

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)

OMB No. 1545-0047

2018

Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

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)

P.O. Box 2003

Room/suite

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

Springfield, VT 05156

F Name and address of principal officer: **Michael Halstead**
same as C above

D Employer identification number

03-0179437

E Telephone number

802-885-7344

G Gross receipts \$

63,320,860.

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	521
	6	Total number of volunteers (estimate if necessary)	6	51
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
			538,872.	243,556.
	9	Program service revenue (Part VIII, line 2g)	54,506,580.	49,631,544.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,194,356.	316,363.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-407.	3,724.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,239,401.	50,195,187.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,697,253.	6,030,293.
	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)	33,384,845.	31,429,574.
	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)	28,456,425.	26,615,272.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,538,523.	64,075,139.
19	Revenue less expenses. Subtract line 18 from line 12	-7,299,122.	-13,879,952.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
			35,760,253.	23,192,779.
	21	Total liabilities (Part X, line 26)	26,308,599.	30,240,995.
22	Net assets or fund balances. Subtract line 21 from line 20	9,451,654.	-7,048,216.	

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			
	Allan Scroggins, 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 <input type="checkbox"/>	PTIN
	Barbara J. McGuan, CPA	Barbara J. McGuan, C	08/15/20		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 AccomplishmentsCheck 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 ☒ 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 ☒ 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 \$ 53,813,905. including grants of \$ 6,030,293.) (Revenue \$ 49,631,544.)
 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, orthopedics, and urology - transferred from Springfield Medical Care Systems in May 2019), 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

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 **53,813,905.**

Form **990** (2018)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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	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		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 521		
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10			
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		7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process 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?		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?		

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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 **▶**
Allan Scroggins - 802-885-7344
P.O. Box 2003, Springfield, VT 05156

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jim Rumrill Chairperson	2.00 1.00	X		X				0.	0.	0.
(2) Stephen Lyon Secretary	2.00 2.00	X		X				0.	0.	0.
(3) David Sandelman Director	1.00	X						0.	0.	0.
(4) Gabriel St. Pierre Director	1.00	X						0.	0.	0.
(5) Gerald Drabyn, MD Director	1.00 40.00	X						0.	215,579.	20,363.
(6) Jim Remy Director	1.00	X						0.	0.	0.
(7) Heather Presch Director	1.00	X						0.	0.	0.
(8) Lynn Raymond-Empey Director	1.00	X						0.	0.	0.
(9) Robert Cantu, MD Director	40.00	X						555,014.	0.	6,479.
(10) Sarah Vail Past Chairperson	1.00 2.00	X		X				0.	0.	0.
(11) Nathan Cobb Past Treasurer	2.00 2.00	X		X				0.	0.	0.
(12) Robert Beaudry Past Director	1.00	X						0.	0.	0.
(13) Karen Murray Past Director	1.00	X						0.	0.	0.
(14) Richard Summermatter, MD Past Director	1.00 40.00	X						0.	251,665.	10,128.
(15) Michael Halstead Interim CEO/President	40.00	X		X				0.	0.	0.
(16) Timothy Ford Past CEO/President	30.00 10.00	X		X				0.	369,031.	15,738.
(17) Allan Scroggins Interim CFO	30.00 10.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Cecil Beehler, MD Chief Medical Officer	1.00 40.00			X				0.	395,232.	12,154.
(19) Scott Whittemore Past CFO	30.00 10.00			X				0.	279,180.	7,974.
(20) Thomas Marshall Past Interim CFO	30.00 10.00			X				0.	0.	0.
(21) David Muller, MD Orthopaedic Surgeon	40.00				X			541,472.	0.	25,637.
(22) Khalid Husain, MD General Surgeon	40.00				X			379,500.	0.	25,255.
(23) Xiangtian Hu, MD Anesthesiologist	40.00				X			407,873.	0.	9,415.
(24) Craig Hofsess, MD Anesthesiologist	40.00				X			336,260.	0.	15,686.
(25) John Ciocchi, MD General Surgeon	40.00				X			330,259.	0.	10,519.
1b Sub-total								2,550,378.	1,510,687.	159,348.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,550,378.	1,510,687.	159,348.

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 **32**

	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		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	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		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 NE PO Box 12, Chester, VT 05143	Physicians	4,178,734.
Comprehensive Benefits Administration, PO Box 2365, South Burlington, VT 05407-2365	Benefits Administration	886,872.
Comphealth Medical Staffing PO Box 972625, Dallas, TX 75397-2625	Physicians	609,520.
Aureus Radiology LLC (C&A Industries, Inc) PO Box 3037, Omaha, NE 68103-0037	Lab Services	526,675.
Rick Marasa MD 1 Walnut Hill Ct., Springfield, VT 05156	Physician	518,416.
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		22

Part VIII Statement of RevenueCheck 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	11,000.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	51,541.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	181,015.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f				243,556.			
Program Service Revenue	2 a Patient Service Revenue	Business Code 622110		110,212,732.	110,212,732.			
	b Miscellaneous Revenue	622110		10,032,429.	9,897,987.		134,442.	
	c Adult Daycare Revenue	624120		1,398,197.	1,398,197.			
	d Provision for Bad Debts	622110		-5,271,466.	-5,271,466.			
	e Contractual Allowances	622110		-66,740,348.	-66,740,348.			
	f All other program service revenue							
	g Total. Add lines 2a-2f				49,631,544.			
	3 Investment income (including dividends, interest, and other similar amounts)				93,158.			93,158.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		13,336,992.						
	b Less: cost or other basis and sales expenses	13,113,787.						
	c Gain or (loss)	223,205.						
	d Net gain or (loss)				223,205.			223,205.
	8 a Gross income from fundraising events (not including \$ 11,000. of contributions reported on line 1c). See Part IV, line 18	a	15,610.					
	b Less: direct expenses	b	11,886.					
	c Net income or (loss) from fundraising events							3,724.
	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				50,195,187.	49,497,102.	0.	454,529.	

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	6,030,293.	6,030,293.		
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	561,494.	561,494.		
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	21,581,446.	18,745,312.	2,836,134.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	705,513.	586,612.	118,901.	
9 Other employee benefits	6,925,879.	5,757,558.	1,168,321.	
10 Payroll taxes	1,655,242.	1,376,282.	278,960.	
11 Fees for services (non-employees):				
a Management				
b Legal	97,031.		97,031.	
c Accounting	150,501.		150,501.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	24,927.		24,927.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,014,538.	8,931,727.	2,082,811.	
12 Advertising and promotion	60,124.	1,218.	58,906.	
13 Office expenses	264,791.	122,986.	141,805.	
14 Information technology				
15 Royalties				
16 Occupancy	1,431,179.	1,116,446.	314,733.	
17 Travel	66,510.	39,581.	26,929.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	508,414.	366,594.	141,820.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,618,026.	1,166,684.	451,342.	
23 Insurance	750,310.	665,683.	84,627.	
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	4,745,106.	4,654,610.	90,496.	
b Healthcare Provider Tax	2,831,012.	2,831,012.		
c Other Expenses	1,484,839.	337,989.	1,146,850.	
d Reorganization Expenses	471,733.		471,733.	
e All other expenses	1,096,231.	521,824.	574,407.	
25 Total functional expenses. Add lines 1 through 24e	64,075,139.	53,813,905.	10,261,234.	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	145,429.	1	2,203,692.
	2 Savings and temporary cash investments	65,497.	2	356,526.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,617,249.	4	7,438,526.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	60,250.	5	57,250.
	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	272,042.	8	247,471.
	9 Prepaid expenses and deferred charges	610,549.	9	937,715.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,669,308.		
	b Less: accumulated depreciation	10b 28,717,709.	10c	11,951,599.
	11 Investments - publicly traded securities	12,392,957.	11	
	12 Investments - other securities. See Part IV, line 11	12,525,280.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,071,000.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,760,253.	16	23,192,779.	
Liabilities	17 Accounts payable and accrued expenses	12,191,716.	17	4,481,283.
	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	11,211,816.	23	
	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	2,905,067.	25	25,759,712.
	26 Total liabilities. Add lines 17 through 25	26,308,599.	26	30,240,995.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,552,715.	27	-7,931,988.
	28 Temporarily restricted net assets	405,448.	28	390,281.
	29 Permanently restricted net assets	493,491.	29	493,491.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	9,451,654.	33	-7,048,216.
	34 Total liabilities and net assets/fund balances	35,760,253.	34	23,192,779.

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,195,187.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,075,139.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,879,952.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,451,654.
5	Net unrealized gains (losses) on investments	5	-1,363,187.
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	-1,256,731.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-7,048,216.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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

Form 990 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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		
<input type="checkbox"/>		
b 33 1/3% support test - 2017. 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		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. 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		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. 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		
<input type="checkbox"/>		
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		
<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		

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?		
b A family member of a person described in (a) above?		
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 .		
11a		
11b		
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 year (see instructions).		
a <input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b <input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c <input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2 Activities Test. Answer (a) and (b) below.		
a	Yes	No
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	Yes	No
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	Yes	No
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	Yes	No
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2018

Name of the organization

Springfield Hospital Inc

Employer identification number

03-0179437

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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
<u>1</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>27,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>5,523.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

03-0179437

Part II

(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
	_____ _____ _____	\$ _____	_____
(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE 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

2018

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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

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

Schedule D (Form 990) 2018

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		14,275,585.	7,633,331.	6,642,254.
c Leasehold improvements		948,319.	578,214.	370,105.
d Equipment		23,238,263.	19,030,022.	4,208,241.
e Other		2,119,984.	1,476,142.	643,842.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,951,599.

Schedule D (Form 990) 2018

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	3,005,108.	
(3) Pension Liability	3,994,478.	
(4) Liabilities Subject to Compromise	17,038,949.	
(5) Estimated Third-Party Payor		
(6) Settlements	1,721,177.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	25,759,712.	

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	41,556,862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,363,187.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	11,886.
e	Add lines 2a through 2d	2e	-1,351,301.
3	Subtract line 2e from line 1	3	42,908,163.
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	7,287,024.
c	Add lines 4a and 4b	4c	7,287,024.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	50,195,187.

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	58,056,732.
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	11,886.
e	Add lines 2a through 2d	2e	11,886.
3	Subtract line 2e from line 1	3	58,044,846.
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	6,030,293.
c	Add lines 4a and 4b	4c	6,030,293.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	64,075,139.

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	11,886.
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Part XI, Line 4b - Other Adjustments:

Transfer to Affiliate	6,030,293.
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Change in Net Assets to Recognize Funded Status of Pension

Plan	1,256,731.
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Total to Schedule D, Part XI, Line 4b	7,287,024.
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Part XII, Line 2d - Other Adjustments:

Fundraising Expenses	11,886.
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Part XIII Supplemental Information (continued)

Part XII, Line 4b - Other Adjustments:

Transfer to Affiliate	6,030,293.
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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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Golf Tournament (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	26,610.			26,610.
	2 Less: Contributions	11,000.			11,000.
	3 Gross income (line 1 minus line 2)	15,610.			15,610.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,420.			2,420.
	6 Rent/facility costs	4,810.			4,810.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,656.			4,656.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,886.
	11 Net income summary. Subtract line 10 from line 3, column (d)				3,724.

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 <i>(continued)</i>
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[illegible]

**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

2018

**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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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.		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> 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 <i>free</i> care?	<input checked="" type="checkbox"/>	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?		
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			676,236.		676,236.	1.06%
b Medicaid (from Worksheet 3, column a)			12,202,059.	7,437,628.	4,764,431.	7.44%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			12,878,295.	7,437,628.	5,440,667.	8.50%
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)			6,030,293.	3,054,335.	2,975,958.	4.64%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			6,030,293.	3,054,335.	2,975,958.	4.64%
k Total. Add lines 7d and 7j			18,908,588.	10,491,963.	8,416,625.	13.14%

	(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						

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	2,276,704.	
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	18,913,828.	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	18,264,681.	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	649,147.	
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

[illegible]

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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://springfieldmed.org/wp-content/upl</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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: <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>https://springfieldhospital.org/wp-content/uploads/2</u>		
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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> 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 <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2018

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.**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

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.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

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

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 strategies to Springfield Hospital's Board of Directors. Members included: Anna Smith, Chief of Marketing and Development, Springfield Medical Care Systems (SMCS); Laura Jensen, MPH, Program Coordinator, Lifestyle Medicine Department, SMCS; Becky Thomas, MA, MCHES, Vermont Department of Health; Steve Geller, Executive Director, Southeastern Vermont Community Action; Susan White, Health Professionals Resource Coordinator, Southern VT AHEC; Lynn Raymond-Empey, Executive Director, Valley Health Connections; Christian Craig, Executive Director, Edgar May Health & Recreation Center; Laura Schairbaum, MA, Director, Greater Falls Connections; Sue Graff, MS, Field Services Director, VT Agency of Human Services; Mark Boutwell, Director of Social Services, Senior Solutions; Sandra Knowlton Soho, MS, ACO Clinical Consultant, OneCare VT; Trisha Paradis, Executive Director, Neighborhood Connections; Cecil Beehler, MD, Chief Medical Officer, SMCS; Thomas Dougherty, MPH, Director Community Health Team; George Karabakakis, PhD, Chief Executive Officer, Healthcare & Rehabilitation Services; Stephanie Mahoney, President, Chester/Andover Family Center Board of Directors; Adam Ameele, PsyD, Director of Behavioral Health, SMCS.

Springfield Hospital, Inc.:

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

Part V Facility Information (continued)

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

Springfield Hospital, Inc.:

Part V, Section B, Line 11: The process included focus groups in Springfield, Bellows Falls, Chester, Ludlow, Londonderry, VT and Charlestown, NH. A community survey was distributed and promoted through newspaper, email and social media. 551 surveys were received, 34 people participated in focus group discussions, and 43 key stakeholders provided information on patient care needs, barriers to access, and the impact of social determinants of health on health outcomes. A medical staff survey was also conducted. In person community stakeholder interviews and a review of population demographics and health status indicators were conducted. Secondary data from Community Commons and Robert Wood Johnson County Health Rankings are reported at the county level. Secondary data also includes a variety of state and national resources, including Vermont's Behavioral Risk Factor Surveillance System, the Vermont Blueprint Community Profiles, and national sources such as the National Institute of Mental Health and the Centers for Disease Control and Prevention (CDC) among others.

Priority needs identified include 1) dental care/oral health; 2) Substance Use Disorder; 3) Mental Health; and, 4) Affordable Health Care. An implementation plan for each of these categories is included, along with an impact statement for our 2016 CHNA implementation strategy.

Note For Public Input Info - Monthly Board meetings are now open to the public rather than Quarterly.

