALSO DEVELOPED INITIAL RECOMMENDATIONS FOR THE IMPLEMENTATION PLAN TO ADDRESS THE MOST PRESSING HEALTH NEEDS IDENTIFIED. AS NEEDS ARE IDENTIFIED THROUGH THESE MECHANISMS THEY ARE INCLUDED IN THE PROCESS FOR CREATING THE HEALTH SYSTEM'S STRATEGIC PLAN. THE STRATEGIC PLAN PRIORITIZES NEEDS FOR OUR COMMUNITY BOTH FROM A SERVICE AND INFRASTRUCTURE PERSPECTIVE. THE PLAN PROVIDES THE HEALTH SYSTEM WITH A FRAMEWORK FOR ACHIEVING COMMUNITY HEALTH IMPROVEMENT GOALS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:
 SVMC COUNSELS PATIENTS WHO HAVE NO INSURANCE ABOUT FEDERAL AND STATE PROGRAMS AND CHARITY CARE. AS PATIENTS ARE ADMITTED TO OUR FACILITY EITHER FOR OUTPATIENT OR INPATIENT CARE, OUR ADMITTING PERSONNEL WATCH FOR PATIENTS WHO HAVE NO INSURANCE. WHEN WE IDENTIFY PATIENTS WITH NO INSURANCE, WE OFFER THEM THE OPPORTUNITY TO SPEAK WITH A FINANCIAL COUNSELOR WHO CAN HELP THEM FILE THE NECESSARY PAPERWORK TO QUALIFY FOR

Part VI Supplemental Information (Continuation)

ANY OF THE VARIED GOVERNMENT INSURANCE PROGRAMS AS WELL AS CHARITY CARE.

WE MAKE EVERY EFFORT TO WORK WITH PATIENTS WHILE THEY ARE AT OUR

FACILITIES. HOWEVER, WE ALSO FOLLOW UP AFTER A PATIENT VISITS OUR FACILITY

TO SEE IF THE PATIENT HAS ANY ADDITIONAL QUESTIONS OR NEEDS FURTHER

ASSISTANCE. WE HAVE A FULL-TIME COUNSELOR WHO REGULARLY MEETS WITH ANY

PATIENTS WHO LACK INSURANCE OR MAY HAVE DIFFICULTY PAYING TO HELP THEM

UNDERSTAND THEIR OPTIONS FOR PAYING FOR CARE AS WELL AS COMPLETE ANY

PAPERWORK THEY NEED TO QUALIFY FOR INSURANCE OR CHARITY CARE. OUR SOCIAL

SERVICES DEPARTMENT ALSO PERFORMS THESE TASKS.

PART VI, LINE 4:

COMMUNITY INFORMATION:

SERVICE AREA: SOUTHWESTERN VERMONT MEDICAL CENTER (SVMC) IS THE ONLY

HOSPITAL IN ITS SERVICE AREA. THE SERVICE AREA IS CENTERED ON BENNINGTON,

VT., AND STRETCHES ABOUT 25 MILES TO THE EAST TO THE COMMUNITIES OF

WILMINGTON, VT., AND THE DEERFIELD VALLEY. IT STRETCHES 30 MILES TO THE

NORTH TO ENCOMPASS THE COMMUNITIES OF MANCHESTER AND DORSET, VT., AND

OTHER SMALLER COMMUNITIES ON THE EDGE OF BENNINGTON COUNTY AND THE

SOUTHERN PORTIONS OF RUTLAND COUNTY. TO THE WEST, IT STRETCHES 15-20 MILES

INTO EASTERN N.Y. AND INCLUDES HOOSICK, HOOSICK FALLS, EAGLE BRIDGE, WHITE

CREEK, BERLIN, PETERSBURGH, AND CAMBRIDGE. LASTLY, TO THE SOUTH IT

STRETCHES TO THE VERMONT BORDER WITH MASSACHUSETTS AND SERVES SOME

MASSACHUSETTS RESIDENTS.

DEMOGRAPHICS: THE SVMC SERVICE AREA'S POPULATION GROWTH DECLINED FROM 2000

TO 2019. THE CURRENT POPULATION OF SVMC'S PRIMARY SERVICE AREA IS 50,000.

