TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s). 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.
Application for Recognition of Exemption	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. 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.
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.

** PUBLIC DISCLOSURE COPY **

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)
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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ 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) 100 HOSPITAL DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BENNINGTON, VT 05201

D Employer identification number
22-2563241

E Telephone number
(802) 442-6361

G Gross receipts $ 197,681,138.

F Name and address of principal officer: THOMAS DEE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.SVHEALTHCARE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1912

M State of legal domicile: VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: (SEE SCHEDULE O)

2 Check this box ☐ 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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1282
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,095,054.	1,034,071.
9	Program service revenue (Part VIII, line 2g)	193,757,263.	195,970,048.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	423,310.	620,280.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,600.	10,200.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196,284,227.	197,634,599.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,900.	8,000.
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)	75,671,539.	80,143,139.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 101,456.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	120,052,475.	124,043,988.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	195,800,914.	204,195,127.
19	Revenue less expenses. Subtract line 18 from line 12	483,313.	-6,560,528.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	124,177,920.	125,642,375.
21	Total liabilities (Part X, line 26)	78,181,611.	81,055,804.
22	Net assets or fund balances. Subtract line 21 from line 20	45,996,309.	44,586,571.

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 Date

ROBERT LABA, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ERIN COUTURE	Preparer's signature	Date	Check if self-employed ☐ PTIN: P01390592
Firm's name: GRANT THORNTON ADVISORS LLC			Firm's EIN: 99-1856619
Firm's address: 53 STATE STREET, SUITE 1600 BOSTON, MA 02109			Phone no. (617) 723-7900

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

Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	SOUTHWESTERN VERMONT MEDICAL CENTER	22-2563241
	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		

- The books are in the care of ▶ ROBERT LABA
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, 2024, 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, 2022, and ending SEP 30, 2023.

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

223841 04-01-22

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:
SOUTHWESTERN VERMONT HEALTH CARE EXISTS TO PROVIDE EXCEPTIONAL HEALTH CARE AND COMFORT TO THE PEOPLE 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 $ 127,709,960. including grants of $ 8,000.) (Revenue $ 166,211,360.)
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 $ 48,489,794. including grants of $ 0.) (Revenue $ 29,758,688.)
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 176,199,754.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	151		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1282		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**	X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		**16**		X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		**17**		
	If "Yes," complete Form 6069.				

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
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?	2		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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		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?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	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?	16b		

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 ☒ 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

ROBERT LABA - 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 X

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, box 6 of 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	40.00									
TRUSTEE / CEO SVHC	4.00	X		X				1,408,657.	0.	338,381.
(2) STEPHEN D. MAJETICH	40.00									
CFO/TREASURER	6.00			X				787,033.	0.	148,798.
(3) SCOTT ROGGE	0.00									
TRUSTEE (THRU 09/2022)	0.00						X	0.	756,539.	37,340.
(4) THEMARGE SMALL	1.00									
TRUSTEE (AS OF 10/2022)	3.00	X						0.	473,452.	61,078.
(5) MATTHEW VERNON	1.00									
TRUSTEE	2.00	X						0.	465,365.	55,971.
(6) KEVIN P. DAILEY	39.00									
VP HR	1.00				X			390,516.	0.	77,691.
(7) PAMELA A. DUCHENE	40.00									
CNO	0.00				X			349,084.	0.	76,378.
(8) LESLIE J. KEEFE	16.00									
VP SVHC FOUNDATION	24.00				X			295,520.	0.	77,120.
(9) RICHARD J. OGILVIE JR.	40.00									
VP CIO	0.00				X			272,341.	0.	47,193.
(10) JOHN P. LABERT	40.00									
ANESTHESIA ASSISTANT	0.00					X		246,185.	0.	9,237.
(11) KELSEY L. BURAN	40.00									
ANESTHESIA ASSISTANT	0.00					X		231,985.	0.	17,691.
(12) CODY J. HOLLOWAY	40.00									
ANESTHESIA ASSISTANT	0.00					X		213,073.	0.	28,839.
(13) RONALD W. ZIMMERMAN	40.00									
DIRECTOR OF ENGINEERING	0.00					X		200,800.	0.	36,887.
(14) MARY E. CAMPBELL	40.00									
ANESTHESIA ASSISTANT	0.00					X		213,284.	0.	9,237.
(15) MICHAEL E. BRADY	38.00									
TRUSTEE / DENTIST	2.00	X						176,442.	0.	226.
(16) KATHLEEN FISHER	1.00									
CHAIR	3.00	X		X				0.	0.	0.
(17) STEPHEN KELLY	1.00									
VICE CHAIR	3.00	X		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) DIMITRI GARDER	1.00									
SECRETARY	2.00	X		X				0.	0.	0.
(19) ANGIE MARANO	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(20) BRIAN BAREFOOT	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(21) BRIAN G. O'GRADY	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(22) CAROL CONROY	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(23) CHRISTINE MILES	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(24) CONNIE JASTREMSKI	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(25) GEORGE KEADY	1.00									
TRUSTEE (AS OF 10/2022)	2.00	X						0.	0.	0.
(26) KRISTYN HARRINGTON	1.00									
TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								4,784,920.	1,695,356.	1,022,067.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,784,920.	1,695,356.	1,022,067.