Please see attached Community Health Needs Assessment & Implementation

Part V Facility Information (continued)

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

Plan. The Hospital's CHNA & Implementation Plan can also be accessed via the Hospital's website -

<https://springfieldhospital.org/community-health-needs-assessment/>

Springfield Hospital, Inc.

Part V, line 16a, FAP website:

<https://springfieldmed.org/wp-content/uploads/2020/06/FAPolicy2020-final.pdf>

Springfield Hospital, Inc.

Part V, line 16b, FAP Application website:

<https://springfieldmed.org/wp-content/uploads/2020/07/FAP-App2020-final2.pdf>

Springfield Hospital, Inc.

Part V, line 16c, FAP Plain Language Summary website:

<https://springfieldmed.org/financialinsurance/>

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	
1 Hospital Court, #12	
Bellows Falls, VT 05101	Inpatient Psych Unit
2 Connecticut Valley Orthopaedics and Sp	
29 Ridgewood Rd	
Springfield, VT 05156	Specialty Practice
3 Surgical Associates	
29 Ridgewood Rd	
Springfield, VT 05156	Specialty Practice
4 Springfield Hospital Rehabilitation Se	
100 River Street	
Springfield, VT 05156	Physical Therapy
5 Springfield Area Adult Day Services	
266 River Street	
Springfield, VT 05156	Adult Day Services
6 Connecticut Valley ENT	
29 Ridgewood Rd	
Springfield, VT 05156	Specialty Practice
7 Mountain View Physical Therapy	
8 Main St	
Ludlow, VT 05149	Physical Therapy

Schedule H (Form 990) 2018

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.

- 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.

- A Community Health Team is now fully operational, meeting monthly to

Part VI Supplemental Information (Continuation)

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 4,300 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 enrollment counselors, distributed to the community via our Community Health Team and area social service agencies, and is included in every

Part VI Supplemental Information (Continuation)

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, Mt. Ascutney Hospital, 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)

Windsor County: 45.8

Part VI Supplemental Information (Continuation)

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%

Sullivan County: 10.04%

Part VI Supplemental Information (Continuation)

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

2018

**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? ☒ **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)	6,030,293.	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.

Schedule I (Form 990) (2018)

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

2018

Open to Public
Inspection

Name of the organization

Springfield Hospital Inc

Employer identification number

03-0179437

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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.

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2018

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 Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	196,828.	0.	18,751.	0.	20,363.	235,942.	0.
(2) Robert Cantu, MD Director	(i)	555,014.	0.	0.	0.	6,479.	561,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Richard Summermatter, MD Past Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	251,665.	0.	0.	5,067.	5,061.	261,793.	0.
(4) Timothy Ford Past CEO/President	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	345,561.	0.	23,470.	4,857.	10,881.	384,769.	0.
(5) Cecil Beehler, MD Chief Medical Officer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	395,232.	0.	0.	5,523.	6,631.	407,386.	0.
(6) Scott Whittemore Past CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	250,249.	0.	28,931.	4,614.	3,360.	287,154.	0.
(7) David Muller, MD Orthopaedic Surgeon	(i)	483,972.	57,500.	0.	5,380.	20,257.	567,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Khalid Husain, MD General Surgeon	(i)	379,500.	0.	0.	5,640.	19,615.	404,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Xiangtian Hu, MD Anesthesiologist	(i)	406,673.	1,200.	0.	5,698.	3,717.	417,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Craig Hofsess, MD Anesthesiologist	(i)	335,860.	400.	0.	5,167.	10,519.	351,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) John Ciocchi, MD General Surgeon	(i)	330,259.	0.	0.	0.	10,519.	340,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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, Xiangtian Hu and Craig Hofsess received bonus compensation in 2018 for their productivity.

OMB No. 1545-0047

(Form 990 or 990-EZ) **► 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.

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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.

[illegible]

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Gerald Drabyn,	Board Me	Personal		X	88,500.	57,250.		X		X	X	
Total						57,250.						

Total ► \$ 57,250.

Part III	Grants or Assistance Benefiting Interested Persons.
----------	---

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2018

See Part V for Continuations

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

Springfield Hospital Inc

Employer identification number
03-0179437

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:

care, clinicians want to practice medicine, and employees want to work.

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.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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 50% 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 FY19, charges foregone for charity care, based on established rates, amounted to \$1,456K.

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 Orthopedics. 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 2019, we donated four scholarships of \$1,000 each.

BeSeatSmart Program: This program helps residents comply with Vermont's child passenger restraint law, while ensuring the safety of our smallest patients. During FY 2019, 22 child safety seats were provided to families in need, and 38 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 \$650 based on staff time to educate parents on the proper use and installation of the child safety seats and administrative assistant costs.

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

Name of the organization

Springfield Hospital Inc

Employer identification number

03-0179437

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 300 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 2019, 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 Alzheimer's Caregivers. Group meetings meet monthly and are free to participants, educational in nature, and offer an opportunity for group discussion.

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

Name of the organization

Springfield Hospital Inc

Employer identification number

03-0179437

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.

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 2019, Springfield Hospital had 43 volunteers. These individuals volunteered approximately 4,300 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

Name of the organization

Springfield Hospital Inc

Employer identification number

03-0179437

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 333 admissions in 2019, and incurred \$110K in charity care expense and \$985K in non-reimbursed Medicaid and Medicare costs for the same time period.

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 provided. Transportation is available through an arrangement with the local bus service, The Current, at a FY 2019 cost of approximately \$20,000. Annually, approximately 100 participants throughout the region, providing approximately 8,500 annual visits, 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.

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

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

The incorporators 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 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:

Purchased Services:

Program service expenses	8,931,727.
--------------------------	------------

Management and general expenses	2,082,811.
---------------------------------	------------

Fundraising expenses	0.
----------------------	----

Name of the organization

Springfield Hospital Inc

Employer identification number

03-0179437

Total expenses 11,014,538.

Total Other Fees on Form 990, Part IX, line 11g, Col A 11,014,538.

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 -1,256,731.

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

2018

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

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.

[illegible]

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

Schedule R (Form 990) 2018

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.

[illegible]

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.

[illegible]

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.

[illegible]

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

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

OMB No. 1545-1709

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	Springfield Hospital Inc	Employer identification number (EIN) or 03-0179437
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. 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) **01**

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

Allan Scroggins

- The books are in the care of ► **P.O. 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, 2020**, 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, 2018**, and ending **SEP 30, 2019**.

- 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.

Electronic Filing PDF Attachment

Community Health Needs Assessment

SEPTEMBER 2019



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Special thanks to Laura Jensen, MPH, for her collaboration and expertise throughout this needs assessment research project.

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Executive Summary

Springfield Medical Care Systems, Inc. (SMCS) and Springfield Hospital (SH) engage in ongoing planning. This process includes a community health needs assessment (CHNA), conducted at least every three years, for the purpose of informing and improving the delivery of health center services, and addresses the following:

- Factors associated with access to care and health center utilization;
- The most significant causes of morbidity and mortality and associated health disparities; and,
- Any other unique health care needs or characteristics that impact health status, or access to or utilization of, primary care.

Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3) requires hospital organizations to conduct a community health needs assessment every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA, taking 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; and making it widely available to the public.

SMCS and SH collaborate with several community organizations in this process, many of which participate on the planning committee. In addition, the SMCS Community Health Team partners meet monthly, and the Community Collaborative meets quarterly, to collaborate relative to community needs and to discuss available resources. A list of these Community Health Team partners and data outlining the impact of actions taken since our 2016 CHNA are included on pages 48 and 45, respectively.

THE COMMUNITY SERVED

SMCS serves a population base of approximately 50,000. The overall service area, which represents 80% of patient residence origin, includes Windsor County, northern Windham County, and small portions of Bennington County, VT, and Sullivan County and northern portions of Cheshire County, NH.

THE PROCESS

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

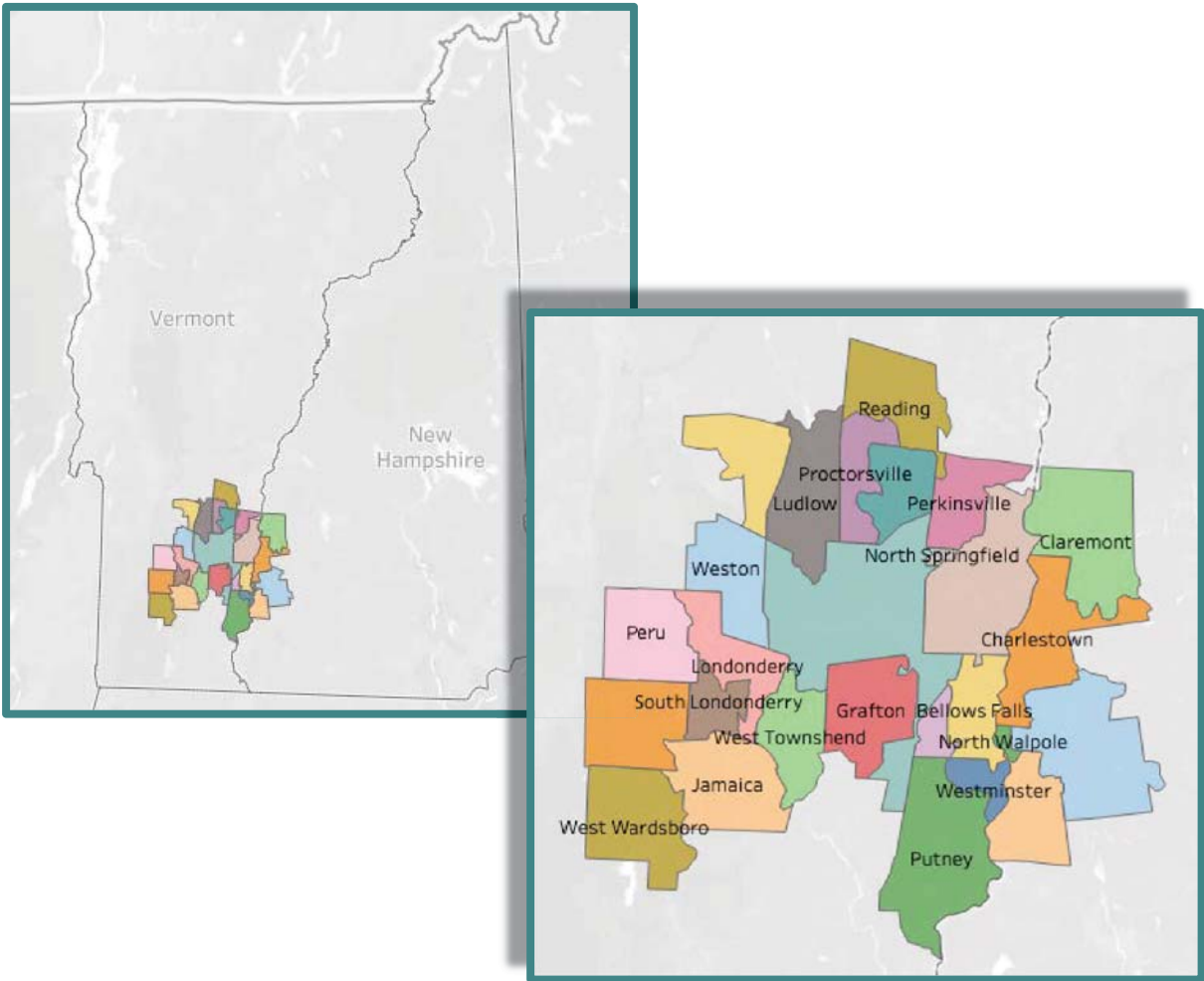
The process included focus groups in Springfield, Bellows Falls, Chester, Ludlow, Londonderry, VT, and Charlestown, NH. A community survey was distributed and promoted through newspapers, email and social media. A medical staff survey was also conducted. In-person community stakeholder interviews and a review of population demographics and health status indicators were conducted. Secondary data from Community Commons and Robert Wood Johnson County Health Rankings are reported at the county level. Secondary data also includes a variety of state and national resources, including Vermont's Behavioral Risk Factor Surveillance System, the Vermont Blueprint Community Profiles, and national sources such as the National Institute of Mental Health and the Centers for Disease Control and Prevention (CDC) among others.

Priority Needs Identified include:

- Dental Care / Oral Health
- Substance Use Disorder
- Mental Health
- Affordable Health Care

Figure 1

Service Area



Data Source: UDS Mapper

Vermont		New Hampshire	
Zip Code	Town / City	Zip Code	Town / City
05101	Bellows Falls	05152	Peru
05340	Bondville	05153	Proctorsville
05142	Cavendish	05346	Putney
05143	Chester	05062	Reading
05146	Grafton	05154	Saxtons River
05343	Jamaica	05155	South Londonderry
05148	Londonderry	05156	Springfield
05149	Ludlow	05359	West Townshend
05758	Mount Holly	05360	West Wardsboro
05150	North Springfield	05158	Westminster
05151	Perkinsville	05161	Weston
		03602	Alstead
		03603	Charlestown
		03743	Claremont
		03609	North Walpole
		03608	Walpole

Demographic and Socioeconomic Secondary Data Service Area

Figure 2

Service Area

Total Patients by Zip Code, 2017



Data Source: UDS Mapper

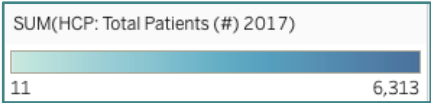
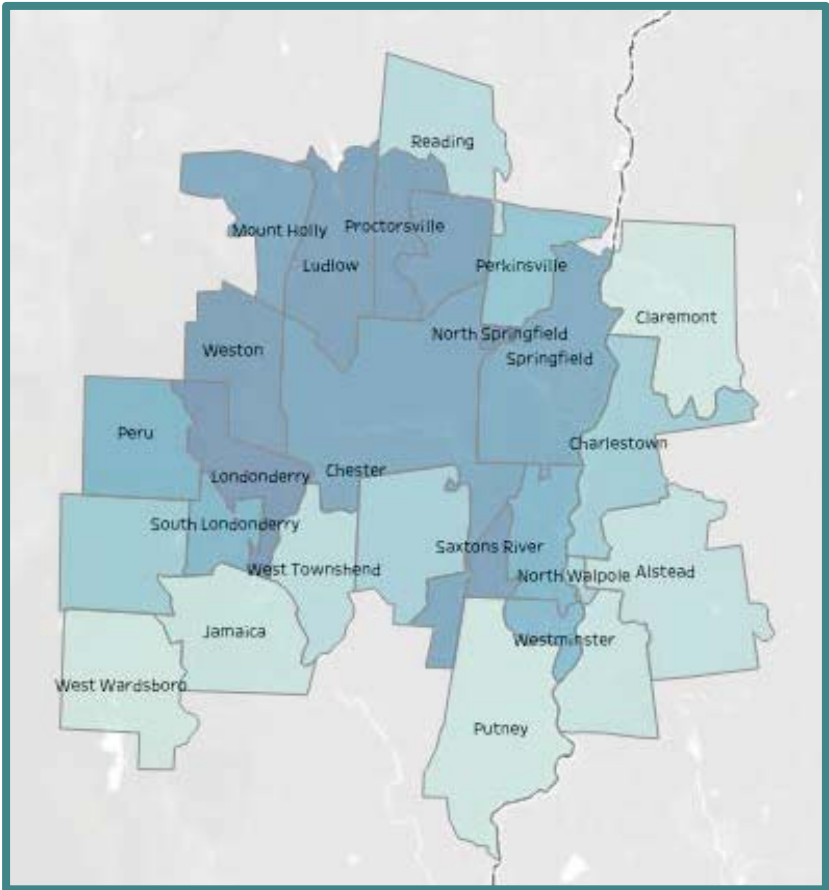