ACROSS OUR FULL SERVICE AREA, INCLUDING FRINGE MARKETS, THE POPULATION IS

JUST UNDER 120,000. THE AVERAGE AGE OF RESIDENTS HAS ALSO INCREASED WITH

Part VI Supplemental Information (Continuation)

19% BEING 65 OR OLDER. THE POPULATION SVMC SERVES IS CONSIDERABLY OLDER AND LESS ECONOMICALLY ADVANTAGED THAN THAT IN THE REST OF VERMONT OR THE NATION.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH:

AS A HEALTH CARE ORGANIZATION, SOUTHWESTERN VERMONT HEALTH CARE (SVMC) FOCUSES ON COMMUNITY BUILDING ACTIVITIES AND HEALTH EDUCATIONAL EVENTS THAT ARE GEARED TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE, INCLUDING IMPROVING ACCESS TO HEALTH CARE AND ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH.

ACCESS TO MEDICAL CARE:

ENSURING THAT OUR COMMUNITY HAS ACCESS TO HIGH QUALITY PRIMARY AND SPECIALTY CARE IS ESSENTIAL TO ADVANCE THE HEALTH OF THE COMMUNITIES SERVED BY SVMC. ACCOMPLISHING THIS GOAL REQUIRES EFFORT IN THREE DIMENSIONS: (1) PROVIDING OVERSIGHT OF MEDICAL CARE QUALITY; (2) RECRUITING NEW PHYSICIANS; AND (3) EMPLOYING PHYSICIANS IN NEEDED SPECIALTIES. IT IS HARDER TO RECRUIT AND KEEP PHYSICIANS IN RURAL COMMUNITIES THAN EVER BEFORE. IN MANY CASES, WITHOUT SUPPORT FROM THE HEALTH SYSTEM, OUR COMMUNITIES WOULD LOSE PRIMARY AND SPECIALTY CARE. SVMC SUPPORTS PRIMARY CARE PRACTICES IN POWNAL, MANCHESTER, WILMINGTON AND BENNINGTON, AS WELL PRACTICES IN PEDIATRICS, OBSTETRICS AND GYNECOLOGY, PALLIATIVE CARE AND INFECTIOUS DISEASE.

IN FISCAL YEAR 2020, SVMC INVESTED IN COMMUNITY-ORIENTED HEALTH EDUCATION, DISEASES SPECIFIC SUPPORT GROUPS, AND COMMUNITY-LOCATED SCREENING EVENTS. ALTHOUGH PROVIDING GREAT HEALTH CARE IS OUR MISSION, SVMC IS DEVOTED TO

Part VI Supplemental Information (Continuation)

SUPPORTING OUR COMMUNITIES IN MANY OTHER WAYS; INITIATIVES TO INTRODUCE STUDENTS TO HEALTH CARE CAREERS AND PROVIDE JOB SHADOW OPPORTUNITIES, PRECEPTORSHIPS, COMMUNITY SERVICE OPPORTUNITIES TO LOCAL HIGH SCHOOL AND COLLEGE STUDENTS, A COORDINATOR TO HELP PEOPLE ENROLL IN MEDICAID, MEDICARE, OR OTHER INSURANCES, A PHYSICIAN FINDER LINE TO HELP PEOPLE FIND A PRIMARY CARE PROVIDER OR SPECIALIST, A TRANSITIONAL CARE NURSING PROGRAM THAT FACILITATES SAFER TRANSITIONS TO HOME OR SUBACUTE CARE FOR HOSPITAL PATIENTS THAT HAS RECEIVED NATIONAL ACCLAIM AS A MODEL TO IMPROVE COMMUNITY HEALTH.

SVMC'S EXTENSIVE SUPPORT FOR WELLNESS ACTIVITIES, PARTICULARLY AROUND FOOD INSECURITY, HEALTHY EATING AND COOKING, AND INCREASED EXERCISE ARE IMPACTING RESIDENTS ACROSS THE SOCIOECONOMIC SPECTRUM.

SVMC'S REGIONAL CANCER PROGRAM OFFERS GENETIC COUNSELING SO THAT AREA RESIDENTS DO NOT HAVE TO TRAVEL FOR HIGH QUALITY CANCER TREATMENT.