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 112

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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 HITHCOCK 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, TECH, ADMIN SVCS	2,154,579.
RENOVO SOLUTIONS LLC, 4 EXECUTIVE CIRCLE, SUITE 185, IRVINE, CA 92614	BIOMEDICAL ENGINEERING	1,064,854.
CLARO HEALTHCARE, LLC, 22 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) RICHARD ADER	1.00									
TRUSTEE (THRU 09/2023)	3.00	X						0.	0.	0.
(28) ROBERT VAN DEGNA	1.00									
TRUSTEE	3.00	X						0.	0.	0.
(29) STANLEY STROUP	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(30) THOMAS H. GREEN III	1.00									
TRUSTEE (AS OF 10/2022)	3.00	X						0.	0.	0.
(31) WAYNE GRANQUIST	1.00									
TRUSTEE	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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	301,615.				
	e Government grants (contributions)	1e	658,674.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	73,782.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			1,034,071.			
Program Service Revenue		Business Code					
	2a NET PATIENT SERV. REV	621990		155,588,663.	155,588,663.		
	b FIXED PROSPECTIVE REV	621990		29,113,085.	29,113,085.		
	c PHARMACY	456110		5,165,753.	5,165,753.		
	d PROGRAM INCENTIVES	456110		1,664,058.	1,664,058.		
	e STATE FUNDING	900099		1,506,383.	1,506,383.		
	f All other program service revenue	900099		2,932,106.	2,932,106.		
	g **Total.** Add lines 2a-2f			195,970,048.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			332,908.			332,908.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	10,200.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	10,200.				
	d Net rental income or (loss)			10,200.			10,200.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	333,911.				
	b Less: cost or other basis and sales expenses	7b	0.	46,539.			
	c Gain or (loss)	7c	333,911.	-46,539.			
	d Net gain or (loss)			287,372.			287,372.
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			197,634,599.	195,970,048.	0.	630,480.