Figure 3

Service Area

Penetration of Total Population (%), 2017



Data Source: UDS Mapper

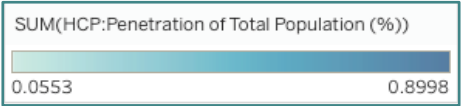
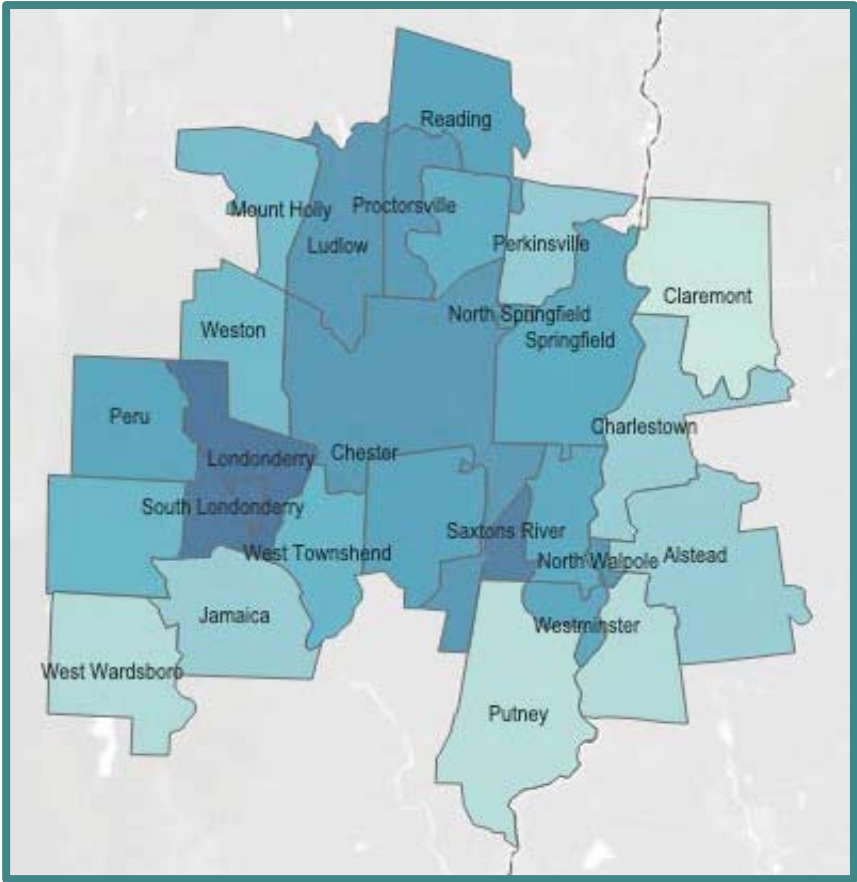


Figure 4
Service Area
Penetration of Medicaid/Public Insurance (%), 2017



Data Source: UDS Mapper

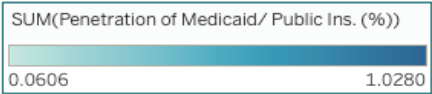


Table 1

Service Area

Regional Demographics and Socioeconomic Status

2-Year Population Trend

	April 1, 2010 Census	Population Est (as of July 1) 2012	Population Est (as of July 1) 2014	Population Est (as of July 1) 2016	Population Est (as of July 1) 2018	Population Change (%)
Charlestown Sullivan County, New Hampshire	5114	5045	5029	5016	5012	-1.99%
Bellows Falls Windham County, Vermont	3148	3090	3052	3024	3004	-4.57%
Londonderry Windham County, Vermont	1769	1759	1742	1708	1677	-5.20%
Chester Windsor County, Vermont	3154	3107	3064	3045	3032	-3.87%
Ludlow Windsor County, Vermont	1963	1941	1922	1897	1885	-3.97%
Springfield Windsor County, Vermont	9373	9280	9168	9044	8950	-4.51%

Source: AmericanFactFinder.org

Table 2

Service Area

Regional Demographics and Socioeconomic Status

Demographics - Age Groups

	Pop Under 18 (%) 2013-2017	Pop 18-64 (%) 2013-2017	Pop 65 and older (%) 2013-2017
Alstead	20.4%	61.4%	18.2%
Bellows Falls	21.0%	60.5%	18.5%
Bondville	15.8%	44.7%	39.6%
Cavendish	19.4%	62.7%	17.9%
Charlestown	20.1%	60.3%	19.5%
Chester	19.3%	60.5%	20.1%
Claremont	20.6%	61.5%	17.9%
Grafton	21.2%	53.7%	25.1%
Jamaica	17.5%	66.2%	16.4%
Londonderry	19.3%	63.1%	17.6%
Ludlow	15.0%	58.9%	26.1%
Mount Holly	13.0%	65.1%	21.9%
North Springfield	12.5%	52.9%	34.6%
North Walpole	21.7%	59.0%	19.3%
Perkinsville	16.2%	55.7%	28.0%
Peru	12.0%	55.4%	32.6%
Proctorsville	18.1%	57.1%	24.8%
Putney	15.2%	65.0%	19.8%
Reading	24.3%	56.1%	19.6%
Saxtons River	23.2%	66.1%	10.7%
South Londonderry	20.2%	52.0%	27.9%
Springfield	20.4%	60.4%	19.2%
Walpole	14.4%	64.7%	20.9%
West Townshend	17.0%	53.0%	30.0%
West Wardsboro	19.6%	44.7%	35.7%
Westminster	23.4%	56.3%	20.2%
Weston	15.1%	51.6%	33.3%
Summary	18.4%	58.1%	23.5%

<https://www.udsmapper.org/map/app.cfm#8x2P1aqn7b46IM3Bjb0L>

Table 3

Service Area

Regional Demographics and Socioeconomic Status

Demographics - Employment, Education, Income

	Not Employed (%) 2013-2017	Less Than High School Education (%) 2013-2017	Low-Income (%) 2013-2017
Alstead	37.1%	8.6%	24.9%
Bellows Falls	38.2%	15.3%	39.7%
Bondville	46.2%	3.8%	14.8%
Cavendish	35.5%	7.5%	39.9%
Charlestown	44.1%	7.8%	34.1%
Chester	40.2%	11.5%	31.9%
Claremont	41.3%	12.5%	33.1%
Grafton	43.6%	7.9%	30.6%
Jamaica	32.4%	4.2%	32.5%
Londonderry	37.1%	3.9%	10.3%
Ludlow	43.3%	10.4%	33.0%
Mount Holly	30.2%	8.4%	19.2%
North Springfield	64.7%	17.0%	57.3%
North Walpole	33.1%	7.4%	10.5%
Perkinsville	40.4%	11.5%	32.3%
Peru	41.4%	6.3%	22.8%
Proctorsville	41.9%	12.3%	33.7%
Putney	40.6%	6.3%	31.8%
Reading	32.8%	0.6%	33.8%
Saxtons River	36.0%	5.4%	42.0%
South Londonderry	47.7%	13.1%	42.6%
Springfield	45.7%	9.4%	32.3%
Walpole	35.7%	2.8%	10.9%
West Townshend	44.1%	4.3%	29.8%
West Wardsboro	45.1%	9.9%	24.6%
Westminster	48.3%	10.6%	30.3%
Weston	43.3%	8.1%	20.9%
Summary	41.1%	8.4%	29.6%

Table 4

Service Area

Regional Demographics and Socioeconomic Status

Demographics – Medical Insurance

	Pop: Medicaid/ Public Ins., est. (%) 2017	Pop: Medicare/ Private Ins., est. (%) 2017	Pop: Uninsured, est. (%) 2017
Alstead	11.9%	82.6%	5.5%
Bellows Falls	32.6%	62.3%	5.1%
Bondville	16.0%	79.4%	4.6%
Cavendish	26.7%	68.3%	5.1%
Charlestown	15.5%	77.8%	6.8%
Chester	23.3%	71.9%	4.7%
Claremont	15.9%	77.1%	7.0%
Grafton	23.7%	71.8%	4.5%
Jamaica	25.2%	70.0%	4.8%
Londonderry	21.1%	74.2%	4.6%
Ludlow	23.1%	72.2%	4.7%
Mount Holly	19.5%	74.4%	6.0%
North Springfield	27.3%	68.0%	4.7%
North Walpole	9.0%	86.2%	4.8%
Perkinsville	20.4%	75.2%	4.4%
Peru	16.1%	79.2%	4.7%
Proctorsville	26.7%	68.3%	5.0%
Putney	25.3%	69.6%	5.0%
Reading	22.9%	72.4%	4.7%
Saxtons River	27.4%	68.6%	4.1%
South Londonderry	21.9%	73.5%	4.6%
Springfield	26.7%	68.5%	4.8%
Walpole	9.0%	86.2%	4.8%
West Townshend	23.9%	71.6%	4.5%
West Wardsboro	24.9%	70.4%	4.7%
Westminster	24.4%	70.8%	4.8%
Weston	22.8%	72.4%	4.7%
Summary	21.6%	73.4%	5.0%

<https://www.udsmapper.org/map/app.cfm#8x2P1aqn7b46IM3Bjb0L>

Table 5

Service Area

Regional Demographics and Socioeconomic Status

Population Health Indicators

	Adults Ever Told Have Diabetes (%)	Adults Ever Told Have High Blood Pressure (%)	Adults Who Are Obese (%)	Adults with No Dental Visit in Past Year (%)	Adults Who Have Delayed or Not Sought Care Due to Cost (%)	Adults with No Usual Source of Care (%)
Alstead	8.1%	30.3%	24.9%	26.4%	11.7%	11.9%
Bellows Falls	6.7%	25.0%	21.1%	25.6%	11.1%	11.3%
Bondville	8.0%	28.7%	21.6%	29.9%	11.0%	9.2%
Cavendish	7.6%	29.0%	24.3%	27.9%	9.7%	12.6%
Charlestown	7.3%	31.1%	22.0%	28.5%	13.5%	12.6%
Chester	7.4%	29.0%	23.9%	27.2%	10.0%	12.0%
Claremont	7.6%	32.2%	23.0%	29.9%	14.1%	13.2%
Grafton	6.9%	25.7%	21.8%	26.2%	11.3%	11.5%
Jamaica	7.0%	25.5%	21.4%	26.2%	11.1%	11.1%
Londonderry	7.1%	25.9%	21.4%	26.9%	11.7%	11.3%
Ludlow	7.4%	28.9%	23.9%	27.1%	9.6%	12.1%
Mount Holly	7.1%	27.0%	26.4%	28.1%	10.5%	11.2%
N. Springfield	7.4%	29.4%	24.0%	26.9%	9.7%	12.0%
North Walpole	8.0%	29.7%	25.8%	24.6%	10.6%	11.1%
Perkinsville	7.5%	29.5%	24.1%	27.1%	9.7%	12.1%
Peru	7.9%	28.5%	21.5%	28.9%	10.4%	9.3%
Proctorsville	7.6%	29.0%	24.3%	27.9%	9.7%	12.6%
Putney	6.7%	25.6%	21.8%	25.8%	11.0%	11.6%
Reading	7.5%	29.8%	24.3%	27.3%	9.8%	12.2%
Saxtons River	6.6%	25.5%	21.8%	25.3%	10.8%	11.3%
S. Londonderry	7.0%	25.6%	21.3%	26.9%	12.0%	11.6%
Springfield	7.3%	28.3%	23.5%	26.6%	9.4%	12.0%
Walpole	8.3%	29.8%	25.5%	25.6%	10.9%	11.4%
W. Townshend	6.9%	25.5%	21.5%	26.1%	11.3%	11.4%
West Wardsboro	7.0%	25.2%	21.0%	25.9%	11.1%	10.9%
Westminster	6.7%	25.4%	21.5%	25.6%	10.9%	11.2%
Weston	7.5%	29.7%	24.3%	27.3%	9.8%	12.2%
Summary	7.3%	28.0%	23.0%	27.0%	10.8%	11.6%

Collection & Analysis of Primary Data

Collection of Primary Data

To ensure community engagement, a collaborative of community stakeholders was formed to govern the design, collection, and reporting of the community health needs assessment. Monthly meetings commenced beginning March 2019 to develop and implement needs assessment study design and implementation plan.

551

Community members within the health service area and surrounding towns participated in completing an extensive survey garnering high-level needs and actionable interventions to address identified needs.

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To ensure the voices of community residents were represented within the community health needs assessment, focus groups were conducted. Six focus groups were held in central locations within each primary service area. Participants ranked health-related need(s) by level of influence on personal health and wellbeing.

43

Key stakeholders, including healthcare practitioners, provided information on patient care needs, barriers to access, and the affect of social determinants of health outcomes.

Data collection began during May 2019. Focus groups were held in central locations within each local service area. Moderators and data recorders were trained prior to conducting focus groups by an experienced qualitative researcher. One-on-one interviews with key stakeholders were conducted by phone by a trained researcher. Surveys were administered in June 2019 as electronic and paper formats. Both formats were shared widely amongst community organizations, businesses, social media networks, and local newspapers. Data collection closed July 2019. During, and directly prior to, the data collection period, SMCS and Springfield Hospital experienced notable financial challenges. The healthcare organization prioritized public transparency with regard to financial status and proceedings. The concurrent period of data collection may have influenced participation rate and /or responses, the degree of which cannot be reliably measured. The research design employed methodological triangulation as a means to provide valid results of regional community health needs.

Priority Needs

The four priority needs identified by this process are as follows :

- Dental Care / Oral Health
- Substance Use Disorder
- Mental Health
- Affordable Health Care

Figure 5
Image of a Thriving Community

Survey participants were asked, “When you imagine a strong, vibrant, healthy community, what are the most important features to you?”