SVMC PROVIDES TRAINING AND SUPPORT FOR AREA RESCUE SQUADS.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM:
 THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED GROUP. THE GROUP'S CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE ACCOUNTS OF SOUTHWESTERN VERMONT HEALTH CARE CORPORATION (SVHC), SOUTHWESTERN VERMONT MEDICAL CENTER, INC. (SVMC), MOUNT ANTHONY HOUSING CORPORATION (MAHC), SOUTHWESTERN VERMONT HEALTH CARE AUXILIARY, INC. (SVMCA), SOUTHWESTERN VERMONT HEALTH CARE ENTERPRISES (SVMCE) AND SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION (FOUNDATION), SOUTHWESTERN VERMONT HEALTH CARE NEW YORK,

Part VI Supplemental Information (Continuation)

LLC (SVHC-NY), TWIN RIVER MEDICAL, PC (TR), AND NORTHERN BERKSHIRE

MEDICAL, PC (NBM), SOUTHWESTERN VERMONT HEALTH CARE HOOSICK FALLS, LLC

(SVHC-HF), HOOSICK FALLS HEALTH CENTER, INC (HFHC), HOOSICK FALLS HEALTH

CENTER FOUNDATION (HFHCF).

SOUTHWESTERN VERMONT HEALTH CARE CORPORATION (SVHC) IS NOT-FOR-PROFIT

CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF VERMONT FOR THE

PURPOSE OF SERVING AS A PARENT ORGANIZATION FOR FOUR WHOLLY OWNED OR

CONTROLLED SUBSIDIARY CORPORATIONS. ACTIVITIES PERFORMED BY SVHC INCLUDE:

MANAGING INVESTMENTS; FUNDRAISING; OPERATING AND MANAGING BUILDINGS AND

EQUIPMENT OWNED AND LEASED BY SUBSIDIARIES AND OTHER RELATED ENTITIES.

SVHC AND ITS SUBSIDIARIES ARE PROVIDERS OF HEALTH SERVICES WITH FACILITIES

IN AND AROUND THE BENNINGTON, VERMONT AREA. THE SUBSIDIARIES OF THE

CORPORATION ARE:

SOUTHWESTERN VERMONT MEDICAL CENTER, INC. (SVMC) IS A NOT-FOR-PROFIT,

ACUTE CARE HOSPITAL WHICH PROVIDES DIAGNOSTIC AND TREATMENT SERVICES.

MOUNT ANTHONY HOUSING CORPORATION (MAHC) IS A NOT-FOR-PROFIT CORPORATION

ORGANIZED FOR THE PURPOSE OF DEVELOPING, MANAGING AND OPERATING NURSING

HOMES.

SOUTHWESTERN VERMONT HEALTH CARE AUXILIARY, INC. (SVMCA) IS A

NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF SERVING AND

ASSISTING SVMC AND ITS SUBSIDIARIES IN PROMOTING THE HEALTH AND WELFARE OF

THE COMMUNITY IN ACCORDANCE WITH SVMC'S OBJECTIVES AND TO CONDUCT VARIOUS

PHILANTHROPIC ACTIVITIES FOR SVMC. THE SOUTHWESTERN VERMONT HEALTH CARE

Part VI Supplemental Information (Continuation)

AUXILIARY BOARD OF DIRECTORS VOTED TO DISSOLVE THE CORPORATION ON
05/26/2022. ALL ASSETS WERE DISTRIBUTED TO SOUTHWESTERN VERMONT MEDICAL
CENTER TO CARRY FORTH THE DUTIES AS DESCRIBED IN THE AUXILIARY'S MISSION
STATEMENT.

SOUTHWESTERN VERMONT HEALTH CARE ENTERPRISES (SVHCE) IS A FOR PROFIT
CORPORATION ORGANIZED FOR THE PURPOSE OF PROVIDING FAMILY PRACTICE AND
OTHER SPECIALTY PHYSICIAN SERVICES.

SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION (FOUNDATION) IS A
NOT-FOR-PROFIT CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE AND
EDUCATIONAL PURPOSES FOR SVMC, ITS SUCCESSORS, SUBSIDIARIES AND
AFFILIATES.