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	8,000.	8,000.		
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	2,425,384.	499,562.	1,925,822.	
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	59,762,498.	49,107,223.	10,655,275.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,037,802.	1,609,878.	408,849.	19,075.
9 Other employee benefits	11,471,536.	9,627,548.	1,761,793.	82,195.
10 Payroll taxes	4,445,919.	3,571,748.	874,060.	111.
11 Fees for services (nonemployees):				
a Management	2,104,258.		2,104,258.	
b Legal	280,826.		280,826.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	46,271.		46,271.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	54,355,597.	53,217,338.	1,138,259.	
12 Advertising and promotion	322,290.	220.	322,070.	
13 Office expenses				
14 Information technology	4,259,544.	743,501.	3,516,043.	
15 Royalties				
16 Occupancy	4,979,514.	4,269,863.	709,651.	
17 Travel	114,899.	80,702.	34,197.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,117.	6,860.	12,257.	
20 Interest	1,518,145.	1,389,975.	128,170.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,983,457.	5,708,206.	275,251.	
23 Insurance	586,853.	2,190.	584,663.	
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	27,926,114.	27,856,812.	69,302.	
b PROVIDER TAX	11,190,223.	11,190,223.		
c LICENSES, DUES, SUB.	2,361,638.	218,394.	2,143,244.	
d TELEMEDICINE	1,157,372.	1,157,372.		
e All other expenses	6,837,870.	5,934,139.	903,656.	75.
25 **Total functional expenses.** Add lines 1 through 24e	204,195,127.	176,199,754.	27,893,917.	101,456.
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 ☐ 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		586,891.	1	468,684.
	2	Savings and temporary cash investments		13,292,354.	2	10,579,224.
	3	Pledges and grants receivable, net		0.	3	0.
	4	Accounts receivable, net		14,574,202.	4	17,671,010.
	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		3,851,214.	8	3,965,610.
	9	Prepaid expenses and deferred charges		2,530,942.	9	3,638,379.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 188,789,257.			
	b	Less: accumulated depreciation	10b 126,682,262.	48,230,366.	10c	62,106,995.
	11	Investments - publicly traded securities		8,795,709.	11	17,708,893.
	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		32,316,242.	15	9,503,580.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		124,177,920.	16	125,642,375.
Liabilities	17	Accounts payable and accrued expenses		27,390,695.	17	29,816,876.
	18	Grants payable			18	
	19	Deferred revenue		450,151.	19	317,364.
	20	Tax-exempt bond liabilities		27,520,108.	20	27,264,970.
	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		12,995,100.	23	13,857,900.
	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		9,825,557.	25	9,798,694.
	26	**Total liabilities.** Add lines 17 through 25		78,181,611.	26	81,055,804.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		45,996,309.	27	44,586,571.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **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		45,996,309.	32	44,586,571.
	33	Total liabilities and net assets/fund balances		124,177,920.	33	125,642,375.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	197,634,599.
2	Total expenses (must equal Part IX, column (A), line 25)	2	204,195,127.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,560,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,996,309.
5	Net unrealized gains (losses) on investments	5	143,161.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5,007,629.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	44,586,571.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
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	3b	X	

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

2022

Open to Public Inspection

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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) 12

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

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2022.** 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 - 2021.** 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 - 2022.** 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 - 2021.** 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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2022.** 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.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2021.** 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.** The organization qualifies as a publicly supported organization ☐

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 on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
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? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
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? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
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)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
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?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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 (*explain in detail in* **Part VI**):			
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 ☐ 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 - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). 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 (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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.)

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

2022

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	[X] 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

[X] 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		$ 301,615.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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
		$	

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

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

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

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

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

Name of organization	Employer identification number
SOUTHWESTERN VERMONT MEDICAL CENTER	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

(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

(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

(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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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	Employer identification number
SOUTHWESTERN VERMONT MEDICAL CENTER	22-2563241

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-.

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.		
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-		

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.

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? ☐ **Yes** ☐ **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)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(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) Yes	(a) No	(b) 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		24,666.
j Total. Add lines 1c through 1i			24,666.
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 expenditures 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.

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

2022

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 July 25,2006, 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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 $ _____

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	11,656,148.	12,021,533.	11,765,029.	11,707,678.	11,514,089.
b Contributions	4,757.	91,346.	1,744.		121,435.
c Net investment earnings, gains, and losses	485,483.	-2,838,372.	1,091,480.	112,349.	99,582.
d Grants or scholarships					
e Other expenditures for facilities and programs	243,860.	-2,381,641.	836,720.	54,998.	27,428.
f Administrative expenses					
g End of year balance	11,902,528.	11,656,148.	12,021,533.	11,765,029.	11,707,678.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %
b Permanent endowment 79.3500 %
c Term endowment 20.6500 %

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 (3a(i))		X
(ii) Related organizations (3a(ii))	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? (3b)	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		54,636,615.	37,584,805.	17,051,810.
c Leasehold improvements				
d Equipment		107,353,185.	89,097,457.	18,255,728.
e Other		26,794,457.		26,794,457.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				62,106,995.

