** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

**2017**

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning** OCT 1, 2017 **and ending** SEP 30, 2018

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

**C** Name of organization: Springfield Hospital Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): PO Box 2003 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Springfield, VT 05156

**D Employer identification number** 03-0179437

**E** Telephone number 802-885-7344

**G** Gross receipts $ 60,957,807.

**F** Name and address of principal officer: Michael Halstead
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.springfieldhospital.org

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

**L** Year of formation: 1914 **M** State of legal domicile: VT

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: 25-Bed Critical Access Hospital

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 | 12 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 511 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 48 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 334,441. | 538,872. |
| | 9 | Program service revenue (Part VIII, line 2g) | 53,571,895. | 54,506,580. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,272,278. | 1,194,356. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -3,039. | -407. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 55,175,575. | 56,239,401. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 610,390. | 1,697,253. |
| | 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) | 30,681,954. | 33,384,845. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 26,857,540. | 28,456,425. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 58,149,884. | 63,538,523. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -2,974,309. | -7,299,122. |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 40,943,110. | 35,760,253. |
| | 21 | Total liabilities (Part X, line 26) | 24,964,045. | 26,308,599. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 15,979,065. | 9,451,654. |

## 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**

▶ Signature of officer — Date

▶ Thomas Marshall, Interim CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Barbara J. McGuan, CPA | Barbara J. McGuan, C | 08/15/19 | | P00219457 |

Firm's name ▶ Berry Dunn McNeil & Parker, LLC — Firm's EIN ▶ 01-0523282

Firm's address ▶ P.O. Box 1100
Portland, ME 04104-1100 — Phone no. (207) 775-2387

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

**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:
Our mission is to excel at providing personalized, quality care; where people come first. Our vision is to be the provider of choice by creating a professional environment where patients want to receive care, clinicians want to practice medicine, and employees want to

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 $ 48,108,759. including grants of $ 1,697,253. ) (Revenue $ 54,506,580. )
Springfield Hospital (SH) is a 25-bed critical access hospital located in Springfield, VT. SH is a subsidiary of Springfield Medical Care Systems, a nine-site federally qualified health center network. SH also operates The Windham Center, a comprehensive inpatient mental health program in Bellows Falls, VT; off-site physical therapy services, three hospital-owned specialty clinics (ENT, general surgery, and orthopedics), and an adult day care center in Springfield, VT.

Our mission is to excel at providing personalized, quality care; where people come first. Our vision is to be the provider of choice by creating a professional environment where patients want to receive care, clinicians want to practice medicine, and employees want to work.

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

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

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

4e Total program service expenses ▶ 48,108,759.


See Schedule O for Continuation(s)

**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*? | 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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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* | 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 |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 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 | |
| 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 | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | 26 | X | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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 | | |
| 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 in 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 | 74 | | |
| b | Enter the number of Forms W-2G included in 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 | |
| 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 | 511 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | |
| 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 in 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 in Schedule O* | | 14b | | |

**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 in 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 | 12 | | |
| | 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 in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 9 | | |
| 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, or 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 in 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 in 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 in 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 in 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 ▶ VT

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in 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: ▶

Thomas Marshall - 802-885-7344
PO Box 2003, Springfield, VT 05156

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) Angela Page<br>Past Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| (2) David Sandelman<br>Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) Gabriel St. Pierre<br>Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) Gerald Drabyn, MD<br>Director | 1.00<br>40.00 | X | | | | | | 0. | 192,113. | 24,563. |
| (5) Jim Rumrill<br>Vice Chairperson | 2.00<br>1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) Nathan Cobb<br>Treasurer | 2.00<br>2.00 | X | | X | | | | 0. | 0. | 0. |
| (7) Richard Marasa, MD<br>Past Director | 40.00 | X | | | | | | 643,744. | 106,875. | 0. |
| (8) Sarah Vail<br>Chairperson | 1.00<br>2.00 | X | | X | | | | 0. | 0. | 0. |
| (9) Timothy Ford<br>CEO/President | 30.00<br>10.00 | X | | X | | | | 0. | 350,572. | 17,901. |
| (10) Robert Beaudry<br>Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) Stephen Lyon<br>Secretary | 2.00<br>1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) Karen Murray<br>Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) Jim Remy<br>Director | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) Richard Summermatter, MD<br>Director | 1.00<br>40.00 | X | | | | | | 0. | 252,305. | 12,230. |
| (15) Cecil Beehler, MD<br>Chief Medical Officer | 1.00<br>40.00 | | | X | | | | 0. | 360,574. | 14,842. |
| (16) Scott Whittemore<br>CFO | 30.00<br>10.00 | | | X | | | | 0. | 226,419. | 9,193. |
| (17) Craig Hofsess, MD<br>Anesthesiologist | 40.00 | | | | | X | | 358,047. | 0. | 28,085. |

**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): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) David Muller, MD<br>Orthopaedic Surgeon | 40.00 | | | | | X | | 600,042. | 0. | 19,994. |
| (19) Robert Cantu, MD<br>Orthopaedic Surgeon | 40.00 | | | | | X | | 354,440. | 0. | 22,348. |
| (20) Khalid Husain, MD<br>General Surgeon | 40.00 | | | | | X | | 362,727. | 0. | 40,376. |
| (21) Xiangtian Hu, MD<br>Anesthesiologist | 40.00 | | | | | X | | 410,839. | 0. | 11,854. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-total** ▶ | | | | | | | | 2,729,839. | 1,488,858. | 201,386. |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 2,729,839. | 1,488,858. | 201,386. |

**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 ▶ 30

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director, or 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 |
|---|---|---|
| Emergency Services of New England<br>P.O. Box 12, Chester, VT 05143 | Physician Services | 4,169,287. |
| Comprehensive Benefits Administrators,<br>P.O. Box 2365, South Burlington, VT | Benefit Management | 847,740. |
| Richard Marasa, MD PC<br>1 Walnut Hill Court, Springfield, VT 05156 | Physician Services | 643,744. |
| University of VT Med CTR Inc<br>PO Box 1902, Burlington, VT 05402-1902 | Lab Services | 405,660. |
| Mayo Collaborative Services<br>PO Box 9146, Minneapolis, MN 55480-9146 | Lab Services | 265,179. |

**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

**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 | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 7,200. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 49,167. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 482,505. | | | | |
| | g Noncash contributions included in lines 1a-1f: $ | | | | | | |
| | h **Total.** Add lines 1a-1f ▶ | | | 538,872. | | | |
| | | | **Business Code** | | | | |
| Program Service Revenue | 2 a Patient Service Revenue | | 622110 | 121,252,778. | 121,252,778. | | |
| | b Miscellaneous Revenue | | 622110 | 8,535,871. | 8,385,958. | | 149,913. |
| | c Adult Daycare Revenue | | 624120 | 1,348,329. | 1,348,329. | | |
| | d Provision for Bad Debts | | 622110 | -5,028,274. | -5,028,274. | | |
| | e Contractual Allowances | | 622110 | -71,602,124. | -71,602,124. | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f ▶ | | | 54,506,580. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 286,691. | | | 286,691. |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 5,607,311. | | | | | |
| | b Less: cost or other basis and sales expenses | 4,699,646. | | | | | |
| | c Gain or (loss) | 907,665. | | | | | |
| | d Net gain or (loss) ▶ | | | 907,665. | | | 907,665. |
| | 8 a Gross income from fundraising events (not including $ 7,200. of contributions reported on line 1c). See Part IV, line 18 | a | 18,353. | | | | |
| | b Less: direct expenses | b | 18,760. | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | -407. | | | -407. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | | |
| | Miscellaneous Revenue | | **Business Code** | | | | |
| | 11 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d ▶ | | | | | | |
| | 12 **Total revenue.** See instructions. ▶ | | | 56,239,401. | 54,356,667. | 0. | 1,343,862. |

## 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 | 1,697,253. | 1,697,253. | | |
| 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 | 643,744. | 643,744. | | |
| 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 | 24,804,186. | 18,292,392. | 6,511,794. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 501,028. | 367,700. | 133,328. | |
| 9 Other employee benefits | 5,718,044. | 4,196,418. | 1,521,626. | |
| 10 Payroll taxes | 1,717,843. | 1,260,708. | 457,135. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 51,341. | | 51,341. | |
| c Accounting | 72,517. | | 72,517. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 57,603. | | 57,603. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 11,467,274. | 9,025,269. | 2,442,005. | |
| 12 Advertising and promotion | 148,857. | 3,621. | 145,236. | |
| 13 Office expenses | 376,771. | 130,191. | 246,580. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,336,021. | 432,203. | 903,818. | |
| 17 Travel | 67,423. | 38,607. | 28,816. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 605,258. | | 605,258. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,581,699. | 1,570,298. | 11,401. | |
| 23 Insurance | 642,143. | 523,037. | 119,106. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Medical Supplies | 4,738,985. | 4,585,446. | 153,539. | |
| b Healthcare Provider Tax | 3,240,700. | 3,240,700. | | |
| c Other Expenses | 2,141,858. | 1,132,177. | 1,009,681. | |
| d Repairs & Maintenance | 777,181. | 657,736. | 119,445. | |
| e All other expenses | 1,150,794. | 311,259. | 839,535. | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 63,538,523. | 48,108,759. | 15,429,764. | 0. |
| 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 [X]

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 179,225. | 1 | 145,429. |
| | 2 | Savings and temporary cash investments | 574,375. | 2 | 65,497. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 10,387,319. | 4 | 8,617,249. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 40,750. | 5 | 60,250. |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 277,296. | 8 | 272,042. |
| | 9 | Prepaid expenses and deferred charges | 694,572. | 9 | 610,549. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 39,531,520. | | | |
| | b | Less: accumulated depreciation — 10b 27,138,563. | 13,248,273. | 10c | 12,392,957. |
| | 11 | Investments - publicly traded securities | 14,196,845. | 11 | 12,525,280. |
| | 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 | 1,344,455. | 15 | 1,071,000. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 40,943,110. | 16 | 35,760,253. |
| Liabilities | 17 | Accounts payable and accrued expenses | 10,346,613. | 17 | 12,191,716. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 11,221,381. | 23 | 11,211,816. |
| | 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 | 3,396,051. | 25 | 2,905,067. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 24,964,045. | 26 | 26,308,599. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 15,182,288. | 27 | 8,552,715. |
| | 28 | Temporarily restricted net assets | 303,286. | 28 | 405,448. |
| | 29 | Permanently restricted net assets | 493,491. | 29 | 493,491. |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 15,979,065. | 33 | 9,451,654. |
| | 34 | Total liabilities and net assets/fund balances | 40,943,110. | 34 | 35,760,253. |

## 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 | 56,239,401. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 63,538,523. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -7,299,122. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 15,979,065. |
| 5 | Net unrealized gains (losses) on investments | 5 | -118,100. |
| 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 in Schedule O) | 9 | 889,811. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,451,654. |

## 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 [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 [X] 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 in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 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 in Schedule O and describe any steps taken to undergo such audits | 3b | X | |

**SCHEDULE A**
**(Form 990 or 990-EZ)**

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

**2017**

**Open to Public Inspection**

**Name of the organization** Springfield Hospital Inc

**Employer identification number** 03-0179437

**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 or 990-EZ).)
3 [X] 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 in 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 | No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 732021 10-06-17 **Schedule A (Form 990 or 990-EZ) 2017**



10190815 757052 92193.AA-10 2017.06000 Springfield Hospital Inc 92193_A1

**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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 five 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 2017 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 in 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 five 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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2016** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | 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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described in (a) above? | **11b** | | |
| **c** | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.** | **11c** | | |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 yea* **(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 government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| **2** | Activities Test. **Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? *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 1-1/2% 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 .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 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 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in **Part VI**). See instructions. | |
| 7 | **Total annual distributions.** Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions. | |
| 9 | Distributable amount for 2017 from Section C, line 6 | |
| 10 | Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|---|---|---|---|---|
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 | | | |
| c | From 2014 | | | |
| d | From 2015 | | | |
| e | From 2016 | | | |
| f | **Total** of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions. | | | |
| 7 | **Excess distributions carryover to 2018.** Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| c | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| e | Excess from 2017 | | | |

**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, 990-EZ, or 990-PF)**
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

**2017**

| **Name of the organization** | **Employer identification number** |
|---|---|
| Springfield Hospital Inc | 03-0179437 |

**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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

| Name of organization | Employer identification number |
|---|---|
| Springfield Hospital Inc | 03-0179437 |

**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 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 2 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 3 | | $ 18,600. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 4 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 5 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 6 | | $ 39,167. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

| Name of organization | Employer identification number |
|---|---|
| Springfield Hospital Inc | 03-0179437 |

**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 |
|---|---|---|---|
| 7 | | $ 186,663. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 8 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 9 | | $ 25,000. | 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 | Employer identification number |
|---|---|
| Springfield Hospital Inc | 03-0179437 |

**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 |
|---|---|
| Springfield Hospital Inc | 03-0179437 |

**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 or 990-EZ)**

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

**2017**

**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 |
|---|---|
| Springfield Hospital Inc | 03-0179437 |

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

LHA

**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 (grass roots 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)** 2014 | **(b)** 2015 | **(c)** 2016 | **(d)** 2017 | **(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 | | 1,928. |
| **j** Total. Add lines 1c through 1i | | | 1,928. |
| **2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| **b** If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| **c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| **d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

**Part IV** **Supplemental Information**

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

Part II-B, Line 1, Lobbying Activities:

The Organization paid dues to organizations of which a percentage of the dues were used for lobbying. The Organization paid dues to the VAHHS and American Hospital Association.

**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
**2017**
**Open to Public Inspection**

**Name of the organization** Springfield Hospital Inc

**Employer identification number** 03-0179437

## 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 (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

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) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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 | | 87,157. | | 87,157. |
| b Buildings | | 14,217,938. | 7,218,113. | 6,999,825. |
| c Leasehold improvements | | 948,319. | 555,843. | 392,476. |
| d Equipment | | 22,076,042. | 17,955,364. | 4,120,678. |
| e Other | | 2,202,064. | 1,409,243. | 792,821. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 12,392,957. |

**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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | |

**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) Other Current Liabilities | 644,890. |
| (3) Pension Liability | 2,260,177. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 2,905,067. |

**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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 55,332,619. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | -118,100. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 908,571. | | |
| e | Add lines **2a** through **2d** | | | 2e | 790,471. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 54,542,148. |
| 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 | | | |
| b | Other (Describe in Part XIII.) | 4b | 1,697,253. | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,697,253. |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 56,239,401. |

**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 | 61,860,030. |
| 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 | 18,760. | | |
| e | Add lines **2a** through **2d** | | | 2e | 18,760. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 61,841,270. |
| 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 | | | |
| b | Other (Describe in Part XIII.) | 4b | 1,697,253. | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,697,253. |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 63,538,523. |

**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 XI, Line 2d - Other Adjustments:

| | |
|---|---|
| Fundraising Expenses | 18,760. |
| Change in Net Assets to Recognize Funded Status of Pension Plan | 889,811. |
| Total to Schedule D, Part XI, Line 2d | 908,571. |

Part XI, Line 4b - Other Adjustments:

| | |
|---|---|
| Transfer to Affiliate | 1,697,253. |

Part XII, Line 2d - Other Adjustments:

| | |
|---|---|
| Fundraising Expenses | 18,760. |

**Part XIII Supplemental Information** *(continued)*

Part XII, Line 4b - Other Adjustments:

| | |
|---|---|
| Transfer to Affiliate | 1,697,253. |

**SCHEDULE G**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for the latest instructions.**

OMB No. 1545-0047
**2017**
**Open to Public Inspection**

Name of the organization: Springfield Hospital Inc

**Employer identification number**: 03-0179437

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| **Total** ▶ | | | | | | |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

**Schedule G (Form 990 or 990-EZ) 2017**

732081 09-13-17



10190815 757052 92193.AA-10 2017.06000 Springfield Hospital Inc 92193_A1

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 Golf Tournament (event type) | (b) Event #2 (event type) | (c) Other events None (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 25,553. | | | 25,553. |
| | 2 Less: Contributions | 7,200. | | | 7,200. |
| | 3 Gross income (line 1 minus line 2) | 18,353. | | | 18,353. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 2,000. | | | 2,000. |
| | 6 Rent/facility costs | 6,020. | | | 6,020. |
| | 7 Food and beverages | 4,139. | | | 4,139. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 6,601. | | | 6,601. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 18,760. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -407. |

**Part III** **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

**11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in:

**a** The organization's facility **13a** %

**b** An outside facility **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

**c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Part IV** **Supplemental Information** *(continued)*

**SCHEDULE H (Form 990)**

Department of the Treasury
Internal Revenue Service

# Hospitals

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization** Springfield Hospital Inc

**Employer identification number** 03-0179437

## 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. [X] 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% [X] 200% [ ] Other _____ % | 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% [X] 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 | | |
| 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 | | |

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) | | | 776,563. | | 776,563. | 1.22% |
| b Medicaid (from Worksheet 3, column a) | | | 14,065,235. | 9,310,537. | 4,754,698. | 7.48% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 14,841,798. | 9,310,537. | 5,531,261. | 8.70% |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | | | | |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | 1,697,253. | -757,405. | 2,454,658. | 3.86% |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | | |
| j **Total.** Other Benefits | | | 1,697,253. | -757,405. | 2,454,658. | 3.86% |
| k **Total.** Add lines 7d and 7j | | | 16,539,051. | 8,553,132. | 7,985,919. | 12.56% |

**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**

**Section A. Bad Debt Expense**

| | | | Yes | No |
|---|---|---|---|---|
| 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 | 2,008,318. | | |
| 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 | | | |
| 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 | 17,553,237. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 18,633,577. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -1,080,340. |

8 Describe in Part VI the extent to which any shortfall reported in 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**

| | | Yes | No |
|---|---|---|---|
| 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)
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 Springfield Hospital<br>PO Box 2003<br>Springfield, VT 05156<br>www.springfieldmed.org<br>854 | X | X | | | X | | X | | Inpatient Psychiatric Unit | |

**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** Springfield Hospital, Inc.

**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 15 | | | |
| **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): www.springfieldhospital.org | | | |
| **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 15 | | | |
| **10** Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | X | |
| **a** If "Yes," (list url): www.springfieldhospital.org | | | |
| **b** If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | X | |
| **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** Springfield Hospital, Inc.

| | | | 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 200 % and FPG family income limit for eligibility for discounted care of 300 % | | | |
| b | [ ] Income level other than FPG (describe in Section C) | | | |
| c | [X] Asset level | | | |
| d | [X] Medical indigency | | | |
| e | [ ] Insurance status | | | |
| f | [ ] 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): www.springfieldhospital.org | | | |
| b | [X] The FAP application form was widely available on a website (list url): www.springfieldhospital.org | | | |
| c | [X] A plain language summary of the FAP was widely available on a website (list url): www.springfieldhospital.org | | | |
| 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 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** Springfield Hospital, Inc.

| | | 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
- **b** ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **c** ☐ Processed incomplete and complete FAP applications
- **d** ☐ Made presumptive eligibility determinations
- **e** ☒ Other (describe in Section C)
- **f** ☐ None of these efforts were made

**Policy Relating to Emergency Medical Care**

| | | Yes | No |
|---|---|---|---|
| **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** Springfield Hospital, Inc.

| | | 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** [X] 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, 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.

Springfield Hospital, Inc.:

Part V, Section B, Line 5: A steering committee was formed to conduct this assessment, review the data, and recommend priorities and strategis to Springfield Hospital's Board of Directors. Members Include:

- Cecil Beehler, II, MD, Chief Medical Officer, Springfield Medical Care Systems
- Tom Dougherty, MPH, Executive Director, Neighborhood Connections
- Steve Geller, Executive Director, Southeaster Vermont Community Action
- Trevor Hanbridge, Blueprint Project Manager, SMCS Community Health Team
- Emily Mastaler, Chief Operations Officer, Health Care & Rehabilitation Services
- Lynn Raymond-Empey, Executive Director, Valley Health Connections
- Carol Stamatakis, Executive Director, Senior Solutions & Anila Hood, Nutrition/Wellness Director, Senior Solutions
- Becky Thomas, District Director, Vermont Department of Health
- Susan White, Education Resource Coordinator, Southern VT Area Health Education Center
- Anna Smith, Chief, Marketing and Community Relations, Springfield Hospital

In-person or Telephone Interviews

Outreach by phone or personal interview to community leaders and stakeholders targeted the following:

- The SMCS Community Health Team (a nearly 200 member community health team that meets monthly);
- Medical Providers;

**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, 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.

- Community leaders;
- General public;
- Area businesses;
- Community Health Officers;
- Police, Fire and EMT;
- Schools;
- Town officials;
- Home Health/VNA;
- Health Care and Rehabilitation Services of Vermont (Community Mental Health);
- Southeastern Vermont Community Action.

Community-wide survey

Surveys were conducted targeting the medical staff, employees and community residents (via Survey Monkey). Distribution of the community survey included employees, Community Health Team partner agencies (asking them to distribute to their email and/or contact lists), medical offices, and the public at large. The survey was available online and by paper copy. The survey was made available at the Hospital, Valley Health Connections, all primary and specialty care offices, adn the local Vermont Department of Health District Office.

The community survey was also widely advertised in the local newspapers throughout the region and on the website. A total of 758 responses were received to the community survey.

**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, 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.

Springfield Hospital, Inc.:

Part V, Section B, Line 6b: Springfield Medical Care Systems, Inc.

Springfield Hospital, Inc.:

Part V, Section B, Line 11: The Hospital is addressing the significant needs identified in its most recently conducted CHNA as follows:

Improve the Health and Wellbeing of those Living with Substance Abuse and Mental Health Issues

1.Develop educational outreach efforts regarding smoking, drinking, substance abuse, STDs, and violence.

2.Continue offering tobacco treatment or intervention programs, and market them to physician offices and the public.

3.Encourage participation in the Wellness, Recovery, Action Program (WRAP) throughout the SMCS system.

4.Engage community partners, through our Community Health Team monthly meetings, to more clearly define mental health needs and develop strategies.

5.Continue to improve local access, and integration of education and outpatient counseling, at primary care offices.

6.Continue to collaborate with Health Care and Rehabilitation Services (HCRS) to provide emergency care to people in crisis.

7.Partner with local Prevention Coalitions and community partners to develop strategies for prevention and intervention.

8.Expand access to Suboxone Therapy (MAT).

9.Continue to access to Group Therapy and Individual Therapy.

**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, 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.

10.Utilize psychiatric services at The Windham Center, as appropriate, for inpatient care.

11.Monitor grant opportunities to expand access to mental health services.

12.Integrate mental health services into local school settings.

13.Support the local ACEs efforts for awareness and prevention of Adverse Childhood Experiences.

14.Support VT Department of Health efforts for safe storage and disposal of unused or expired medications.

15.Expedite treatment for pregnant women and new mothers battling addiction.

16.Encourage health care access for low-income populations through continued use of financial assistance programs.

Improve Outreach and Education Targeting Obesity among Children and Adults

1.Re-examine the program design and utilization for the RX for Exercise Program, in partnership with the Edgar May Health & Recreation Center.

2.Explore possible program development around lifestyle medicine.

3.Continue quality improvement work to identify patients with obesity and co-morbid conditions of diabetes and heart disease and offer treatment options.

4.Continue FQHC standard protocol to monitor BMI and intervene for elevated BMI in all patients.

5.Continue Healthier Living Workshops, Nutrition Counseling, and Community Education including cooking classes.

6.Develop a community education campaign to raise awareness for available

**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, 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.

resources.

Continue to Improve Access to Oral Health Care for Children and Adults

1.Explore feasibility of making dental services available at other geographic locations.

2.Enhance access to low-income populations through continued use of financial assistance programs.

3.Monitor special funding opportunities, including grant funding, to expand dental services in the area.

4.Redistribute the resource "Guide to Fluoride Levels in Public Water Systems" to all medical providers and post to web for public access. (Know Your Fluoride Level- share list of towns)

5.Expand the dental hygienist activities in area school systems and explore the offering sealant program in schools.

6.Recruit additional dentist and hygienists.

7.Support the Dental Therapy Program within the SMCS system.

For more information, please see the Hospital's most recently completed Community Health Needs Assessment and Implementation Strategy attached to this return.

Springfield Hospital, Inc.:

Part V, Section B, Line 20e: A patient financial counselor meets with patient prior to discharge if medical condition allows.

**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? 7

| Name and address | Type of Facility (describe) |
|---|---|
| 1 The Windham Center<br>1 Hospital Court, #12<br>Bellows Falls, VT 05101 | Inpatient Psych Unit |
| 2 Connecticut Valley Orthopaedics and Sp<br>29 Ridgewood Rd<br>Springfield, VT 05156 | Specialty Practice |
| 3 Surgical Associates<br>29 Ridgewood Rd<br>Springfield, VT 05156 | Specialty Practice |
| 4 Springfield Hospital Rehabilitation Se<br>100 River Street<br>Springfield, VT 05156 | Physical Therapy |
| 5 Springfield Area Adult Day Services<br>266 River Street<br>Springfield, VT 05156 | Adult Day Services |
| 6 Connecticut Valley ENT<br>29 Ridgewood Rd<br>Springfield, VT 05156 | Specialty Practice |
| 7 Mountain View Physical Therapy<br>8 Main St<br>Ludlow, VT 05149 | Physical Therapy |
| | |
| | |
| | |

**Part VI Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7g:

Amount represents funding required by Springfield Medical Care Syetems in order to operate, conduct, and provide various medical services to the community served.

Part III, Line 2:

The Organization used the cost to charge ratio calculated on Worksheet 2 multiplied by bad debt expense per the Organization's audited financial statements.

Part III, Line 4:

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful

**Part VI Supplemental Information** *(Continuation)*

accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

Part III, Line 8:

Worksheet A from the Form 990 Instructions was used to determine the amount reported on Line 6.

Part III, Line 9b:

Financial assistance is written off from charges before any collection efforts are made.

Part VI, Line 2:

Our planning process is participative and incorporates ongoing public input regarding community health care, hospital services, and new opportunities. Conducted on an annual basis, planning includes information from various sources as outlined below:

**Part VI Supplemental Information** *(Continuation)*

- Public Input is invited at any time through our website, e-mail, or regular mail.

- Quarterly Board of Directors' meetings are open to the public.

1) A community needs assessment tool is available on our website's home page, www.springfieldmed.org, that provides ongoing opportunity for community feedback.

2) A Community Relations Line offers an invitation to provide feedback directly to the Quality & Systems Improvement Department via phone or email. This contact information can be found on the home page of our website, www.springfieldmed.org, by calling 802-885-7299, or by e-mailing communityrelations@springfieldmed.org.

- Ongoing information is received throughout the year to help us with our quality improvement initiatives. Our patient satisfaction survey process is conducted in cooperation with N.R.C. Picker, and monitors quality and services on a monthly basis.