SOUTHWESTERN VERMONT HEALTH CARE NEW YORK, LLC (SVHCNY) IS A
NOT-FOR-PROFIT PROFESSIONAL EMPLOYMENT CORPORATION ORGANIZED FOR STAFFING
PURPOSES IN ADDITION TO OWNING AND LEASING PROPERTY FOR TWIN RIVERS
MEDICAL, P.C.

TWIN RIVERS MEDICAL, P.C. (TWIN RIVERS) IS A NEW YORK NOT-FOR-PROFIT
CORPORATION ORGANIZED FOR THE PURPOSE OF PROVIDING FAMILY PRACTICE AND
OTHER SPECIALTY PHYSICIAN SERVICES. SVMC CONTROLS THE OPERATIONS OF TWIN
RIVERS.

NORTHERN BERKSHIRE MEDICAL, P.C. (NBM) IS A MASSACHUSETTS NOT-FOR-PROFIT
CORPORATION ORGANIZED FOR THE PURPOSE OF PROVIDING ORTHOPEDIC PRACTICE AND
OTHER SPECIALTY PHYSICIAN SERVICES. SVMC CONTROLS THE OPERATIONS OF NBM.

Part VI Supplemental Information (Continuation)

HOOSICK FALLS HEALTH CENTER, INC (HFHC) IS A NEW YORK NOT-FOR-PROFIT

CORPORATION ORGANIZED FOR THE PURPOSE OF DEVELOPING, MANAGING, AND

OPERATING NURSING HOMES. SVHC CONTROLS THE OPERATIONS OF HFHC.

HOOSICK FALLS HEALTH CENTER FOUNDATION (HFHCF) IS A NEW YORK

NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF SUPPORTING HOOSICK

FALLS HEALTH CENTER, INC. HFHC CONTROLS THE OPERATION OF HFHCF.

SOUTHWESTERN VERMONT HEALTH CENTER HOOSICK FALLS, LLC (SVHC-HF) IS A

NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF OWNING HFHC.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **SOUTHWESTERN VERMONT MEDICAL CENTER** Employer identification number **22-2563241**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BENNINGTON COUNTY REGIONAL COMMISSION - 111 SOUTH STREET, STE 6 - BENNINGTON, VT 05201	03-0224444	501(C)(3)	21,000.	0.			SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

CONTRIBUTIONS, SPONSORSHIPS AND OTHER IN-KIND SUPPORT WILL BE MADE WHEN THE

ORGANIZATION TO BE FUNDED:

PROMOTES A CLINICAL PROGRAM OR SERVICE TARGETED BY OUR STRATEGIC PLAN

AND/OR HAS PREVIOUSLY RETURNED A DIRECT MONETARY CONTRIBUTION TO SVHC IN

SUPPORT OF OUR VISION AND MISSION, OR; 2. CHOOSES TO PARTNER WITH SVHC AND

COMMITTS TO AT LEAST EQUALLY SHARE WITH SVHC ALL NET PROCEEDS RECEIVED FROM

THE EVENT, OR DIRECTLY PROMOTES A CENTER OF EXCELLENCE OR OTHERWISE IMPACTS

Part IV Supplemental Information

A MAJOR STRATEGIC INITIATIVE. (SVHC WILL MAKE EVERY EFFORT TO SUPPORT THE
 EVENT BY STAFFING AND PROVIDING INFORMATION BOOTHS, HEALTH SCREENINGS AND
 RELATED ACTIVITIES.), OR; 4. HOLDS A CHARITABLE EVENT THAT PROVIDES
 OPPORTUNITY, NOT OTHERWISE AVAILABLE, FOR STAFF AND BOARD MEMBERS TO BUILD
 EFFECTIVE WORKING RELATIONSHIPS WITH LOCAL ORGANIZATIONS THAT ARE IMPORTANT
 TO FACILITATING OUR VISION OR MISSION OR; 5. HOLDS A CHARITABLE EVENT THAT
 IS DEEMED BY THE EXECUTIVE MANAGEMENT TEAM TO: A. SUPPORT OUR VISION, B. BE
 OF STRONG INTEREST TO OUR EMPLOYEES, C. HELP PROMOTE GOOD EMPLOYEE MORALE,
 D. FOSTER TEAMWORK, AND E. BUILD PUBLIC APPRECIATION OF SVHC'S ROLE AS THE
 SOLE HEALTH CARE PROVIDER IN THE SERVICE AREA.