Schedule D (Form 990) 2022

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)	DUE FROM AFFILIATES	3,810,888.
(2)	FINANCE LEASE ASSETS	2,886,592.
(3)	OTHER RECEIVABLES	2,175,615.
(4)	OPERATING LEASE ASSETS	512,848.
(5)	DEF. COMPENSATION PLAN ASSETS	106,944.
(6)	OTHER ASSET	10,693.
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*		9,503,580.

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	3,401,952.
(3)	DEFERRED COMPENSATION	1,954,972.
(4)	EST AMT DUE TO THIRD PTY PYRS	1,375,654.
(5)	ESTIMATED SELF-INS COSTS	1,323,703.
(6)	ASSET RETIREMENT OBLIGATION	1,214,255.
(7)	OPERATING LEASE LIABILITY	528,158.
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*		9,798,694.

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 ... X

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	202,739,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	143,161.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,007,629.		
e	Add lines **2a** through **2d**			2e	5,150,790.
3	Subtract line **2e** from line **1**			3	197,588,328.
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	46,271.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	46,271.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	197,634,599.

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	204,148,856.
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	204,148,856.
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	46,271.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	46,271.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	204,195,127.

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, TWIN RIVERS, NBM, THE FOUNDATION, MAHC, SVHCNY, SVHCHF, SVHCF, AND SVHC REALITY, INC. 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

Part XIII Supplemental Information *(continued)*

EXEMPT PURPOSE, 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.

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, 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

TRANSFER TO AFFILIATES	592,620.
NET ASSETS RELEASED FROM RESTRICTION	4,415,009.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,007,629.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

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	
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: ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
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.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 225 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b	X	
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.			
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

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			861,934.	0.	861,934.	.42%
b Medicaid (from Worksheet 3, column a)			45,099,344.	21,278,530.	23,820,814.	11.67%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			45,961,278.	21,278,530.	24,682,748.	12.09%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,406,140.	0.	1,406,140.	.69%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			10,697,514.	6,036,533.	4,660,981.	2.28%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			42,908.	0.	42,908.	.02%
j **Total.** Other Benefits			12,146,562.	6,036,533.	6,110,029.	2.99%
k **Total.** Add lines 7d and 7j			58,107,840.	27,315,063.	30,792,777.	15.08%

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.

		(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
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X		
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	2	6,164,470.		
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	3	696,581.		
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					
5	Enter total revenue received from Medicare (including DSH and IME)	5	36,270,324.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	48,201,518.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-11,931,194.		
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 ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?	9a	X		
b	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	9b	X		

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

(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

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SOUTHWESTERN VERMONT MEDICAL CENTER 100 HOSPITAL DRIVE BENNINGTON, VT 05201 SVHEALTHCARE.ORG 837	X	X			X		X		SOLE COMMUNITY HOSPITAL	

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 20			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): HTTPS://SVHEALTHCARE.ORG/COMMUNITYHEALTH			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 20			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): HTTPS://SVHEALTHCARE.ORG/COMMUNITYHEALTH			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

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?	13 X	
	If "Yes," indicate the eligibility criteria explained in the FAP:		
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 % and FPG family income limit for eligibility for discounted care of 400 %		
b	[ ] Income level other than FPG (describe in Section C)		
c	[X] Asset level		
d	[X] Medical indigency		
e	[ ] Insurance status		
f	[X] Underinsurance status		
g	[X] Residency		
h	[ ] Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 X	
15	Explained the method for applying for financial assistance?	15 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	[X] Described the information the hospital facility may require an individual to provide as part of his or her application		
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	[ ] Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	16 X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	[X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8		
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8		
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8		
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	[ ] 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	[ ] 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
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?	17	X	
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:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
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?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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):

- **a** ☒ 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)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☐ 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	☒ 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	☐ 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.	**23**		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.	**24**		X

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 COMMUINITY 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 PRIORTY HEALTH NEEDS WERE DERIVED:

- MENTAL HEALTH SUPPORTS

- PROMOTION OF HEALTHY BEHAVIORS AND PRIMARY PREVENTION ACTIVITIES

- ACCESSIBILTY OF HIGH-QUALITY, CONVENIENT, AND AFFORDABLE CARE

- SUBSTANCE USE PREVENTION, HARM REDUCTION, TREATMENT AND RECOVERY

RESOURCES

THESE PRIORTY 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

2020 COMMUNITY HEALTH NEEDS ASSESSMENT WERE ADDRESSED BY A COMPREHESIVE

IMPLEMENTATION PLAN IN 2020.