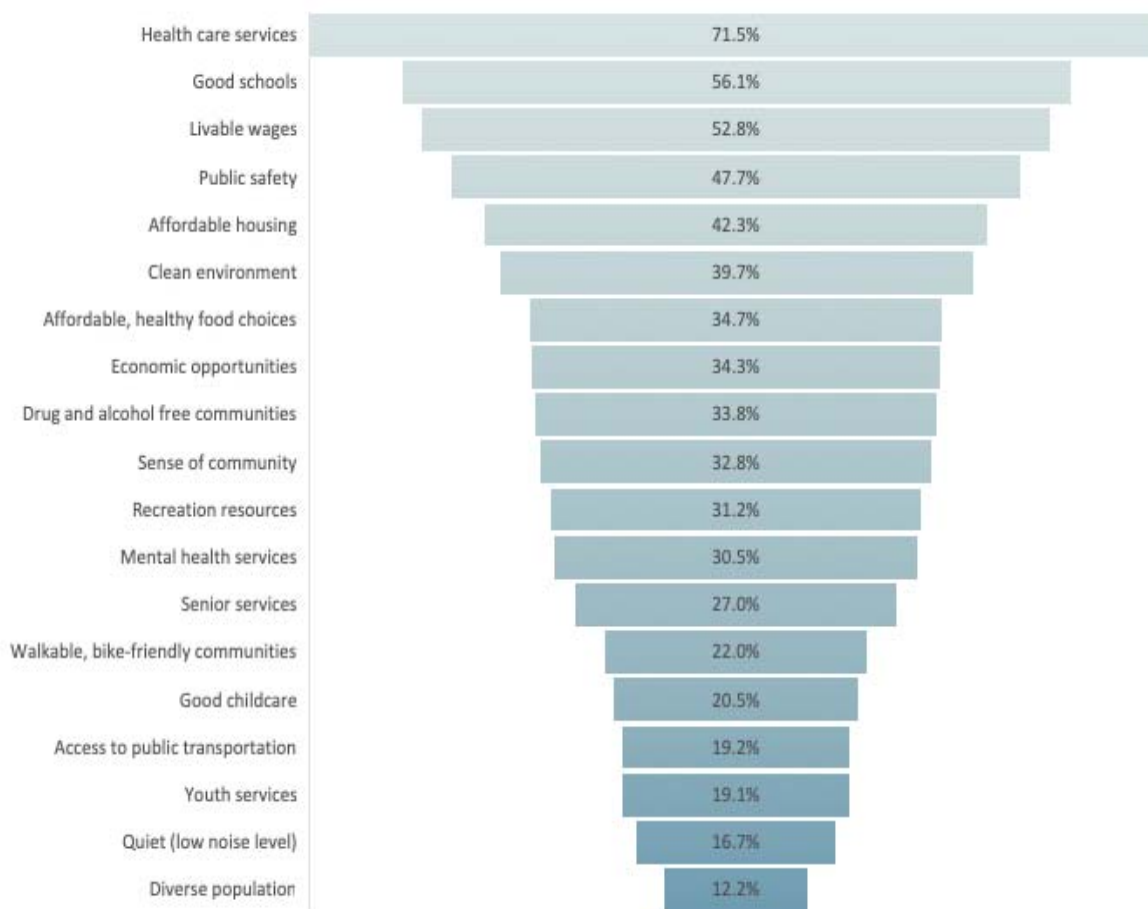


Figure 6

Community Concerns

Survey participants were asked, "When you think of challenges in the community where you live, what are you most concerned about?"

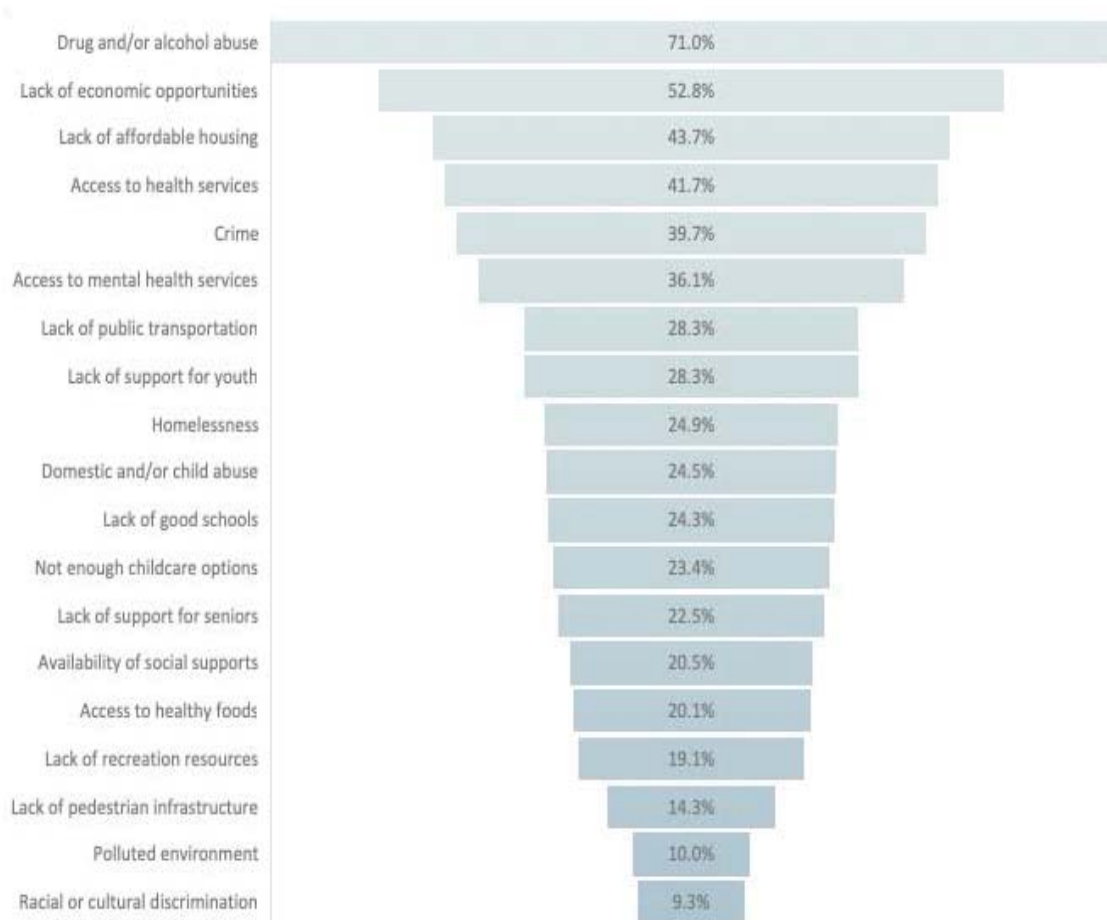


Figure 7

Social Determinants of Health

Survey participants were asked, “Which of the following do you believe are having a negative effect on your health?” (Check all that apply)

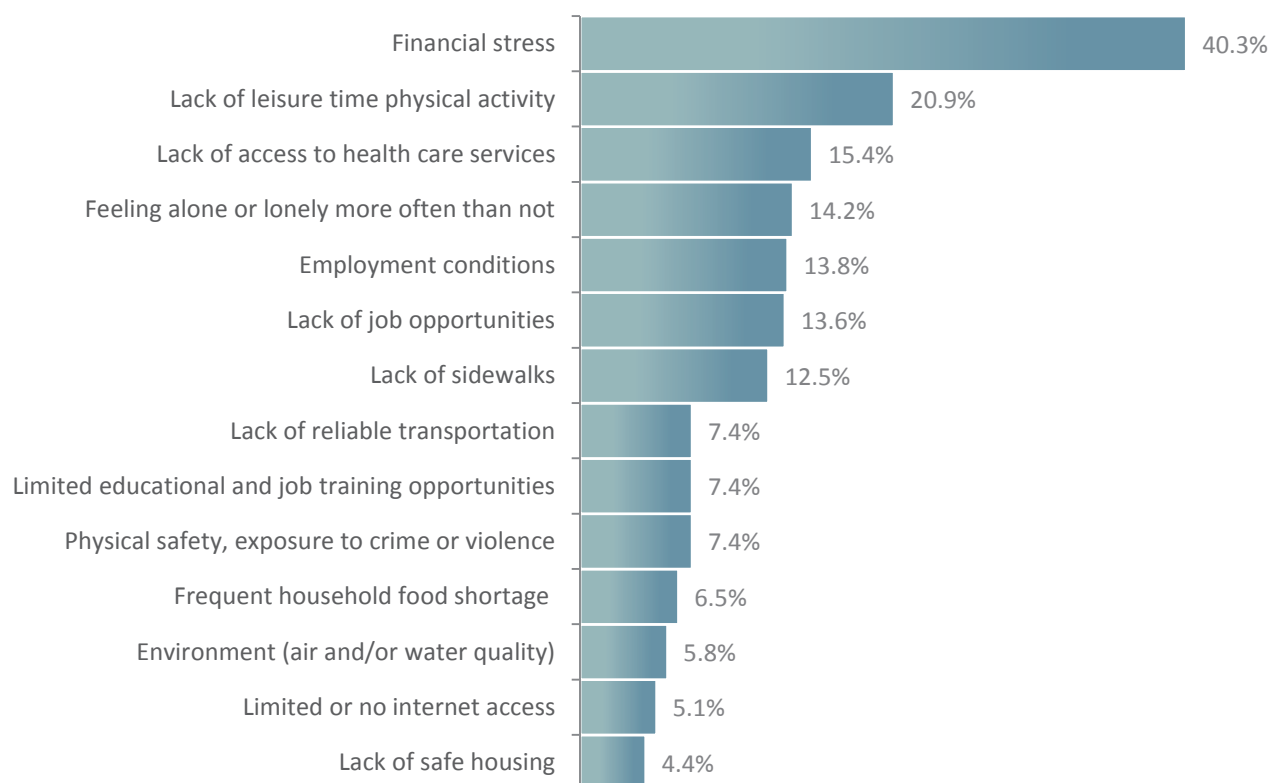
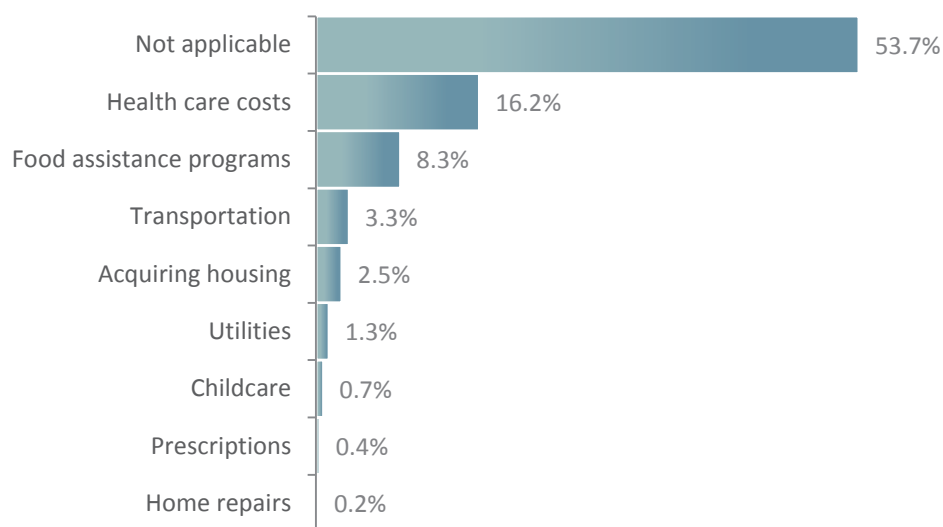


Figure 8

Financial Assistance

Survey participants were asked, “In the past 12 months, have you needed financial assistance for any of the following?”



Survey participants were asked, “If you need assistance accessing services (for example housing, transportation, healthcare), do you know who to contact?” (Choose one)

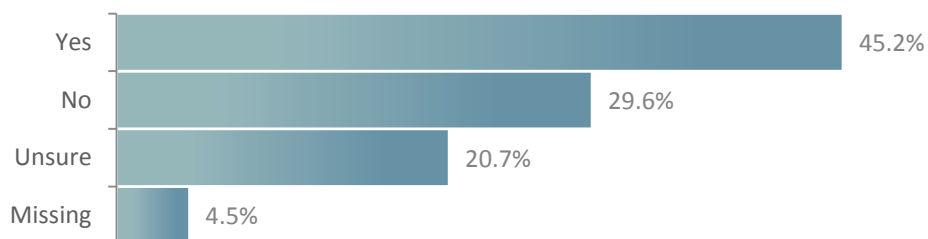


Figure 9

Community Programs

Survey participants were asked, “Which of the following programs would you or your family use if it were more available in your area?” (Check all that apply)