REQUESTS FOR MONETARY OR IN-KIND SUPPORT WILL BE DIRECTED TO THE DIRECTOR
 OF MARKETING AND COMMUNICATIONS WHO WILL CONSULT WITH THE VICE PRESIDENT OF
 CORPORATE DEVELOPMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS A. DEE TRUSTEE/CEO SVHC	(i)	467,779.	105,000.	52,782.	295,579.	28,007.	949,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN D. MAJETICH TRUSTEE/CFO SVHC	(i)	370,482.	75,600.	83,168.	50,817.	28,007.	608,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN P. DAILEY VP HR	(i)	259,286.	55,500.	43,323.	28,000.	20,880.	406,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAMELA A. DUCHENE CNO	(i)	244,844.	42,000.	26,485.	5,650.	28,370.	347,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LESLIE J. KEEFE V.P. SVHC FOUNDATION	(i)	191,792.	58,620.	30,957.	16,903.	39,993.	338,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RICHARD J. OGILVIE JR. VP CIO	(i)	193,192.	33,500.	37,075.	1,950.	20,880.	286,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN P. LABERT ANESTHESIA ASSISTANT	(i)	239,119.	3,500.	281.	8,000.	14,267.	265,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KELSEY L. BURAN ANESTHESIA ASSISTANT	(i)	223,393.	3,500.	3,660.	1,506.	10,633.	242,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CODY J. HOLLOWAY ANESTHESIA ASSISTANT	(i)	210,420.	3,500.	141.	8,000.	19,933.	241,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARY E. CAMPBELL ANESTHESIA ASSISTANT	(i)	207,268.	3,500.	126.	8,000.	14,267.	233,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JAMES R. ROY CONTROLLER - FINANCE DEPARTMENT DIRE	(i)	172,938.	7,900.	8,190.	6,347.	20,880.	216,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHAEL E. BRADY TRUSTEE/DENTIST	(i)	175,003.	1,000.	939.	0.	130.	177,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

CERTAIN INDIVIDUALS LISTED SCHEDULE J, PART II PARTICIPATED IN A

NON-QUALIFIED DEFERRED COMPENSATION ARRANGEMENT. UNDER THE TERMS OF THE

PLAN THE INDIVIDUAL WILL BECOME VESTED IN THE PLAN IF THEY REMAIN EMPLOYED

THROUGH A TARGETED DATE PURSUANT TO THE PLAN. NO AMOUNTS VESTED IN CALENDAR

YEAR 2021 AND AMOUNTS CREDITED UNDER THE PLAN ARE LISTED BELOW AND INCLUDED

IN SCHEDULE J, PART II, COLUMN (C).

\$295,579 THOMAS DEE

\$50,817 STEPHEN MAJETICH

\$28,000 KEVIN DAILEY

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **SOUTHWESTERN VERMONT MEDICAL CENTER** Employer identification number **22-2563241**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A VT EDUCATIONAL AND HEALTH BUILDING FINANCING AGENCY	23-7154467	NONE	01/12/21	28,027,000.	2021 SERIES A BONDS WERE USED TO REPAY IN FULL THE		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	6,300,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	28,027,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds	341,193.									
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	288,698.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	2,485,009.									
11 Other spent proceeds	6,300,000.									
12 Other unspent proceeds	18,612,100.									
13 Year of substantial completion	2024									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?		X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X								

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?								

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART 1, BOND ISSUES:

(A) ISSUER NAME: VT EDUCATIONAL AND HEALTH BUILDING FINANCING AGENCY
 (F) DESCRIPTION OF PURPOSE: 2021 SERIES A BONDS WERE USED TO REPAY IN FULL THE 2008 SERIES A BONDS; SERIES B BONDS WERE USED FOR PURPOSES OF RENOVATION AND EXPANSION OF THE SVMC EMERGENCY DEPT AND FUND OTHER CAPITAL NEEDS.