IN FISCAL YEAR 2023, SVMC INVESTED $26.8 MILLION IN COMMUNITY BENEFITS

ACROSS A WIDE ARRAY OF SERVICES, PROGRAMS AND INITIATIVES. SVMC PROVIDED

$2.1 MILLION IN CHARITY CARE AND $19.8 MILLION IN UNREIMBURSED MEDICAID

AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. SVMC PROVIDED $4.7 MILLION IN

SUBSIDIZED HEALTHCARE AND $247,117 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 $1.0 MILLION 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 $142,000 TOWARDS ECONOMIC DEVELOPMENT AND

POVERTY ALLEVIATION AND IN DIRECT COMMUNITY BASED HEALTH AND WELLNESS

PROGRAMS.

THE DIRECT COMMUNITY BASED EFFORTS OF $110,000 INCLUDED FUNDING TO THE

BENNINGTON REGIONAL COMMISSION FOR A VOLUNTEER IN SERVICE TO AMERICA

FELLOW TO WORK ON THE IMPACT OF THE OPIOID EPIDEMIC, HEALTH EQUITY, AND

POVERTY ALLEVIATION. EFFORTS IN YOUTH ACTIVITIES AND WELLNESS INCLUDED

FUNDING FOR SCHOLARSHIPS ALLOWING SPORTS AND ARTS INVOLVEMENT. FUNDS ALSO

SUPPORTED AFTER SCHOOL AND SUMMER ACADEMIC ENRICHMENT.

FUNDS WERE USED TO CREATE, PRINT, AND DISTRIBUTE 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.

THE CHNA IMPLEMENTATION PLAN FOR FISCAL YEAR 2023 INCLUDED ACTIVITES TO

ENHANCE DIABETES EDUCATION, ENSURE EFFECTIVE PATIENT TRANSITIONS OF CARE,

AND ENGAGE COMMUNITY PARTNERS IN LIFTING THE HEALTH OF THE POPULATION.

FUNDS WERE USED TO SUPPORT IMPACTFUL REGIONAL ORGNAIZATIONS THROUGH EVENT

SPONSORSHIPS.

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, LINE 16A, FAP WEBSITE:

HTTPS://SVHEALTHCARE.ORG/PATIENTS-VISITORS/BILLING-INSURANCE

SOUTHWESTERN VERMONT MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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/

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 (for example, 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:

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, 2023. 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 20 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 QUALITY 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 ENTERPRISES (SVMCE) AND SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION (FOUNDATION), SOUTHWESTERN VERMONT HEALTH CARE NEW YORK, LLC (SVHC-NY), TWIN RIVER MEDICAL, PC (TR), AND NORTHERN

Part VI Supplemental Information *(Continuation)*

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 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

Part VI Supplemental Information *(Continuation)*

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.

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

2022

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? ..... [X] 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)	8,000.	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.

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, CHOOSES TO PARTNER WITH SVHC AND

COMMITS 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, 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, 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