- Community participation and presentations are made on a regular basis to local public service and public gatherings. Outreach activity for planning and partnering with local boards, community services, and membership organizations is ongoing. This includes partnering with Vermont's Blueprint For Health, the VT Chronic Care Collaborative, the Edgar May Health & Recreation Center, emergency planning, career/education, and youth and elderly services agencies, to name a few, and provides ongoing community input.

**Part VI Supplemental Information** *(Continuation)*

- A Community Health Team is now fully operational, meeting monthly to collaborate and partner with area agencies to remove barriers and improve access and quality of care. The team now exceeds 100 participants. New members are welcomed at each meeting as word of the team spreads throughout the community. The quarterly Community Collaborative Group is an extension of this group and all members of the Community Health Team are invited to participate as often as they wish.

- Our Board of Directors and Corporators provide ongoing participation through local representation. As a small community hospital, representatives interact regularly with community members and are available to answer questions or receive feedback.

- Our volunteer network, whose annual participation of over 12,000 volunteer hours, creates ongoing opportunities for patient interaction and community outreach activities.

- Public meetings and events are held throughout the year allowing our community to be directly involved in our work, and public comment and suggestions are invited.

Part VI, Line 3:

Enrollment counselors are available at physician practice offices, at Valley Health Connections on River Street in Springfield, VT, and at Springfield Hospital to meet privately to consult with patients about their eligibility for a variety of public programs and/or financial assistance. Information is provided through certified navigators and

**Part VI Supplemental Information** *(Continuation)*

enrollment counselors, distributed to the community via our Community Health Team and area social service agencies, and is included in every welcome packet to new patients. It is also available via our website.

Part VI, Line 4:

The Organization is a non-profit corporation directed by a dedicated Board of Directors comprised of patients and community members. The service area includes towns located in the Vermont counties of Windsor, Windham and Bennington; and New Hampshire counties of Sullivan (two towns) and Cheshire (one town). Springfield Medical Care Systems, the parent corporation, provides and coordinates care from nine health center locations in the towns of Springfield, Ludlow, Chester, Londonderry and Rockingham, VT, and Charlestown NH. Springfield Hospital is located in Springfield, VT. The service area is rural, primarily white, and has an older, lower income population. The community includes uninsured and Medicaid patients which represents 25% of the patient population. In NH, MUPs include Alstead, Acworth, Charlestown, Langdon and Walpole. In VT, MUPs include Rockingham, Athens, Grafton and Westminster in Windham County and Ludlow, Plymouth, Weston, and Reading in Windsor County. In addition to Springfield Hospital other area hospitals serving a portion of the service area include Brattleboro Memorial Hospital, Rutland Regional Medical Center and Grace Cottage Hospital in Vermont and Valley Regional Hospital, Cheshire Medical Center, and Dartmouth-Hitchcock Medical Center in New Hampshire. Springfield Medical Care Systems maintains collaborative working relationships with each of these institutions.

Median Population by Age (2010 Census source: USA.com)

**Part VI Supplemental Information** *(Continuation)*

Windsor County: 45.8

Windham County: 44.9

Vermont: 41.5

US: 37.2

Cheshire County: 40.7

Sullivan County: 43.9

NH: 41.1

Median Household Income

Windsor County: $50,893

Windham County: $46,714

Vermont: $51,841

US: $51,914

Cheshire County: $48,030

Sullivan County: $50,689

NH: $63,277

Population in Poverty

Windsor County: 9.73%

Windham County: 11.13%

Vermont: 11.12%

US: 13.82%

Cheshire County: 11.8%

**Part VI Supplemental Information** *(Continuation)*

Sullivan County: 10.04%

NH: 8.29%

Part VI, Line 5:

The health of our area communities and access to quality health care is served through the community health center network of the organization's parent corporation, Springfield Medical Care Systems, which is the primary source of preventive and coordinated care in our service area. The organization is directed by a Board of Directors comprised of community members and patients. Free health screenings, education programs and support groups are offered throughout the year. Financial assistance is communicated broadly across the service area, available to all who qualify based on a sliding fee scale, and includes dental, vision and pharmacy assistance.

Part VI, Line 6:

Springfield Hospital is a subsidiary of Springfield Medical Care Systems (SMCS). SMCS is comprised of a network of primary care offices (federally-qualified health centers) that provide ongoing care and outreach to our local communities, employing a medical home model of care, and focusing on prevention and efficient care management in cooperation with the Chronic Care Collaborative and the Vermont Blueprint for Health. Need for specialty services is referred by SMCS' health center medical staff to Springfield Hospital and its outpatient specialty clinicians, other area hospitals, or to designated tertiary care facilities for the appropriate level of care as needed.

**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

**2017**

**Open to Public Inspection**

Name of the organization: Springfield Hospital Inc

**Employer identification number:** 03-0179437

**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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Springfield Medical Care Systems, Inc. - PO Box 2003 - Springfield, VT 05156 | 03-0284813 | 501(c)(3) | 1,697,253. | 0. | | | The Organization received a contribution to be used for the benefit of Springfield Medical Care |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 ▶

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

See Part IV for Column (h) descriptions

**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:

All assistance provided by the Organization during the year was to Springfield Medical Care System, a related organization, which has the same bookkeeper as the Organization and, therefore, no monitoring is deemed necessary.

Part II, line 1, Column (h):

Name of Organization or Government:

Springfield Medical Care Systems, Inc.

**Part IV** **Supplemental Information**

(h) Purpose of Grant or Assistance: The Organization received a contribution to be used for the benefit of Springfield Medical Care System, a related organization. The Organization transferred this money to Springfield Medical Care System to be used for its intended purpose.

**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

**2017**

**Open to Public Inspection**

Name of the organization: Springfield Hospital Inc

**Employer identification number**: 03-0179437

## 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.<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ 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 filing 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.<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ 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 | | X |

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

**Schedule J (Form 990) 2017**

732111 10-17-17

**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 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) Gerald Drabyn, MD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Director | (ii) | 192,113. | 0. | 0. | 0. | 24,563. | 216,676. | 0. |
| (2) Richard Marasa, MD | (i) | 643,744. | 0. | 0. | 0. | 0. | 643,744. | 0. |
| Past Director | (ii) | 106,875. | 0. | 0. | 0. | 0. | 106,875. | 0. |
| (3) Timothy Ford | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CEO/President | (ii) | 350,572. | 0. | 0. | 3,583. | 14,318. | 368,473. | 0. |
| (4) Richard Summermatter, MD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Director | (ii) | 252,305. | 0. | 0. | 5,124. | 7,106. | 264,535. | 0. |
| (5) Cecil Beehler, MD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| Chief Medical Officer | (ii) | 360,574. | 0. | 0. | 5,545. | 9,297. | 375,416. | 0. |
| (6) Scott Whittemore | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CFO | (ii) | 224,809. | 0. | 1,610. | 4,489. | 4,704. | 235,612. | 0. |
| (7) Craig Hofsess, MD | (i) | 358,047. | 0. | 0. | 5,274. | 22,811. | 386,132. | 0. |
| Anesthesiologist | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) David Muller, MD | (i) | 535,042. | 65,000. | 0. | 5,459. | 14,535. | 620,036. | 0. |
| Orthopaedic Surgeon | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) Robert Cantu, MD | (i) | 344,440. | 10,000. | 0. | 3,405. | 18,943. | 376,788. | 0. |
| Orthopaedic Surgeon | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) Khalid Husain, MD | (i) | 362,727. | 0. | 0. | 5,603. | 34,773. | 403,103. | 0. |
| General Surgeon | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) Xiangtian Hu, MD | (i) | 410,839. | 0. | 0. | 5,585. | 6,269. | 422,693. | 0. |
| Anesthesiologist | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

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

Part I, Line 3:

Springfield Medical Care Systems, Inc., a related organization, establishes the compensation for the Organization's CEO. Springfield Medical Care Systems, Inc. uses a variety of resources to establish compensation as follows:

1. Compensation committee
2. Independent compensation consultant
3. Written employment contract
4. Compensation survey/study
5. Approval by the board/compensation committee

Part I, Line 7:

David Muller received bonus compensation of $65,000 in 2017 for his productivity.

Part I, Line 8:

Robert Cantu received a $10,000 sign on bonus.

**SCHEDULE L**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open To Public Inspection**

Name of the organization: Springfield Hospital Inc

**Employer identification number:** 03-0179437

## Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | (d) Corrected? No |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? To | (d) From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) No | (h) Approved by board or committee? Yes | (h) No | (i) Written agreement? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Gerald Drabyn, | Board Me | Personal | | X | 88,500. | 60,250. | | X | | X | X | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| **Total** ▶ $ | | | | | | 60,250. | | | | | | |

## Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
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LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule L (Form 990 or 990-EZ) 2017**

See Part V for Continuations

732131 10-18-17

**Part IV** **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| | | | | | |
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**Part V** **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Gerald Drabyn, MD

(b) Relationship with Organization: Board Member

(c) Purpose of Loan: Personal Loan

Form 990, Part III, Line 1, Description of Organization Mission:

work. Our plan is to accomplish this by:

1. Empowering our caregivers with education, technology, and opportunities for personal and professional development;

2. Creating an environment which builds collaborative relationships among clinicians, staff, and patients;

3. Providing our communities with the educational resources and support to make informed decisions emphasizing prevention and wellness; and

4. Offering safe, personalized, high quality care.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Our plan is to accomplish this by:

o Empowering our caregivers with education, technology, and opportunities for personal and professional development;

o Creating an environment, which builds collaborative relationships among clinicians, staff, and patients;

o Providing our communities with the educational resources and support to make informed decisions emphasizing prevention and wellness; and,

o Offering safe, personalized, high-quality care.

Name of the organization: Springfield Hospital Inc

Employer identification number: 03-0179437

SH provides health services to residents throughout its catchment area. Many of the services benefit the elderly, the poor, the indigent, the underinsured and the uninsured. SH receives minimal reimbursement from these programs, with 55% of Springfield Hospital net revenue coming from Medicare and Medicaid funding.

Springfield Hospital has a charity care policy under which patients who meet certain criteria will receive care without charge, or at amounts less than established rates. Patients qualify for 100% charity care at up to 200% of the federal poverty guideline (FPG) and 50% assistance up to 300% of the FPG. The Hospital does not bill patients nor pursue collection of amounts determined to qualify as charity care. For FY18, charges foregone for charity care, based on established rates, amounted to $1,879K.

Springfield Hospital operates a number of specialty practices to provide needed specialty care to health center patients. These clinics include Connecticut Valley ENT, Surgical Associates, and Connecticut Valley Orthopaedics. In addition, SH provides an outpatient clinic serving patients needing treatment and minimizing their need to travel great distances for medical oncology or infusion services. Cardiology services are also offered onsite 6 days each month at the specialty clinic. Charitable support, in the form of gas cards and/or medication cards, is provided to patients who do not have needed funds. This charitable support program is through donations and grant funding.

Other community benefit programs include the following:

Name of the organization: Springfield Hospital Inc

Employer identification number: 03-0179437

Job Training and Shadowing Programs: These programs, in cooperation with Vocational Rehab and training programs through the State of Vermont, provide opportunities to gain on-the-job experience in the healthcare field. We also work with area high school students to provide opportunities for career education and summer employment.

Healthcare Scholarships: Springfield Hospital raises funds that are then donated to individuals to further their educational pursuits in healthcare careers. In FY 2018, we donated four scholarships of $1,000 each, and also provide $3,200 annually to AHEC for the MedQuest and Advanced MedQuest programs during the school year.

BeSeatSmart Program: This program helps residents comply with Vermont's child passenger restraint law, while ensuring the safety of our smallest patients. During FY 2018, 32 child safety seats were provided to families in need, and 76 child safety seats were inspected by the Child Passenger Safety Technician, on site at Springfield Hospital. The safety seat checks are offered as a free community service. We estimate the value of this program to be $1200 based on staff time to educate parents on the proper use and installation of the child safety seats and administrative assistant costs.

Childbirth Education & Lactation Support: The Childbirth Center of Springfield Hospital offers all expectant mothers an opportunity to take a Childbirth Education Class. These free classes are designed to prepare women and their partners for the labor and birth process. Certified Lactation Consultants provide lactation consulting services.

Name of the organization: Springfield Hospital Inc

Employer identification number: 03-0179437

Employee Donations For Community Causes: Throughout the year, the Hospital encourages employees to participate in and donate to fundraising events in support of various associations that address community needs, like Relay for Life, Race for the Cure, Hearts of Hope, food and clothing drives for The Family Center, and the Santa Claus Club. In addition, Springfield Hospital partners with the Vermont Food Bank in offering Veggie VanGo; and provides free fresh fruits and vegetables to families in need on a monthly basis. The Springfield Hospital Veggie VanGo site serves approximately 200 families each month.

EMS Preceptor Programs: Through Springfield Hospital's Emergency Department, area EMS continue their education by participating in a preceptor program, allowing personnel to observe patient care. In FY 2018, approximately 800 hours of clinical hours were utilized by District 11 EMS personnel.

Hospital Based Support Groups: Springfield Hospital provides education and support groups on a variety of topics such as Alzheimers' Caregivers and Breast Cancer. Group meetings meet monthly and are free to participants, educational in nature, and offer an opportunity for group discussion. The Childbirth Center at Springfield Hospital also launched a Baby and Me Playgroup open to infants 3 months and younger along with their caregiver to connect new families and enhance education and socialization opportunities.

Meeting Rooms: Free meeting room space is offered to community groups when space is available. Groups that offer information on health or

Name of the organization: Springfield Hospital Inc

Employer identification number: 03-0179437

wellness are given a priority; such as Alcoholics Anonymous, Vermont Department of Health, the community health team and the community collaborative.

Training Site Partnerships: Springfield Hospital is a training site for Vermont Technical College for their Licensed Practical Nurses. The following schools also have students doing practicums: University of New Hampshire, University of Vermont, Norwich University, University of Massachusetts, Smith College, Antioch New England Graduate School, River Valley College, VTC, St Joseph's College of Maine, Castleton State College. The program utilization is estimated to exceed 1,700 hours for clinical work.

Community Education: Springfield Hospital coordinates health promotion programs, open to the public, which includes American Heart Association CPR and First Aid classes. The Hospital also collaborates with the SMCS community health team in offering community health and wellness education programs throughout the year emphasizing preventive programming around diet, exercise and nutrition.

Springfield Community: Springfield Hospital encourages employees to become an active volunteer to help improve the communities we call home. Employees donate their time in a variety of areas ranging from serving as Board Members for local groups. Employees also participate in fundraisers such as The Relay for Life, Susan G. Komen Race For the Cure, Annual Rotary Sale, and organize the Springfield Hospital Annual Golf Tournament and Apple Blossom Cotillion fundraising events.

Name of the organization: Springfield Hospital Inc

Employer identification number: 03-0179437

Volunteer Service: Volunteer Services provide a variety of services to patients and visitors. The donation of time and fundraising activities support programs that include Clerical Services, Activities Assistant at Adult Day Services, Materials Management Support, Inpatient Discharge Phone Calling Support and Special Services in the Emergency Department. In 2018, Springfield Hospital had 59 volunteers. These individuals volunteered approximately 5,488 hours.

The Windham Center - The Windham Center is a 10-bed inpatient mental health unit that provides mental health services to residents of Windham and Windsor counties and other communities. Programs provide treatment for men and women who are 18 years of age and older. Multidisciplinary teams include psychiatrists, social workers, clinicians, drug and alcohol counselors, and nurses. The Windham Center serves the general population and financial assistance is available, based on need. The Windham Center had 349 admissions in 2018, and incurred $65K in charity care expense and $403K in non-reimbursed Medicaid and Medicare costs for the same time period.

Form 990, Part III, Line 4a, Program Service Accomplishments:
Adult Day Care Service - Springfield Hospital operates an adult day care service, located in Springfield, VT. A cost-effective choice to long term nursing home health care, the Springfield Area Adult Day Service assists families with seniors or disabled adults, over the age of 18, who face the challenge of losing their independence. The structured program offers a safe and protective environment where nutritious meals, social activities, health care services, nursing oversight, and coordination of needed social and support services are

Name of the organization: Springfield Hospital Inc

Employer identification number: 03-0179437

provided. Transportation is available through an arrangement with the local bus service, The Current, at a FY 2018 cost of approximately $20,000. Annually, approximately 91 participants and see total participant visits of 8,308 annually throughout the region are served by the Springfield Area Adult Day Service.

Form 990, Part VI, Section A, line 6:

The Organization has corporators.

Form 990, Part VI, Section A, line 7a:

The Organization has corporators who elect board members.

Form 990, Part VI, Section A, line 7b:

The corporators approve the selection of the Organization's auditors and approve by-law changes.

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by the Organization's Chief Financial Officer and Director of Finance upon completion.

Form 990, Part VI, Section B, Line 12c:

Conflicts of interest are reviewed by the Corporate Compliance Officer and Chief Executive Officer on an annual basis. Members must recuse themselves from voting on issues where a conflict is actual or implied.

Form 990, Part VI, Section B, Line 15a:

The parent organization has a compensation committee which uses an

Name of the organization: Springfield Hospital Inc

Employer identification number: 03-0179437

independent compensation consultant who performs a market analysis on similar health care providers with similar revenue in order to establish the base salary of the CEO.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

Form 990, Part IX, Line 11g, Other Fees:

Collection Services:

| | |
|---|---|
| Program service expenses | 0. |
| Management and general expenses | 85,151. |
| Fundraising expenses | 0. |
| Total expenses | 85,151. |

Purchased Services:

| | |
|---|---|
| Program service expenses | 2,528,591. |
| Management and general expenses | 583,124. |
| Fundraising expenses | 0. |
| Total expenses | 3,111,715. |

Contracted Services:

| | |
|---|---|
| Program service expenses | 5,161,076. |
| Management and general expenses | 712,021. |
| Fundraising expenses | 0. |
| Total expenses | 5,873,097. |

Locum Expense:

Name of the organization: Springfield Hospital Inc

Employer identification number: 03-0179437

| | |
|---|---|
| Program service expenses | 1,335,602. |
| Management and general expenses | 985,704. |
| Fundraising expenses | 0. |
| Total expenses | 2,321,306. |

Consulting Services:

| | |
|---|---|
| Program service expenses | 0. |
| Management and general expenses | 76,005. |
| Fundraising expenses | 0. |
| Total expenses | 76,005. |
| Total Other Fees on Form 990, Part IX, line 11g, Col A | 11,467,274. |

Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

Springfield Hospital, Inc.

PO Box 2003

Springfield, VT 05156

EIN: 03-0179437

Springfield Hospital, Inc. is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

Form 990, Part XI, line 9, Changes in Net Assets:

| | |
|---|---|
| Change in Net Assets to Recognize Funded Status of Pension Plan | 889,811. |

**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

**2017**

**Open to Public Inspection**

Name of the organization: Springfield Hospital Inc

**Employer identification number:** 03-0179437

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| Springfield Medical Care Systems, Inc. - 03-0284813, PO Box 2003, Springfield, VT 05156 | Primary medical care, support and enabling | Vermont | 501(c)(3) | Line 3 | N/A | | X |
| | | | | | | | |
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**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule R (Form 990) 2017**

732161 09-11-17 LHA

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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**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 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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**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)** | | | | |
| **(2)** | | | | |
| **(3)** | | | | |
| **(4)** | | | | |
| **(5)** | | | | |
| **(6)** | | | | |

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part VII Supplemental Information.**

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

Form **8868** (Rev. January 2017)

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.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .**

OMB No. 1545-1709

**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/efile*, click on Charities & Non-Profits, and click on *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.

**Enter filer's identifying number**

| **Type or print** | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
|---|---|---|
| | Springfield Hospital Inc | 03-0179437 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 2003 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Springfield, VT 05156 | |

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 990-T (corporation) | 07 |
| Form 990-BL | 02 | 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 |

- The books are in the care of ▶ Thomas Marshall PO Box 2003 - Springfield, VT 05156

  Telephone No. ▶ 802-885-7344 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 EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until August 15, 2019 , 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, 2017 , and ending SEP 30, 2018 .

**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-BL, 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-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

723841 04-01-17

Electronic Filing PDF Attachment

BerryDunn

# FINANCIAL STATEMENTS

with

# SUPPLEMENTARY INFORMATION

September 30, 2018 and 2017

With Independent Auditor's Report

BerryDunn

# INDEPENDENT AUDITOR'S REPORT

Board of Directors
Springfield Hospital, Inc.

We have audited the accompanying financial statements of Springfield Hospital, Inc. (the Hospital), a subsidiary of Springfield Medical Care Systems, Inc., which comprise the balance sheets as of September 30, 2018 and 2017, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

## *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## *Auditor's Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## *Basis for Qualified Opinion*

The Hospital has not performed an assessment of the carrying value of its property and equipment for possible impairment, although certain indicators are present that trigger the requirement to perform such an assessment. Under U.S. generally accepted accounting principles, the carrying value should be reduced to its fair value if such indicators are present and an impairment exists. The effects on the financial statements of any impairment are not reasonably determinable.

Board of Directors
Springfield Hospital, Inc.

***Qualified Opinion***

In our opinion, except for the effect, if any, on the financial statements, of the omission of the assessment described in the Basis for Qualified Opinion paragraph, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of September 30, 2018 and 2017, and the results of its operations, changes in its net assets, and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

***Substantial Doubt about the Hospital's Ability to Continue as a Going Concern***

The accompanying financial statements have been prepared assuming that the Hospital will continue as a going concern. As discussed in Note 14 to the financial statements, the Hospital has experienced significant operating losses in recent years. This factor, and the resulting impact on cash flows, raise substantial doubt about its ability to continue as a going concern. Management's evaluation of the events and conditions and management's plans regarding this matter are also described in Note 14. Our opinion is not modified with respect to this matter.

***Other Matter***

*Supplementary Information*

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, except for the effect, if any, of the omission of the assessment described in the Basis for Qualified Opinion paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
February 11, 2019

Registration No. 92-0000278

**SPRINGFIELD HOSPITAL, INC.**

**Balance Sheets**

**September 30, 2018 and 2017**

**ASSETS**

| | **2018** | 2017 |
|---|---|---|
| Current assets | | |
| Cash and cash equivalents | **$ 19,413** | $ 524,817 |
| Patient accounts receivable, net of allowances for doubtful accounts and contractual allowances of $9,429,629 for 2018 and $7,561,532 for 2017 | **8,271,627** | 9,896,848 |
| Supplies | **272,042** | 277,296 |
| Prepaid expenses | **610,549** | 694,572 |
| Estimated third-party payor settlements | **1,071,000** | 1,055,761 |
| Other receivables | **405,872** | 531,221 |
| Total current assets | **10,650,503** | 12,980,515 |
| Assets limited as to use | **11,951,704** | 13,729,486 |
| Due from Springfield Medical Care Systems, Inc. | **-** | 288,694 |
| Property and equipment, net | **12,392,957** | 13,248,273 |
| Long-term investments | **765,089** | 696,142 |
| Total assets | **$ 35,760,253** | $ 40,943,110 |

The accompanying notes are an integral part of these financial statements.

## LIABILITIES AND NET ASSETS

| | 2018 | 2017 |
|---|---|---|
| Current liabilities | | |
| Line of credit | **$ 2,268,078** | $ 1,920,347 |
| Current portion of long-term debt | **8,256,819** | 687,472 |
| Accounts payable and accrued expenses | **8,199,050** | 7,998,800 |
| Accrued salaries and related amounts | **3,992,666** | 2,347,813 |
| Other current liabilities | **644,890** | 406,531 |
| Total current liabilities | **23,361,503** | 13,360,963 |
| Long-term debt, net of current portion | **686,919** | 8,613,562 |
| Pension liability | **2,260,177** | 2,989,520 |
| Total liabilities | **26,308,599** | 24,964,045 |
| Net assets | | |
| Unrestricted | **8,552,715** | 15,182,288 |
| Temporarily restricted | **405,448** | 303,286 |
| Permanently restricted | **493,491** | 493,491 |
| Total net assets | **9,451,654** | 15,979,065 |
| Total liabilities and net assets | **$ 35,760,253** | $ 40,943,110 |

**SPRINGFIELD HOSPITAL, INC.**

**Statements of Operations**

**Years Ended September 30, 2018 and 2017**

| | **2018** | 2017 |
|---|---|---|
| Unrestricted revenues, gains and other support | | |
| Patient service revenue (net of contractual allowances and discounts) | **$ 49,650,654** | $ 56,923,367 |
| Less provision for bad debts | **5,028,274** | 4,956,558 |
| Net patient service revenue | **44,622,380** | 51,966,809 |
| Fixed prospective revenue | **8,356,432** | - |
| Other operating revenues | **1,602,488** | 1,615,724 |
| Net assets released from restrictions used for operations | **282,653** | 83,910 |
| Total unrestricted revenues, gains and other support | **54,863,953** | 53,666,443 |
| Expenses | | |
| Salaries and benefits | **27,574,071** | 24,904,591 |
| Supplies and other | **31,456,859** | 30,013,054 |
| Insurance | **642,143** | 552,978 |
| Depreciation and amortization | **1,552,306** | 1,563,154 |
| Interest | **634,651** | 531,461 |
| Total expenses | **61,860,030** | 57,565,238 |
| Operating loss | **(6,996,077)** | (3,898,795) |
| Nonoperating gains | | |
| Investment income and realized gains on sales of investments | **1,194,356** | 1,296,245 |
| Net change in unrealized gains on investments | **(118,100)** | 339,338 |
| Contributions and support, net of related expenses | **(393)** | 149,279 |
| Nonoperating gains, net | **1,075,863** | 1,784,862 |
| Deficiency of unrestricted revenues, gains and other support over expenses and losses | **(5,920,214)** | (2,113,933) |
| Net assets released from restrictions used for purchase of property and equipment | **98,083** | 24,253 |
| Change in net assets to recognize funded status of pension plan | **889,811** | 921,834 |
| Transfer to Springfield Medical Care Systems, Inc. | **(1,697,253)** | (610,390) |
| Decrease in unrestricted net assets | **$ (6,629,573)** | $ (1,778,236) |

The accompanying notes are an integral part of these financial statements.