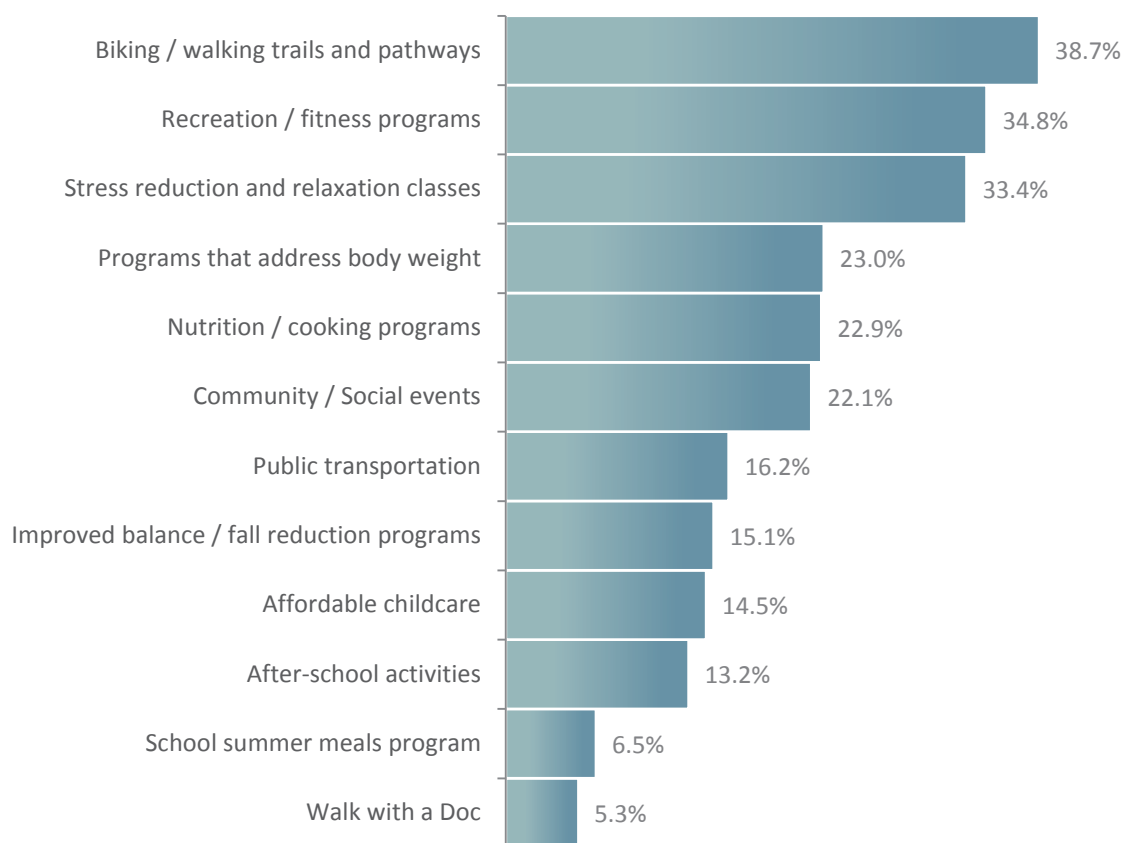
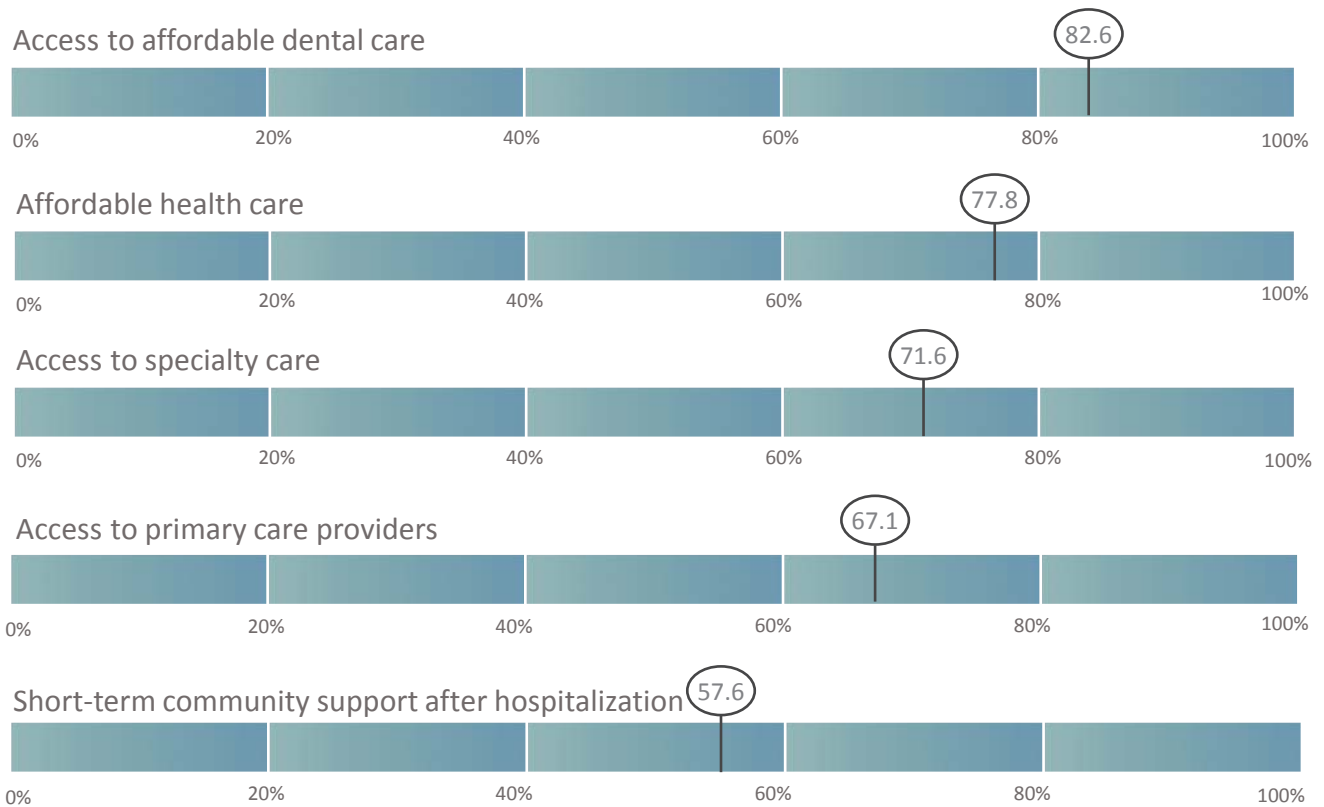


Figure 10

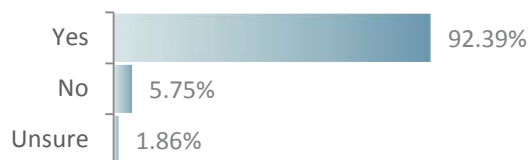
Healthcare Services

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) for health care services in the community.

Health Care Ranked Moderate to High Need - Percent of Total Responses



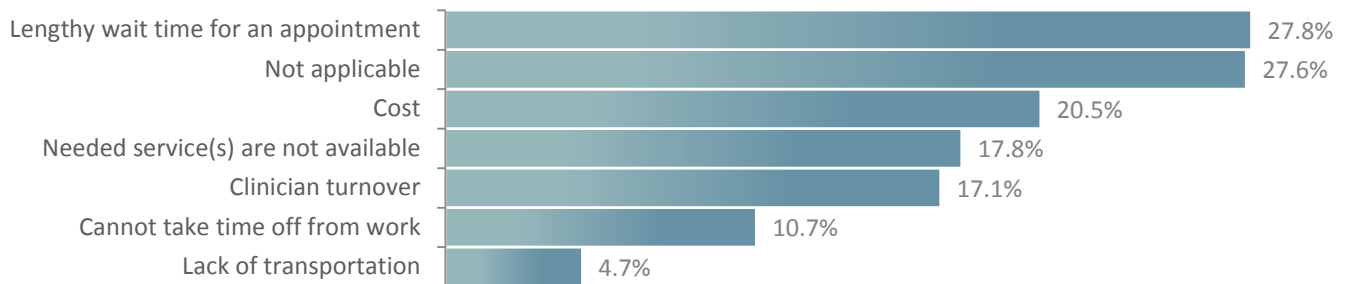
Do you have a Primary Care Provider?



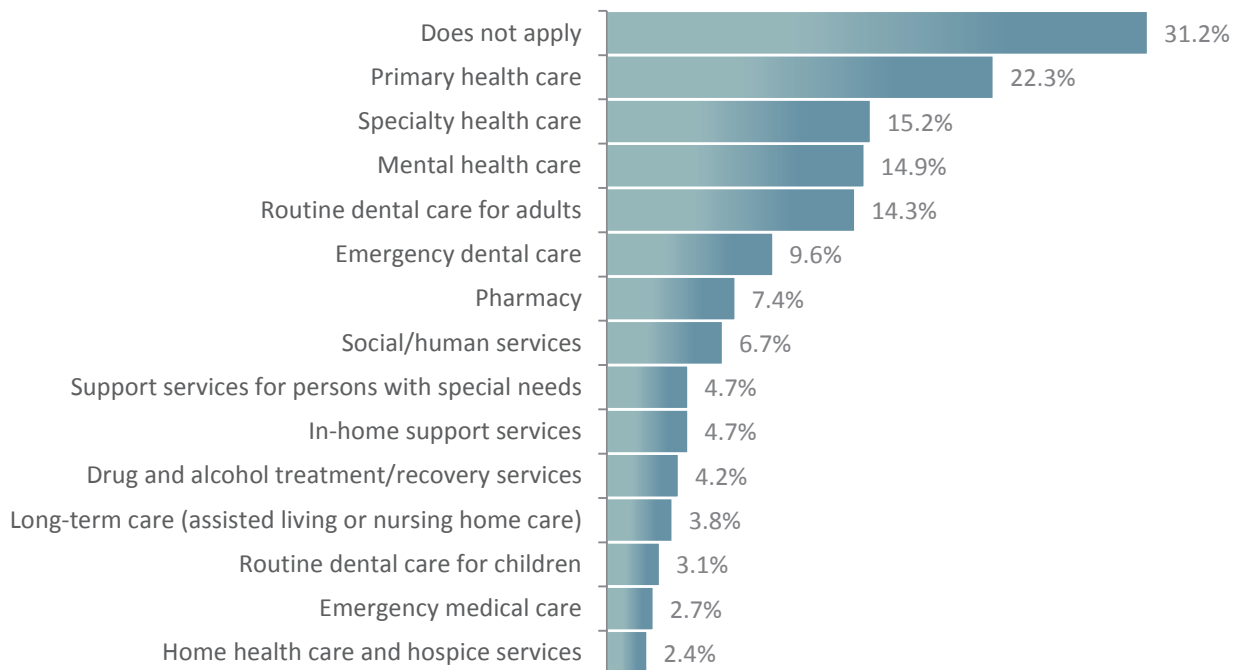
Access to health care services in rural regions faces numerous challenges including recruitment and retention of primary care physicians, allied health professionals, health care specialties, patient transportation, education, and cost of care.

Healthcare Services - continued

Challenges to Accessing Healthcare Services
Previous 12 Months



Challenges to Accessing Healthcare by Service Type
Previous 12 Months



Respondents Traveling Outside Hospital Service Area (HSA) for Care

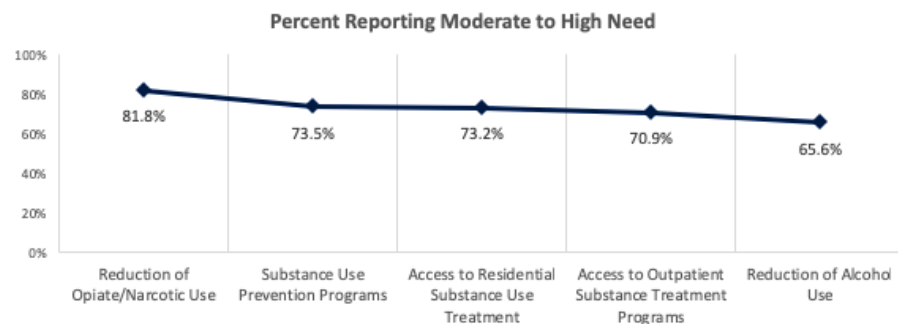
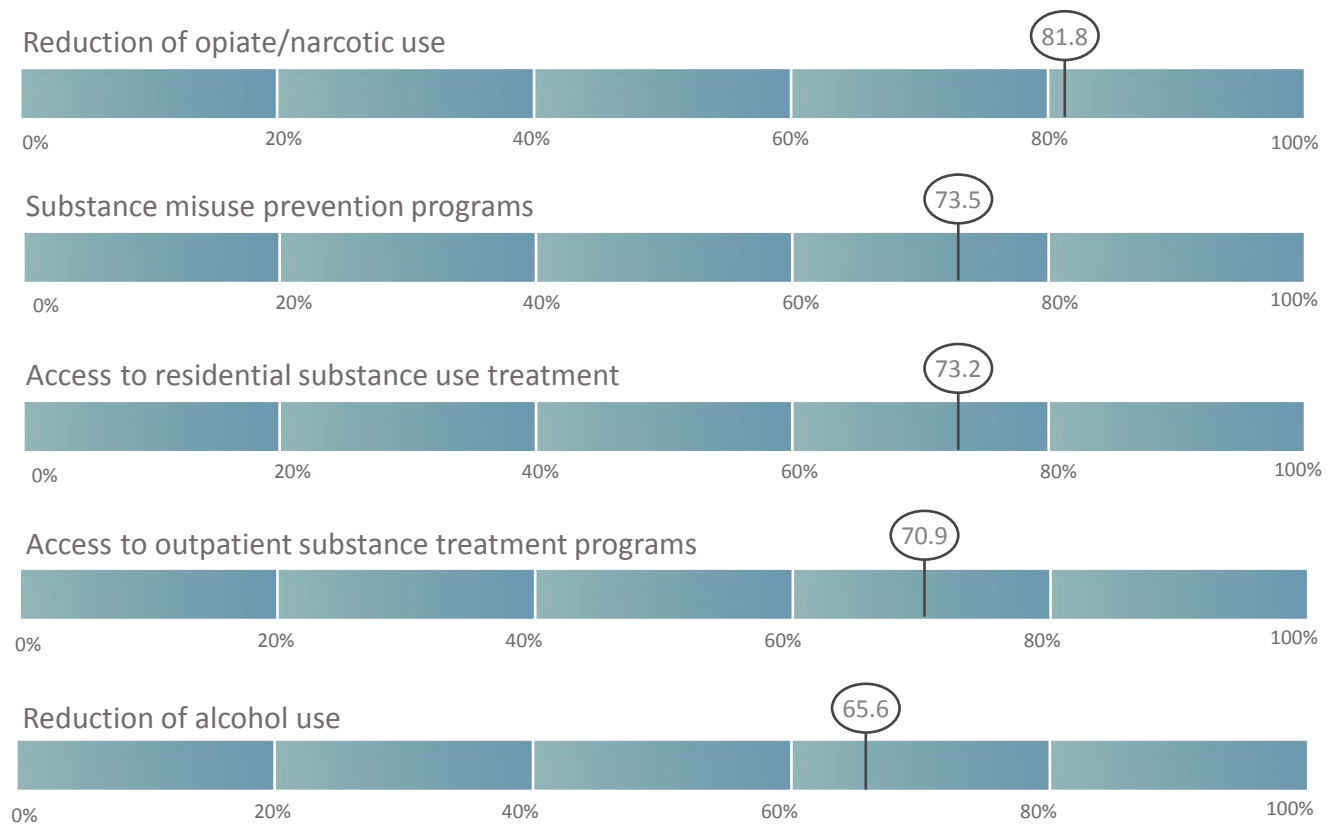


Figure 11

Substance Use Disorder

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) to address drug and alcohol misuse within the community.

Substance Use Disorder Ranked Moderate to High Need - Percent of Total Responses



Participants state that drug and alcohol misuse is of greatest concern with regards to the health and wellbeing of the community (See Figure 6).

Figure 12

Mental Health

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) for mental health services in the community.