2022

Open to Public Inspection

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☐ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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	(i)	440,049.	0.	968,608.	308,992.	29,389.	1,747,038.	641,041.
TRUSTEE / CEO SVHC	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN D. MAJETICH	(i)	397,656.	77,500.	311,877.	120,012.	28,786.	935,831.	261,827.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SCOTT ROGGE	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE (THRU 09/2022)	(ii)	726,767.	29,772.	0.	27,000.	10,340.	793,879.	0.
(4) THEMARGE SMALL	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE (AS OF 10/2022)	(ii)	374,347.	99,105.	0.	45,938.	15,140.	534,530.	0.
(5) MATTHEW VERNON	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE	(ii)	465,365.	0.	0.	41,000.	14,971.	521,336.	0.
(6) KEVIN P. DAILEY	(i)	280,496.	54,000.	56,020.	55,791.	21,900.	468,207.	20,186.
VP HR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PAMELA A. DUCHENE	(i)	264,102.	64,500.	20,482.	46,819.	29,559.	425,462.	0.
CNO	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LESLIE J. KEEFE	(i)	228,444.	44,500.	22,576.	36,721.	40,399.	372,640.	0.
VP SVHC FOUNDATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RICHARD J. OGILVIE JR.	(i)	203,138.	40,000.	29,203.	25,293.	21,900.	319,534.	3,388.
VP CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOHN P. LABERT	(i)	243,383.	2,500.	302.	8,000.	1,237.	255,422.	0.
ANESTHESIA ASSISTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KELSEY L. BURAN	(i)	219,384.	12,500.	101.	6,618.	11,073.	249,676.	0.
ANESTHESIA ASSISTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CODY J. HOLLOWAY	(i)	205,404.	7,500.	169.	8,000.	20,839.	241,912.	0.
ANESTHESIA ASSISTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RONALD W. ZIMMERMAN	(i)	186,605.	10,126.	4,069.	8,000.	28,887.	237,687.	0.
DIRECTOR OF ENGINEERING	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARY E. CAMPBELL	(i)	205,649.	7,500.	135.	8,000.	1,237.	222,521.	0.
ANESTHESIA ASSISTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHAEL E. BRADY	(i)	175,003.	500.	939.	0.	226.	176,668.	0.
TRUSTEE / DENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 LISTED INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED DEFERRED

COMPENSATION ARRANGEMENT IN CALENDAR YEAR 2022. UNDER THE TERMS OF THE

PLAN, THE INDIVIDUAL BECOMES VESTED IF THEY REMAINED EMPLOYED THROUGH A

TARGETED DATE OF THE PLAN. AMOUNTS VESTED IN THE PLAN DURING THE REPORTING

PERIOD ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). AMOUNTS

SUBJECT TO VESTED REQUIREMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN

(C) AND INCLUDED BELOW:

$300,992 THOMAS A. DEE

$112,012 STEPHEN D. MAJETICH

$47,791 KEVIN P. DAILEY

$23,047 RICHARD J. OGILVE JR.

$28,721 LESLIE J. KEEFE

$38,819 PAMELA A. DUCHENE

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2022
Open to Public Inspection

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	NONEAVAIL	12/01/21	28,027,000.	SEE PART VI		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	795,702.			
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	20,642,600.			
11	Other spent proceeds	6,300,000.			
12	Other unspent proceeds				
13	Year of substantial completion	2024			

		A		B		C		D	
		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 government	.00 %		%		%		%	
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 government	.00 %		%		%		%	
6	Total of lines 4 and 5	.00 %		%		%		%	
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?	X							

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

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:
(A) ISSUER NAME: VT EDUCATIONAL AND HEALTH BUILDING FINANCING AGENCY
DATE THE REBATE COMPUTATION WAS PERFORMED: 10/01/2023

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: VT EDUCATIONAL AND HEALTH BUILDING FINANCING AGENCY
(F) DESCRIPTION OF PURPOSE: 2022 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 O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	2022 Open to Public Inspection

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

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

SOUTHWESTERN VERMONT HEALTH CARE EXISTS TO PROVIDE EXCEPTIONAL HEALTH CARE AND COMFORT TO THE PEOPLE WE SERVE.

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

ORGANIZATION'S MISSION:

ALSO, TO PROMOTE AND SUPPORT THE DEVELOPMENT AND MAINTENANCE OF A HIGHLY EFFICIENT, PATIENT-FOCUSED, INTEGRATED HEALTHCARE DELIVERY SYSTEM.

OUR VISION: SOUTHWESTERN VERMONT HEALTH CARE IS RECOGNIZED AS A PREEMINENT, RURAL INTEGRATED HEALTH CARE SYSTEM THAT PROVIDES EXCEPTIONAL, CONVENIENT, SAFE, AND AFFORDABLE CARE.

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 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.

Name of the organization: SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number: 22-2563241

TEAMWORK: PROMOTING INTERPERSONAL RELATIONSHIPS TO ENHANCE A SUCCESSFUL TEAM.