## SPRINGFIELD HOSPITAL, INC.

## Statements of Changes in Net Assets

## Years Ended September 30, 2018 and 2017

| | Unrestricted | Temporarily Restricted | Permanently Restricted | Total |
|---|---|---|---|---|
| Balances, October 1, 2016 | $ 16,960,524 | $ 238,187 | $ 493,491 | $ 17,692,202 |
| Deficiency of revenues, gains and other support over expenses and losses | (2,113,933) | - | - | (2,113,933) |
| Restricted contributions | - | 173,262 | - | 173,262 |
| Net assets released from restrictions used for operations | - | (83,910) | - | (83,910) |
| Net assets released from restrictions used for purchase of property and equipment | 24,253 | (24,253) | - | - |
| Change in net assets to recognize funded status of pension plan | 921,834 | - | - | 921,834 |
| Transfer to Springfield Medical Care Systems, Inc. | (610,390) | - | - | (610,390) |
| (Decrease) increase in net assets | (1,778,236) | 65,099 | - | (1,713,137) |
| Balances, September 30, 2017 | 15,182,288 | 303,286 | 493,491 | 15,979,065 |
| Deficiency of revenues, gains and other support over expenses and losses | **(5,920,214)** | **-** | **-** | **(5,920,214)** |
| Restricted contributions | **-** | **482,898** | **-** | **482,898** |
| Net assets released from restrictions used for operations | **-** | **(282,653)** | **-** | **(282,653)** |
| Net assets released from restrictions used for purchase of property and equipment | **98,083** | **(98,083)** | **-** | **-** |
| Change in net assets to recognize funded status of pension plan | **889,811** | **-** | **-** | **889,811** |
| Transfer to Springfield Medical Care Systems, Inc. | **(1,697,253)** | **-** | **-** | **(1,697,253)** |
| (Decrease) increase in net assets | **(6,629,573)** | **102,162** | **-** | **(6,527,411)** |
| Balances, September 30, 2018 | **$ 8,552,715** | **$ 405,448** | **$ 493,491** | **$ 9,451,654** |

The accompanying notes are an integral part of these financial statements.

## SPRINGFIELD HOSPITAL, INC.

## Statements of Cash Flows

## Years Ended September 30, 2018 and 2017

| | 2018 | 2017 |
|---|---|---|
| Cash flows from operating activities | | |
| Change in net assets | $ (6,527,411) | $ (1,713,137) |
| Adjustments to reconcile change in net assets to net cash used by operating activities | | |
| Depreciation and amortization | 1,581,699 | 1,589,649 |
| Loss on disposal of property and equipment | - | 23,967 |
| Loss on early extinguishment of long-term debt | - | 61,301 |
| Net realized and unrealized gains on investments | (789,565) | (1,376,716) |
| Transfer to Springfield Medical Care Systems, Inc. | 1,697,253 | 610,390 |
| Change in net assets to recognize funded status of pension plan | (889,811) | (921,834) |
| (Increase) decrease in | | |
| Patient accounts receivable, net | 1,625,221 | 109,849 |
| Supplies | 5,254 | 47,074 |
| Prepaid expenses | 84,023 | 174,987 |
| Estimated third-party payor settlements | (15,239) | (1,918,071) |
| Other receivables | 125,349 | 15,572 |
| (Decrease) increase in | | |
| Accounts payable and accrued expenses | 200,250 | 2,628,066 |
| Accrued salaries and related amounts | 1,644,853 | 262,231 |
| Other current liabilities | 238,359 | (23,331) |
| Pension liability | 160,468 | 108,692 |
| Net cash used by operating activities | (859,297) | (321,311) |
| Cash flows from investing activities | | |
| Purchase of property and equipment | (368,368) | (864,272) |
| Proceeds from sale of investments | 5,607,311 | 9,111,106 |
| Purchase of investments | (3,108,911) | (8,110,478) |
| Net advances to related party | (1,408,559) | (827,826) |
| Net cash provided (used) by investing activities | 721,473 | (691,470) |
| Cash flows from financing activities | | |
| Principal payments on long-term debt | (715,311) | (8,220,531) |
| Proceeds from borrowings on long-term debt | - | 9,076,189 |
| Net advances on line of credit | 347,731 | 94,963 |
| Payment of debt issuance costs | - | (440,892) |
| Net cash (used) provided by financing activities | (367,580) | 509,729 |
| Net decrease in cash and cash equivalents | (505,404) | (503,052) |
| Cash and cash equivalents, beginning of year | 524,817 | 1,027,869 |
| Cash and cash equivalents, end of year | $ 19,413 | $ 524,817 |

The accompanying notes are an integral part of these financial statements.

## Organization

Springfield Hospital, Inc. (the Hospital) is a not-for-profit Critical Access Hospital which provides inpatient, outpatient, emergency care, inpatient mental health, and specialty care services to the residents of Springfield, Vermont and the surrounding communities. The Hospital is a subsidiary of Springfield Medical Care Systems, Inc. (SMCS), a Vermont not-for-profit corporation, which operates as a multi-site Federally Qualified Health Center.

## 1. Summary of Significant Accounting Policies

### Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less, excluding amounts whose use is limited or under debt agreements.

### Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

The Hospital's allowance for doubtful accounts was $803,745 and $849,989 as of September 30, 2018 and 2017, respectively. There were no significant changes to the allowance for doubtful accounts in 2018 or 2017.

## Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheets. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the deficiency of revenues, gains and other support over expenses and losses, pursuant to the fair value option under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 825, *Financial Instruments*, to simplify the presentation of these amounts in the statements of operations, unless the income or loss is restricted by donor or law.

## Assets Limited as to Use

Assets limited as to use primarily consist of assets held by trustees under indenture agreements and designated assets set aside by the Board of Directors (the Board) for future capital improvements and operations, over which the Board retains control and which it may, at its discretion, subsequently use for other purposes.

## Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter of the lease term or the asset's estimated useful life.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and excluded from the deficiency of revenues, gains and other support over expenses and losses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

## Debt Issuance Costs

Certain costs related to the issuance of debt, such as accountant's, attorney's and underwriting fees, are capitalized and amortized on a straight-line basis over the lives of the respective debt issues. Unamortized debt issuance costs as of September 30, 2018 and 2017 are presented as a direct deduction from the carrying amount of the related debt. In addition, the amortization of the debt issuance costs of $29,393 and $26,495 for the years ended September 30, 2018 and 2017, respectively, is classified as interest expense.

During the year ended September 30, 2017, the Hospital refinanced Series A 2002 bonds, promissory notes and a line of credit. As a result, the Hospital wrote off $61,301 in unamortized bond issuance costs relating to the Series A 2002 bonds, which is included in supplies and other expenses in the statement of operations.

## Deficiency of Revenues, Gains and Other Support Over Expenses and Losses

The statements of operations include deficiency of revenues, gains and other support over expenses and losses. Changes in unrestricted net assets which are excluded from this measure, consistent with industry practice, include net assets released from restrictions for purchase of property and equipment, changes in net assets to recognize the funded status of the pension plan, and transfers to SMCS.

## Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

## Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

## Fixed Prospective Revenue

The Hospital is a participant in OneCare Vermont, LLC, a statewide accountable care organization (ACO). Beginning January 1, 2018, the Hospital entered into risk bearing arrangements through the Medicare Next Generation Model, the Vermont Medicaid Program, and Blue Cross/Blue Shield of Vermont. Under the Medicare Next Generation Model and Vermont Medicaid Program, the Hospital receives monthly fixed prospective payments for services provided to attributed members. The ACO is responsible for both the cost and quality of care for each attributed member. This is true whether that person uses little or no care or whether they require services consistently throughout the year. The Hospital recognizes its share of annual contract settlements as an increase or decrease in fixed prospective revenue.

## Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received and the conditions are met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor

stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations as "net assets released from restrictions."

Donor-restricted gifts are reported as cash and cash equivalents and long-term investments.

## Employee Retirement Plans

The Hospital has a noncontributory defined benefit pension plan covering all eligible employees. The plan provides benefits that are based on the employee's compensation during the five highest years preceding retirement. The Hospital's funding policy is to make an annual contribution per actuarial calculation. On December 1, 2005, the Board elected to freeze the defined benefit pension plan and to establish a defined contribution retirement plan for all eligible employees.

SMCS has a 401(k) retirement plan covering substantially all of its employees including those of the Hospital. The plan provides for immediate vesting of employee contributions and full vesting of employer contributions over a five-year period of service with SMCS. Under the plan, SMCS makes discretionary matching contributions bi-weekly.

## Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income.

The Hospital pays a health care provider tax of 6% on net patient service revenue to the State of Vermont. For the years ended September 30, 2018 and 2017, the Hospital incurred $3,240,700 and $3,195,888, respectively, in health care provider tax, which is reported in supplies and other expenses in the statements of operations.

## Functional Expenses

The Hospital provides general health care services to residents within its geographic location. The expenses related to providing these services were as follows for the years ended September 30:

| | **2018** | 2017 |
|---|---|---|
| Health care services | **$ 46,144,605** | $ 43,469,661 |
| General and administrative | **15,715,425** | 14,095,577 |
| | **$ 61,860,030** | $ 57,565,238 |

## Subsequent Events

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through February 11, 2019, the date that the financial statements were available to be issued.

## 2. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Revenue from the Medicare and Medicaid programs accounted for approximately 45% and 49% of the Hospital's net patient service revenue for the years ended September 30, 2018 and 2017, respectively.

Net patient service revenue and contractual and other allowances consisted of the following for the years ended September 30:

| | **2018** | 2017 |
|---|---|---|
| Patient services | | |
| Inpatient | **$ 25,157,040** | $ 23,445,880 |
| Outpatient | **96,095,738** | 91,920,728 |
| Gross patient service revenue | **121,252,778** | 115,366,608 |
| Less Medicare and Medicaid allowances | **56,817,164** | 45,734,590 |
| Less other contractual allowances | **12,644,617** | 10,561,445 |
| Less charity care and other discounts | **2,140,343** | 2,147,206 |
| | **71,602,124** | 58,443,241 |
| Patient service revenue (net of contractual allowances and discounts) | **49,650,654** | 56,923,367 |
| Less provision for bad debts | **5,028,274** | 4,956,558 |
| Net patient service revenue | **$ 44,622,380** | $ 51,966,809 |

The Hospital has agreements with the Centers for Medicare & Medicaid Services (Medicare) and the Department of Vermont Health Access (Medicaid). Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Hospital believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in net patient service revenue in the year that such amounts become known. In 2018 and 2017, net patient service revenue increased approximately $103,000 and $197,000, respectively, due to changes in allowances or recognition of settlements no longer subject to audits, reviews, and investigations.

The Hospital participates in the statewide ACO and records monthly fixed prospective payments and its share of annual contract settlements as fixed prospective revenue. For patients not attributed to or services not eligible for the ACO, payment arrangements with major third-party payors are as follows:

**Medicare**

As a Critical Access Hospital, the Hospital is reimbursed 101% of reasonable allowable costs for its inpatient and outpatient services provided to Medicare patients, less a 2% federal sequestration payment reduction. Psychiatric services related to Medicare beneficiaries are paid based on a prospective payment methodology. The Hospital is reimbursed for cost reimbursable items at tentative rates, with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2016.

**Medicaid**

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. The prospectively determined rates are not subject to retroactive adjustment.

**Blue Cross**

Inpatient and outpatient services rendered to Blue Cross subscribers are reimbursed at submitted charges less a negotiated discount. The amounts paid to the Hospital are not subject to any retroactive adjustments.

The Hospital recognizes patient service revenue associated with services rendered to patients who have third-party payor coverage on the basis of contractual rates for such services. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates (or on the basis of discounted rates, if negotiated or provided by policy). Based on historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services rendered. Thus, the Hospital records a provision for bad debts related to uninsured patients in the period the services are rendered based on its historical experience. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized from these major payor sources was as follows:

| | **2018** | 2017 |
|---|---|---|
| Revenue from third-party payors | **$ 47,425,891** | $ 54,247,788 |
| Revenue from self-pay patients | **2,224,763** | 2,675,579 |
| | **$ 49,650,654** | $ 56,923,367 |

## 3. Community Benefit

The Hospital provides services without charge, or at amounts less than its established rates, to patients who meet the criteria of its charity care policy. The criteria for charity care, which is granted on a sliding scale, consider gross income and family size as compared to the federal poverty levels (FPL) as follows:

- Up to 200% of FPL will receive 100% charity care
- 201% - 220% of FPL will receive 90% charity care
- 221% - 240% of FPL will receive 80% charity care
- 241% - 260% of FPL will receive 70% charity care
- 261% - 280% of FPL will receive 60% charity care
- 281% - 300% of FPL will receive 50% charity care

The net cost of charity care provided was approximately $992,000 in 2018 and $901,000 in 2017. The total cost estimate is based on an overall financial statement cost to charge ratio applied against gross charity care charges. In 2018 and 2017, 1.60% and 1.57%, respectively, of all services as defined by percentage of gross revenue were provided on a charity care basis.

In 2018, of a total of 103 Hospital inpatients receiving charity care, 82 received their entire episode of service on a charity care basis and 21 received partial subsidy. In 2017, of a total of 107 inpatients receiving charity care, 71 received their entire episode of service on a charity care basis and 36 received partial subsidy.

In 2018, of a total of 956 Hospital outpatients receiving charity care, 779 received their entire episode of service on a charity care basis and 177 received partial subsidy. In 2017, of a total of 815 outpatients receiving charity care, 670 received their entire episode of service on a charity care basis and 145 received partial subsidy.

## 4. Investments

The composition of investments at September 30, 2018 and 2017 is set forth in the following table. Investments are stated at fair value.

| | **2018** | 2017 |
|---|---|---|
| Cash and short-term investments | **$ 191,513** | $ 228,783 |
| Fixed income | **2,698,032** | 2,972,134 |
| Equities | **9,827,248** | 11,224,711 |
| Total investments | **$ 12,716,793** | $ 14,425,628 |

Investments are presented as follows in the balance sheets at September 30:

| | **2018** | 2017 |
|---|---|---|
| Assets limited as to use, internally designated for capital acquisition and operations | **$ 11,951,704** | $ 13,729,486 |
| Long-term investments | **765,089** | 696,142 |
| | **$ 12,716,793** | $ 14,425,628 |

Investment income and gains (losses) on investments are comprised of the following for the years ended September 30:

| | **2018** | 2017 |
|---|---|---|
| Interest and dividend income | **$ 286,691** | $ 258,867 |
| Realized gains on sales of securities | **907,665** | 1,037,378 |
| Net change in unrealized gains on investments | **(118,100)** | 339,338 |
| | **$ 1,076,256** | $ 1,635,583 |

## 5. Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

**Level 1:** Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

**Level 2:** Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

**Level 3:** Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets measured at fair value on a recurring basis are summarized below:

| | Level 1 | |
|---|---|---|
| | **2018** | 2017 |
| Investments: | | |
| Cash and short-term investments | **$ 191,513** | $ 228,783 |
| Fixed income | **2,698,032** | 2,972,134 |
| Equities | **9,827,248** | 11,224,711 |
| Total assets | **$ 12,716,793** | $ 14,425,628 |
| Investments - held by defined benefit pension plan (Note 12): | | |
| Mutual funds: | | |
| Fixed income | **$ 7,621,849** | $ 7,047,618 |
| Equities | **4,691,316** | 5,537,413 |
| Total investments - held by defined pension plan | **$ 12,313,165** | $ 12,585,031 |

## 6. Property and Equipment

A summary of property and equipment follows:

| | **2018** | 2017 |
|---|---|---|
| Land and land improvements | **$ 2,083,694** | $ 2,096,580 |
| Buildings and improvements | **14,217,938** | 14,173,879 |
| Leasehold improvements | **948,319** | 958,377 |
| Fixed equipment | **5,131,746** | 5,195,714 |
| Major moveable equipment | **16,944,296** | 16,830,454 |
| Construction in progress | **205,527** | 108,078 |
| | **39,531,520** | 39,363,082 |
| Less accumulated depreciation and amortization | **27,138,563** | 26,114,809 |
| Property and equipment, net | **$ 12,392,957** | $ 13,248,273 |

## 7. Borrowings

### Long-Term Debt

Long-term debt consisted of the following as of September 30:

| | 2018 | 2017 |
|---|---|---|
| Term note payable due in monthly principal and interest installments of $73,031 through December 2031. Interest is variable, equal to the July 15 amortizing Federal Home Loan Bank of Boston Rate plus 2.70% (5.19% at September 30, 2018). The term note is collateralized by real property and investments. | **$ 8,340,464** | $ 8,768,837 |
| Capital leases payable in equal monthly installments of $31,736 at fixed rates between 2.85% and 6.50%. | **990,279** | 948,595 |
| | **9,330,743** | 9,717,432 |
| Less current portion | **8,256,819** | 687,472 |
| Less unamortized debt issuance costs | **387,005** | 416,398 |
| Long-term debt, net of current portion and unamortized debt issuance costs | **$ 686,919** | $ 8,613,562 |

On December 1, 2016, the Hospital and SMCS refinanced certain debt with a $12,000,000 U.S. Department of Agriculture Rural Development term note and $3,000,000 line of credit. The Hospital is responsible for approximately 77% of the $12,000,000 term note while the line of credit is shared between the Hospital and SMCS.

The Hospital has entered various equipment lease agreements. Assets, net of accumulated amortization, recorded under capital leases totaled $1,045,782 and $960,019 at September 30, 2018 and 2017, respectively. The present value of these assets has been included with property and equipment, net. Amortization expense for assets under capital lease was $242,861 and $83,256 for the years ended September 30, 2018 and 2017, respectively, and has been included with depreciation and amortization expense in the accompanying financial statements. Accumulated amortization associated with the lease totaled $460,944 and $218,083 at September 30, 2018 and 2017, respectively.

The Hospital and SMCS are required to comply with financial debt covenants related to the term note payable. As of September 30, 2018 the Hospital and SMCS were not in compliance. For financial statement purposes, the term note, net of unamortized debt issuance costs, has been classified as current based on the Hospital's noncompliance and financial condition.

Principal repayments of the Hospital's portion of the long-term debt are as follows:

| | Term Note as Scheduled | Term Note Classified as Current | Capital Lease Obligations |
|---|---|---|---|
| 2019 | $ 447,864 | $ 8,340,464 | $ 344,982 |
| 2020 | 470,901 | - | 273,288 |
| 2021 | 497,427 | - | 273,288 |
| 2022 | 524,243 | - | 146,323 |
| 2023 | 552,504 | - | 42,410 |
| Thereafter | 5,847,525 | - | - |
| | $ 8,340,464 | $ 8,340,464 | 1,080,291 |
| Less amounts representing interest | | | 90,012 |
| | | | $ 990,279 |

**Line of Credit**

The Hospital and SMCS split a $3,000,000 available line of credit with a bank, collateralized by real property held by the Hospital and investments. Interest on borrowings is charged at the one-month LIBOR rate plus 2.75% (5.01% as of September 30, 2018). The Hospital's outstanding balance was $2,268,078 and $1,920,347 at September 30, 2018 and 2017, respectively. The line of credit expires on March 31, 2019.

## 8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes or periods:

| | **2018** | 2017 |
|---|---|---|
| Health care services | | |
| Purchase of equipment and departmental expenses | **$ 402,823** | $ 301,686 |
| Health education | **2,625** | 1,600 |
| | **$ 405,448** | $ 303,286 |

Permanently restricted net assets are restricted to:

| | 2018 | 2017 |
|---|---|---|
| Investments to be held in perpetuity, the income from which is expendable to support health care services | $ 493,491 | $ 493,491 |

## 9. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows as of September 30:

| | 2018 | 2017 |
|---|---|---|
| Medicare | 27 % | 32 % |
| Medicaid | 16 | 15 |
| Commercial | 30 | 27 |
| Self pay | 27 | 26 |
| | 100 % | 100 % |

The Hospital routinely invests its surplus operating funds in money market mutual funds. These funds generally invest in highly liquid U.S. government and agency obligations. Investments in money market funds are not insured or guaranteed by the U.S. government.

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. Management believes the Hospital is not exposed to any significant risk on cash and cash equivalents.

## 10. Commitments and Contingencies

### Self-Insurance

The Hospital has a self-insured health care plan for substantially all of its employees. The Hospital has obtained reinsurance coverage to limit the Hospital's exposure associated with this plan individually of $105,000 with an aggregate limit of 125% of the group expected claims. At September 30, 2018 and 2017, the Hospital had accrued $1,080,000 and $250,000, respectively, under the self-insurance contract. The 2018 accrual reflects delays by the Hospital in paying outstanding claims beginning in January 2018. In December 2018, the Hospital paid outstanding claims through September 30, 2018.

The Hospital is also partially self-funded for its workers' compensation policy. The deductibles associated with this policy are $75,000 for an individual claim and $400,000 in the aggregate. At September 30, 2018 and 2017, the Hospital had a letter of credit for $95,000, and an escrow fund as part of the policy agreement available to make payments for claims charged to the deductible.

**Loss Contingencies**

The Hospital carries business and malpractice insurance coverage under a claims-made policy. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured. The Hospital intends to renew its coverage on a claims-made basis and has no reason to believe that it may be prevented from renewing such coverage. The Hospital is subject to complaints, claims and litigation due to potential claims which arise in the normal course of business. U.S. GAAP require the Hospital to accrue the ultimate cost of claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Hospital has evaluated its exposure to losses arising from potential claims and determined that no such accrual is necessary at September 30, 2018 and 2017.

## 11. Supplemental Cash Flow Information

Cash paid for interest for the years ended September 30, 2018 and 2017 was $605,258 and $504,966, respectively.

The Hospital entered into capital lease obligations, acquiring assets with a value of $328,622 and $777,600 in 2018 and 2017, respectively. These lease commitments and capital assets were treated as noncash transactions.

## 12. Employee Retirement Plans

**Defined Benefit Pension Plan**

The following table sets forth the funded status of the defined benefit plan (the Pension Plan) and amounts recognized in the Hospital's financial statements as of September 30:

| | **2018** | 2017 |
|---|---|---|
| Benefit obligation | **$ (14,573,342)** | $ (15,574,551) |
| Fair value of plan assets | **12,313,165** | 12,585,031 |
| Funded status | **$ (2,260,177)** | $ (2,989,520) |

Due to the frozen status of the plan, the benefit obligation represents both the projected and the accumulated benefit obligation.

The table below presents details about the Hospital's Pension Plan, including its funded status, components of net periodic benefit cost, and certain assumptions used in determining the funded status and cost:

| | **2018** | 2017 |
|---|---|---|
| Change in benefit obligation | | |
| Benefit obligation at beginning of year | **$ 15,574,551** | $ 16,030,303 |
| Interest cost | **569,421** | 539,935 |
| Actuarial gain | **(768,777)** | (350,433) |
| Benefits paid | **(801,853)** | (645,254) |
| Benefit obligation at end of year | **$ 14,573,342** | $ 15,574,551 |
| Change in plan assets | | |
| Fair value of plan assets at beginning of year | **$ 12,585,031** | $ 12,227,641 |
| Actual return on plan assets | **529,987** | 877,644 |
| Employer contribution | **-** | 125,000 |
| Benefits paid | **(801,853)** | (645,254) |
| Fair value of plan assets at end of year | **$ 12,313,165** | $ 12,585,031 |
| Components of net periodic benefit cost | | |
| Interest cost | **$ 569,421** | $ 539,935 |
| Expected return on plan assets | **(762,189)** | (739,212) |
| Amortization of unrecognized net actuarial loss | **353,236** | 432,969 |
| Net periodic benefit cost | **$ 160,468** | $ 233,692 |

The following amounts were recognized in the Hospital's decrease in unrestricted net assets for the Pension Plan, excluding amounts recognized in net periodic benefit cost:

| | **2018** | 2017 |
|---|---|---|
| Net actuarial gain | **$ (536,575)** | $ (488,865) |
| Reclassification adjustment for amortization of net unrecognized actuarial loss | **(353,236)** | (432,969) |
| Change in net assets to recognize funded status of the Pension Plan | **$ (889,811)** | $ (921,834) |

Charged against unrestricted net assets at September 30, 2018 and 2017 are unrecognized actuarial losses of $4,549,712 and $5,439,523, respectively, which have not been recognized in net periodic pension cost. The actuarial loss for the pension plan that is expected to be amortized into net periodic pension benefit cost over the next fiscal year is $281,381.

The assumptions used in the measurement of the Hospital's net periodic benefit cost and benefit obligation are shown in the following table:

| | **2018** | 2017 |
|---|---|---|
| Weighted average assumptions at or for the year ended September 30 | | |
| Discount rate | | |
| For determining net periodic benefit cost | **3.75 %** | 3.45 % |
| For determining benefit obligation | **4.15** | 3.75 |
| Expected return on plan assets | **6.25** | 6.25 |

To develop the expected long-term rate of return on plan assets assumption, the Hospital considered the historical return and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio. Target asset allocations are determined by the funded status of the pension plan and allocated between equity securities and bonds.

Plan Assets

The Pension Plan's investment objectives are to achieve long-term growth in excess of long-term inflation and to provide a rate of return that meets or exceeds the actuarial expected long-term rate of return on plan assets over a long-term time horizon. In order to manage risk, plan management aims for a low level of the variability in yearly returns. The Pension Plan also aims to diversify its holdings among sectors, industries, and companies. No more than 25% of the Pension Plan's equities may be held in a single industry.

The Hospital's Pension Plan weighted-average asset allocations at September 30, 2018 and 2017, by asset category, are as follows:

| | **2018** | 2017 |
|---|---|---|
| Mutual funds | | |
| Fixed income | **62 %** | 56 % |
| Equities | **38 %** | 44 % |
| Total | **100 %** | 100 % |

Contributions

The Hospital does not expect to contribute to its defined benefit pension plan in 2019.

Estimated Future Benefit Payments

The following benefit payments are expected to be paid over the next ten years:

| Fiscal year | |
|---|---|
| 2019 | $ 846,900 |
| 2020 | 870,300 |
| 2021 | 908,700 |
| 2022 | 914,800 |
| 2023 | 932,900 |
| Years 2024 - 2028 | 4,671,300 |

**Defined Contribution Pension Plan**

In 2006, the Hospital established a 401(k) retirement plan (the Plan) for substantially all of its employees. The Plan was retroactive to October 1, 2005 with regard to eligibility determinations and discretionary matching contributions by the Hospital. Employees are immediately eligible to contribute to the Plan and are 100% vested in their contributions. Employees become eligible for matching and other discretionary contributions once an employee has completed a 90-day probationary employment period. Discretionary contributions made by the Hospital vest to the participants over a 5-year period. Total expense under the Plan was approximately $243,000 and $232,000 for the years ended September 30, 2018 and 2017, respectively.

## 13. Related Party Transactions

The Hospital contracts with SMCS for billing services. The costs to the Hospital were $188,400 during 2018 and 2017.

SMCS received rent from the Hospital of $72,336 and $72,402 for various ambulatory care centers and physician office spaces for the years ended September 30, 2018 and 2017, respectively.

For the years ended September 30, 2018 and 2017, the Hospital forgave $1,697,253 and $610,390, respectively, of outstanding balances owed by SMCS for amounts paid by the Hospital. These amounts have accordingly been treated as noncash transactions for purposes of the statement of cash flows.

## 14. Financial Improvement Plan

The accompanying financial statements have been prepared in conformity with U.S. GAAP, which contemplate continuation of the Hospital as a going concern. The Hospital has incurred significant operating losses and negative cash flows from operations in recent years, and has a working capital deficit as a result of these ongoing losses and a debt default due to covenant violations. These factors raise substantial doubt about the Hospital's ability to continue as a going concern.