Mental Health Services Ranked Moderate to High Need - Percent of Total Responses

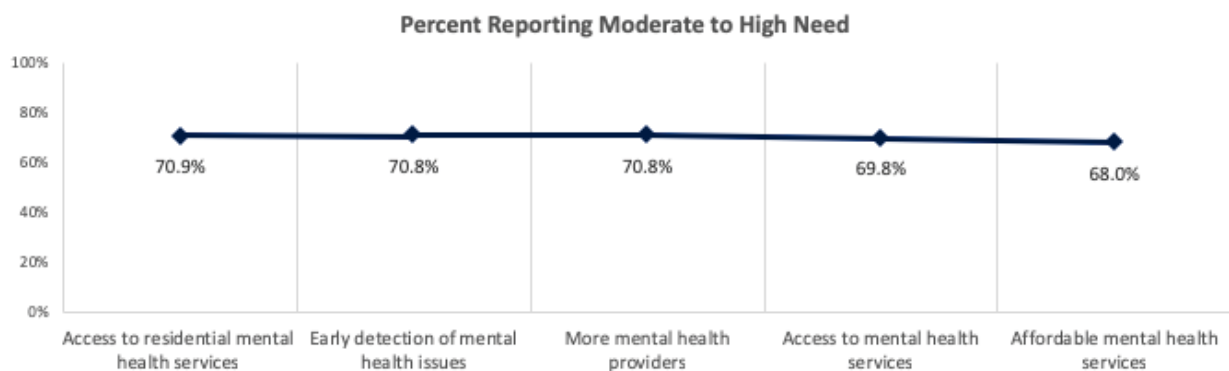


Figure 13

Hunger & Nutrition

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) regarding hunger and nutrition in their community.

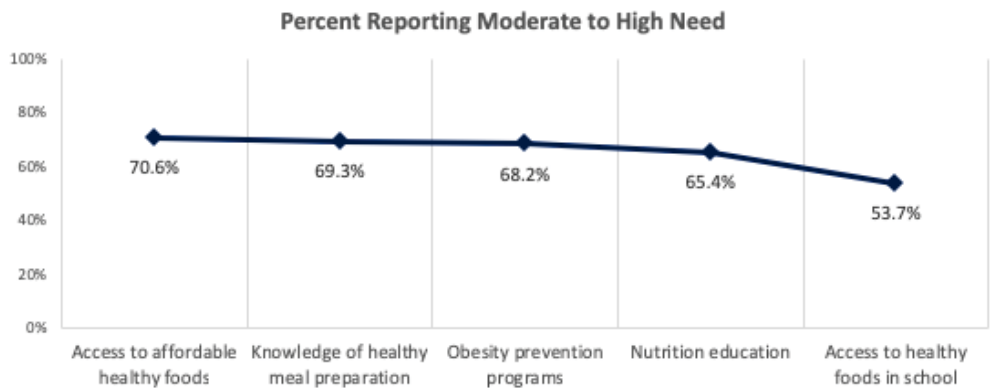
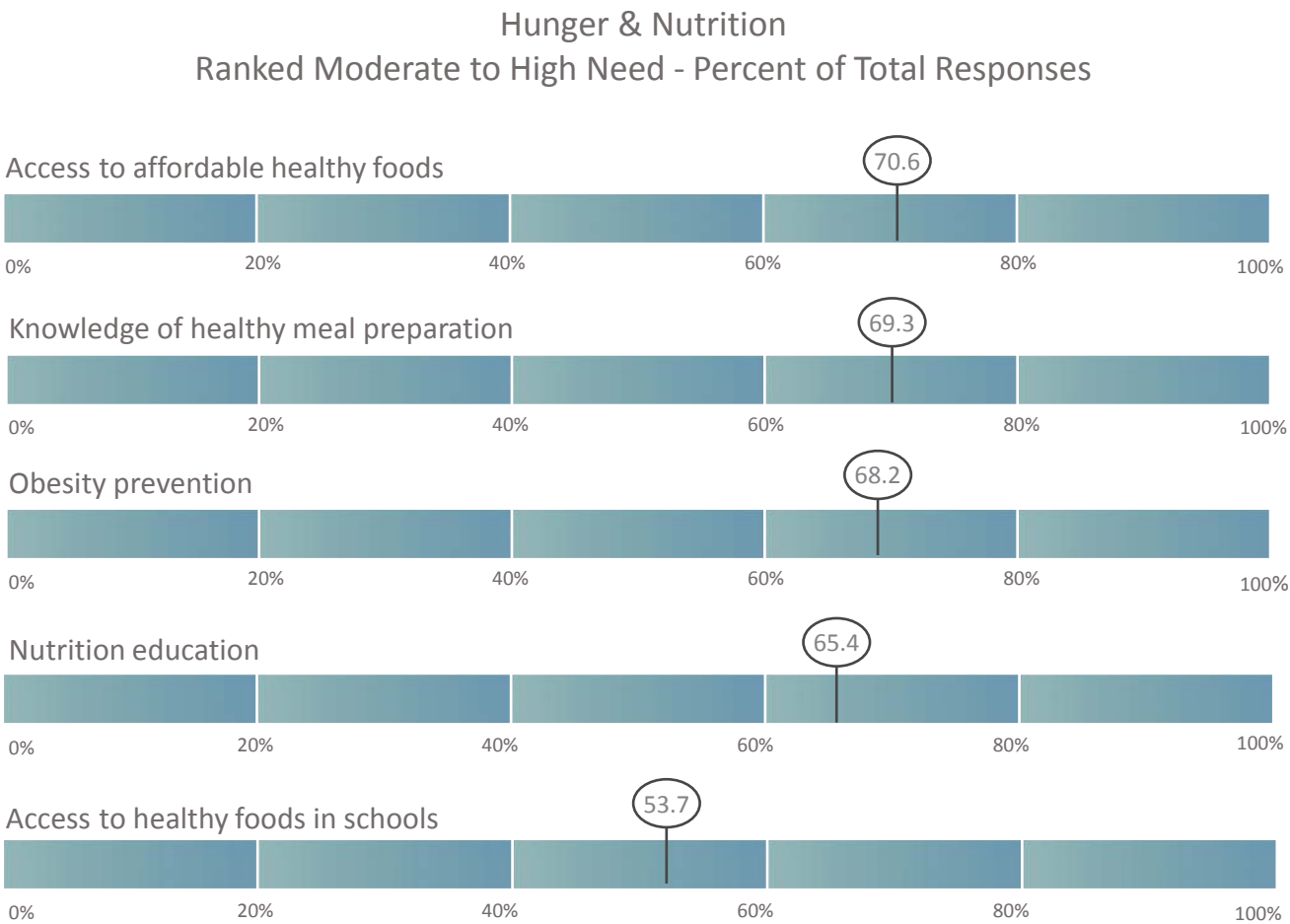


Figure 14

Senior Care

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) regarding senior care services in the region.

Senior Care Ranked Moderate to High Need - Percent of Total Responses Top 5 Needs



Do you have elders dependent on you for care or support?

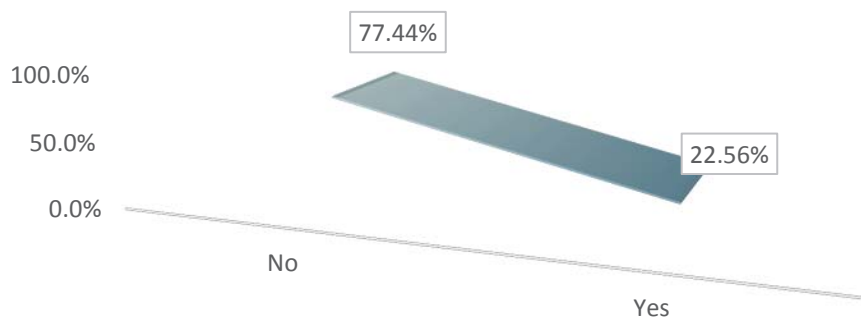
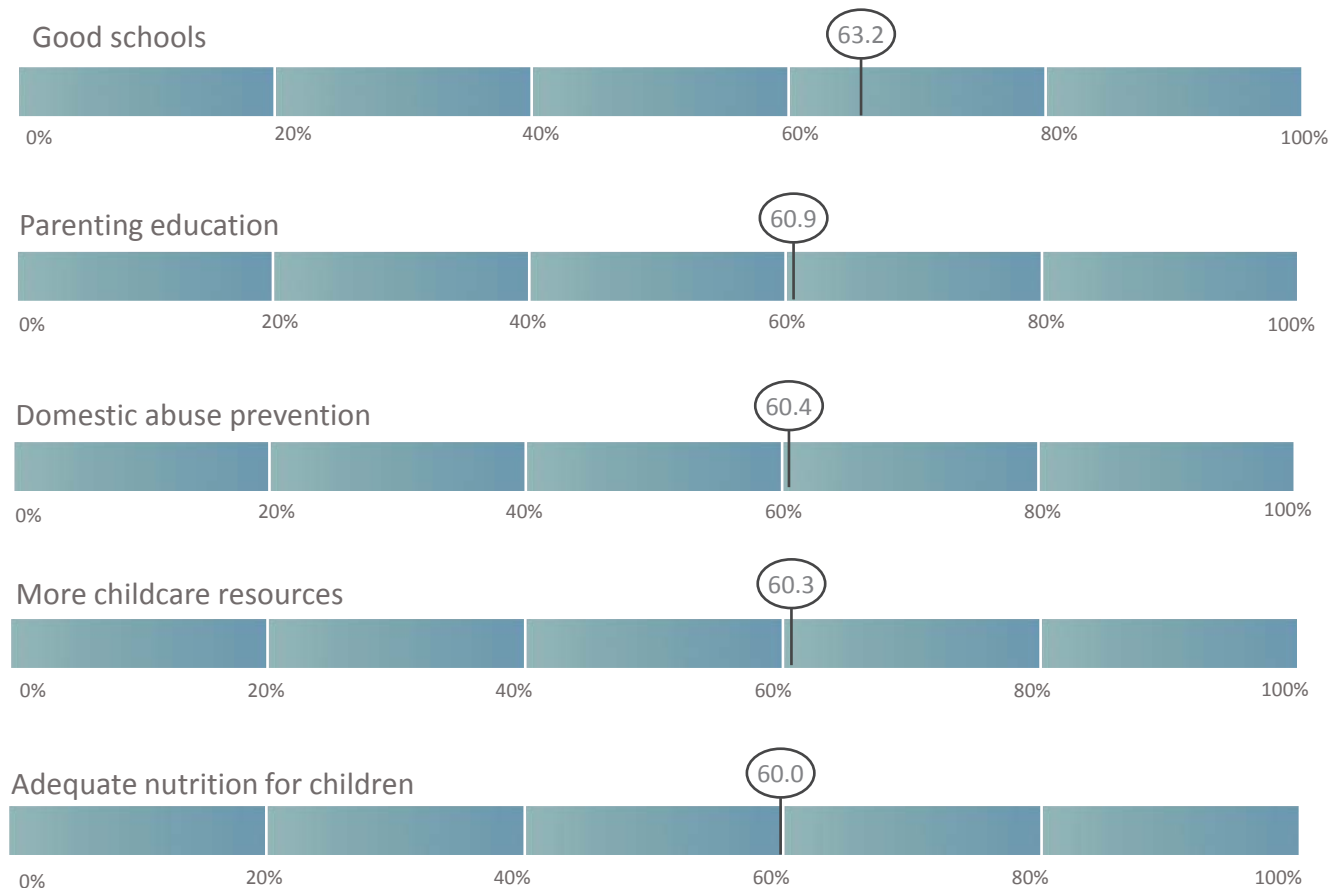


Figure 15

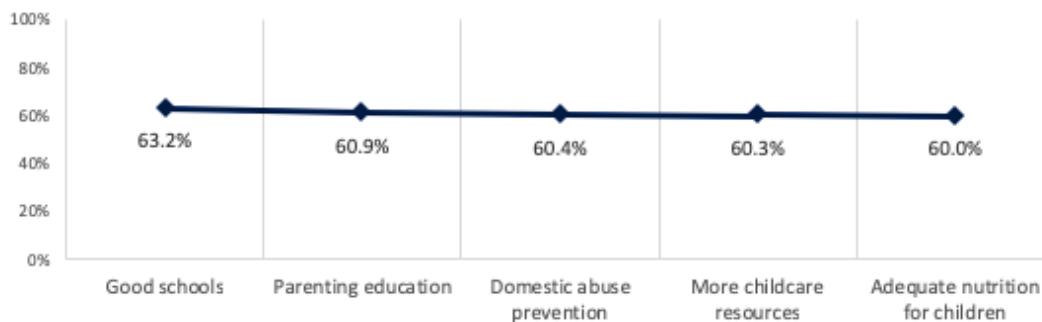
Children & Family

Survey participants were asked to rank the level of need (high, moderate need, some need, little need, no need, unsure) for children and families services in the region.

Children & Family Ranked Moderate to High Need - Percent of Total Responses Top 5 Needs



Percent Reporting Moderate to High Need (Top 5)



Community Member Voices

Resident Voices

Focus groups were conducted prior to survey development and administration. Participants were pre-screened to ensure eligibility based on residency and representation of regional demography. Using purposive sampling, a representative sample was selected based on the following characteristics: education level, age, employment status, health insurance type, and gender. Participants listed the concerns with regard to access to healthcare and listed them by order of influence on their health and wellbeing, one to ten with one representing greatest influence. Ranked priorities are listed below by region.

Bellows Falls, Vermont

1. Increased collaboration between providers
2. Provider turnover
3. Cost of medication
4. Cost of dental procedures

Charlestown, New Hampshire

1. Unmet need in specialty care, including complex care
2. Cost of medical care, including medications
3. Specialty equipment to accommodate patients with disabilities
4. Transportation
5. Provider turnover

Chester, Vermont

1. Provider turnover
2. Lack of health services including specialty care
3. Long wait times for appointments
4. Lack of pharmacy services

Londonderry, Vermont

1. Need for comprehensive care
2. Insufficient number of providers

Ludlow, Vermont

1. Specialty care, specifically geriatricians
2. Access to mental health services including for those in crisis

Springfield, Vermont

1. Provider turnover
2. Care administration
3. Reception services

Residents state that sufficient number of providers, including specialty care, is of concern. Insufficient number of practitioners creates extensive wait times for appointments increased travel. Frequent turnover in providers causes interruptions to continuity of care and is associated with additional monetary costs as well as affecting quality of care. Healthcare costs overall are of concern, specifically dental care, vision care and medication costs.

Key Stakeholders

Medical Practitioners

Medical practitioners provided insights, based on direct care experience, on patient needs, barriers to access, and the affect of social determinants on health outcomes.