SCHEDULE K, PART IV, LINE 2C

REBATE COMPUTATION:

THE REBATE COMPUTATION WAS PERFORMED 9/29/2021.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

GENERAL EXPLANATION:

THE FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS FILED
UNDER VERMONT FLOODING FEMA-3595-EM WHICH POSTPONES THE TIME TO FILE
RETURNS, PAY TAXES AND PERFORM OTHER TIME-SENSITIVE ACTS TO NOVEMBER
15, 2023.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDING HEALTH CARE ON BOTH AN INPATIENT AND OUTPATIENT BASIS WITH
FACILITIES IN AND AROUND THE BENNINGTON, VT AREA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION'S MISSION:

OUR MISSION: TO CARE FOR AND COMFORT OUR PATIENTS, RESIDENTS, AND THEIR
LOVED ONES AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES WE
SERVE. ALSO, TO PROMOTE AND SUPPORT THE DEVELOPMENT AND MAINTENANCE OF
A HIGHLY EFFICIENT, PATIENT-FOCUSED, INTEGRATED HEALTHCARE DELIVERY
SYSTEM.

OUR VISION: TO MAKE THE COMMUNITIES WE SERVE THE HEALTHIEST IN THE
NATION AND OUR HEALTH SYSTEM THE SAFEST IN THE NATION.

OUR VALUES: KNOWN BY THE ACRONYM QUESTS, SVHC EXPECTS ITS EMPLOYEES TO

MODEL THE FOLLOWING VALUES:

QUALITY: ACHIEVING THE BEST POSSIBLE OUTCOMES AND SATISFYING THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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CUSTOMER IN THE MOST COST-EFFECTIVE MANNER.

EMPATHY: TREATING OTHERS IN A COMPASSIONATE AND SENSITIVE MANNER.

SAFETY: PREVENTING HARM TO PATIENTS FROM TREATMENT THAT IS INTENDED TO

HELP THEM AND TO EMPLOYEES FROM AN ENVIRONMENT THAT IS INTENDED TO

SUPPORT THEM.

STEWARDSHIP: CONSERVING RESOURCES AND MAKING DECISIONS THAT ACHIEVE THE

HIGHEST VALUE AT THE LOWEST COST.

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS:

CERTAIN LISTED OFFICERS AND BOARD MEMBERS ALSO SERVE AS OFFICERS AND BOARD

MEMBERS OF SOUTHWESTERN VERMONT HEALTHCARE ENTERPRISES, A RELATED TAXABLE

ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 3:

MANAGEMENT DUTIES:

DARTMOUTH-HITCHCOCK MEDICAL CENTER EMPLOYS THE PHYSICIANS. AS PART OF THIS

ARRANGEMENT, THE CMO IS AN EMPLOYEE OF DARTMOUTH-HITCHCOCK AND PERFORMS

CERTAIN MANAGEMENT FUNCTIONS. THE CMO WAS COMPENSATED IN THE AMOUNT OF

\$450,198.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS:

THE SOLE MEMBER OF THE CORPORATION SHALL BE THE SOUTHWESTERN VERMONT HEALTH

CARE CORPORATION (SVHC), A NONPROFIT CORPORATION, ACTING THROUGH ITS BOARD

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
---	--

OF DIRECTORS (THE SVHC BOARD). THE MEMBER SHALL TAKE ACTION BY RESOLUTION

DULY ADOPTED BY THE SVHC BOARD OR BY EXECUTION OF A WRITTEN CONSENT,

AUTHORIZED BY THE SVHC BOARD AND EXECUTED BY A PERSON SO

AUTHORIZED.