In view of these matters, realization of a major portion of the assets in the accompanying balance sheet is dependent upon continued operations of the Hospital, which in turn are dependent upon the Hospital's ability to meet its obligations as they become due, and the success of its future efforts. The Hospital has undertaken recent initiatives to mitigate these conditions. In 2018, the Hospital entered into a new contract for emergency room services that will significantly reduce the cost of this service. The Board has engaged a consulting firm on January 9, 2019 to perform an operational and financial improvement assessment and to serve as interim chief executive and financial management, and also engaged legal counsel to look at options for restructuring debt. In late January 2019, the Vermont Agency of Human Services advanced $800,000 to the Hospital against future Medicaid claims payments, following ratification by the SMCS and Hospital's Boards of at least $6.5 million of specific savings to be implemented no later than April 1, 2019. Full repayment of the advance is due no later than June 30, 2020. In addition, Berkshire Bank released $4.3 million of the Hospital's investments held as collateral for, and to pay down, the line of credit and term loan balances. Berkshire Bank also released another $800,000 of the Hospital's collateral to be used for working capital purposes.

Management intends to implement initiatives to restructure its position that may allow the Hospital to continue as a going concern. However, events could occur outside the scope of operations that might hinder the Hospital's ability to continue as a going concern.

# SUPPLEMENTARY INFORMATION

**SPRINGFIELD HOSPITAL, INC.**

**Schedule of Operating Expenses**

**Years Ended September 30, 2018 and 2017**

| | **2018** | 2017 |
|---|---|---|
| Salaries and benefits | | |
| Salaries and related payroll taxes | **$ 21,354,999** | $ 20,787,456 |
| Employee benefits | **6,219,072** | 4,117,135 |
| Total salaries and benefits | **27,574,071** | 24,904,591 |
| Supplies and other | | |
| Supplies | **5,414,378** | 5,700,006 |
| Health care provider tax | **3,240,700** | 3,195,888 |
| Purchased services | **12,116,492** | 10,925,917 |
| Physician fees | **5,810,774** | 5,777,363 |
| Accounting and legal fees | **123,858** | 219,530 |
| Telephone | **108,562** | 101,951 |
| Postage and shipping | **101,143** | 119,066 |
| Occupancy | **839,888** | 696,654 |
| Equipment rental | **571,748** | 626,093 |
| Repairs and maintenance | **777,181** | 797,295 |
| Printing and publishing | **24,800** | 11,812 |
| Travel | **67,423** | 71,726 |
| Dues and subscriptions | **170,625** | 214,800 |
| Licenses and taxes | **24,600** | 28,818 |
| Advertising | **148,857** | 138,904 |
| Education and training | **163,351** | 125,415 |
| Recruiting | **38,791** | 21,372 |
| Other expenses | **1,713,688** | 1,240,444 |
| Total supplies and other | **31,456,859** | 30,013,054 |
| Insurance | **642,143** | 552,978 |
| Depreciation and amortization | **1,552,306** | 1,563,154 |
| Interest | **634,651** | 531,461 |
| Total expenses | **$ 61,860,030** | $ 57,565,238 |

Springfield
Medical Care Systems, Inc.
*Where People Come First*

# Community Health Needs Assessment
# September 30, 2016

***Approved by Springfield Medical Care Systems' Board of Directors September 13, 2016***

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Springfield
Medical Care Systems, Inc.
*Where People Come First*

# 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY OVERVIEW

## INTRODUCTION

Federal requirements require Springfield Medical Care Systems (SMCS), as an entity funded by the Bureau of Public Health Care under section 330 of the Public Health Services Act, to engage in active, ongoing planning. As part of that process, a community health needs assesment (CHNA) and plans to meet identified needs must be conducted periodically and operational plans for implementation must be developed.

To comply with the federal requirement, the assessment must describe:
• the community served by the hospital facility;
• the process and methods used to conduct the assessment;
• the way in which the hospital took into account input from persons representing broad interests of the community; and,
• a prioritized description of all community health needs identified.

## THE COMMUNITY SERVED

SMCS serves a population base of approximately 40,000. Statistical analysis of patients served defines the primary service area as most of Windsor County and northern Windham County, Vermont, and a small portion of Sullivan and Cheshire Counties in New Hampshire and Bennington County, Vermont. See pages 15-17 for county demographic profiles.

## THE PROCESS

The purpose of the assessment was to identify community health concerns, priorities and opportunities for community health improvement.

The assessment process included focus groups held in Springfield (two groups), Chester (one group), and Bellows Falls, VT (one group) in January 2016, a community survey made available in print and through website links, personal interviews with key community leaders, and a review and analysis of population demographics and health status indicators.

Secondary data captured from www.chna.org and www.countyhealthrankings.org are reported at the county level. While the data reflects what information is available, it may not accurately represent the specific towns served. For example, Windham County data includes the larger communities of Brattleboro and Putney, VT. SH serves primarily Bellows Falls and Westminster, VT in Windham County--a small portion of the county population. The same holds true for Cheshire County, NH, which includes data for the larger city of Keene, NH, and may not accurately reflect the smaller communities served of Walpole, North Walpole and Alstead. Secondary data also included a variety of state and national resources, including Vermont's Behavioral Risk Factor Surveillance System and national sources such as the National Institute of Mental Health and the Centers for Disease Control and Prevention (CDC).

## COMMUNITY INPUT

**A steering committee** was formed to conduct this assessment, review the data and recommend priorities and strategies to SMCS's Board of Directors. Members include:

Cecil Beehler, II, MD, Chief Medical Officer, Springfield Medical Care Systems
Tom Dougherty, MPH, Executive Director, Neighborhood Connections
Steve Geller, Executive Director, Southeastern Vermont Community Action
Trevor Hanbridge, Blueprint Project Manager, SMCS Community Health Team
Emily Mastaler, Chief Operations Officer, Health Care & Rehabilitation Services
Lynn Raymond-Empey, Executive Director, Valley Health Connections
Carol Stamatakis, Executive Director, Senior Solutions & Anila Hood, Nutrition/Wellness Director, Senior Solutions
Becky Thomas, District Director, Vermont Department of Health
Susan White, Education Resource Coordinator, Southern VT Area Health Education Center
Anna Smith, Chief, Marketing and Community Relations, Springfield Hospital

**In-person or Telephone Interviews**

Outreach by phone or personal interview to community leaders and stakeholders targeted the following:

- The SMCS Community Health Team (a nearly 200 member community health team that meets monthly);
- Medical providers;
- Community leaders;
- General public;
- Area businesses;
- Community Health Officers;
- Police, Fire and EMT;
- Schools;
- Town officials;
- Home Health/VNA;
- Health Care and Rehabilitation Services of Vermont (Community Mental Health);
- Council on Aging; and,
- Southeastern Vermont Community Action.

**Community-wide survey**

Surveys were conducted targeting the medical staff, employees and community residents (via Survey Monkey). Distribution of the community survey included employees, Community Health Team partner agencies (asking them to distribute to their email and/or contact lists), medical offices, and the public at large. The survey was available online and by paper copy. The survey was made available at Springfield Hospital, Valley Health Connections, all primary and specialty care offices, and the local Vermont Department of Health District Office.

The community survey was also widely advertised in the local newspapers throughout the region and on the website. A total of 758 responses were received to the community survey.

## PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

During the CHNA process, the advisory committee reviewed data and information from all sources including primary and secondary data, focus groups, and personal interview information to determine the leading community health needs for the Springfield service area. The group identified priority needs that fell into three main categories.

### Substance Abuse / Mental Health

The community survey identified substance abuse and mental health issues as two separate issues. The focus groups, the personal interviews and the community survey all identified each of these topics as a high priority need. The committee believes that they are so closely linked in demand and utilization of services, many times being co-occurring disorders, that it makes sense to consider them as one main focus area.

### Obesity

The rise in obesity over the past few years has been significant and, while, obesity was identified as an issue in the 2013 survey, it did not rise to the level of the top three concerns. This year, it is a strong second in priority, and was identified as both a personal health challenge and a community health challenge.

### Oral Health

Oral health is a statewide problem and our local area is no exception. Demand is high for dental services, and particularly for adult Medicaid patients. Also a concern is the fact that while there may be resources to extract teeth when necessary, there are very few resources to help low income residents afford dentures. Demand for dentures is high, and proactively pursuing measures to prevent tooth decay at an early age is considered an important part of the solution to this community health problem.

## RESOURCES AVAILABLE TO ADDRESS IDENTIFIED NEEDS

Springfield is an integrated healthcare system that utilizes a medical home model of care delivery through primary care offices, working closely with the SMCS community health team, local care coordinators, hospitals, and a large number of community agencies to meet the needs of the community. The Community Health Team meets monthly, inviting all partner agencies to participate. Each meeting is followed by summary notes that are shared with the Community Health Team (nearly a 200 member mailing list). The Community Health Team also conducts a quarterly meeting for the Unified Community Collaborative, to collaborate on providing non-duplicative services to address community-wide needs. The community health needs identified through this assessment process will be shared with the SMCS Community Health Team and the Unified Community Collaborative to consider as they work together on implementation strategies that make the best use of community resources and yield the best possible outcomes for the community.

## PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

### Improve the Health and Wellbeing of those Living with Substance Abuse and Mental Health Issues

***Need:***

Community interviews, focus groups and the community survey all identified drug addiction, alcohol overuse and mental health issues as priority community needs. Staff report additional psychiatry resources are needed for children, adolescents and geriatrics.

Our community survey, based on 758 responses, identifies drug addiction and alcohol overuse (59.25% and 25.51%) and mental health issues (35.88%) as among the top community health needs.

Springfield Health District 2013-2014 Behavioral Risk Factor Surveillance System (BRFSS) data reports binge drinking (14%) and heavy drinking (7%) slightly lower than the Vermont average (18% and 9%, respectively), and marijuana use lower than the state overall at 5% vs. 7%, respectively. Prescription drug misuse is reported to be slightly higher than the state overall (8% vs. 6%).

The 2015 Vermont High School Youth Risk Behavior Survey reports the following:

*Percent of high school students who drank alcohol, past 30 days**

| Grade | Windsor | Windham | Vermont |
|---|---|---|---|
| 9th | 17% | 22% | 17% |
| 10th | 30% | 28% | 26% |
| 11th | 36% | 32% | 34% |
| 12th | 44% | 42% | 42% |
| Sex | | | |
| Female | 34% | 31% | 30% |
| Male | 31% | 31% | 29% |
| Total | 32% | 31% | 30% |

*Percent of high school students who had five or more drinks in a row (binged), past 30 days**

| Grade | Windsor | Windham | Vermont |
|---|---|---|---|
| 9th | 10% | 9% | 8% |
| 10th | 13% | 16% | 13% |
| 11th | 20% | 16% | 19% |
| 12th | 22% | 22% | 24% |
| Sex | | | |
| Female | 16% | 14% | 15% |
| Male | 17% | 18% | 17% |
| Total | 16% | 16% | 16% |

*Middle School Students*

Windsor County students who drank any alcohol within the past 30 days were: 2% in grades 6 and 7, and 9% in grade 8. Binge drinking was reported at 1% for grade 7 and 3% for grade 8.

Windham County students who drank any alcohol within the ast 30 days were: 5% in grade 6, 3% in grade 7 and 11% in grade 8. Binge drinking was reported at 4% for grade 8, and 2% overall.

Suicide rates are high in all four counties, and Vermont and New Hampshire are above the national age adjusted death rate average per 100,000 population of 12.3, as well as the Healthy People goal of <=10.2. A Vermont Public Television report in January 2013 cited the "*American Foundation for Suicide Prevention 2010"* report indicating Vermont has the 12th highest rate in the country (16.9 per 100,000 people); a study from the Health Department from 1999-2005 reporting suicide as the 9th ranking cause of death in the state, and suicide as the second leading cause of death among teenagers (after automobile accidents), with most youth suicide deaths being males and most using a gun.

The Springfield Health District reports 24% of adults ever having been diagnosed with a depressive disorder, defined as depression, major depression, dysthymia, or minor depression (BRFSS 2014), slightly higher than the state average of 22%. Adults in homes making less than $25,000 annually are significantly more likely than those with more income to have a depressive disorder. This data also reports "poor mental health" at 12% for the Springfield District compared to 10% for Vermont overall.

CHNA.org reports the service area Medicare beneficiaries' percent with depression range from 17.4% - 18.4%, compared to a VT and NH overall rate of 18.1%, and the U.S. overall rate of 15.4%.

The Robert Wood Johnson Foundation County Health Rankings indicate the self-reported average number of mentally unhealthy days in the past 30-day period (age adjusted) show the following:

| | 2014 | 2013 | 2012 | 2011 |
|---|---|---|---|---|
| Windsor County, VT | 3.3 | 3.7 | 3.2 | 3.3 |
| Windham County, VT | 3.5 | 3.2 | 3.5 | 3.4 |
| **VT overall** | **3.6** | **3.3** | **3.3** | **3.2** |
| Sullivan County, NH | 3.5 | 3.9 | 3.4 | 3.6 |
| Cheshire County, NH | 3.6 | 3.4 | 3.3 | 3.3 |
| **NH overall** | **3.6** | **3.3** | **3.2** | **3.2** |
| **Top U.S. Performers** | **2.8** | | | |

The Congressional Research Service report, *"Prevalence of Mental Illness in the United States: Data Sources and Estimates, 3/9/15"* estimates the National Comorbidity Survey Replication indicates prevalence estimates of any mental illness among the adult population over a 12-month period to range from 26.2% to 32.4%. These estimates include substance use disorders as mental illness. The report estimates prevalence of mental illness excluding substance use disorders to be 24.8% among adults. Of the 26.2% of all adults identified with a mental disorder, the severity of disorders ranged from 22.3% serious, 37.3% moderate, and 40.4% mild; and the estimated 12-month prevalence of serious mental illness among all adults was 5.8%. The report also identifies the estimated 12-month prevalence of all mental illness among adolescents to be 42.6%, and found 58.2% of the cases to be mild, 22.9% moderate, and 18.8% serious. The estimated serious mental illness among all adolescents was 8%.

## Improve the Health and Wellbeing of those Living with Substance Abuse and Mental Health Issues

***Strategies:***

- Develop educational outreach efforts regarding smoking, drinking, substance abuse, STDs, and violence.
- Continue offering tobacco treatment or intervention programs, and market them to physician offices and the public.
- Encourage participation in the Wellness, Recovery, Action Program (WRAP) throughout the SMCS system.
- Engage community partners, through our Community Health Team monthly meetings, to more clearly define mental health needs and develop strategies.
- Continue to improve local access, and integration of education and outpatient counseling, at primary care offices.
- Continue to collaborate with Health Care and Rehabilitation Services (HCRS) to provide emergency care to people in crisis.
- Partner with local Prevention Coalitions and community partners to develop strategies for prevention and intervention.
- Expand access to Suboxone Therapy (MAT).
- Continue access to Group Therapy and Individual Therapy.
- Utilize psychiatric services at The Windham Center, as appropriate, for inpatient care.
- Monitor grant opportunities to expand access to mental health services.
- Integrate mental health services into local school settings.
- Support the local ACEs efforts for awareness and prevention of Adverse Childhood Experiences.
- Support VT Department of Health efforts for safe storage and disposal of unused or expired medications.
- Expedite treatment for pregnant women and new mothers battling addiction.
- Encourage health care access for low-income populations through continued use of financial assistance programs.

## PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

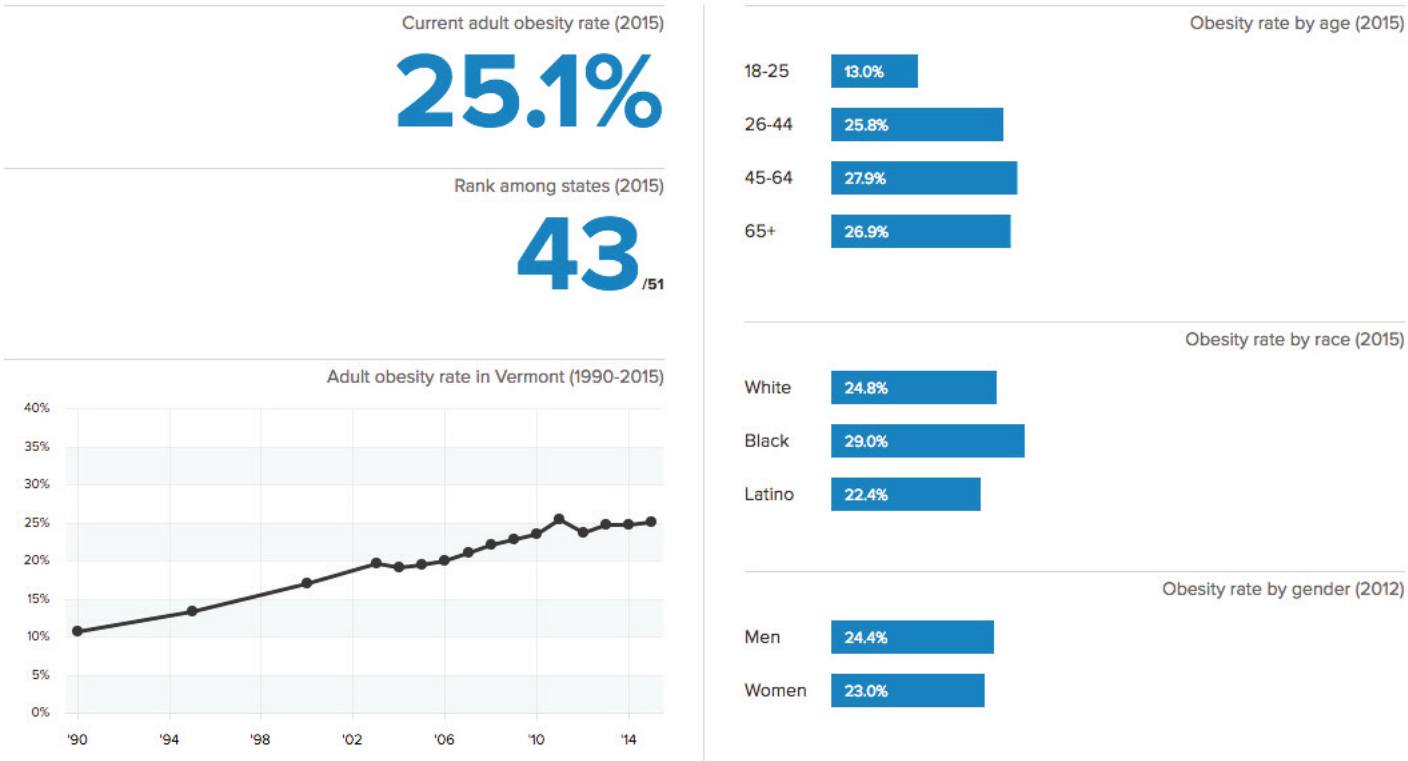
### Improve Outreach and Education Targeting Obesity among Children and Adults

***Need:***

Obesity refers to a body weight measure that utilizes a Body Mass Index of 30 or greater. Obesity increases the risk for a number of chronic diseases such as coronary heart disease, type 2 diabetes, cancer, and hypertension, and is often due to poor diet and limited physical activity.

As reported in *The State of Obesity: Better Policies for a Healthier America released September 2016,* Vermont now has the ninth lowest adult obesity rate in the nation. Vermont's adult obesity rate is currently 25.1 percent, up from 17.0 percent in 2000 and from 10.7 percent in 1990. The childhood obesity rate in Vermont is reported as:

| | |
|---|---|
| 2-4 year olds | 12.9% |
| 10-17 year olds | 11.3% |
| High school students | 12.4% |




Source: Trust for America's Health and Robert Wood Johnson Foundation. The State of Obesity 2016 [PDF]. Washington, D.C.: 2016.

The Robert Wood Johnson Foundation County Health Rankings report the following for adult obesity based on 2012 data from the National Diabetes Surveillance System.

| | |
|---|---|
| Windham County | 23% |
| Windsor County | 23% |
| **Vermont Overall** | **24%** |
| | |
| Sullivan County | 28% |
| Cheshire County | 25% |
| **New Hampshire Overall** | **27%** |
| | |
| **Top US Performers** | **25%** |

Locally...
The 2013-2014 Behavioral Risk Factor Surveillance data for the Springfield District reports 27% for the Springfield District compared to 25% for Vermont overall.

Our 2016 community survey showed obesity as the leading personal health challenge with 36.15% (248 of 758) selecting it as a top personal health challenge. (See Appendix)

***Strategies:***

- Re-examine the program design and utilization for the RX for Exercise Program, in partnership with the Edgar May Health & Recreation Center.

- Explore possible program development around lifestyle medicine.

- Continue quality improvement work to identify patients with obesity and co-morbid conditions of diabetes and heart disease and offer treatment options.

- Continue FQHC standard protocol to monitor BMI and intervene for elevated BMI in all patients.

- Continue Healthier Living Workshops, Nutrition Counseling, and Community Education including cooking classes.

- Develop a community education campaign to raise awareness for available resources.

## PRIORITIZED NEEDS AND IMPLEMENTATION STRATEGIES

### Continue to Improve Access to Oral Health Care for Children and Adults

***Need:***

The Vermont Oral Health Plan (2014) recognizes oral health as an integrated component of overall health and shares Vermont's current status with national status and Healthy VT 2020 targets as shown below:

**Table 1. Healthy People 2020 Oral Health Indicators and Vermont Status**

| Healthy People 2020 Objective | Target[1] | National Status[1] | Vermont Status[2] | Healthy VT 2020 Target |
|---|---|---|---|---|
| 1. Reduce the proportion of children ages 6 to 9 who have dental caries experience in their primary or permanent teeth | 49% | 54% | 34% | 30% |
| 2. Reduce the proportion of children ages 6 to 9 with untreated dental decay | 26% | 29% | 11% | -- |
| 3. Reduce the proportion of adults ages 45-64 who have ever had a permanent tooth extracted | 69% | 76% | 52% | 45% |
| 4. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage | 36% | 33% | 38%* | -- |
| 5. Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year | 49% | 45% | Age 6-9 = 95%<br>Age 18+= 74% | Age 6-9 = 100%<br>Age 18+ = 85% |
| 6. Increase the proportion of Federally Qualified Health Centers (FQHCs) that have an oral health care program | 83% | 75% | 88% | -- |
| 7. Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year | 33% | 18% | 19% | -- |
| 8. Increase the proportion of children ages 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth | 28% | 26% | 53% | -- |
| 9. Increase the proportion of the U. S. population served by community water systems with optimally fluoridated water | 80% | 72% | 57% | 65% |

[1] Data is from Healthy People 2020. Available at www.healthypeople2020.gov

[2] Data is from the Vermont Department of Health's 1) Burden of Oral Disease in Vermont report (data is from 2009-2011) and 2) Healthy Vermonters 2020 report.

* Data is from 2000-2009 combined.

The plan also reports that 11% children in 1st - 3rd grades had active untreated decay present in their mouths, which is lower than the national rate of 29% and the Healthy People 2020 target rate of 26%. The Vermont Oral Health Plan goes on to state, “Children in low income families are more likely to suffer from dental caries and are less likely to receive treatment. Children covered by Medicaid have a considerably higher rate of caries experience (44%) compared to children covered by private dental insurance or cash (27%). Despite available Medicaid benefits to treat tooth decay, Medicaid-eligible children are also more likely to have untreated decay (16%) compared to children with private dental insurance or who pay with cash (8%). In 2011, 56% of Medicaid-eligible children used dental services. Although the utilization rate of dental care among Medicaid-eligible children throughout Vermont has been rising slowly over time, there is still considerable room for improvement.”

The Springfield Health District 2013-14 Behavioral Risk Factor Surveillance System data reports:

| | Springfield District | Vermont |
|---|---|---|
| Dental Visit in the Last Year | 65% | 72% |
| Any Teeth Extracted, ages 45-64 | 52% | 49% |

The Vermont Oral Health Plan identifies six major oral health strategies covering education, prevention, surveillance, infrastructure, financial access, and workforce. Our organizational strategies will work to complement these strategies.

Our interviews, focus groups and community survey all identify oral health services as an important need for all ages. Noted was the high demand for services and limited access to care. In addition, the range of services frequently does not meet the need. For example, extractions may be covered, but not dentures. Also, uninsured or underinsured adults lack the resources to get the care they need.

***Strategies:***

- Explore feasibility of making dental services available at other geographic locations.
- Enhance access to low-income populations through continued use of financial assistance programs.
- Monitor special funding opportunities, including grant funding, to expand dental services in the area.
- Redistribute the resource “Guide to Fluoride Levels in Public Water Systems” to all medical providers and post to web for public access. (Know Your Fluoride Level - share list of towns)
- Expand dental hygienist activities in area school systems and explore offering sealant program in schools.
- Recruit additional dentist and hygienists.
- Support the Dental Therapy Program within the SMCS system.