Figure 16
Factors Negatively Influencing Patient Health Outcomes



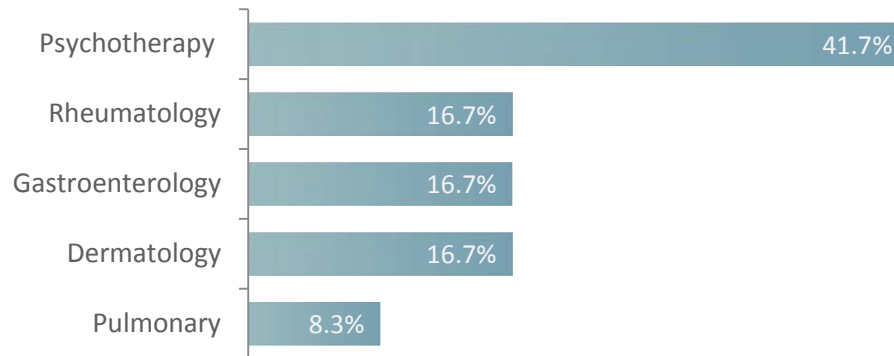
Table 6
Factors Negatively Influencing Health Status, % of N

Lack of economic opportunity / Poverty	91.7%
Mental health disorders	75.0%
Recreational drugs	66.7%
Tobacco / Smoking	66.7%
Poor dietary habits	58.3%
Alcohol addiction	50.0%
Low educational attainment	41.7%
Crime	8.3%
Substandard housing	8.3%
Environmental contaminants	0.0%
Genetic predisposition	0.0%
Insufficient care services	0.0%
Social isolation	0.0%

Figure 17

Medical Practitioners Patient Care Needs

What services are consistently needed by your patients but are not currently provided?



In your estimation, what percent of your patients delay recommended care due to cost?



In your estimation, what percent of your patients have gone without needed medication(s) due to cost?



In your estimation, what percent of your patients have transportation difficulties affecting their ability to access care?



In your estimation, what percent of your patients communicate with you using computer technology?



Key Stakeholders

Key personnel from community health and social service organizations participated in one-on-one interviews. Participants were asked to identify challenges facing the populations they serve and to provide suggestions for possible solutions. Frequency magnitude was used to analyze the qualitative data relating to the challenges identified by participants and are presented in Figure 18.

Figure 18. Challenges Affecting Health Status

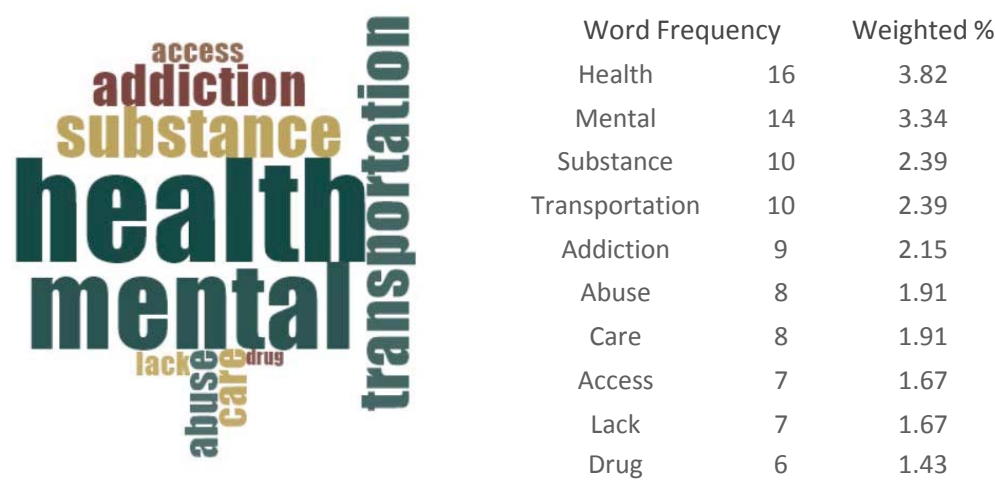







Table 7. Suggested Solutions to Challenges		
Substance Use Disorder	Mental Health	Transportation
Increase support for the Prevention Coalition	Increase number of case managers	Acquire additional grant funding
Address stigmatization	Early childhood interventions	Expand existing transportation services
Create a model of care that coordinates with existing services	Adverse Childhood Experiences (ACE) training	Provide transportation from Charlestown, NH to Adult Day Center
A central information resource for addiction services	Increase the number of providers for children and young adults	Bus loop with stops at mental health facilities
Rapid Assessment for adolescents	Residential mental health services	Increase transportation budget

Of note are the number of references made by key stakeholders with regards to the need for community-level education on mental health, nutrition and meal preparation, availability of resources, parenting skills, and substance misuse. Also noted is the need for provider education in identifying cognitive decline and mental health. Participants state there an increase in the number of providers and services, specifically those who are trained to treat substance use disorder is needed. Additionally, participants noted an increase in services including service providers such as Planned Parenthood, services for the deaf, and case managers is needed.

Demographic and Socioeconomic Secondary Data Hospital Service Area & County

Table 8

Regional Demographics and Socioeconomic Status - County

		Windsor County Vermont	Windham County Vermont	Sullivan County New Hampshire
	Median home cost:	\$216,300	\$212,000	\$171,100
	Median gross rent:	\$892	\$864	\$893
	Persons per household:	2.26	2.18	2.38
<hr/>				
	Households with a computer:	87.7%	87.9%	87.6%
	Household with broadband:	79.7%	75.1%	78.1%
<hr/>				
	High School graduate:	92.5%	92.4%	90.7%
	Bachelors degree or higher:	36.0%	37.0%	25.9%
<hr/>				
	Per capita income:	\$34,264	\$29,819	\$31,301
	Persons in poverty:	9.9%	11.6%	10.3%
<hr/>				
	Under 65 with a disability:	11.2%	12.7%	9.3%
	Under 65 without health insurance:	6.0%	5.6%	7.2%

Source: QuickFacts.gov

Table 9

Regional Health Indicators

Health Service Metrics

	HSA / CO	State
PCPs per 100,000 (HSA) [#]	59.8	75.0
PCP Rate per 100,000 -Windham (CO) [^]	108.9	113.2
PCP Rate per 100,000 -Windsor (CO) [^]	108.1	113.2
PCP Rate per 100,000 -Sullivan (CO) [^]	76.7	76.7
Dentist Rate per 100,000 -Windham (CO) [^]	67.6	70.4
Dentist Rate per 100,000 -Windsor (CO) [^]	67.2	60.4
Dentist Rate per 100,000 -Sullivan (CO) [^]	37.1	73.1
Medication Management for People with Asthma per 1,000 (HSA) ⁺	82.0	77.0
Heart Failure per 1,000 (HSA) ⁺	6.0	3.9
PQI Prevention Quality Chronic Composite per 1,000 (HSA) ⁺	12.3	9.0
Outpatient potentially avoidable ED visits-Adult per 1,000 (HSA) ⁺	55.3	62.5
Outpatient potentially avoidable ED visits-Peds per 1,000 (HSA) ⁺	107.7	78.9
Outpatient ED visits (adult) per 1,000 (HSA) ⁺	364.8	370.8
Outpatient ED visits (pediatric) per 1,000 (HSA) ⁺	432.0	330.9
Inpatient discharge rates-Adults per 1,000 (HSA) ⁺	9.4	6.3
Total Expenditures per Capita per 1,000 (HSA) ⁺	\$8,625	\$8,362
Inpatient Discharges per 1,000 (HSA) ⁺	136.4	115.0

[^]County Health Rankings^{*}Vermont Department of Health, Community Health Profiles⁺Blueprint[#]Agency of Human Services Community Profiles

HSA = Hospital Service Area

CO = County

PCP = Primary Care Provider

ED = Emergency Department

Regional Health Indicators

Health Service Metrics - continued

	HSA / DO / CO	State
Diabetes HbA1c Testing % (HSA) ⁺	88.0	90.0
Diabetes Eye Exam % (HSA) ⁺	45.0	58.0
Diabetes HbA1c Testing & Eye Exam composite % (HSA) ⁺	40.0	53.0
Diabetes nephropathy screening % (HSA) ⁺	87.0	85.0
Women receiving 1st trimester prenatal care per 100,000 (DO) [*]	80	84.0
Cervical Cancer Screening % (HSA) ⁺	58.0	67.0
Chlamydia Screening % (adult & pediatric profile - same measurement) (HSA) ⁺	45.0	50.0
Influenza Vaccination % (Medicare) - Windham (CO) [^]	37.0	46.0
Influenza Vaccination % (Medicare) - Windsor (CO) [^]	32.0	46.0
Influenza Vaccination % (Medicare) - Sullivan (CO) [^]	38.0	48.0
Pediatric Developmental Screening in the First Three Years of Life % (HSA) ⁺	53.0	61.0
Pediatric Appropriate Testing for Children with Pharyngitis % (HSA) ⁺	90.0	87.0

[^]County Health Rankings

^{*}Vermont Department of Health, Community Health Profiles

⁺Blueprint Community Profiles

HSA = Hospital Service Area

DO = Agency of Human Services District Office Area

CO = County

Table 10

Regional Health Indicators

Children & Family

	HSA / CO	State
% Single-parent households--Windham (CO)^	35.4	30.8
% Single-parent households--Windsor (CO)^	30.4	30.8
% Single-parent households-Sullivan (CO)^	36.1	27.8
Teen birth rate Windham per 1,000, age 15 - 19 (CO)^	21.8	13.5
Teen birth rate Windsor, per 1,000, age 15 - 19 (CO)^	15.8	13.5
Teen birth rate Sullivan, per 1,000, age 15 - 19 (CO)^	19.3	11.5
% Adolescents (grade 9-12) self-reported feel valued (HSA)^#	38.0	50.0
% Low Birth Weight-Windham (CO)^	6.8	6.7
% Low Birth Weight-Windsor (CO)^	7.4	6.7
% Low Birth Weight-Sullivan (CO)^	8.2	6.9

^County Health Rankings

#Agency of Human Services, Community Profiles

HSA = Hospital Service Area

CO = County

Table 11

Regional Health Indicators

Hunger & Nutrition

	HSA / CO	State
% Youth <5 fruits/vegs (HSA) [#]	81.0	76
% Adults <5 fruits/vegs (HSA) [#]	83.0	80.0
% Obese-adults (HSA) [#]	35.0	28.0
% Obese-adolescents (HSA) [#]	18.0	12.0
% Food Insecure-Windham (CO) [^]	12.6	12.1
% Food Insecure-Windsor (CO) [^]	11.0	12.1
% Food Insecure-Sullivan (CO) [^]	8.9	9.0
% Limited Access to healthy food-Windham (CO) [^]	4.6	3.3
% Limited Access to healthy food-Windsor (CO) [^]	2.9	3.3
% Limited Access to healthy food-Sullivan (CO) [^]	4.2	5.0
% Free & reduced lunch: Springfield town school district [*]	44-56	41.0
% Free or Reduced Lunch-Windham (CO) [^]	45.1	38.5
% Free or Reduced Lunch-Windsor (CO) [^]	45.1	38.5
% Free or Reduced Lunch-Sullivan (CO) [^]	40.9	27.3

[^]County Health Rankings

^{*}Vermont Agency of Education

[#]Agency of Human Services, Community Profiles

HSA = Hospital Service Area

CO = County

Table 12

Regional Health Indicators

Public Safety

	HSA / CO	State
Elevated child blood lead levels (HSA) [#]	4.1	1.7
Violent Crime Rate per 100,000 - Windham (CO) [^]	167.1	128.8
Violent Crime Rate per 100,000 - Windsor (CO) [^]	90.7	128.8
Violent Crime Rate per 100,000 - Sullivan (CO) [^]	175.2	196.8
Air Pollution: PM2.5- Windham (CO) [^]	8.2	6.5
Air Pollution: PM2.5- Windsor (CO) [^]	7.9	6.5
Air Pollution: PM2.5- Sullivan (CO) [^]	7.7	7.5
Homicide Rate per 100,000 - Windham (CO) [^]	3.6	1.9
Homicide Rate per 100,000 - Windsor (CO) [^]	N/A	1.9
Homicide Rate per 100,000 - Sullivan (CO) [^]	N/A	1.4
Firearm Fatalities Rate per 100,000 - Windham (CO) [^]	15.2	11.3
Firearm Fatalities Rate per 100,000 - Windsor (CO) [^]	11.1	11.3
Firearm Fatalities Rate per 100,000 - Sullivan (CO) [^]	13.9	9.2

[^]County Health Rankings[#]Agency of Human Services, Community Profiles

HSA = Hospital Service Area

CO = County

Table 13

Regional Health Indicators

Substance Use Disorder

	HSA / CO	State
Accidental/undetermined opioid deaths per 100,000 (HSA) [#]	24.9	15.2
Drug Overdose Mortality Rate-Windham per 100,000 (CO) [^]	24.0	19.1
Drug Overdose Mortality Rate per 100,000 - Windsor (CO) [^]	25.9	19.1
Drug Overdose Mortality Rate per 100,000 - Sullivan (CO) [^]	17.0	34.2
Follow-Up After Discharge from the Emergency Department for Alcohol or Other Drug Dependence ⁺	19.0	23.0
Initiation of Alcohol/Drug Treatment ⁺	42.0	41.0
Engagement of Alcohol/Drug Treatment ⁺	27.0	34.0
% Smokers - Windham (CO) [^]	14.3	17.0
% Smokers - Windsor (CO) [^]	14.1	17.0
% Smokers - Sullivan (CO) [^]	15.5	18.0
Adolescents drove under influence of alcohol last 30 days (HSA) [*]	5.0	7.0
% Adolescent perception of binge drinking as bad (HSA) [#]	33.0	38.0

[^]County Health Rankings[#]Agency of Human Services, Community Profiles⁺Blueprint Community Profiles^{*}Vermont Department of Health Community Health Profiles

HSA = Hospital Service Area

CO = County

Table 14

Regional Health Indicators

Mental Health

	HSA / CO	State
Mental health providers per 100,000 (HSA) [#]	230.5	342
Mental health providers Rate - Windham (CO) [^]	646.2	433.7
Mental health providers Rate - Windsor (CO) [^]	466.4	433.7
Mental health providers Rate - Sullivan (CO) [^]	174.1	283.4
Adults depressive disorder (HSA) [#]	30.0	22.0
Screening for Clinical Depression (HSA) ⁺	**	2.0
Follow-Up After Discharge from the Emergency Department for Mental Health (HSA) ⁺	66.0	69.0
% Follow-Up After Hospitalization for Mental Illness 7 day (HSA) ⁺	35.0	33.0
Adults self-reported poor mental health (HSA) [#]	18.0	11.0
Adults self-reported low emotional support (HSA) [#]	11.0	8.0
% Adolescents self-reported sad or hopeless 2 weeks (HSA) [#]	30.0	24.0

[^]County Health Rankings[#]Agency of Human Services, Community Profiles⁺Blueprint Community Profiles

HSA = Hospital Service Area

CO = County

** Unreliable data

Impact of Implementation

Table 15
Implementation Outcomes – 2016 Community Health Needs Assessment

OVERWEIGHT/OBESITY	2016	2018	% Change
# Patients	3464	3,911	12.9%
# of Visits	4817	5,846	21.4%

ORAL HEALTH	2016	2018	% Change
Oral Exams			
# Patients	2280	2,843	24.7%
# of Visits	3216	3,808	18.4%

Prophylaxis - adult or child			
# Patients	2109	2341	11.0%
# Visits	3237	3474	7.3%