THE AFFAIRS OF THE CORPORATION SHALL BE MANAGED AND CONDUCTED BY A BOARD OF

DIRECTORS (THE BOARD), SUBJECT TO THE AUTHORITY AND DIRECTION OF THE SVHC

BOARD. THE SVHC BOARD SHALL HAVE ULTIMATE RESPONSIBILITY TO ASSURE THAT THE

POLICIES AND ACTIVITIES OF THE CORPORATION ARE COORDINATED WITH THOSE OF

ITS AFFILIATED CORPORATIONS IN ORDER TO ACHIEVE A HIGHLY EFFICIENT,

PATIENT-FOCUSED, INTEGRATED SYSTEM OF HEALTH CARE DELIVERY. ACCORDINGLY,

ANY CORPORATE ACTION OF THE CORPORATION AUTHORIZED BY THE SVHC BOARD SHALL

BE DEEMED TO BE AUTHORIZED AND DIRECTED BY THE BOARD. IN THE ABSENCE OF ANY

DIRECTION FROM SVHC BOARD, THE BOARD MAY TAKE ACTION WITH RESPECT TO THE

AFFAIRS OF THE CORPORATION IN ACCORDANCE WITH THESE BYLAWS, PROVIDED

HOWEVER, THAT THE BOARD MAY NOT TAKE ACTION WITH RESPECT TO ANY OF THE

FOLLOWING MATTERS WITHOUT AUTHORIZATION OF THE SVHC BOARD:

ANNUAL OPERATING BUDGETS; CAPITAL BUDGETS; CERTIFICATE OF NEED

APPLICATIONS; ANY CONTRACT OR AGREEMENT WHICH IS OF A SUBSTANTIAL NATURE OR

WHICH IS NOT INCLUDED IN APPROVED OPERATING OR CAPITAL BUDGETS; ANY

VOLUNTARY DISSOLUTION, MERGER, OR CONSOLIDATION OF THE CORPORATION OR THE

SALE OR TRANSFER OF ALL OR SUB-CREATION, ACQUISITION, DISSOLUTION, MERGER

OR CONSOLIDATION OF ANY SUBSIDIARY OF AFFILIATE OR AUXILIARY CORPORATION;

ANY AMENDMENTS TO THE BYLAWS, ARTICLES OF INCORPORATION OF THE CORPORATION;

THE STRATEGIC AND MASTER FACILITIES PLANS; AND APPOINTMENT OF CHIEF

EXECUTIVE OFFICER.

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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FORM 990, PART VI, SECTION A, LINE 7A:

PLEASE SEE FORM 990, SECTION A, LINE 6 RESPONSE ABOVE

FORM 990, PART VI, SECTION A, LINE 7B:

PLEASE SEE FORM 990, SECTION A, LINE 6 RESPONSE ABOVE

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE
AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING
DEPARTMENT OF THE ORGANIZATION. THE DRAFT 990 IS THEN REVIEWED BY
MANAGEMENT AND ACCOUNTING. AFTER ALL SUGGESTED CHANGES FROM MANAGEMENT ARE
MADE, THE UPDATED DRAFT FORM 990 IS THEN PRESENTED TO THE FINANCE
COMMITTEE. AFTER ANY FINAL CHANGES ARE MADE, THE FORM 990 IS PRESENTED TO
THE FULL BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

TRUSTEES, SENIOR OFFICERS, AND SENIOR MEDICAL STAFF MEMBERS ARE REQUIRED TO
DISCLOSE CONFLICTS OF INTEREST AND POTENTIAL CONFLICTS OF INTEREST TO THE
CORPORATE COMPLIANCE OFFICER ANNUALLY. IF THE CORPORATE COMPLIANCE
DETERMINES THAT A POTENTIAL CONFLICT OF INTEREST EXISTS, THE MATTER IS
REFERRED TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND MAY BE
REFERRED TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW:

THE ORGANIZATION'S CEO POSITION IS PAID BY SOUTHWESTERN VERMONT MEDICAL

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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CENTER (SVMC). THE PROCESS SVHC/SVMC USES TO DETERMINE CEO COMPENSATION IS AS FOLLOWS: THE BOARD ENGAGES AN OUTSIDE CONSULTING FIRM TO REVIEW COMPARABLE CEO SALARY DATA AND USES NATIONAL PROFESSIONAL ORGANIZATION SURVEY DATA IN THE DETERMINATION OF THE CEO'S SALARY AND BENEFITS. IN ADDITION, THE BOARD ENGAGES AN OUTSIDE CONSULTING FIRM AND ALSO USES NATIONAL PROFESSIONAL ORGANIZATION SURVEY DATA TO REVIEW THE WAGE DATA OF OTHER OFFICERS AND KEY EMPLOYEES.