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

| | Vermont | Bennington (BE) , VT | Windham (WI) , VT | Windsor (WN) , VT |
|---|---|---|---|---|
| Health Outcomes | | 10 | 12 | 5 |
| Length of Life | | 7 | 12 | 6 |
| Premature death | 5,600 | 5,700 | 6,700 | 5,700 |
| Quality of Life | | 12 | 7 | 5 |
| Poor or fair health | 11% | 11% | 11% | 10% |
| Poor physical health days | 3.4 | 3.3 | 3.4 | 3.1 |
| Poor mental health days | 3.6 | 3.7 | 3.5 | 3.3 |
| Low birthweight | 7% | 7% | 6% | 7% |
| Health Factors | | 11 | 5 | 4 |
| Health Behaviors | | 5 | 6 | 3 |
| Adult smoking | 16% | 15% | 16% | 14% |
| Adult obesity** | 24% | 25% | 23% | 23% |
| Food environment index** | 8.0 | 7.8 | 7.8 | 8.0 |
| Physical inactivity** | 19% | 20% | 19% | 19% |
| Access to exercise opportunities | 72% | 89% | 68% | 75% |
| Excessive drinking | 21% | 19% | 20% | 18% |
| Alcohol-impaired driving deaths | 36% | 56% | 41% | 16% |
| Sexually transmitted infections** | 294.2 | 242.5 | 272.8 | 286.4 |
| Teen births | 18 | 24 | 25 | 22 |
| Clinical Care | | 10 | 3 | 6 |
| Uninsured | 9% | 9% | 10% | 9% |
| Primary care physicians | 880:1 | 890:1 | 900:1 | 1,060:1 |
| Dentists | 1,520:1 | 1,460:1 | 1,620:1 | 1,600:1 |
| Mental health providers | 260:1 | 230:1 | 170:1 | 240:1 |
| Preventable hospital stays | 43 | 62 | 39 | 51 |
| Diabetic monitoring | 90% | 88% | 89% | 89% |
| Mammography screening | 68% | 72% | 66% | 69% |
| Social & Economic Factors | | 12 | 10 | 5 |
| High school graduation** | 87% | 80% | 80% | 86% |

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

| | Vermont | Bennington (BE) , VT | Windham (WI) , VT | Windsor (WN) , VT |
|---|---|---|---|---|
| Some college | 66% | 60% | 59% | 65% |
| Unemployment | 4.1% | 4.8% | 4.2% | 3.7% |
| Children in poverty | 15% | 19% | 18% | 16% |
| Income inequality | 4.4 | 4.2 | 4.1 | 4.5 |
| Children in single-parent households | 31% | 39% | 32% | 33% |
| Social associations | 13.0 | 16.9 | 13.7 | 14.4 |
| Violent crime** | 136 | 152 | 206 | 133 |
| Injury deaths | 71 | 87 | 83 | 78 |
| Physical Environment | | 11 | 3 | 7 |
| Air pollution - particulate matter | 10.7 | 10.8 | 10.6 | 10.6 |
| Drinking water violations | | Yes | Yes | Yes |
| Severe housing problems | 17% | 19% | 17% | 18% |
| Driving alone to work | 75% | 77% | 73% | 76% |
| Long commute - driving alone | 29% | 22% | 26% | 29% |

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

2016

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

| | New Hampshire | Cheshire (CH) , NH | Sullivan (SU) , NH |
|---|---|---|---|
| Health Outcomes | | 7 | 9 |
| Length of Life | | 8 | 10 |
| Premature death | 5,400 | 5,800 | 7,300 |
| Quality of Life | | 6 | 9 |
| Poor or fair health | 13% | 12% | 12% |
| Poor physical health days | 3.1 | 3.1 | 3.1 |
| Poor mental health days | 3.6 | 3.6 | 3.5 |
| Low birthweight | 7% | 6% | 8% |
| Health Factors | | 6 | 9 |
| Health Behaviors | | 5 | 8 |
| Adult smoking | 18% | 17% | 18% |
| Adult obesity** | 27% | 25% | 28% |
| Food environment index** | 8.4 | 8.4 | 8.4 |
| Physical inactivity** | 21% | 20% | 23% |
| Access to exercise opportunities | 84% | 62% | 67% |
| Excessive drinking | 19% | 20% | 18% |
| Alcohol-impaired driving deaths | 33% | 31% | 23% |
| Sexually transmitted infections** | 236.2 | 243.3 | 292.5 |
| Teen births | 16 | 15 | 28 |
| Clinical Care | | 4 | 9 |
| Uninsured | 13% | 14% | 14% |
| Primary care physicians | 1,060:1 | 1,320:1 | 1,430:1 |
| Dentists | 1,430:1 | 1,730:1 | 3,080:1 |
| Mental health providers | 390:1 | 330:1 | 560:1 |
| Preventable hospital stays | 46 | 35 | 46 |
| Diabetic monitoring | 90% | 89% | 87% |
| Mammography screening | 70% | 68% | 68% |
| Social & Economic Factors | | 8 | 9 |
| High school graduation** | 88% | 86% | 82% |

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

| | New Hampshire | Cheshire (CH) , NH | Sullivan (SU) , NH |
|---|---|---|---|
| Some college | 68% | 64% | 61% |
| Unemployment | 4.3% | 4.1% | 3.5% |
| Children in poverty | 13% | 15% | 16% |
| Income inequality | 4.2 | 4.2 | 4.1 |
| Children in single-parent households | 28% | 33% | 35% |
| Social associations | 10.3 | 11.0 | 8.4 |
| Violent crime** | 181 | 186 | 161 |
| Injury deaths | 59 | 73 | 74 |
| Physical Environment | | 10 | 2 |
| Air pollution - particulate matter | 10.5 | 10.5 | 10.5 |
| Drinking water violations | | Yes | Yes |
| Severe housing problems | 16% | 17% | 14% |
| Driving alone to work | 81% | 79% | 78% |
| Long commute - driving alone | 38% | 28% | 40% |

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

2016

# DATA OVERVIEW - DEMOGRAPHICS



## U.S. Census Quick Facts

QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more.

| All Topics | WINDSOR COUNTY, VERMONT | WINDHAM COUNTY, VERMONT | BENNINGT COUNTY, VERMONT | SULLIVAN COUNTY, NEW HAMPSHIR | CHESHIRE COUNTY, NEW HAMPSHIR |
|---|---|---|---|---|---|
| ***People*** | | | | | |
| ***Population*** | | | | | |
| Population estimates, July 1, 2015, (V2015) | 55,737 | 43,386 | 36,317 | 42,967 | 75,909 |
| Population estimates base, April 1, 2010, (V2015) | 56,666 | 44,513 | 37,125 | 43,742 | 77,117 |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015) | -1.6% | -2.5% | -2.2% | -1.8% | -1.6% |
| Population, Census, April 1, 2010 | 56,670 | 44,513 | 37,125 | 43,742 | 77,117 |
| ***Age and Sex*** | | | | | |
| Persons under 5 years, percent, July 1, 2015, (V2015) | 4.5% | 4.7% | 4.7% | 4.7% | 4.6% |
| Persons under 5 years, percent, April 1, 2010 | 4.7% | 4.8% | 5.1% | 5.3% | 4.8% |
| Persons under 18 years, percent, July 1, 2015, (V2015) | 18.6% | 18.6% | 19.3% | 19.6% | 18.4% |
| Persons under 18 years, percent, April 1, 2010 | 19.9% | 19.9% | 20.5% | 21.0% | 19.6% |
| Persons 65 years and over, percent, July 1, 2015, (V2015) | 21.3% | 20.0% | 21.7% | 19.5% | 17.9% |
| Persons 65 years and over, percent, April 1, 2010 | 17.8% | 16.1% | 18.8% | 16.5% | 14.7% |
| Female persons, percent, July 1, 2015, (V2015) | 51.1% | 51.0% | 51.5% | 50.7% | 51.0% |
| Female persons, percent, April 1, 2010 | 51.0% | 50.9% | 51.6% | 50.6% | 51.2% |
| ***Race and Hispanic Origin*** | | | | | |
| White alone, percent, July 1, 2015, (V2015) (a) | 96.1% | 95.3% | 96.3% | 96.6% | 95.8% |
| White alone, percent, April 1, 2010 (a) | 96.3% | 95.3% | 96.6% | 97.0% | 96.3% |
| Black or African American alone, percent, July 1, 2015, (V2015) (a) | 0.9% | 1.3% | 1.0% | 0.7% | 0.8% |
| Black or African American alone, percent, April 1, 2010 (a) | 0.6% | 0.9% | 0.8% | 0.4% | 0.5% |
| American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a) | 0.3% | 0.3% | 0.4% | 0.4% | 0.3% |
| American Indian and Alaska Native alone, percent, April 1, 2010 (a) | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% |
| Asian alone, percent, July 1, 2015, (V2015) (a) | 1.0% | 1.1% | 0.9% | 0.8% | 1.5% |
| Asian alone, percent, April 1, 2010 (a) | 0.9% | 1.0% | 0.7% | 0.6% | 1.2% |
| Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a) | Z | 0.1% | 0.1% | Z | Z |
| Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a) | Z | Z | Z | Z | Z |
| Two or More Races, percent, July 1, 2015, (V2015) | 1.7% | 2.0% | 1.4% | 1.5% | 1.6% |
| Two or More Races, percent, April 1, 2010 | 1.7% | 2.0% | 1.3% | 1.4% | 1.4% |
| Hispanic or Latino, percent, July 1, 2015, (V2015) (b) | 1.5% | 2.2% | 1.9% | 1.5% | 1.7% |
| Hispanic or Latino, percent, April 1, 2010 (b) | 1.2% | 1.8% | 1.4% | 1.1% | 1.4% |
| White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015) | 94.8% | 93.5% | 94.8% | 95.4% | 94.4% |
| White alone, not Hispanic or Latino, percent, April 1, 2010 | 95.5% | 94.1% | 95.7% | 96.2% | 95.4% |
| ***Population Characteristics*** | | | | | |
| Veterans, 2010-2014 | 4,889 | 3,505 | 3,184 | 4,285 | 6,878 |

| All Topics | WINDSOR COUNTY, VERMONT | WINDHAM COUNTY, VERMONT | BENNINGT COUNTY, VERMONT | SULLIVAN COUNTY, NEW HAMPSHIR | CHESHIRE COUNTY, NEW HAMPSHIR |
|---|---|---|---|---|---|
| Foreign born persons, percent, 2010-2014 | 3.3% | 3.3% | 2.6% | 2.6% | 3.0% |
| ***Housing*** | | | | | |
| Housing units, July 1, 2015, (V2015) | 34,141 | 29,851 | 20,925 | 22,344 | 35,015 |
| Housing units, April 1, 2010 | 34,118 | 29,735 | 20,922 | 22,341 | 34,773 |
| Owner-occupied housing unit rate, 2010-2014 | 70.5% | 69.6% | 70.2% | 74.8% | 70.4% |
| Median value of owner-occupied housing units, 2010-2014 | $213,300 | $210,700 | $210,600 | $170,700 | $191,200 |
| Median selected monthly owner costs -with a mortgage, 2010-2014 | $1,556 | $1,473 | $1,462 | $1,560 | $1,649 |
| Median selected monthly owner costs -without a mortgage, 2010-2014 | $681 | $665 | $658 | $648 | $742 |
| Median gross rent, 2010-2014 | $861 | $832 | $872 | $856 | $938 |
| Building permits, 2015 | 58 | 177 | 40 | 48 | 212 |
| ***Families and Living Arrangements*** | | | | | |
| Households, 2010-2014 | 24,560 | 19,223 | 15,477 | 17,659 | 30,659 |
| Persons per household, 2010-2014 | 2.25 | 2.20 | 2.28 | 2.42 | 2.34 |
| Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014 | 88.7% | 88.2% | 86.9% | 86.5% | 82.5% |
| Language other than English spoken at home, percent of persons age 5 years+, 2010-2014 | 4.1% | 4.2% | 4.5% | 3.6% | 3.0% |
| ***Education*** | | | | | |
| High school graduate or higher, percent of persons age 25 years+, 2010-2014 | 93.0% | 91.5% | 90.6% | 90.2% | 91.7% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014 | 34.3% | 34.5% | 32.0% | 27.4% | 30.8% |
| ***Health*** | | | | | |
| With a disability, under age 65 years, percent, 2010-2014 | 11.6% | 12.6% | 13.0% | 10.7% | 8.2% |
| Persons without health insurance, under age 65 years, percent | ⚠ 6.4% | ⚠ 6.7% | ⚠ 6.5% | ⚠ 11.7% | ⚠ 11.8% |
| ***Economy*** | | | | | |
| In civilian labor force, total, percent of population age 16 years+, 2010-2014 | 65.1% | 66.4% | 63.4% | 65.5% | 67.0% |
| In civilian labor force, female, percent of population age 16 years+, 2010-2014 | 62.1% | 62.8% | 59.4% | 62.8% | 63.5% |
| Total accommodation and food services sales, 2012 ($1,000) (c) | 176,798 | 151,451 | 94,950 | 37,051 | 128,676 |
| Total health care and social assistance receipts/revenue, 2012 ($1,000) (c) | 436,734 | 278,534 | 274,783 | 97,802 | 334,721 |
| Total manufacturers shipments, 2012 ($1,000) (c) | 442,582 | 421,354 | 764,450 | 578,762 | 1,101,592 |
| Total merchant wholesaler sales, 2012 ($1,000) (c) | 276,551 | D | D | 339,082 | 637,438 |
| Total retail sales, 2012 ($1,000) (c) | 726,304 | 604,405 | 806,190 | 561,236 | 1,692,504 |
| Total retail sales per capita, 2012 (c) | $12,921 | $13,741 | $21,969 | $13,030 | $22,023 |
| ***Transportation*** | | | | | |
| Mean travel time to work (minutes), workers age 16 years+, 2010-2014 | 21.8 | 21.1 | 18.8 | 25.3 | 22.5 |
| ***Income and Poverty*** | | | | | |
| Median household income (in 2014 dollars), 2010-2014 | $53,610 | $50,526 | $49,303 | $56,851 | $56,139 |
| Per capita income in past 12 months (in 2014 dollars), 2010-2014 | $31,740 | $27,895 | $29,647 | $29,073 | $29,591 |
| Persons in poverty, percent | ⚠ 12.1% | ⚠ 12.9% | ⚠ 14.4% | ⚠ 10.4% | ⚠ 11.8% |
| ***Businesses*** | | | | | |
| Total employer establishments, 2014 | 2,016 | 1,708 | 1,385 | 913 | 1,904 |
| Total employment, 2014 | 19,747 | 21,059 | 15,173 | 11,664 | 27,644 |
| Total annual payroll, 2014 | 772,418 | 778,376 | 538,670 | 455,475 | 1,102,965 |
| Total employment, percent change, 2013-2014 | 0.4% | -3.9% | -0.1% | 0.5% | 1.2% |
| Total nonemployer establishments, 2014 | 6,125 | 5,141 | 3,734 | 3,246 | 5,953 |
| All firms, 2012 | 7,844 | 7,029 | 4,758 | 4,521 | 7,625 |
| Men-owned firms, 2012 | 4,439 | 3,569 | 2,732 | 2,557 | 4,564 |
| Women-owned firms, 2012 | 2,265 | 2,151 | 1,084 | 1,515 | 1,869 |
| Minority-owned firms, 2012 | 159 | 180 | 175 | 116 | 206 |
| Nonminority-owned firms, 2012 | 7,431 | 6,542 | 4,356 | 4,290 | 7,057 |
| Veteran-owned firms, 2012 | 816 | 754 | 590 | 516 | 775 |
| Nonveteran-owned firms, 2012 | 6,490 | 5,788 | 3,838 | 3,811 | 6,408 |
| ***Geography*** | | | | | |
| Population per square mile, 2010 | 58.5 | 56.7 | 55.0 | 81.4 | 109.1 |
| Land area in square miles, 2010 | 969.34 | 785.31 | 674.98 | 537.31 | 706.66 |
| FIPS Code | 50027 | 50025 | 50003 | 33019 | 33005 |

This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015).
Different vintage years of estimates are not comparable.

**(a)** Includes persons reporting only one race
**(b)** Hispanics may be of any race, so also are included in applicable race categories
**(c)** Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

**D** Suppressed to avoid disclosure of confidential information
**F** Fewer than 25 firms
**FN** Footnote on this item in place of data
**NA** Not available
**S** Suppressed; does not meet publication standards
**X** Not applicable
**Z** Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.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Governments (//www.census.gov/topics/public-sector.html)

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Survey of Business Owners (//www.census.gov/programs-surveys/sbo.html)

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2020 Census (//www.census.gov/2020census/)

2010 Census (//www.census.gov/programs-surveys/decennial-census/2010-census.html/)

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# SOCIAL & ECONOMIC FACTORS

## Lack of Social or Emotional Support

| | Total Pop Age 18 | Est. Pop w/o Adequate Social Support | % Pop w/o Adequate Social Support |
|---|---|---|---|
| Windham County, VT | 34,486 | 6,210 | 17.00% |
| Windsor County, VT | 45,392 | 8,080 | 17.70% |
| **Vermont** | **494,588** | **82,102** | **16.50%** |
| Cheshire County, NH | 61,896 | 11,079 | 17.60% |
| Sullivan County, NH | 34,373 | 6,943 | 20.30% |
| **New Hampshire** | **1,025,011** | **176,302** | **17.10%** |
| United States | 232,556,016 | 48,104,656 | 20.70% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2012*

## Children in Poverty

| | Total Population | Pop under 18 | Under 18 in Poverty | % Pop under 18 in Poverty |
|---|---|---|---|---|
| Windham County, VT | 42,608 | 8,226 | 1,257 | 15.28% |
| Windsor County, VT | 55,318 | 10,667 | 1,493 | 13.89% |
| **Vermont** | **601,671** | **122,339** | **19,049** | **15.57%** |
| Cheshire County, NH | 71,764 | 14,189 | 2,164 | 15.25% |
| Sullivan County, NH | 42,596 | 8,450 | 922 | 10.91% |
| **New Hampshire** | **1,280,899** | **271,465** | **31,363** | **11.55%** |
| United States | 306,226,400 | 72,637,888 | 15,907,395 | 21.90% |

*Source: U. S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates*

## Free and Reduced Price School Lunch (percent of students eligible)

| | Total Student Enrollment | Number Free/Reduced Lunch Eligible | % Free/Reduced Lunch Eligible |
|---|---|---|---|
| Windham County, VT | 5,711 | 2,658 | 46.54% |
| Windsor County, VT | 7,534 | 2,978 | 39.53% |
| **Vermont** | **85,407** | **33,638** | **39.39%** |
| Cheshire County, NH | 9,157 | 3,322 | 36.28% |
| Sullivan County, NH | 5,181 | 2,039 | 39.36% |
| **New Hampshire** | **185,299** | **51,564** | **27.83%** |
| United States | 50,195,195 | 26,012,902 | 52.35% |

*Source: CHNA.org - US Dept of Education, National Center for Education Statistics (NCES), Common Core of Data, 2013-14*

## High School Graduation Rate

| | Avg Freshman Enrollment | Est. # of Diplomas Issued | On-Time Grad Rate |
|---|---|---|---|
| Windham County | 505 | 402 | 79.70 |
| Windsor County | 712 | 605 | 85.00 |
| **Vermont** | **8,048** | **7,209** | **89.60** |
| Cheshire County | 920 | 787 | 85.60 |
| Sullivan County | 464 | 384 | 82.90 |
| **New Hampshire** | **17,510** | **14,757** | **84.30** |
| United States | 4,024,345 | 3,039,015 | 75.50 |

*Source: CHNA.org - National Center for Education Statistics (NCES), Common Core of Data 2008-2009.*

The Vermont Department of Education's Public School Dropout and High School Completion Report for the 2014-2015 School year reports Springfield High School with a 9.49% 9th-12th dropout rate. While the overall state dropout rate was 2.99% for 2014-15, Springfield High School's rate is the third highest rate in the state, following Concord Schools of 11.48% and Winooski at 16.13%. Bellows Falls UHS #27 reported 6.30%

The Vermont statewide cohort rate (on-time graduation) for the class of 2015 was reported at 87.62%. Bellows Falls UHSD #27 2014-15 cohort rate is significantly lower than statewide average at 71.00%, and Springfield High School reported 74.00%. The Healthy People 2020 Target is >82.4.

*Source: Vermont Department of Education Public School Dropout and High School Completion Report, 2014 - 2015.*

## Poverty Rate (<100% FPL)

| | Population in Poverty | % Population in Poverty |
|---|---|---|
| Windham County, VT | 5,182 | 12.16% |
| Windsor County, VT | 5,932 | 10.72% |
| **Vermont** | **72,044** | **11.97%** |
| Cheshire County, NH | 8,427 | 11.74% |
| Sullivan County, NH | 3,874 | 9.09% |
| **New Hampshire** | **113,374** | **8.85%** |
| United States | 47,755,608 | 15.59% |

*Source: U. S. Census Bureau, 2010-2014 American Community Survey*

## Percent Below 200% Poverty Level

| | Population < 200% PL | % Population < 200% PL |
|---|---|---|
| Windham County, VT | 14,162 | 33.24% |
| Windsor County, VT | 15,608 | 28.22% |
| **Vermont** | **178,350** | **29.64%** |
| Cheshire County, NH | 19,607 | 27.32% |
| Sullivan County, NH | 11,377 | 26.71% |
| **New Hampshire** | **289,341** | **22.59%** |
| United States | 105,773,408 | 34.54% |

*Source: U. S. Census Bureau, 2010-2014 American Community Survey*

## Population Receiving Medicaid

| | Population Receiving Medicaid | % Population Receiving Medicaid |
|---|---|---|
| Windham County, VT | 11,957 | 29.40% |
| Windsor County, VT | 13,165 | 25.59% |
| **Vermont** | **150,832** | **26.05%** |
| Cheshire County, NH | 8,784 | 12.99% |
| Sullivan County, NH | 5,424 | 14.39% |
| **New Hampshire** | **141,718** | **12.09%** |
| United States | 55,035,660 | 20.75% |

*Source: U. S. Census Bureau, 2010-2014 American Community Survey*

Requirements for obtaining Medicaid vary by state, with NH more difficult. This may explain some of the variation.

## Population with No High School Diploma

| | Population Age 25 w/o HS Diploma | % Population Age 25 w/o HS Diploma |
|---|---|---|
| Windham County, VT | 2,719 | 8.51% |
| Windsor County, VT | 2,934 | 7.00% |
| **Vermont** | **36,355** | **8.36%** |
| Cheshire County, NH | 4,339 | 8.33% |
| Sullivan County, NH | 3,084 | 9.80% |
| **New Hampshire** | **73,490** | **8.00%** |
| United States | 28,587,748 | 13.67% |

*Source: U. S. Census Bureau, 2010-2014 American Community Survey*

## Teen Births

| | Female Pop 15-19 | Births to Mothers 15-19 | Teen Birth Rate per 1,000 births |
|---|---|---|---|
| Windham County, VT | 1,372 | 31 | 22.9 |
| Windsor County, VT | 1,589 | 37 | 23.3 |
| **Vermont** | **22,353** | **414** | **18.5** |
| Cheshire County, NH | 3,353 | 51 | 15.2 |
| Sullivan County, NH | 1,272 | 39 | 30.7 |
| **New Hampshire** | **45,852** | **761** | **16.6** |
| United States | 10,736,677 | 392,962 | 36.6 |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics Systems, accessed via CDC Wonder 2006-12*

Kaiser Family Foundation reports the 2014 U.S. teen birth rate (ages 15-19) is 24.2 per 1,000. The 2014 Vermont rate for 18-19 year olds is 14.2, the fifth lowest in the U.S. (Source: KFF.org).

| Unemployment Rate | Labor Force | # Employed | # Unemployed | Rate |
|---|---|---|---|---|
| Windham County, VT | 23,375 | 22,626 | 749 | 3.2 |
| Windsor County, VT | 29,632 | 28,761 | 871 | 2.9 |
| **Vermont** | **344,174** | **332,274** | **11,900** | **3.5** |
| Cheshire County, NH | 41,752 | 40,558 | 1,194 | 2.9 |
| Sullivan County, NH | 23,750 | 23,166 | 584 | 2.5 |
| **New Hampshire** | **744,818** | **722,704** | **22,114** | **3.0** |
| United States | 159,988,338 | 151,733,570 | 8,254,768 | 5.2 |

*Source: CHNA.org - U.S. Bureau of Labor Statistics, 2016 -March*

**Uninsured Population**
**(adults)**

| | Population 18-65 | Population w/o Medical Insurance | % Population w/o medical ins. | Population w/ Medical Ins. | % Pop w/ Medical Ins. |
|---|---|---|---|---|---|
| Windham County, VT | 26,735 | 3,120 | 11.67% | 23,615 | 88.33% |
| Windsor County, VT | 33,735 | 3,581 | 10.62% | 30,154 | 89.38% |
| **Vermont** | **382,623** | **39,921** | **9.71%** | **342,702** | **89.57%** |
| Cheshire County, NH | 45,738 | 7,859 | 17.18% | 37,880 | 82.82% |
| Sullivan County, NH | 26,521 | 4,541 | 17.12% | 21,981 | 82.88% |
| **New Hampshire** | **820,234** | **128,716** | **15.69%** | **691,518** | **84.31%** |
| United States | 192,461,139 | 39,336,247 | 20.44% | 153,124,895 | 79.56% |

*Source: CHNA.org - U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE), 2013*

## THE ENVIRONMENT

**Air Quality** - Poor air quality contributes to respiratory issues and overall poor health. Windham (7.08) and Windsor (7.17) are slightly lower than Vermont overall at 7.18. Cheshire (7.28) and Sullivan (7.22) are lower than NH overall at 7.81 average ambient particulate matter. *Source: RWJF County Health Rankings, from the CDC Wonder environmental data spanning 2003-2008*

**Fast Food Restaurant Access** - Rates per 100,000 population
Windham County is high compared to the statewide average as well as the national average. Cheshire and Sullivan Counties are low compared to state and national averages.

| | |
|---|---|
| Windham County | 83.12 |
| Windsor County | 54.70 |
| **Vermont** | **64.70** |
| Cheshire County | 71.32 |
| Sullivan County | 38.86 |
| **New Hampshire** | **77.90** |
| United States | 72.70 |

*Source: CHNA.org - U.S. Census Bureau, County Business Patterns, 2013.*

**Grocery Store Access** reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food. Delicatessen-type establishments are included. Convenience stores and large warehouse stores are excluded. This indicator provides a measure of healthy food access and environmental influences on dietary behaviors. Sullivan County is lower than state and national averages. Vermont exceeds national averages, and Windham and Windsor counties are well above state averages.

| | |
|---|---|
| Windham County | 44.93 |
| Windsor County | 49.41 |
| **Vermont** | **36.30** |
| Cheshire County | 19.45 |
| Sullivan County | 18.29 |
| **New Hampshire** | **19.10** |
| United States | 21.20 |

*Source: CHNA.org - U.S. Census Bureau, County Business Patterns, 2013.*

### Liquor Store Access

This indicator reports the number of beer, wine and liquor stores, rate per 100,000 population. This indicator provides a measure of environmental influences on behaviors. Windham and Windsor rates are higher than state and national rates.

| | Population | # stores | Rate per 100,000 population |
|---|---|---|---|
| Windham County, VT | 44,513 | 7 | 15.73 |
| Windsor County, VT | 56,670 | 15 | 26.47 |
| **Vermont** | **625,741** | **122** | **19.50** |
| Cheshire County, NH | 77,117 | 9 | 11.67 |
| Sullivan County, NH | 43,742 | 2 | 4.57 |
| **New Hampshire** | **1,316,470** | **101** | **7.70** |
| United States | 312,732,537 | 32,759 | 10.50 |

*Source: CHNA.org - U.S. Census Bureau, County Business Patterns, 2013.*

### Low Income Population with Low Food Access

This indicator measures supermarket accessibility for the low income population. (Lower is better.)

| | Population | Low Income Population with low food access | % Low Income Population with low food access |
|---|---|---|---|
| Windham County, VT | 44,513 | 3,080 | 6.92% |
| Windsor County, VT | 56,670 | 1,750 | 3.09% |
| **Vermont** | **625,741** | **20,617** | **3.29%** |
| Cheshire County, NH | 77,117 | 3,094 | 4.01% |
| Sullivan County, NH | 43,742 | 4,071 | 9.31% |
| **New Hampshire** | **1,316,470** | **57,796** | **4.39%** |
| United States | 308,745,538 | 19,347,047 | 6.27% |

*Source: CHNA.org - U.S.Department of Agriculture, Food Access Atlas, 2010*

### Population with Low Food Access

This indicator measures supermarket accessibility for the overall population. (Lower is better.)

| | Population | Population w/low food access | % Population w/low food access |
|---|---|---|---|
| Windham County, VT | 44,513 | 7,603 | 17.08% |
| Windsor County, VT | 56,670 | 5,367 | 9.47% |
| **Vermont** | **625,741** | **79,913** | **12.77%** |
| Cheshire County, NH | 77,117 | 14,688 | 19.05% |
| Sullivan County, NH | 43,742 | 14,306 | 32.71% |
| **New Hampshire** | **1,316,470** | **372,117** | **28.27%** |
| United States | 308,745,538 | 72,905,540 | 23.61% |

*Source: CHNA.org - U.S.Department of Agriculture, Food Access Atlas, 2010*

### SNAP Authorized Food Access

This indicator reports the number of SNAP-authorized stores as a rate per 100,000, includes grocery stores as well as supercenters, specialty food stores, and convenience stores authorized to accept SNAP benefits.

| | Total Population | SNAP-Authorized Retailers | SNAP-Auth Retailers Rate/100,000 pop |
|---|---|---|---|
| Windham County, VT | 44,513 | 60 | 13.48 |
| Windsor County, VT | 56,670 | 58 | 10.23 |
| **Vermont** | **625,741** | **729** | **11.65** |
| Cheshire County, NH | 77,117 | 62 | 8.04 |
| Sullivan County, NH | 43,742 | 35 | 8.00 |
| **New Hampshire** | **1,316,470** | **1,050** | **7.98** |
| United States | 312,411,142 | 255,574 | 8.18 |

*Source: CHNA.org - U.S.Department of Agriculture, Food & Nutrition Service, USDA-SNAP Retailer Locator, 2015.*

**Recreation & Fitness Facility Access** - This indicator reports the number of recreation and fitness facilities (defined by the North American Industry Classification System.) Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. Numbers reported are low in Sullivan County (2.29), but a new fitness center recently opened in Claremont that is not likely showing in the numbers. Windsor County (12.35) is slightly lower than Vermont overall (12.9), and Windham County (13.48) is higher than Vermont and U.S. overall (9.7).