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 4:

THE ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED AS OF JUNE 23, 2023. THE AMENDED ARTICLES CREATE NO SUBSTANTIVE CHANGES. THE AMENDED BYLAWS INCLUDE RESERVED POWERS TO THE MEMBERS (SVHC'S) BOARD. SVHC HAS THE POWER TO APPROVE ACTIONS LISTED IN ARTICLE VI AND NAME TRUSTEES.

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 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

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

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.

IN NOVEMBER 2022, THE BOARD OF TRUSTEES OF THE CORPORATION APPROVED AN AFFILIATION AND INTEGRATION AGREEMENT (THE AGREEMENT) WITH DARTMOUTH-HITCHCOCK HEALTH (DHH). UNDER THE TERMS OF THE AGREEMENT, THE CORPORATION AND DHH WILL INTEGRATE THEIR GOVERNANCE STRUCTURES, COORDINATE THEIR FINANCIAL ACTIVITIES, AND CONSOLIDATE ADMINISTRATIVE FUNCTIONS OVER TIME TO THE EXTENT THAT EFFICIENCIES CAN BE ACHIEVED. THE AGREEMENT BECAME

Name of the organization: SOUTHWESTERN VERMONT MEDICAL CENTER

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EFFECTIVE JULY 1, 2023, WHICH HAD DHH AS THE SOLE CORPORATE MEMBER OF SVHC.

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:

Name of the organization: SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number: 22-2563241

COMPENSATION REVIEW:

THE ORGANIZATION'S CEO POSITION IS PAID BY SOUTHWESTERN VERMONT MEDICAL CENTER (SVMC). THE PROCESS 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 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:

Name of the organization: SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number: 22-2563241

BOARD MEMBER COMPENSATION:

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

DARTMOUTH PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	37,424,756.
TOTAL EXPENSES	37,424,756.

OUTSIDE STAFFING:

PROGRAM SERVICE EXPENSES	5,587,897.
MANAGEMENT AND GENERAL EXPENSES	660,544.
TOTAL EXPENSES	6,248,441.

MD LOCUM FEES:

PROGRAM SERVICE EXPENSES	3,389,389.
TOTAL EXPENSES	3,389,389.

CONTRACTED SALARIES:

PROGRAM SERVICE EXPENSES	3,377,668.
MANAGEMENT AND GENERAL EXPENSES	104,992.
TOTAL EXPENSES	3,482,660.

OUTSIDE LAB TESTING:

PROGRAM SERVICE EXPENSES	1,813,138.
TOTAL EXPENSES	1,813,138.

Name of the organization: SOUTHWESTERN VERMONT MEDICAL CENTER

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340B FEES:	
PROGRAM SERVICE EXPENSES	1,389,100.
TOTAL EXPENSES	1,389,100.
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	235,390.
MANAGEMENT AND GENERAL EXPENSES	372,723.
TOTAL EXPENSES	608,113.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	54,355,597.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSETS RELEASED FROM RESTRICTION	4,415,009.
TRANSFER FROM AFFILIATES	592,620.
TOTAL TO FORM 990, PART XI, LINE 9	5,007,629.

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

2022

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	(g) Section 512(b)(13) controlled entity? 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 FOUNDATION - 45-3362785, 100 HOSPITAL DRIVE, BENNINGTON, VT 05201	FUNDRAISING	VERMONT	501(C)(3)	LINE 12A, I	SVHC		X
TWIN RIVERS MEDICAL PC - 47-3028931 16 DANFORTH STREET HOOSICK FALLS, NY 12090	HEALTHCARE	NEW YORK	501(C)(3)	LINE 10	SVMC	X	