PROCESS BEGINS WITH A REQUEST TO SVHC'S/SVMC'S COMPENSATION CONSULTANT ASTRON SOLUTIONS TO PERFORM A MARKET ANALYSIS OF THE CEO POSITION. THIS REPORT IS USED AS THE BASIS FOR STRUCTURING COMPENSATION FOR THE CEO DURING THE NEXT CONTRACT PERIOD.

USING THE RESULTS OF THE MARKET ANALYSIS WITH INPUT FROM OUR CEO, THE COMPENSATION OFFER FOR THE NEXT CONTRACT PERIOD IS DEVELOPED AND INCORPORATED INTO THE CONTRACT. THE COMPENSATION IS THEN DISCUSSED BY THE GOVERNANCE COMMITTEE OF THE BOARD WITH ASTRON SOLUTIONS IN ATTENDANCE. ASTRON SOLUTIONS WILL PROVIDE A WRITTEN LETTER CONFIRMING THEIR AGREEMENT.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENT DISCLOSURE:
SOUTHWESTERN VERMONT MEDICAL CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A:

BOARD MEMBER COMPENSATION:
NO TRUSTEE RECEIVES COMPENSATION FOR THEIR SERVICES AS A TRUSTEE OF THE

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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BOARD. THOMAS DEE IS COMPENSATED AS THE CEO OF THE SOUTHWESTERN VERMONT

HEALTHCARE SYSTEM. MICHAEL BRADY, DDS, RECEIVED COMPENSATION FOR HIS

EMPLOYMENT WITH SVMC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE LAB TESTING:

PROGRAM SERVICE EXPENSES 1,344,371.

TOTAL EXPENSES 1,344,371.

OUTSIDE STAFFING:

PROGRAM SERVICE EXPENSES 5,131,245.

MANAGEMENT AND GENERAL EXPENSES 740,074.

TOTAL EXPENSES 5,871,319.

CONTRACTED SALARIES:

PROGRAM SERVICE EXPENSES 3,529,863.

MANAGEMENT AND GENERAL EXPENSES 78,741.

TOTAL EXPENSES 3,608,604.

MD LOCUM FEES:

PROGRAM SERVICE EXPENSES 3,193,112.

TOTAL EXPENSES 3,193,112.

DARTMOUTH PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES 34,707,791.

TOTAL EXPENSES 34,707,791.

OTHER MISC:

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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PROGRAM SERVICE EXPENSES	628,514.
MANAGEMENT AND GENERAL EXPENSES	378,993.
FUNDRAISING EXPENSES	33,590.
TOTAL EXPENSES	1,041,097.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	49,766,294.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE SWAP AGREEMENT	-5,516.
NET PERIODIC BENEFIT INCOME	230,344.
DEFINED BENEFIT PENSION COST	929,581.
TRANSFER FROM AFFILIATE	8,190,829.
TOTAL TO FORM 990, PART XI, LINE 9	9,345,238.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: **SOUTHWESTERN VERMONT MEDICAL CENTER**
Employer identification number: **22-2563241**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SOUTHWESTERN VERMONT HEALTH CARE CORP - 03-0179435, 100 HOSPITAL DRIVE, BENNINGTON, VT 05201	MANAGEMENT	VERMONT	501(C)(3)	LINE 3	N/A		X
MOUNT ANTHONY HOUSING CORPORATION - 03-0279740, 100 HOSPITAL DRIVE, BENNINGTON, VT 05201	NURSING HOMES	VERMONT	501(C)(3)	LINE 10	SVHC		X
SOUTHWESTERN VT HEALTHCARE AUXILIARY (THRU 5/2022) - 22-2563243, 100 HOSPITAL DRIVE, BENNINGTON, VT 05201	SUPPORT SVHC	VERMONT	501(C)(3)	LINE 10	SVHC		X
SOUTHWESTERN VT HEALTHCARE FOUNDATION - 45-3362785, 100 HOSPITAL DRIVE, BENNINGTON, VT 05201	FUNDRAISING	VERMONT	501(C)(3)	LINE 12A, I	SVHC		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHERN BERKSHIRE MEDICAL PC	D	0.	FMV
(2) TWIN RIVERS MEDICAL PC	D	0.	FMV
(3)			
(4)			
(5)			
(6)			