*Source: CHNA.org - U.S. Census Bureau, County Business Patterns, Analysis by CARES. 2013..*

### Use of Public Transportation

This indicator reports the percentage of the population using public transportation as their primary means of commute to work. Numbers reported are low across the board as would be expected in our rural area without a good means of public transport available for worksite destinations. All counties are lower than state and US overall.

| | |
|---|---|
| Windham County, VT | .87% |
| Windsor County, VT | .86% |
| **Vermont** | **1.2%** |
| Cheshire County, NH | .48% |
| Sullivan County, NH | .33% |
| **New Hampshire** | **.85%** |
| United States | 5.06% |

*Source: CHNA.org - U.S. Census Bureau, 2010-2014 American Community Survey*

# Clinical Care

## Access to Primary Care

| County | Total Population | Total PCPs | PCP Rate per 100,000 pop. |
|---|---|---|---|
| Windham County, VT | 43,985 | 49 | 111.40 |
| Windsor County, VT | 56,211 | 54 | 96.10 |
| **Vermont** | **626,011** | **679** | **108.50** |
| Cheshire County, NH | 76,851 | 55 | 71.60 |
| Sullivan County, NH | 43,074 | 31 | 72.00 |
| **New Hampshire** | **1,320,718** | **1,223** | **92.60** |
| United States | 313,914,040 | 233,862 | 74.50 |

*Source: CHNA.org - U.S. Department of Health Human Services, Health Resources and Services Administration, Area Resource File, 2012.*

## Breast Cancer Screening (Mammograms)

| | Total Medicare Enrollees | Female Med Enrollees 67-69 | Female Medicare Enrollees w/Mammogram w/i 2 yrs | % Medicare Enrollees w/Mammogram in 2 yrs. |
|---|---|---|---|---|
| Windham County, VT | 6,493 | 562 | 388 | 69.0% |
| Windsor County, VT | 9,152 | 784 | 539 | 68.8% |
| **Vermont** | **83,038** | **7,078** | **4,919** | **69.5%** |
| Cheshire County, NH | 10,313 | 812 | 575 | 70.8% |
| Sullivan County, NH | 6,150 | 519 | 361 | 69.7% |
| **New Hampshire** | **165,478** | **13,397** | **9,474** | **70.7%** |
| United States | 53,131,712 | 4,402,782 | 2,772,990 | 63.0% |

*Source: CHNA.org - Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010.*

## Cervical Cancer Screening (Pap test)

This indicator measures the percentage of women aged 18+ who self-report they have had a Pap test within three years, important for early detection/treatment of health problems. Poor numbers may highlight a lack of access to preventive care, lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

| | Female Pop Age 18 | Est Pop with Reg Pap | % Pop with Reg Pap |
|---|---|---|---|
| Windham County, VT | 34,171 | 26,141 | 76.6% |
| Windsor County, VT | 44,060 | 33,574 | 78.7% |
| **Vermont** | **475,713** | **370,580** | **79.0%** |
| Cheshire County, NH | 59,961 | 45,271 | 77.0% |
| Sullivan County, NH | 33,565 | 25,207 | 78.2% |
| **New Hampshire** | **976,054** | **768,154** | **79.5%** |
| United States | 176,847,182 | 137,191,142 | 78.5% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System via Health Indicators Warehouse, 2006-2012.*

## Colon Cancer Screenings

Reporting the percentage of adult men aged 50+ who self-report they have ever had a sigmoidoscopy or colonoscopy.

| | Male age 50+ | Est Pop Ever Screened | % Pop Ever Screened |
|---|---|---|---|
| Windham County, VT | 14,163 | 9,404 | 63.9% |
| Windsor County, VT | 18,891 | 12,997 | 63.7% |
| **Vermont** | **176,965** | **124,229** | **66.9%** |
| Cheshire County, NH | 21,757 | 15,143 | 66.0% |
| Sullivan County, NH | 13,643 | 9,345 | 64.4% |
| **New Hampshire** | **348,338** | **252,545** | **69.7%** |
| United States | 75,116,406 | 48,549,269 | 61.3% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse 2006-2012.*

## Dental Care Utilization

This indicator reports the percentage of adults age 18+ who self-report they have **not** visited a dentist, dental hygienist or dental clinic within the past year.

| | Total Pop age 18 | Total Adults w/o dental exam within the past year | % Adults w/o dental exam |
|---|---|---|---|
| Windham County, VT | 35,325 | 9,383 | 26.6% |
| Windsor County, VT | 45,292 | 12,384 | 27.3% |
| **Vermont** | **494,588** | **124,416** | **25.2%** |
| Cheshire County, NH | 61,700 | 15,904 | 25.8% |
| Sullivan County, NH | 34,216 | 10,054 | 29.4% |
| **New Hampshire** | **1,025,011** | **237,144** | **23.1%** |
| United States | 235,375,690 | 70,965,788 | 30.2% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, analysis by CARES 2006-2010.*

## Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hA1c test, administered by a health professional within the past year.

| | Total Medicare Enrollees | Med Enrollees w/Diabetes | Med Enrollees w/Diabetes w/annual exam | % Med Enrollees w/diabetes w/annual exam |
|---|---|---|---|---|
| Windham County, VT | 6,493 | 538 | 470 | 87.4% |
| Windsor County, VT | 9,152 | 774 | 681 | 88.1% |
| **Vermont** | **83,038** | **8,043** | **7,115** | **88.5%** |
| Cheshire County, NH | 10,313 | 1,041 | 932 | 89.6% |
| Sullivan County, NH | 6,150 | 579 | 514 | 88.8% |
| **New Hampshire** | **165,478** | **17,628** | **15,856** | **90.0%** |
| United States | 53,131,712 | 6,517,150 | 5,511,632 | 84.6% |

*Source: CHNA.org - Dartmouth College Institute for Health Policy, Clinical Practice, Dartmouth Atlas of Health Care 2012.*

## Lack of Consistent Source of Primary Care

This indicator reports the percentage of adults aged 18+ who self-report that they do not have at least one person who they think of as their personal doctor or primary care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

| | Total Pop age 18 | Total adults w/o Reg MD | % Adults w/o Reg MD |
|---|---|---|---|
| Windham County, VT | 36,061 | 4,336 | 12.02% |
| Windsor County, VT | 43,021 | 4,782 | 11.11% |
| **Vermont** | **491,931** | **60,023** | **12.20%** |
| Cheshire County, NH | 54,030 | 7,947 | 14.71% |
| Sullivan County, NH | 36,560 | 5,252 | 14.37% |
| **New Hampshire** | **1,020,867** | **130,983** | **12.83%** |
| United States | 236,884,668 | 52,290,932 | 22.07% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data by CARES 2011-12.*

## Pneumonia Vaccinations (age 65)

This reports the percentage of adults age 65+ who self report that they have ever received a pneumonia vaccine.

| | Total Pop age 65 | Est.Pop w/Annual Pneu Vacc | % Pop w/Annual Pneu Vacc |
|---|---|---|---|
| Windham County, VT | 7,015 | 5,037 | 72.0% |
| Windsor County, VT | 9,909 | 6,748 | 68.2% |
| **Vermont** | **89,464** | **63,519** | **71.2%** |
| Cheshire County, NH | 11,265 | 7,942 | 70.5% |
| Sullivan County, NH | 7,133 | 4,957 | 69.5% |
| **New Hampshire** | **175,168** | **125,771** | **72.0%** |
| United States | 39,608,820 | 26,680,462 | 67.5% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse 2006-2012.*

### Preventable Hospital Events

This reports the discharge rate per 1,000 Medicare enrollees for conditions that are ambulatory care sensitive, including pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by these patients.

| | Total Med A Enrollees | Ambulatory Care Sensitive Condition Hospital Discharges | Ambulatory Care Sensitive Condition Discharge Rate |
|---|---|---|---|
| Windham County, VT | 6,980 | 259 | 37.2 |
| Windsor County, VT | 9,937 | 578 | 58.2 |
| **Vermont** | **89,000** | **4,301** | **48.3** |
| Cheshire County, NH | 11,167 | 392 | 35.2 |
| Sullivan County, NH | 6,662 | 370 | 55.7 |
| **New Hampshire** | **179,709** | **9,118** | **50.7** |
| United States | 58,209,898 | 3,448,111 | 59.2 |

*Source: CHNA.org - Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012.*

## HEALTH BEHAVIORS

### Alcohol Consumption

Adults age 18+ who self-report heavy alcohol consumption (more than 2 drinks per day for men and 1 drink per day for women). Current behaviors are determinants of future health and this may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

| | Total Pop age 18 | Est Pop Heavily Consuming Alcohol | % Population Heavily Consuming |
|---|---|---|---|
| Windham County, VT | 35,486 | 7,204 | 22.5% |
| Windsor County, VT | 45,392 | 9,033 | 21.5% |
| **Vermont** | **494,588** | **95,950** | **20.8%** |
| Cheshire County, NH | 61,896 | 10,151 | 17.4% |
| Sullivan County, NH | 34,373 | 5,225 | 16.7% |
| **New Hampshire** | **1,025,011** | **180,402** | **18.4%** |
| United States | 232,556,016 | 38,248,349 | 16.9% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse, 2006-12.*

### Fruit/Vegetable Consumption

| | Total Pop age 18 | Est Pop Inadequate Consumption | % Population Inadequate Consumption |
|---|---|---|---|
| Windham County, VT | 34,716 | 23,815 | 68.6% |
| Windsor County, VT | 45,450 | 31,588 | 69.5% |
| **Vermont** | **489,395** | **342,087** | **69.9%** |
| Cheshire County, NH | 61,337 | 43,611 | 71.1% |
| Sullivan County, NH | 33,422 | 24,732 | 74.0% |
| **New Hampshire** | **1,017,239** | **727,326** | **71.5%** |
| United States | 227,279,010 | 171,972,118 | 75.7% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse, 2005-2009.*

### Physical Inactivity

| | Total Pop age 20 | Population w/no Leisure Time Phys Activity | % Population w/no Leisure Time Phys Activity |
|---|---|---|---|
| Windham County, VT | 34,492 | 6,657 | 18.1% |
| Windsor County, VT | 44,135 | 8,165 | 17.4% |
| **Vermont** | **479,293** | **91,481** | **18.3%** |
| Cheshire County, NH | 58,756 | 11,810 | 19.4% |
| Sullivan County, NH | 33,539 | 7,647 | 21.6% |
| **New Hampshire** | **1,005,392** | **209,259** | **20.2%** |
| United States | 231,341,061 | 53,415,737 | 22.6% |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion, 2012.*

### Tobacco Usage (Current Smoker)

Percentage of adult smokers, age 18+, who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

| | Total Pop age 18 | Est Population Regularly Smoking | % Population Regularly Smoking Cigarettes |
|---|---|---|---|
| Windham County, VT | 35,486 | 5,678 | 17.1% |
| Windsor County, VT | 45,392 | 7,127 | 16.8% |
| **Vermont** | **494,588** | **79,629** | **16.8%** |
| Cheshire County, NH | 61,896 | 10,646 | 18.1% |
| Sullivan County, NH | 34,373 | 6,771 | 21.1% |
| **New Hampshire** | **1,025,011** | **171,177** | **17.1%** |
| United States | 232,556,016 | 41,491,223 | 18.1% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via Health Indicators Warehouse, 2006-2012.*

### Tobacco Usage (Quit Attempt)

Number of adult smokers who attempted to quit smoking for at least 1 day in the past year.

| | Survey Pop age 18 | Total Smokers w/ Quit Attempt w/i 12 mos | % Smokers w/Quit Attempt w/i past 12 mos |
|---|---|---|---|
| Windham County, VT | 5,786 | 3,323 | 57,4% |
| Windsor County, VT | 7,458 | 4,242 | 56.9% |
| **Vermont** | **86,685** | **51,276** | **59.2%** |
| Cheshire County, NH | 10,261 | 6,082 | 59.3% |
| Sullivan County, NH | 6,408 | 3,875 | 60.5% |
| **New Hampshire** | **185,245** | **106,694** | **57.6%** |
| United States | 45,526,654 | 27,323,073 | 60.0% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, analysis by CARES, 2011-2012.*

## HEALTH OUTCOMES

### Accident Mortality (unintentional injury per 100,000 population)

| | Total Pop | Avg Annual Deaths 2007-2011 | Crude Death Rate | Age adjusted |
|---|---|---|---|---|
| Windham County, VT | 44,212 | 25 | 57.5 | 47.0 |
| Windsor County, VT | 56,464 | 33 | 58.8 | 48.5 |
| **Vermont** | **625,926** | **318** | **50.9** | **45.1** |
| Cheshire County, NH | 79,960 | 40 | 52.2 | 47.8 |
| Sullivan County, NH | 43,398 | 23 | 52.1 | 48.1 |
| **New Hampshire** | **1,318,989** | **549** | **42.61** | **38.7** |
| United States | 311,430,373 | 124,733 | 40.5 | 38.6 |
| **HP 2020 Target** | | | | **<=36.0** |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER. 2009-2013.*

### Asthma Prevalence

Percentage of adults age 18+ who self-report they have ever been told by a doctor, nurse, or other health professional that they had asthma.

| | Survey Pop age 18 | Total adults w/asthma | % adults w/asthma |
|---|---|---|---|
| Windham County, VT | 36,042 | 5,456 | 15.1% |
| Windsor County, VT | 43,146 | 5,211 | 12.1% |
| **Vermont** | **492,449** | **76,035** | **15.4%** |
| Cheshire County, NH | 53,846 | 6,048 | 11.2% |
| Sullivan County, NH | 36,573 | 5,008 | 13.7% |
| **New Hampshire** | **1,019,280** | **149,679** | **14.7%** |
| United States | 237,197,465 | 31,697,608 | 13.4% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, analysis by CARES 2011-2012.*

## Breast Cancer Incidence

Age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer, adjusted to 2000 U.S. standard population age groups.

| | Sample Cases | New Cases Annual Average | Cancer Incidence Rate per 100,000 pop |
|---|---|---|---|
| Windham County, VT | 3,023 | 41 | 135.6 |
| Windsor County, VT | 4,206 | 49 | 116.5 |
| **Vermont** | **40,234** | **515** | **128.0** |
| Cheshire County, NH | 4,694 | 63 | 134.2 |
| Sullivan County, NH | 3,049 | 38 | 124.6 |
| **New Hampshire** | **81,569** | **1,102** | **135.1** |
| United States | 17,902,845 | 220,205 | 123.0 |

*Source: CHNA.org - National Cancer Institute: Surveillance, Epidemiology and End Results Program, State Cancer Profiles 2008-2012.*

## Cancer Mortality

Rate of death due to malignant neoplasm (cancer) per 100,000 population.

| | Total Population | Avg. Annual Deaths 2007-2011 | Crude Death Rate per 100,000 pop. | Age Adjusted Death Rate, Cancer |
|---|---|---|---|---|
| Windham County, VT | 44,212 | 112 | 254.2 | 183.4 |
| Windsor County, VT | 56,494 | 133 | 236.3 | 160.9 |
| **Vermont** | **625,926** | **1,327** | **212.0** | **171.2** |
| Cheshire County, NH | 76,960 | 156 | 203.2 | 162.3 |
| Sullivan County, NH | 43,398 | 102 | 236.0 | 172.4 |
| **New Hampshire** | **1,318,989** | **2,614** | **198.2** | **168.7** |
| United States | 311,430,373 | 577,313 | 185.4 | 168.9 |
| **HP 2020 Target** | | | | **<=160.6** |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, accessed via CDC WONDER, 2009-2013.*

## Chlamydia Incidence (rate per 100,000 population)

| | Total Population | Reported Cases | Chlamydia Rate/100,000 Pop. |
|---|---|---|---|
| Windham County, VT | 43,857 | 144 | 328.34 |
| Windsor County, VT | 56,067 | 143 | 255.05 |
| **Vermont** | **626,577** | **2,235** | **356.7** |
| Cheshire County, NH | 76,610 | 237 | 309.4 |
| Sullivan County, NH | 42,984 | 126 | 293.1 |
| **New Hampshire** | **1,323,236** | **3,582** | **270.7** |
| United States | 316,128,839 | 1,441,789 | 456.08 |

*Source: CHNA.org - Centers for Disease Control and Prevention, and the National Center for HIV/AIDS , Viral Hepatitis, STD, and TB Prevention, 2014*

## Colon and Rectum Cancer Incidence (rate per 100,000 population)

| | Sample Population | Annual Cancer Incidence 05-09 Avg | Annual Incidence Rate |
|---|---|---|---|
| Windham County, VT | 6,281 | 25 | 39.8 |
| Windsor County, VT | 8,045 | 28 | 34.8 |
| **Vermont** | **75,765** | **297** | **39.2** |
| Cheshire County, NH | 9,318 | 41 | 44.0 |
| Sullivan County, NH | 5,570 | 21 | 37.7 |
| **New Hampshire** | **152,151** | **601** | **39.5** |
| United States | 33,516,229 | 140,433 | 41.9 |
| **HP 2020 Target** | | | **<= 38.7** |

*Source: CHNA.org - National Institutes of Health, National Cancer Institute: Surveillance, Epidemiology, and End Results Program. State Cancer Profiles, 2008-2012.*

## Diabetes Prevalence

Percentage of adults age 20+ who have ever been told by a doctor that they have diabetes.

| | Total Population age 20 | Pop diagnosed w/diabetes | % Pop w/diagnosed diabetes |
|---|---|---|---|
| Windham County, VT | 34,244 | 2,671 | 6.3% |
| Windsor County, VT | 44,062 | 3,569 | 6.4% |
| **Vermont** | **478,193** | **37,244** | **6.69%** |
| Cheshire County, NH | 58,759 | 5,112 | 7.4% |
| Sullivan County, NH | 33,541 | 3,287 | 8.0% |
| **New Hampshire** | **1,006,162** | **93,981** | **8.1%** |
| United States | 234,058,710 | 23,059,940 | 9.1% |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.*

## Gonorrhea Incidence

| | Population age 18 | Infections | Infection Rate (per 100,000 population) |
|---|---|---|---|
| Windham County, VT | 43,857 | 4 | 9.1 |
| Windsor County, VT | 56,067 | 4 | 7.1 |
| **Vermont** | **626,866** | **84** | **13.4** |
| Cheshire County, NH | 76,610 | 16 | 20.9 |
| Sullivan County, NH | 42,984 | 8 | 18.6 |
| **New Hampshire** | **1,321,637** | **226** | **17.1** |
| United States | 316,128,839 | 350,062 | 110.7 |

*Source: CHNA.org - Centers for Disease Control and Prevention, and the National Center for HIV/AIDS , Viral Hepatitis, STD, and TB Prevention, 2014*

## Heart Disease Mortality

| | Total Population Avg. | Annual Deaths 2007-2011 | Crude Death Rate per 100,000 population | Age Adjusted Rate per 100,000 population |
|---|---|---|---|---|
| Windham County, VT | 44,212 | 60 | 134.8 | 98.1 |
| Windsor County, VT | 56,464 | 74 | 130.7 | 88.2 |
| **Vermont** | **625,926** | **793** | **126.7** | **101.4** |
| Cheshire County, NH | 76,960 | 98 | 127.6 | 101.4 |
| Sullivan County, NH | 43,398 | 65 | 150.2 | 109.9 |
| **New Hampshire** | **1,318,989** | **1,455** | **110.3** | **93.6** |
| United States | 311,430,373 | 376,572 | 120.9 | 109.5 |
| **HP 2020 Target** | | | | **<= 103.4** |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER 2009-2013.*

## Heart Disease Prevalence

Percentage of adults age 18+ who have ever been told by a doctor that they have coronary heart disease or angina.

| | Survey Pop., age 18 | Total Adults w/heart disease | Percent Adults w/heart disease |
|---|---|---|---|
| Windham County, VT | 35,852 | 1,844 | 5.1% |
| Windsor County, VT | 43,018 | 1,778 | 4.1% |
| **Vermont** | **491,070** | **19,646** | **4.0%** |
| Cheshire County, NH | 53,980 | 2,352 | 4.4% |
| Sullivan County, NH | 36,458 | 1,531 | 4.2% |
| **New Hampshire** | **1,018,235** | **40,218** | **3.9%** |
| United States | 236,406,904 | 10,407,185 | 4.4% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Surveillance System,analysis by CARES 2011-2012.*

## Infant Mortality

Rate of deaths to infants <1 yr per 1,000 births

| | Total Births | Total Infant Deaths | Infant Mortality Rate per 1,000 |
|---|---|---|---|
| Windham County, VT | 2,160 | 11 | 5.0 |
| Windsor County, VT | 2,655 | 16 | 6.0 |
| **Vermont** | **31,580** | **161** | **5.1** |
| Cheshire County, NH | 3,765 | 13 | 3.4 |
| Sullivan County, NH | 2,280 | 13 | 5.7 |
| **New Hampshire** | **68,170** | **334** | **4.9** |
| United States | 20,913,535 | 136,369 | 6.5 |
| **HP 2020 Target** | | | **<= 6.0** |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER. CDC Wide Ranging Online Data for Epidemiologic Research, 2006-2010.*

## Low Birth Weight

Percent of total births that were low birth weight under 2500 g)

| | Total Live Births | Low Birth Weight | Low Weight Births, % of Total |
|---|---|---|---|
| Windham County, VT | 3,017 | 175 | 5.8% |
| Windsor County, VT | 3,801 | 247 | 6.5% |
| **Vermont** | **44,954** | **2,922** | **6.5%** |
| Cheshire County, NH | 5,222 | 313 | 6.0% |
| Sullivan County, NH | 3,269 | 278 | 8.5% |
| **New Hampshire** | **98,987** | **6,731** | **6.8%** |
| United States | 29,300,495 | 2,402,641 | 8.2% |
| **HP 2020 Target** | | | **<= 7.8%** |

*Source: CHNA.org - U.S.Dept of Health Human Services, Health Indicators Warehouse. CDC, National Vital Statistics System, via CDC Wonder 2006-2012.*

## Lung Cancer Incidence

Number of cases per 100,000 population per year

| | Sample Population | New Cases,Annual Avg. | Cancer Incidence Rate |
|---|---|---|---|
| Windham County, VT | 5,779 | 33 | 57.1 |
| Windsor County, VT | 8,358 | 56 | 67.0 |
| **Vermont** | **76,435** | **519** | **67.9** |
| Cheshire County, NH | 9,197 | 63 | 68.5 |
| Sullivan County, NH | 5,937 | 44 | 74.1 |
| **New Hampshire** | **152,040** | **1,043** | **68.6** |
| United States | 33,565,463 | 213,812 | 63.7 |

*Source: CHNA.org - National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles 2008-2012.*

## Lung Disease Mortality

Rate of death due to chronic lower respiratory disease per 100,000 population.

| | Total Pop | Avg Ann. Deaths 07-11 | Crude Death Rate | Age Adjusted |
|---|---|---|---|---|
| Windham County, VT | 44,212 | 30 | 68.8 | 50.4 |
| Windsor County, VT | 56,464 | 33 | 58.4 | 40.0 |
| **Vermont** | **625,926** | **353** | **56.4** | **46.0** |
| Cheshire County, NH | 76,960 | 44 | 57.4 | 46.8 |
| Sullivan County, NH | 43,398 | 21 | 49.3 | 35.8 |
| **New Hampshire** | **1,318,989** | **651** | **49.3** | **43.2** |
| United States | 311,430,373 | 142,214 | 45.7 | 42.2 |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER, 2009-2013.*

## Motor Vehicle Crash Mortality

Reports the rate of death per 100,000 population, which includes collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision.

| | Total Pop | Avg Ann. Deaths 07-11 | Crude Death Rate | Age Adjusted |
|---|---|---|---|---|
| Windham County, VT | 44,212 | 5 | 12.2 | 11.3 |
| Windsor County, VT | 54,464 | 7 | 12.0 | 12.5 |
| **Vermont** | **625,926** | **70** | **11.1** | **10.6** |
| Cheshire County, NH | 76,960 | 10 | 13.3 | 11.9 |
| Sullivan County, NH | 43,398 | 6 | 13.4 | 14.1 |
| **New Hampshire** | **1,318,989** | **117** | **8.8** | **8.4** |
| United States | 311,430,373 | 34,139 | 11.0 | 10.8 |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Vital Statistics System, via CDC WONDER 2009-2013.*

## Obesity (Adult)

Percent of adults age 20+ who self-report they have a body mass index greater than 30 (obese).

| | Total Pop age 20 | % Population w/BMI > 30 | % Adults w/BMI > 30 (obese) |
|---|---|---|---|
| Windham County, VT | 34,399 | 7,843 | 22.1% |
| Windsor County, VT | 44,272 | 10,094 | 22.4% |
| **Vermont** | **479,188** | **116,741** | **24.1%** |
| Cheshire County, NH | 58,620 | 14,655 | 24.6% |
| Sullivan County, NH | 33,482 | 9,442 | 28.0% |
| **New Hampshire** | **1,005,521** | **274,364** | **26.9%** |
| United States | 231,417,834 | 63,336,403 | 27.1% |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.*

## Overweight (Adult)

Percent of adults age 18+ who self-report they have a body mass index between 25.0 and 30.0 (overweight).

| | Survey Pop age 18+ | Total Adults Overweight | Percent Adults Overweight |
|---|---|---|---|
| Windham County, VT | 34,272 | 10,808 | 31.5% |
| Windsor County, VT | 41,762 | 14,658 | 35.1% |
| **Vermont** | **472,905** | **167,390** | **35.4%** |
| Cheshire County, NH | 52,684 | 18,295 | 34.7% |
| Sullivan County, NH | 32,973 | 12,772 | 38.7% |
| **New Hampshire** | **972,414** | **340,974** | **35.1%** |
| United States | 224,991,207 | 80,499,532 | 35.8% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, additional analysis by CARES, 2011-2012.*