SEE PART VII FOR CONTINUATIONS

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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 organization?	
						Yes	No
NORTHERN BERKSHIRE MEDICAL PC - 81-4023607 375 MAIN STREET WILLIAMSTOWN, MA 01267	HEALTHCARE	MASSACHUSETTS	501(C)(3)	LINE 10	SVMC	X	
HOOSICK FALLS HEALTH CENTER, INC. - 14-1370000, 21 DANFORTH STREET, HOOSICK FALLS, NY 12090	NURSING HOME	NEW YORK	501(C)(3)	LINE 3	SVHC		X
HOOSICK FALLS HEALTH CENTER FOUNDATION - 22-3186959, 21 DANFORTH STREET, HOOSICK FALLS, NY 12090	FUNDRAISING	NEW YORK	501(C)(3)	LINE 7	HFHC		X
SVHC REALTY INC - 86-1399877 100 HOSPITAL DRIVE BENNINGTON, VT 05201	REAL ESTATE MANAGEMENT	VERMONT	501(C)(3)	LINE 12A, I	SVHC		X
DARTMOUTH-HITCHCOCK HEALTH - 26-4812335 1 MEDICAL CENTER DRIVE LEBANON, NH 03756	PARENT ORGANIZATION	NEW HAMPSHIRE	501(C)(3)	LINE 7	N/A		X
VISITING NURSE ASSOCIATION AND HOSPICE OF VERMONT AND NEW HAMPSHIRE, INC. - , 88 PROSPECT STREET, WHITE RIVER JUNCTION, VT	HOSPICE	VERMONT	501(C)(3)	LINE 10	D-HH		X
CHESHIRE MEDICAL CENTER - 02-0354549 580 COURT STREET KEENE, NH 03431	HOSPITAL	NEW HAMPSHIRE	501(C)(3)	LINE 3	D-HH		X
MARY HITCHCOCK MEMORIAL HOSPITAL - 02-0222140, ONE MEDICAL CENTER DRIVE, LEBANON, NH 03756	HOSPITAL	NEW HAMPSHIRE	501(C)(3)	LINE 3	D-HH		X
DARTMOUTH-HITCHCOCK CLINIC - 22-2519596 ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	PHYSICIAN SERVICES	NEW HAMPSHIRE	501(C)(3)	LINE 10	D-HH		X
WINDSOR HOSPITAL CORPORATION - 03-0183721 289 COUNTY ROAD WINDSOR, VT 05089	HOSPITAL	VERMONT	501(C)(3)	LINE 3	D-HH		X
ALICE PECK DAY MEMORIAL HOSPITAL - 02-0222791, 10 ALICE PECK DAY DRIVE, LEBANON, NH 03766	HOSPITAL	NEW HAMPSHIRE	501(C)(3)	LINE 3	D-HH		X
THE NEW LONDON HOSPITAL ASSOCIATION - 02-0222171, 273 COUNTY ROAD, NEW LONDON, NH 03257	HOSPITAL	NEW HAMPSHIRE	501(C)(3)	LINE 3	D-HH		X

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
SOUTHWESTERN VT HEALTHCARE ENTERPRISES - 03-0314501, 100 HOSPITAL DRIVE, BENNINGTON, VT 05201	HEALTH CARE	VT	N/A	C CORP					X

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.

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	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	Q	375,000.	FMV
(2)	NORTHERN BERKSHIRE MEDICAL PC	N	306,714.	FMV
(3)	NORTHERN BERKSHIRE MEDICAL PC	R	609,026.	FMV
(4)	TWIN RIVERS MEDICAL PC	Q	335,000.	FMV
(5)	TWIN RIVERS MEDICAL PC	N	1,157,837.	FMV
(6)	TWIN RIVERS MEDICAL PC	R	1,681,691.	FMV

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	TWIN RIVERS MEDICAL PC	N	71,000.	FMV
(8)	TWIN RIVERS MEDICAL PC	N	50,509.	FMV
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

VISITING NURSE ASSOCIATION AND HOSPICE OF VERMONT AND NEW

HAMPSHIRE, INC.

EIN: 03-6006494

88 PROSPECT STREET

WHITE RIVER JUNCTION, VT 05001

SCHEDULE R PART II- IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

THE REPORTING ORGANIZATION IS A MEMBER OF THE DARTMOUTH-HITCHCOCK

HEALTH SYSTEM (ALSO KNOWN AS "DARTMOUTH HEALTH"). ADDITIONAL

INFORMATION REGARDING RELATED ORGANIZATIONS CAN BE FOUND ON THE FORM

990, SCHEDULE R FOR DARTMOUTH-HITCHCOCK HEALTH.