## Poor Dental Health

Percentage of adults 18+ self report 6+ of permanent teeth have been removed due to decay, disease, infection.

| | Total Pop. age 18+ | Total Adults w/Poor Dental Health | % Adults w/Poor Dental Health |
|---|---|---|---|
| Windham County, VT | 35,325 | 6,086 | 17.2% |
| Windsor County, VT | 45,292 | 7,423 | 16.4% |
| **Vermont** | **494,588** | **78,398** | **15.9%** |
| Cheshire County, NH | 61,700 | 9,900 | 16.0% |
| Sullivan County, NH | 34,216 | 6,794 | 19.9% |
| **New Hampshire** | **1,025,011** | **148,774** | **14.5%** |
| United States | 235,375,690 | 36,842,620 | 15.7% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, analysis by CARES, 2006-2010.*

## Poor General Health

Percentage of adults 18+, self report having poor or fair health.

| | Total Pop age 18+ | Est Pop w/Poor/Fair Health | % Pop w/Poor/Fair Health |
|---|---|---|---|
| Windham County, VT | 35,486 | 4,045 | 10.8% |
| Windsor County, VT | 45,392 | 5,129 | 10.3% |
| **Vermont** | **494,588** | **55,888** | **10.6%** |
| Cheshire County, NH | 61,896 | 8,604 | 13.2% |
| Sullivan County, NH | 34,373 | 4,572 | 12.0% |
| **New Hampshire** | **1,025,011** | **121,976** | **11.4%** |
| United States | 232,556,016 | 37,766,703 | 15.7% |

*Source: CHNA.org - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System,via Health Indicators Warehouse. US Dept of Health Human Services, Health Indicators Warehouse, 2006-2012.*

## Population with any Disability

Percentage of total civilian non-institutionalized population with a disability.

| | Pop w/Disability Status | Total Pop w/a Disability | % Pop w/a Disability |
|---|---|---|---|
| Windham County, VT | 43,637 | 6,940 | 15.9% |
| Windsor County, VT | 55,478 | 8,913 | 16.0% |
| **Vermont** | **620,279** | **83,621** | **13.5%** |
| Cheshire County, NH | 75,847 | 9,501 | 12.5% |
| Sullivan County, NH | 42,870 | 6,440 | 15.0% |
| **New Hampshire** | **1,306,315** | **153,720** | **11.8%** |
| United States | 309,082,272 | 37,874,568 | 12.3% |

*Source: CHNA.org - U.S. Census Bureau, American Community Survey 2010-2014.*

## Mortality - Premature Death

Years of potential life lost before age 75 per 100,000 population for all causes of death.

| | Total Pop 2008-10 Avg | Total Premature Deaths | Total YPLL 2008-2010 avg | YPLL Rate |
|---|---|---|---|---|
| Windham County, VT | 44,266 | 176 | 2,734 | 6,176 |
| Windsor County, VT | 56,666 | 199 | 3,170 | 5,593 |
| **Vermont** | **626,431** | **2,014** | **33,804** | **5,396** |
| Cheshire County, NH | 76,918 | 253 | 4,371 | 5,682 |
| Sullivan County, NH | 43,462 | 166 | 2,733 | 6,288 |
| **New Hampshire** | **1,318,194** | **4,050** | **70,009** | **5,311** |
| United States | 311,616,188 | 1,074,667 | 21,327,690 | 6,851 |

*Source: CHNA.org - University of Wisconsin Population Health Institute, County Health Rankings,Centers for Disease Control and Prevention, additional Vital Statistics System, via CDC WONDER, 208-2010.*

## Prostate Cancer Incidence

Age adjusted incidence rate of males with prostate cancer, age adjusted to 2000 U.S. standard population age groups.

| | Total Pop ACS 2005-09 | Annual Cancer Incidence 2005-2009 Avg | Annual Incidence Rate Prostate Cancer per 100,000 population |
|---|---|---|---|
| Windham County, VT | 43,627 | 65 | 149.80 |
| Windsor County, VT | 56,921 | 94 | 165.90 |
| **Vermont** | **620,414** | **936** | **150.80** |
| Cheshire County, NH | 77,174 | 101 | 131.10 |
| Sullivan County, NH | 42,641 | 57 | 135.40 |
| **New Hampshire** | **1,315,419** | **2,040** | **155.00** |

*Source: CHNA.org - The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009.*

## Stroke Mortality

| | Total Pop | Average Annual Deaths 2006-2010 | Crude Death Rate per 100,000 population | Age Adjusted Death Rate Stroke Mortality per 100,000 pop. |
|---|---|---|---|---|
| Windham County, VT | 44,439 | 19 | 43.66 | 35.22 |
| Windsor County, VT | 56,895 | 29 | 50.27 | 35.29 |
| **Vermont** | **624,216** | **260** | **41.65** | **35.84** |
| Cheshire County, NH | 77,459 | 31 | 39.76 | 33.77 |
| Sullivan County, NH | 43,648 | 21 | 48.11 | 37.84 |
| **New Hampshire** | **1,313,881** | **493** | **37.54** | **34.49** |
| United States | 303,844,430 | 133,107 | 43.81 | 41.78 |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.*

## Suicide

Reports the rate of death due to intentional self-harm (suicide) per 100,000 population.

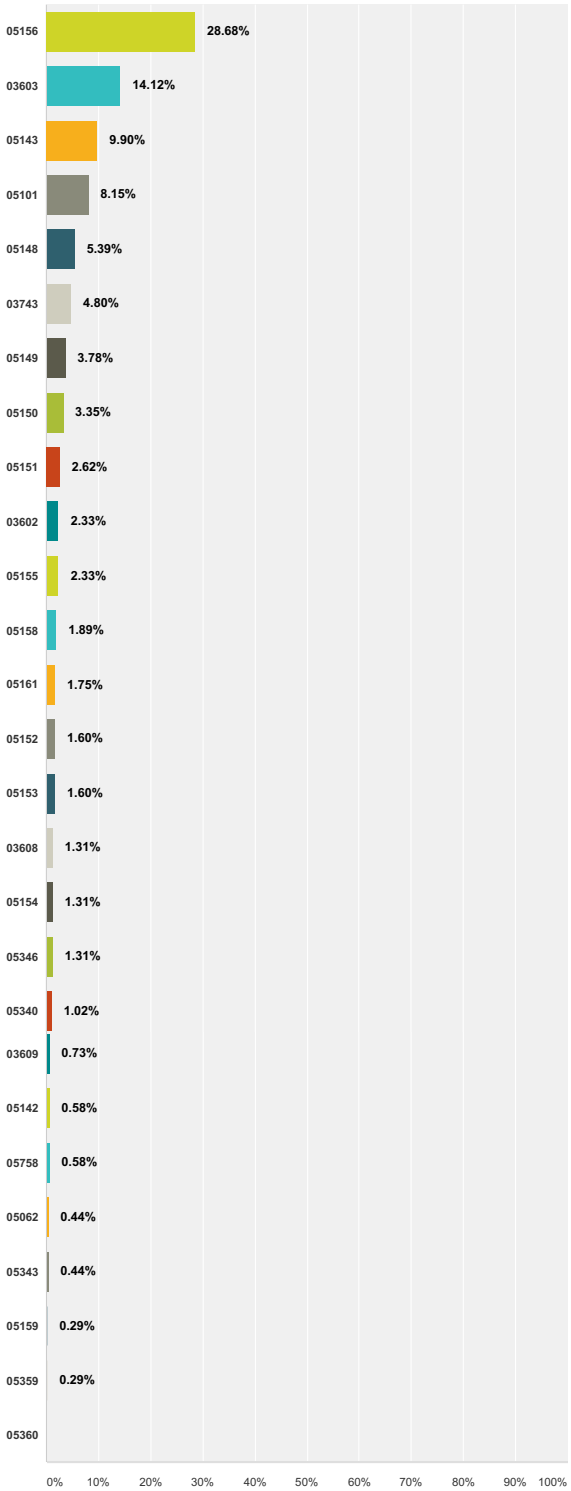
| | Total Pop | Average Annual Deaths 2006-2010 | Crude Death Rate per 100,000 population | Age Adjusted Death Rate Suicide per 100,000 pop. |
|---|---|---|---|---|
| Windham County, VT | 44,439 | 7 | 15.30 | 15.06 |
| Windsor County, VT | 56,895 | 8 | 14.41 | 12.75 |
| **Vermont** | **624,216** | **91** | **14.64** | **13.80** |
| Cheshire County, NH | 44,439 | 10 | 13.17 | 13.18 |
| Sullivan County, NH | 56,895 | 7 | 15.12 | 15.31 |
| **New Hampshire** | **1,313,881** | **170** | **12.94** | **12.30** |
| United States | 303,844,430 | 35,841 | 11.80 | 11.57 |
| **HP 2020 Target** | | | | **<= 10.2** |

*Source: CHNA.org - Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.*

2016 Community Health Needs Assessment

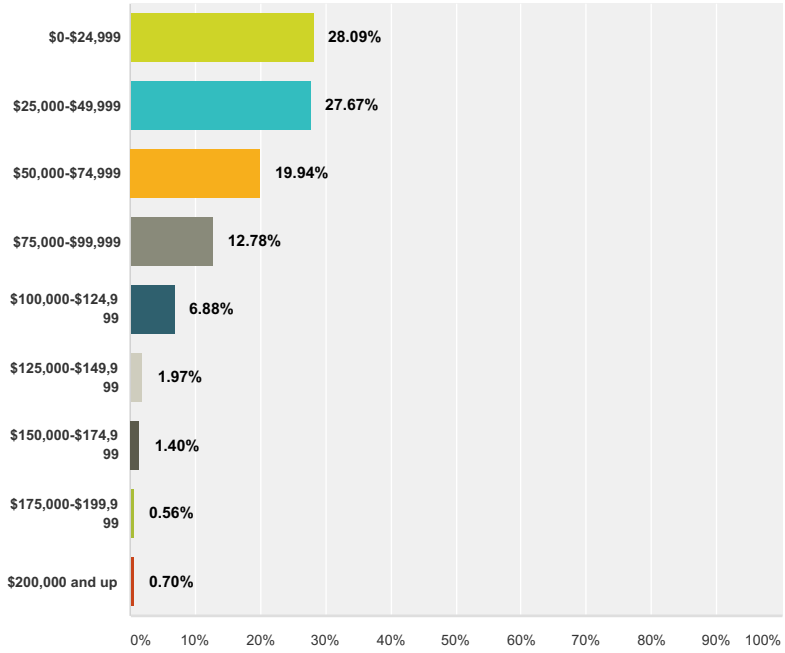
## Q1 Please identify your zip code.

Answered: 687 Skipped: 71



## Q2 What is your approximate average household income?

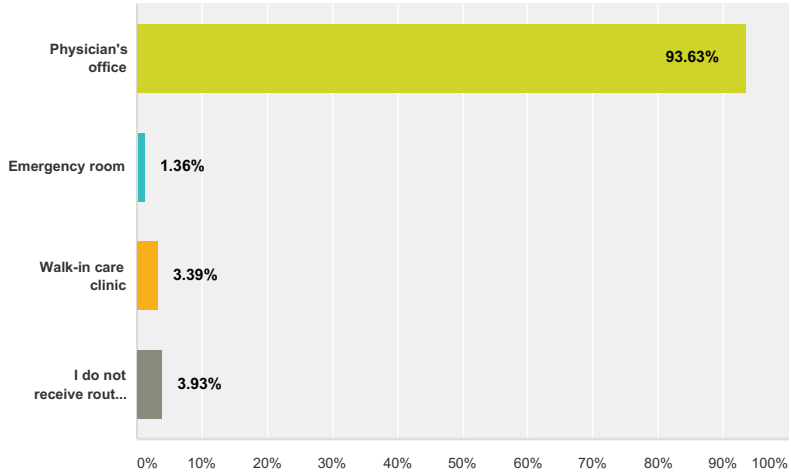
Answered: 712 Skipped: 46




2016 Community Health Needs Assessment

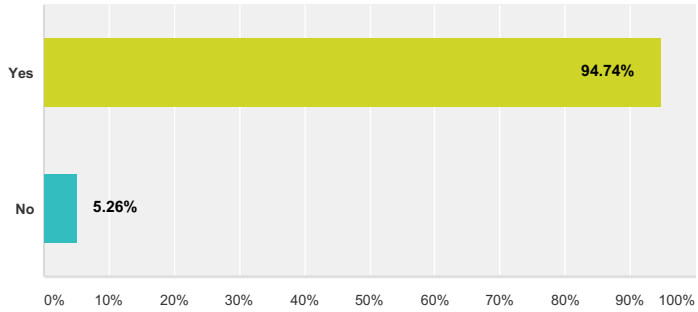
## Q3 Where are you most likely togo for your annual health check ups?

Answered: 738 Skipped: 20



## Q4 Are you able to visit a doctor or other health care professional when needed?

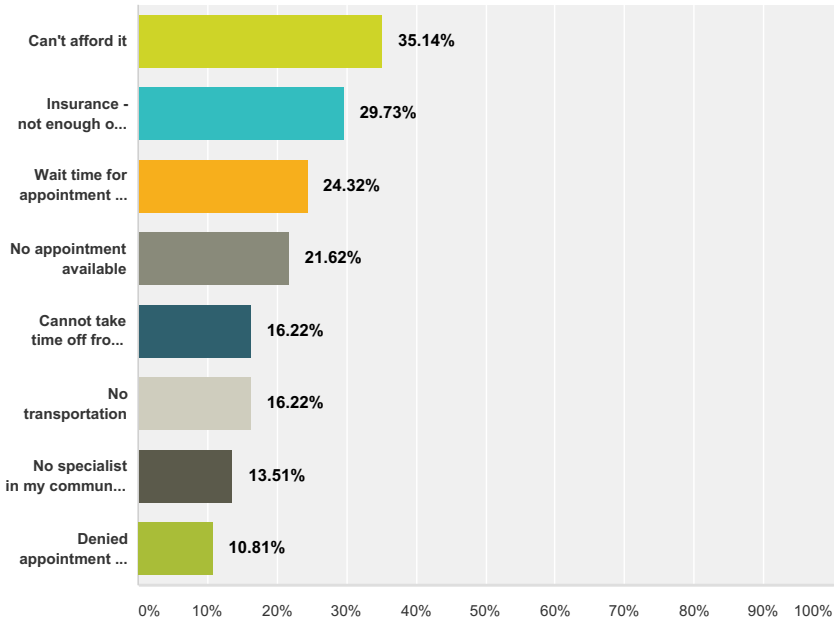
Answered: 741 Skipped: 17




2016 Community Health Needs Assessment

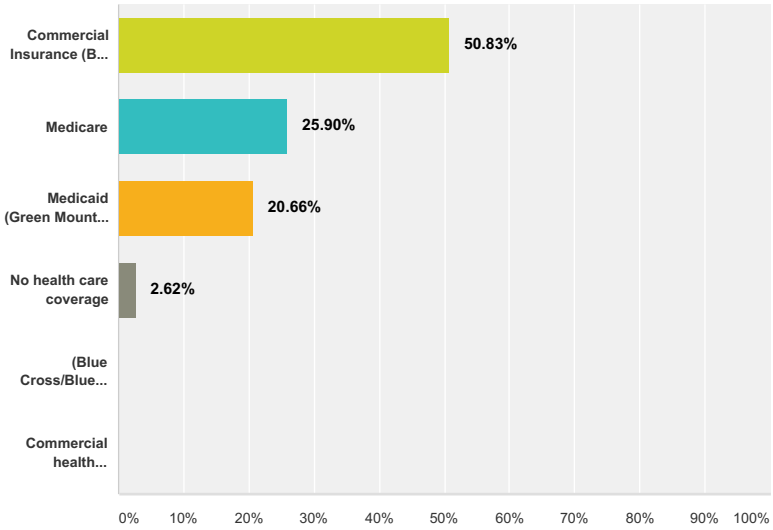
## Q5 If you answered "no" to question 4, why not? (Please choose all that apply.)

Answered: 37 Skipped: 721



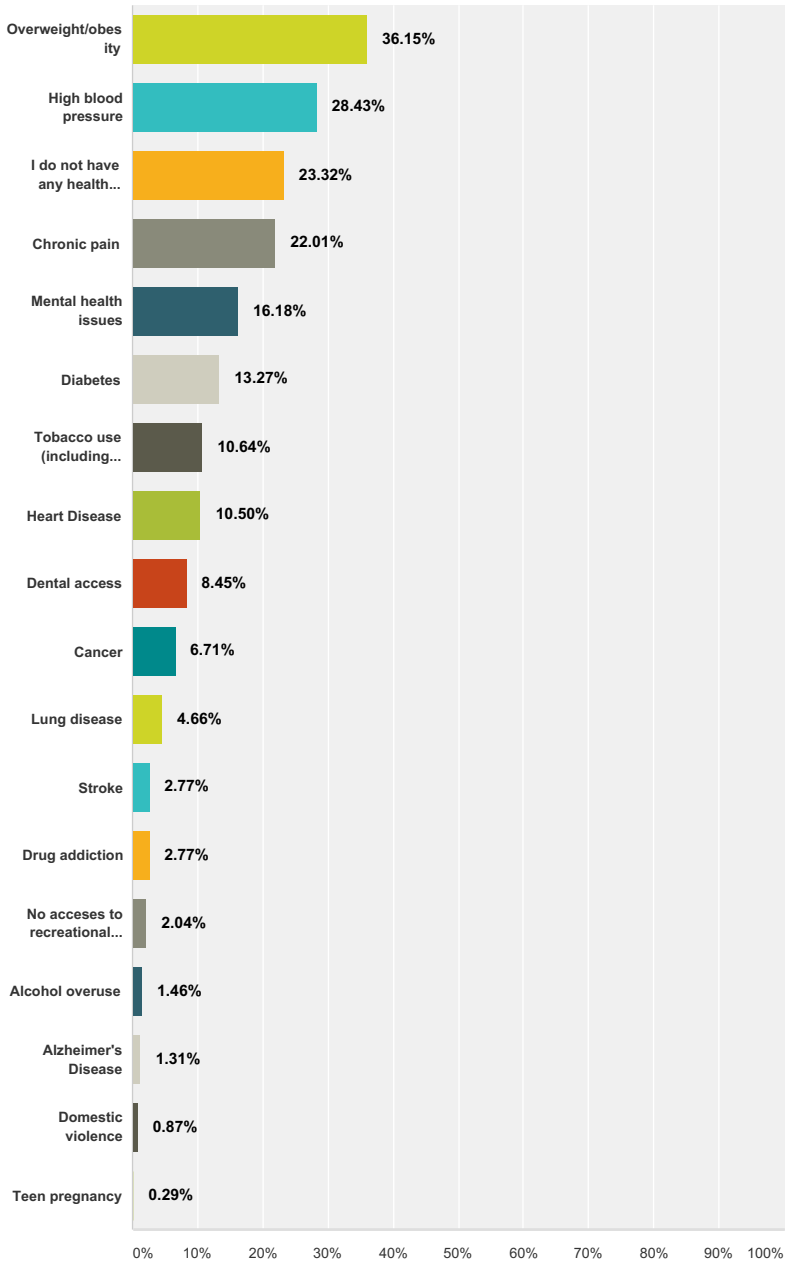
## Q6 What type of insurance coverage do you have?

Answered: 726 Skipped: 32



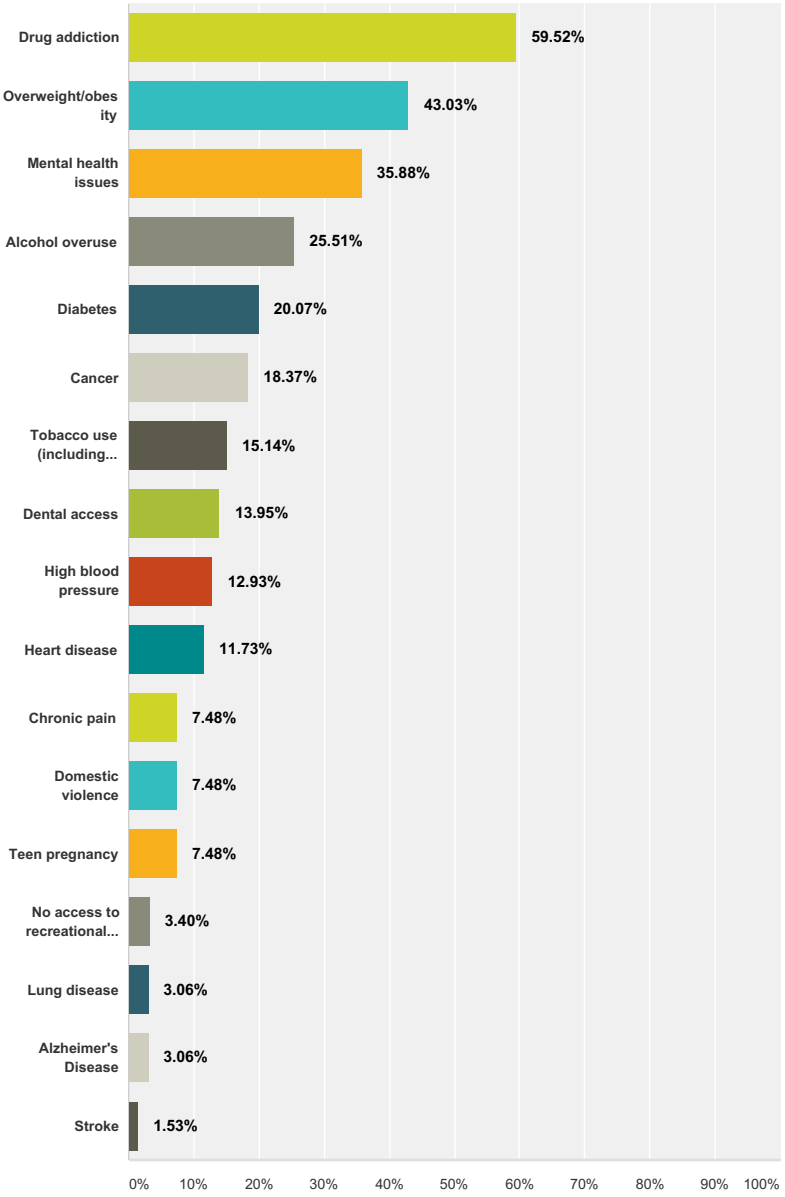
## Q7 Please select YOUR top 3 health challenges.

Answered: 686 Skipped: 72



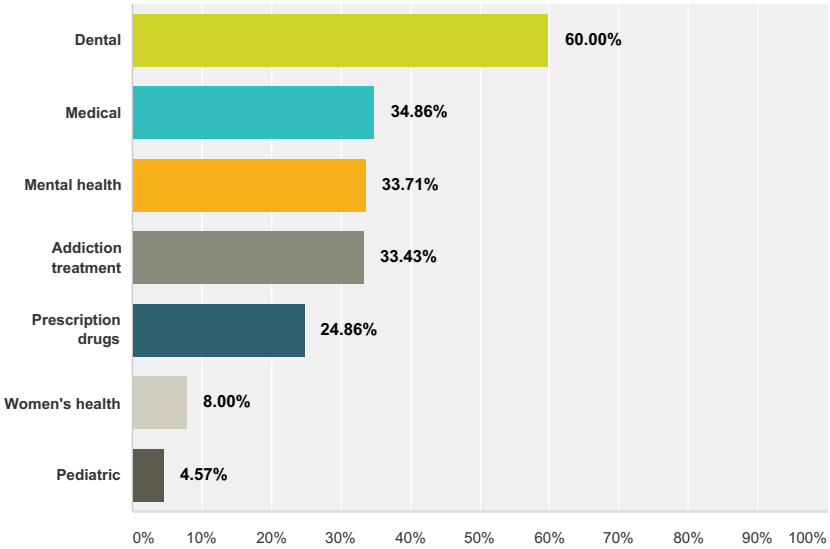
## Q8 Please select the top 3 health challenges of YOUR COMMUNITY.

Answered: 588 Skipped: 170



## Q9 In the last year, I or someone I know, was NOT able to get the following care when needed: (Please choose all that apply.)

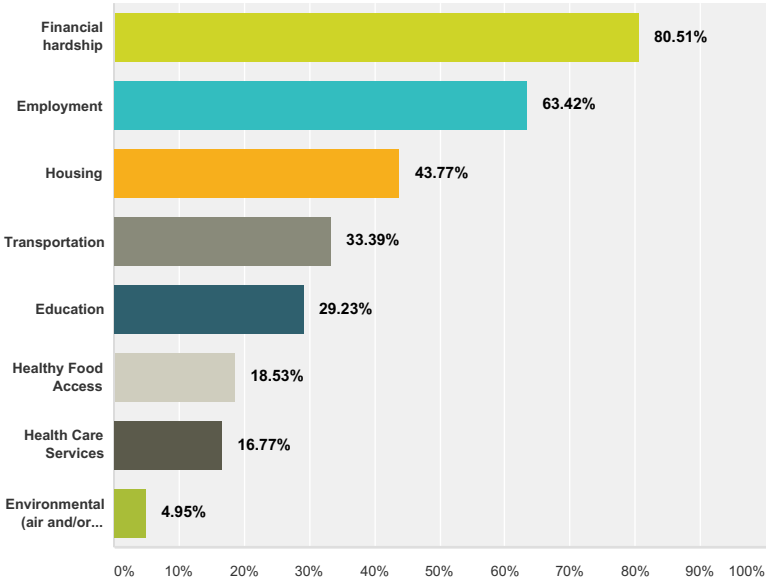
Answered: 350 Skipped: 408




2016 Community Health Needs Assessment

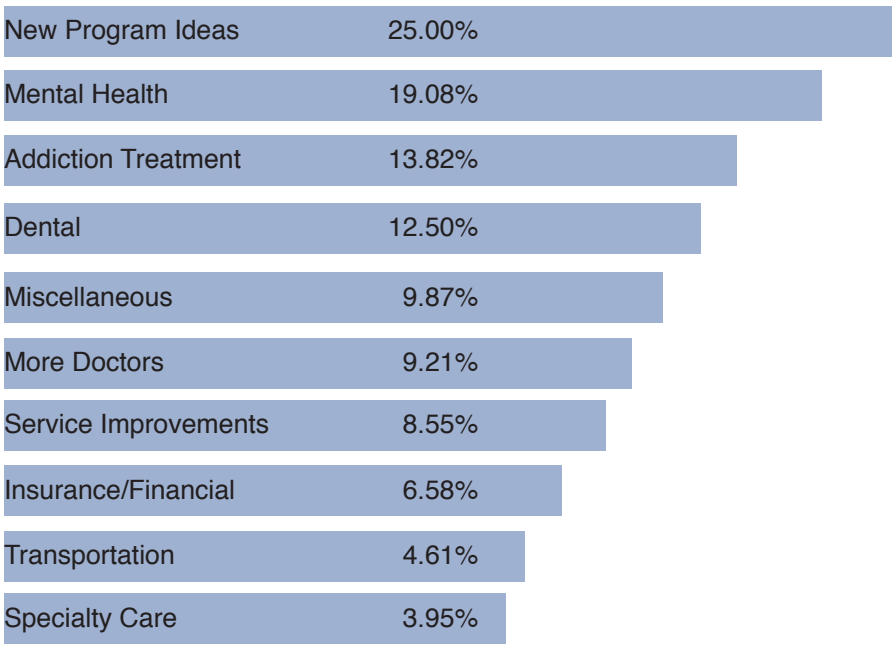
## Q10 Which of the following would you identify as the top 3 issues impacting your community's overall health?

Answered: 626 Skipped: 132



## Q11 What additional services need to be offered to meet the health care needs in your community?

Answered: 152 Skipped: 606




• *Note - Some respondents identified more than one suggested service.*

Springfield
Medical Care Systems, Inc.
*Where People Come First*

# 2016 Community Health Needs Asessment
## *** Please return by July 15, 2016 •••

This survey is also available on-line at www.springfieldmed.org.
Please complete and return to: Marketing Dept., Springfield Medical Care Systems, 25 Ridgewood Rd., Springfield, VT 05156

1. Please identify your zip code.

- ☐ 03602
- ☐ 03603
- ☐ 03608
- ☐ 03609
- ☐ 03743
- ☐ 05062
- ☐ 05101
- ☐ 05142
- ☐ 05143
- ☐ 05148
- ☐ 05149
- ☐ 05150
- ☐ 05151
- ☐ 05152
- ☐ 05153
- ☐ 05154
- ☐ 05155
- ☐ 05156
- ☐ 05158
- ☐ 05159
- ☐ 05161
- ☐ 05340
- ☐ 05343
- ☐ 05346
- ☐ 05359
- ☐ 05360
- ☐ 05758

Other (please specify)

2. What is your approximate average household income?

- ○ $0-$24,999
- ○ $25,000-$49,999
- ○ $50,000-$74,999
- ○ $75,000-$99,999
- ○ $100,000-$124,999
- ○ $125,000-$149,999
- ○ $150,000-$174,999
- ○ $175,000-$199,999
- ○ $200,000 and up

3. Where are you most likely to go for your annual health check ups?

- ☐ Physician's office
- ☐ Emergency room
- ☐ Walk-in care clinic
- ☐ I do not receive routine healthcare

Other (please specify)

4. Are you able to visit a doctor or other health care professional when needed?

- ◯ Yes
- ◯ No

5. If you answered "no" to question 4, why not? (Please choose all that apply.)

- ☐ No appointment available
- ☐ No transportation
- ☐ Denied appointment to see doctor
- ☐ Wait time for appointment not acceptable
- ☐ No specialist in my community for my condition
- ☐ Can't afford it
- ☐ Cannot take time off from work
- ☐ Insurance - not enough or no coverage

Other (please specify)

6. What type of insurance coverage do you have?

- ◯ Medicare
- ◯ Medicaid (Green Mountain Care)
- ◯ Commercial Insurance (Blue Cross/Blue Shield, MVP, CIGNA, Tricare, etc.)
- ◯ No health care coverage

Other (please specify)

7. Please select YOUR top 3 health challenges.

- ☐ Cancer
- ☐ Heart Disease
- ☐ Domestic violence
- ☐ Diabetes
- ☐ Alzheimer's Disease
- ☐ No acceses to recreational facility
- ☐ Overweight/obesity
- ☐ Chronic pain
- ☐ Tobacco use (including vaping)
- ☐ Lung disease
- ☐ Mental health issues
- ☐ Dental access
- ☐ High blood pressure
- ☐ Alcohol overuse
- ☐ Teen pregnancy
- ☐ Stroke
- ☐ Drug addiction
- ☐ I do not have any health challenges

Other (please specify)

8. Please select the top 3 health challenges of YOUR COMMUNITY.

- [ ] Cancer
- [ ] Heart disease
- [ ] Domestic violence
- [ ] Diabetes
- [ ] Alzheimer's Disease
- [ ] No access to recreational facility
- [ ] Overweight/obesity
- [ ] Chronic pain
- [ ] Tobacco use (including vaping)
- [ ] Lung disease
- [ ] Mental health issues
- [ ] Dental access
- [ ] High blood pressure
- [ ] Alcohol overuse
- [ ] Teen pregnancy
- [ ] Stroke
- [ ] Drug addiction

Other (please specify)

9. In the last year, I or someone I know, was NOT able to get the following care when needed: (Please choose all that apply.)

- [ ] Medical
- [ ] Women's health
- [ ] Prescription drugs
- [ ] Pediatric
- [ ] Mental health
- [ ] Dental
- [ ] Addiction treatment

Other (please specify)

10. Which of the following would you identify as the top 3 issues impacting your community's overall health?

| | Yes | No |
|---|---|---|
| Housing | | |
| Financial hardship | | |
| Education | | |
| Transportation | | |
| Environmental (air and/or water quality) | | |
| Employment | | |
| Healthy Food Access | | |
| Health Care Services | | |

Other (please specify)

11. What additional services need to be offered to meet the health care needs in your community?

This survey is also available on-line at www.springfieldmed.org.

Please complete and return to: Marketing Dept., Springfield Medical Care Systems, 25 Ridgewood Rd., Springfield, VT 05156

**SPRINGFIELD - 2016 COMMUNITY HEALTH NEEDS ASSESSMENT**
**FOCUS GROUP RESULTS**

## THE GROUPS

• Springfield, VT - January 26, 2016 - Two groups
• Rockingham, VT - January 27, 2016
• Chester, VT - January 28, 2016

## THE GOAL

• Target low income population in three key communities
• Probe awareness of healthcare services available
• Explore unmet needs
• Probe barriers to healthcare access

## THE PROCESS

SMCS
• Recruited moderators
• Questionnaire and moderator guide
• Arranged locations, meal and participant fees

SEVCA
• Questionnaire and moderator guide
• Recruited participants

Valley Health Connections
• Moderated three groups (Lynn Raymond-Empey)

Springfield Parent/Child Center
• Moderated one group (Jill Rapanotti)

## PARTICIPATION

• Springfield #1 - 14 participants
• Springfield #2 – 12 participants
• Rockingham – 11 participants
• Chester – 12 participants
• Most have a primary care doctor
• Most have insurance
• Most pay no co-pay

## WHAT DID WE LEARN?

• General awareness for range of services was high.
• Awareness of family doctors, dentists, mental health and walk-in care mentioned in all 4 groups.
• Word of mouth and family/friends - strong referral source.
• Wait time for appointments reported as long.
• Dental (including oral surgery and restorative care) in demand for Medicare, Medicaid and dental uninsured

## RECOMMENDED CHANGES

- Improve access to full-service Dental Care
- Improve access and reduce wait times for appointments
- Improve communication between caregivers
- Explore follow up call process for test results - 6 out of 12 in Chester reported no follow up call.

## NEEDED HEALTHCARE SERVICES

- Dental, Dental, Dental (incl. oral surgery) (30)
- Mental Health (psychologists, psychiatrists, incl child) (13)
- Addiction treatment (11)
- Needle Exchange (4)
- Canabis Dispensary (5)
- Access to Specialists (9)
- Planned Parenthood (5)

## NEEDED SUPPORT SERVICES

- Rec Center programs, structured programs for kids (13)
  Exercise pgms (yoga, zumba) (Springfield - 6)
  Gym Memberships-low cost (Rockingham - 3)
- Care coordination (10)
- Mental health/suicide prevention hotline (8)
- Local therapy pool for PT – better access - Rockingham (8)
- Homeless--education, housing, mental health, basic needs (6)
- Provider education/acceptance of socio-economics (6)
- Transportation – more flexibility in schedule (6)
- Eldercare/Dementia/Alzheimer's Support (5)

## AWARENESS OF LOCAL SUPPORTS (Where do they go to find local support services?)

- Google (4 sites)
- Valley Health Connections (3 sites)
- Case Managers, CHT, Care Coordinators (3 sites)
- 2-1-1 (3 sites)
- Voc Rehab (3 sites)
- Senior Solutions (3 sites)

## NEXT STEPS

- Consider focus groups in Ludlow, Londonderry, Charlestown
- Incorporate results into Community Health Needs Assessment process
- Integrate into Operations planning
- Share results with Recreation Centers in Springfield and Rockingham

## COMMUNITY HEALTH TEAM PARTNER CONTACTS

| | | | |
|---|---|---|---|
| Ameele | Adam | Psychologist | SMCS |
| Bohen | Joanne | Director of Adult Day | SMCS |
| Cappeillo | Paul | LICSW | SMCS |
| Carson | Amelia | Care Coordinator | SMCS-Women's Health |
| Coates | Thomasena | CHT & Health Access | SMCS |
| Dakin | Leigh | Community Advisory Group | SMCS |
| Distasio | Laurie | Care Coorniator | MVMC- SMCS |
| Dufresne | Josh | Chief of Practice Operations and HRSA Project Dir | SMCS |
| Ford | Tim | CEO | SMCS |
| Foster | Sherri | Care Coordinator | SMCS Adult Day |
| Harris | Tracie | Case Manager | Springfield Hospital |
| Doyle | Sarah | Self Management Reg Coor/Admin Asst | CHT |
| Howard | Ray | LICSW | SMCS |
| Mack | Lindsy | CHT Community Worker | SMCS CHT |
| McNally | Jill | Medical Home Specialists | CHT |
| McNichol | Charlene | Social Worker | SMCS |
| Peck | Lara | RD, CDE | CHT |
| Priebe | Robyn | Clinical Registered Dietician | SMCS/CHT |
| Reifenrath | Kristin | LICSW | SMCS |
| Shattuck | Maureen | Care Coordinator & Diabetic Educator | SMCS |
| Sherwood | Brook | MAT Care Coordinator | SMCS |
| Smith | Anna | SMCS Marketing and Communications | SMCS |
| Smith | Elsie | Mt. Valley Community | MVMC- SMCS |
| Stewart | Kristin | Behavioral Health Adm. Assis. | SMCS |
| Stockwell | Rebecca | Case Manager-ED | SMCS |
| Taylor | Katrina | One Care | SMCS |
| Tier | Jennifer | Care Coordinator | Chester Family Medicine, SMCS |
| Tips-Mclaine | Meredith | Care Coordinator | Spgfld Hlth Ctr SMCS- Family Practice |
| Trauth | Angela | LICSW | SMCS |
| Uhm | SooYoung | Dietitian | SMCS CHT |
| Walsh | Jim | PMH-NP/Behavioral Health/Substance Abuse Care Coordinator | SMCS |
| Wilson | Janet | Certified Therapeutic Recreation Spec | SMCS-Windham |
| Belt | Scott | Care Coordinator | Rockingham Medical Group, SMCS |
| Boreham | Lauren | Care Coordinator | Charlestown Family Medicine, SMCS |
| Donohue | Andria | RN/Care Coordinator | Ludlow Health Center, SMCS |
| Gosselin | Lisa | ASHA Cert Clinical Audiologist | Connecticut Valley ENT |
| Raymond | Skip | VP Board | MVMC- SMCS |
| Krechetoff | Irene | DO, Family Practice | Rockingham Medical Group |
| NortonWeber | Susan | RAIM Care Coordinator/ Tobacco Treatment Specialist | Ridgewood Assoc of Internal Med |
| Satterlee | Terri | Social Worker | Springfield Hospital |
| Anderson | Jenny | School Nurse | Spfld School District |
| Bell | Catherine | Special Educator for Non-Traditional Students | Spfld School District |
| Carlson-Allen | Anita | Central Elementary | WNESU (Windham NE SU - school nurse) |
| DeCamp | Rosie | Social Worker | Spfld School District |
| Christman | Mary | School Nurse | Elm Hill School |
| Collins | Gladys | Public Pre-k | Springfield School District |
| Dunne | Michelle | RN | Spfld School District, Gateway |
| Hurd | Kristen | Clinical Psychologist | Spfld School District |
| McLaughlin | Zach | Superintendent | Spfld School District |
| Rounds | Jan | School Counselor | Union Street School |
| Sprague | Beth | Guidance Counselor | Weathersfield School |
| Stevens | Emily | Nurse | Weathersfield School |
| Tarmey | Ann | Clinical Social Worker | Spfld School District |
| Bartley | Jim | SACM, Counselor | HCRS/Outpatient (Community Mental Hlth) |
| Brown | Bill | Area Manager | HCRS |
| Burns | Donna | Police Liaison/Comm support Specialist | HCRS |
| Duhamel | Kathy | Coordinator/Clinician Elder Care | HCRS |
| FitzGerald | Chris | Residential Specialist | HCRS |
| Geha | (Ann) Sophie | Intake Coordinator | HCRS |
| Hoffmann | Theresa | ElderCare | HCRS |
| Howell | Jon | Residential Specialist | HCRS |
| Karabakakis | George | CEO | HCRS |
| Maresca | John | Adult Case Manager | HCRS |
| Parham | Opeyemi | Peer Support Specialist | HCRS |
| Lenselink | Gerda | Area Manager School Based Program | HCRS |
| Reid | Christine | Area Manager-Children's | HCRS |
| Smith | Elizabeth | Intake Coordinator for Dev. Services | HCRS |
| Schroeder | Heidi | Outpatient Case Manager | AMHAS - HCRS |

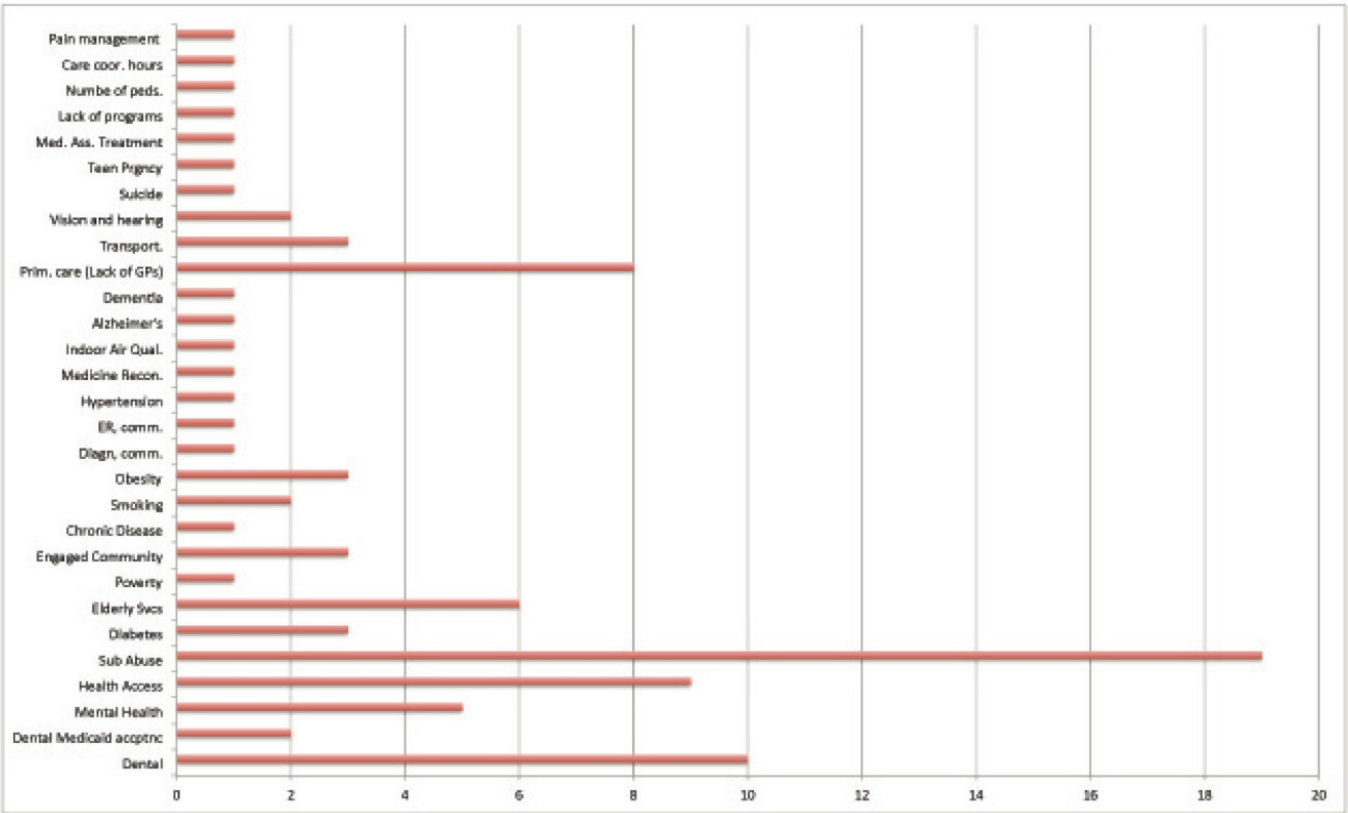
| | | | |
|---|---|---|---|
| Scott | Carol | AOP Case Manager | HCRS |
| Shakespeare | William | Director of Children's Services | HCRS |
| Young | Mark | | HCRS |
| Beardsley | Karen | Finance Manager | Southern Vermont Health Education Center |
| Brothers | Beth | Health Careers Manager | So. VT AHEC |
| Hammond | Marty | Executive Director | Southern Vermont Health Education Center |
| White | Susan | Education Coordinator | SVAHEC |
| Boyle | Lynn | Field Director | Agency of Human Services |
| Bull | Elizabeth | Counselor for the deaf and hard of hearing | Voc Rehab |
| Bussino | Mindi | Case Manager | Reach Up |
| Bania | Jo | District Director | DCF Family Services |
| Charkins | Hope | Medical Social Worker | Children with Special Health Needs, VDH |
| Cherubini | Peter | CWS | Reach Up |
| Fritch | William | Public Health Nurse | VT Dept of Health |
| Gendal | Anya | VDH | Nutritionist |
| Gurney | Charles | LADC | DAIL-VDH |
| Haag | Karen | Reach Up Case Manager | AHS |
| Kelin Smith | Debbi | VCCI Social Worker | Dept of VT Health Access - VCCI |
| Marieb | Claudia | Substance Abuse Prevention Consultant | Vt Dept Health |
| Pont | Christopher | Nurse Supervisor | VDH |
| Neal | Jeanne | Reach up Supervisor | AHS |
| Quinney | Tricia | Case manager | Reach Up |
| Read-Smith | Susan | DVHA Case Manager | Dept of Health Access - VCCI |
| Salzinger | Betty | Program Services | Reach Up |
| Shuster | Kathy | Care Coordinator | Dept of Health Access - VCCI |
| Van Alstyne | Rilea | Reach Up Case Manager | Reach Up |
| Snow | Linda | CWS | Reach Up |
| Thomas | Becky | Health Services District Director | Vt Dept of Health |
| Burke | Pat | Family Sercives Dir | SEVCA |
| Baird | Dianne | Family Service Specialist | SEVCA Head Start |
| McEwen | Elizabeth | Jobs For Independence | SEVCA (community action) |
| Tolaro-Heidbrink | Jennifer | Case manager, BF Shelter Coordinator | Windham County Youth Services |
| Chase | Tara | Project Director | Windsor County Youth Services |
| Chouinard | Indigo | Community Health Worker | Neighborhood Connections |
| Dougherty | Tom | Executive Director | Neighborhood Connections (**note - new SMCS B** |
| Downer | Regina | Nurse Community Advocate | Neighborhood Connections |
| Lenilko | Noreen | Social Worker | Neighborhood Connections |
| Barbeau | Delores | MD Health Educator | Neighborhood Connections |
| Behuniak | Mary | Representative | Neighborhood Connections |
| Bridge | Audrey | Executive Director | Black River Good Neighbor Services |
| Armstrong | Deb | | Chester Community Cares |
| Bullard | Christine | Director | Parks Place Community Ctr |
| Pitcher | Lisa | Director | Our Place Drop-In Center (food shelf/kitchen) |
| Wiese | Mike | Assistant Director | Springfield Family Center |
| Willumitis | Sherry | | Chester Andover Family Center |
| Freedman | Ronnie | Director | Westminster Cares |
| Bladyka | Andy | Director | Springfield Parks and Recreation (town) |
| Craig | Christian | Executive Director | Edgar May Recreation Center |
| Lord | Donminic | Fitness Director | Edgar May Recreation Center |
| Swahn | Meagan | BARJ Coordinator | Juvenile Restorative Probation Prog |
| Germain | Wendi | Exec. Director | Spfld Restorative Justice Center |
| Grobe | Dave | Rehab Specialist | Windham & Windsor Housing Trust |
| Husband | Linda | Coordinator | SASH Springfield Housing Authority |
| McInerney | Rich | | Springfield Supported Housing |
| Moore | Rich | | Springfield Supported Housing |
| Morlock | Bill | | Springfield Housing Authority |
| Daniels | Diane | SASH Nurse | Springfield Housing Authority |
| Chapman | Chris | Case Manager | Springfield Supportive Housing |
| Semans | Catherine | Director of Homeownership Programs | Windham & Windsor Housing Trust |
| Williams | Wendy | | SRJC Transitional Housing |
| Cioffi | Paul | Manager | Springfield Warming Shelter |
| Sacco | Michelle | Transitional Housing Manager, BF | Windham County Youth Services |
| Buckley | Kate | Director of Development & Communnity Relations | Windham & Windsor Housing Trust |
| Vandersee | Kimberly | Director | Bayada Home Health Care |
| Lechthaler | Carole | RN Facility Liason | VNA |
| Kirschner | Shana | Asso Director / Physical Therapist | Bayada Home Health Care |
| Hawthorne | Megan | | VNA/VNH |
| Bolster | Betty | RN | Home Healthcare, Hospice and Comm Serv |
| Miller | Nicole | Admissions and marketing Director | Cedar Hill Continuing Care Community |
| Ellis | Robert | Region VP | TLC Nursing Assoc |

| | | | |
|---|---|---|---|
| Presch | Heather | Executive Director | Springfield Health and Rehab |
| Rueter | Joanna | Social Worker | Sustainable Aging |
| Hood | Anila | | Senior Solutions |
| Boutwell | Mark | Director of Social Services | Senior Solutions |
| Wolters | Erich | Chief Operating Officer | Cedar Hill Continuing Care Community |
| Francis | Bruce | | L&M Family Care Givers |
| Emerson | Terri | Director | Springfield Senior Center (town) |
| Thomas | Leona | Director of Admissions and Marketing | Pine Heights |
| Mair | Bart | | Lincoln Street (developmental services) |
| Paradis | Trisha | Intake Coordinator | Lincoln Street, Inc |
| Grover | Jean | Nurse | Lincoln Street Inc |
| Raymond-Empey | Lynn | Director | Valley Health Connections (free clinic) |
| McCarthy | Rose-Anne | Patient Navigator | Valley Health Connections |
| Becken | Elizabeth | Eligibility Coordinator | Valley Health Connections |
| Sanctuary | Cheryl | Operations manager | Sojourns |
| Moore | Cynthia | | Sojourns (alternative health) |
| Piper | Gerry | Pastor-Methodist Church | Assoc. of Area Churches |
| Obresky | Jean | Pastor-UCC | Assoc. of Area Churches |
| Zammatoro | Jeanne | | Assoc. of Area Churches |
| Otto | Katharine | | S. Windsor Cty Reg Planning Com. |
| Ovitt | Michelle | | CRT (Conn River Transit) |
| Gagnon | Rebecca | | The Current (CRT) |
| Brooks | Ashley | Case Manager | BCBSVT |
| Zea | Jennie | RN Case Manager, Integrated Health Mge Dept | BCBSVT |
| Roach | Elizabeth | Network Operations Lead | One Care VT |
| Sheehey | Miriam | Quality Manager | One Care VT |
| Launer | Patty | Quality Manager | Bi-State |
| Gammon | Stormy | Volunteer | Greater Falls Connections (coalition) |
| Schairbaum | Laura | Director | Greater Falls Connections |
| Sharland | Scott | Program Specialist | Greater Falls Connections |
| Hillhouse | Courtney | Prevention Coordinator | Springfield Prevention Coalition |
| Thompson | Stephanie | Director | Springfield Prevention Coalition |
| Sterling | Vickie | Director | Womens Freedom Center (domestic violence) |
| Johnson | Michael | Executive Director | Turning Point Recovery Center |
| Sanderson | Stacey | CIS Coordinator | Spfld Area Parent Child Ctr |
| Garfield | Jeanice | School Board/Rotary | Building Bright Futures |
| Taetzsch | Ellen | Regional Coordinator | Building Bright Futures |
| Tedesco | Pamela | Coordinator | VCIL (Vt Ctr Independent Living) |
| Clements | Alaina | Specialist | VCIL |

## COMMUNITY STAKEHOLDER INTERVIEWS

Personal interviews were conducted with 45 community stakeholders from communities within the identified service area. Contacts included the broad interests of the community and representatives from many organizations and agencies, including but not limited to: school systems, town health officers, police, EMS, recreation departments, housing, senior citizens centers, churches, transportation, town managers.

Similar to our community survey, these interviews identified key areas identified included substance abuse,  mental health issues, and dental services as key areas needing attention. The category of “access” identified a need for more doctors, including specialty care, these numbers are very small. The community survey with a much higher response rate from consumers reported high satisfaction with access to care.



## MEDICAL STAFF INPUT

Members of the Medical Staff were asked to participate in helping to identify key issues. Not surprisingly, the lack of, or complexity of, health insurance was reported as the leading barrier to health care services, followed by high deductibles and financial concerns. Universal healthcare was mentioned twice regarding insurance. A summary of response is outlined below:

| | |
|---|---|
| Insurance issues | 7 |
| Financial issues | 6 |
| More MDs, more availability | 5 |
| Lack of patient engagement | 5 |
| Medication management | 4 |
| Transportation | 3 |
| EMR | 2 |
| Dental | 1 |
| Advocacy for children/parents working with school district | 1 |
| Time | 1 |
| Perceived reputation of Springfield Hospital | 1 |
| Limited Job Opportunities in the Community | 1 |
| Inability to text/email patients | 1 |

## PLAN FOR COMMUNICATION OF RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

SMCS will make both the CHNA report and the Implementation Strategy widely available to the public. This will be accomplished by:

- Posting to the website in an easily-downloadable format at www.springfieldmed.org.

- Making a paper copy available upon request by calling Connie Smith, at 802-885-2151.

- Notify medical staff and employees that the CHNA report and implementation strategy is complete and available to the public.

- Publicly notifying the community that the CHNA report and implementation strategy is complete and available to the public.

- Present CHNA findings to the SMCS Community Health Team and the Unified Community Collaborative at their regular meetings — and to other groups as requested.

- The 2013 CHNA Report and Implementation Strategy will remain available on the website or by hard copy upon request.