Sealants			
# Patients	91	137	50.5%
# Visits Sealants	95	141	48.4%

Fluoride Treatments			
# Patients	514	1026	99.6%
# Visits	680	1391	104.6%

Restorative Services			
# Patients	806	1076	33.5%
# Visits	1162	1634	40.6%

SUBSTANCE ABUSE	2016	2018	% Change
Alcohol related disorders			
# Patients	356	369	3.7%
# Visits	977	1255	28.5%

Other substance related disorders			
# Patients	512	451	-11.9%
# Visits	4258	3203	-24.8%

Tobacco use			
# Patients	1326	456	-65.6%
# Visits	2007	618	-69.2%

Depressive / Mood disorders	2016	2018	% Change
# Patients	3362	3418	1.7%
# Visits	12401	12184	-1.7%

Anxiety disorders including PTSD			
# Patients	3333	3795	13.9%
# Visits	10677	11791	10.4%

Attention deficit and disruptive behavior disorders			
# Patients	782	615	-21.4%
# Visits	2103	2018	-4.0%

Other mental disorders, excluding drug or alcohol			
# Patients	1716	1614	-5.9%
# Visits	5717	5408	-5.4%

Needs Assessment Planning Committee

The Needs Assessment Planning Committee consists of the following organizations:

Springfield Medical Care Systems, Springfield, Vermont

Springfield Hospital, Springfield, Vermont

Southern Vermont Area Health Education Center (AHEC), Springfield, Vermont

Southeastern Vermont Community Action (SEVCA), Springfield, Vermont

Healthcare Care and Rehabilitation Services of Vermont (HCRS), Springfield, Vermont

Senior Solutions, Springfield, Vermont

Vermont Department of Health, Springfield, Vermont

Chester/Andover Family Center, Chester, Vermont

Valley Health Connections, Springfield, Vermont

Edgar May Health & Recreation Center, Springfield, Vermont

Greater Falls Connections, Bellows Falls, Vermont

OneCare Vermont

Neighborhood Connections, Londonderry, Vermont

Agency of Human Services, Field Services



Needs Assessment Planning Committee

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Steve Geller
Executive Director
Southeastern Vermont Community Action
Westminster, Vermont
www.sevca.org

Susan White
Health Professions Resource Coordinator
Southern Vermont AHEC
Springfield, Vermont
www.svtahec.org

Lynn Raymond-Empey
Executive Director
Valley Health Connections
Springfield, Vermont
www.vtccu.org

Christian Craig
Executive Director
Edgar May Health & Recreation Center
Springfield, Vermont
www.myreccenter.org

Laura Schairbaum, MA
Director
Greater Falls Connections
Bellows Falls, Vermont
www.GreaterFallsConnections.org

Sue Graff, MS
Field Services Director
VT Agency of Human Services
Brattleboro, Vermont
www.humanservices.Vermont.gov

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www.SeniorSolutionsVT.org

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ACO Clinical Consultant
OneCare Vermont
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Neighborhood Connections
Londonderry, Vermont
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Chief Medical Officer
Springfield Medical Care Systems
Springfield, Vermont
www.Springfieldmed.org

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Director, Community Health Team
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Springfield, Vermont
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George Karabakakis, PhD
Chief Executive Officer
Healthcare & Rehabilitation Services
Springfield, Vermont
www.HCRS.org

Stephanie Mahoney
President
Chester/Andover Family Center Board of Directors
www.Chester-AndoverFamilyCenter.org

Adam Ameele, PsyD
Director of Behavioral Health
Springfield Medical Care Systems
Springfield, Vermont
www.Springfieldmed.org

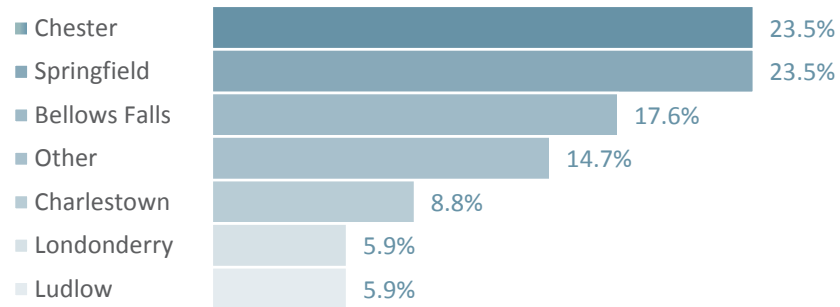
Appendix A. Community Resources

Organizations listed below reflect available local resources.

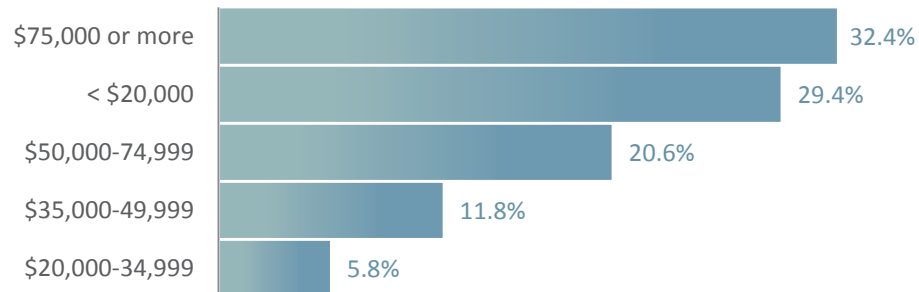
Association of Area Churches	Springfield Prevention Coalition/MAPP
Bayada Home Health Care	Springfield Restorative Justice Center
BCBSVT	Springfield Supportive Housing Program
Building Bright Futures	Sustainable Aging
Cedar Hill Continuing Care Community	Southern Vermont Area Health Education Center
Chester Andover Family Center	Southern Windsor Cty. Regional Planning Commission
Community Restoration Corp	Town of Springfield
Creative Workforce Solutions	Turning Point Recovery Center
Edgar May Recreation Center	Vermont Association of Business, Industry & Rehab.
Greater Falls Connections	Valley Health Connections
Greater Falls Warming Shelter	Vermont 211
HCRS	Vermont Agency for Human Services
Local Fire/EMS teams	Vermont Blueprint for Health
Lincoln Street	Vermont Department of Health
Neighborhood Connections	Visiting Angels of the Upper Conn River Valley
Office of Public Guardian	VNA/VNH
OneCare Vermont	Vocational Rehabilitation
Our Place Drop-In Center	VT Community Foundation
Parks Place Community Resource Center	Windham & Windsor Housing Trust
Pine Heights	Windham County Youth Services
RSVP	Women's Freedom Center
SASH	
Senior Solutions	
Southeastern Vermont Community Action	
Sojourns	
Southern Windsor County Reg. Planning Commission	
Springfield School District	
Springfield Area Parent Child Center	
Springfield Family Center	
Springfield Health and Rehab	
Springfield Housing Authority	

Appendix B. Participant Demographics – Focus Groups

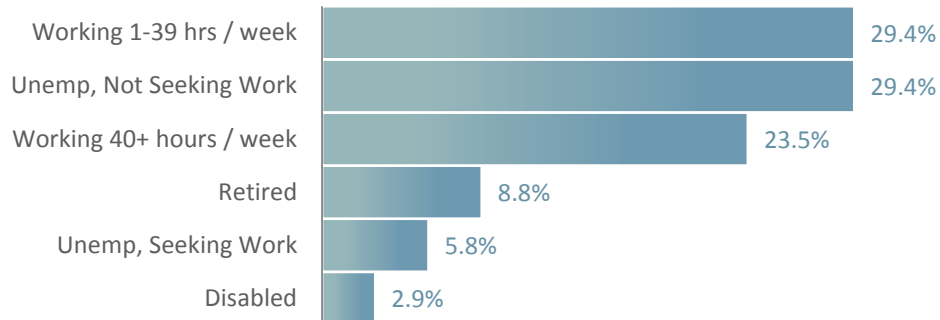
Participant Demographics by Town



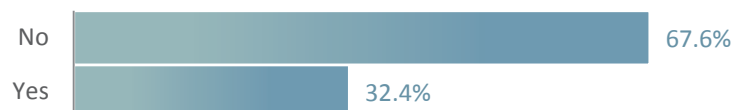
Annual Household Income



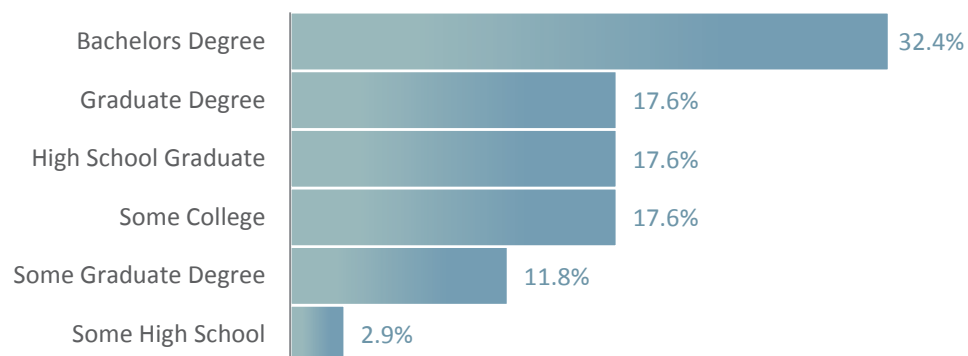
Employment Status



Employed in Healthcare Field



Education Level



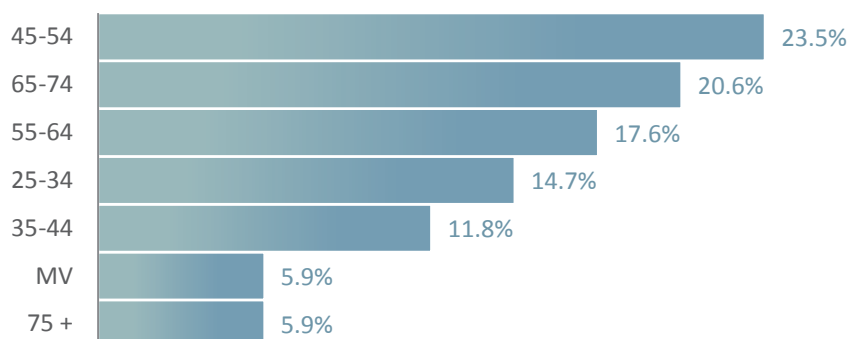
Gender



Primary Health Insurance



Age



Appendix C. Participant Demographics – Community Survey

Respondents by Zip Code	N	% of N
05156	178	32.3%
05143	72	13.1%
03603	41	7.4%
05101	32	5.8%
05150	25	4.5%
05151	22	4.0%
05149	18	3.3%
05142	15	2.7%
03743	14	2.5%
05148	12	2.2%
05155	12	2.2%
05158	12	2.2%
05154	11	2.0%
05153	10	1.8%
05146	7	1.3%
03609	7	1.3%
03602	6	1.1%
05089	6	1.1%
05062	5	0.9%
05161	5	0.9%
05758	5	0.9%
03608	5	0.9%
05346	4	0.7%
05301	3	0.5%
05091	2	0.4%
05152	2	0.4%
05037	2	0.4%
05056	2	0.4%
05253	2	0.4%
05031	1	0.2%
05701	1	0.2%
03431	1	0.2%
03260	1	0.2%
03605	1	0.2%
05250	1	0.2%
03784	1	0.2%
05340	1	0.2%
03601	1	0.2%
05341	1	0.2%
05641	1	0.2%
05359	1	0.2%
03777	1	0.2%
05360	1	0.2%

Length of Residence	N	% of N
10 or more years	381	69.1%
5 - 9 years	75	13.6%
1 - 4 years	74	13.4%
Less than 1 year	18	3.3%
Missing	3	0.5%

Age Group	N	% of N
18 - 29	28	5.1%
30 - 39	72	13.1%
40 - 49	93	16.9%
50 - 59	122	22.1%
60 - 69	120	21.8%
70 - 79	62	11.3%
80 +	17	3.1%
Missing	37	6.7%

Gender	N	% of N
Female	411	74.6%
Male	84	15.2%
Prefer not to answer	21	3.8%
Non-binary	5	0.9%
Missing	30	5.4%

Ethnicity	N	% of N
White or Caucasian	484	87.8%
Prefer not to answer	27	4.9%
Multiethnic	6	1.1%
Hispanic or Latino	4	0.7%
American Indian or Alaska Native	2	0.4%
Black or African American	1	0.2%
Missing	27	4.9%

Medical Coverage, Type	N	% of N
Commercial Insurance (Blue Cross/Blue Shield, CIGNA, etc.)	325	59.0%
Medicare	112	20.3%
Medicaid	49	8.9%
Self-pay	26	4.7%
Veteran's benefits (TricCare, Humana Military, etc.)	11	2.0%
Missing	28	5.1%

Household Income	N	% of N
\$50,000-\$74,999	124	22.5%
\$25,000-\$49,999	105	19.1%
Prefer not to answer	82	14.9%
\$75,000-\$99,999	70	12.7%
\$0-\$24,999	60	10.9%
\$100,000-\$124,999	37	6.7%
\$125,000-\$149,999	16	2.9%
\$150,000-\$174,999	11	2.0%
\$200,000 and up	9	1.6%
\$175,000-\$199,999	7	1.3%
Missing	30	5.4%

Number of People In Household	N	% of N
2	220	39.9%
4 or more	111	20.1%
3	93	16.9%
1	91	16.5%
Missing	36	6.5%

Employment Status	N	% of N
Employed full-time	313	56.8%
Retired	96	17.4%
Employed part-time	54	9.8%
Not working by choice	23	4.2%
Self-employed	16	2.9%
Seeking employment	8	1.5%
Missing	41	7.4%

Appendix D.

Organizations Participating in One-on-One Interviews

All-4-One

Visiting Nurse and Hospice (VNH)

Healthcare & Rehabilitation Center (HCRS)

Springfield High School

Riverside School

Springfield Police Department

Community Health Team (SMCS)

Springfield Area Adult Day Center

Springfield Medical Care System, Inc. (SMCS)

RSVP

Springfield Area Parent Child Center

Union Street School

Springfield School District

Springfield Family Center

Springfield Hospital

Springfield School District Special Education

Union Street School

North Springfield Baptist Church

Union Street School

Emergency Medical Services, Chester, VT

Black River Middle/High School

Vermont Chronic Care Initiative

Vermont Department of Health

Turning Point Recovery Center

Appendix E. Community Survey

The Needs Assessment Planning Committee, including Springfield Medical Care Systems, Springfield Hospital, and area community health service providers and organizations, are conducting a survey to assess health priorities in our community. The answers you provide will be combined with all responses and shared as a report to community organizations. We have taken all available steps to ensure the answers you provide are collected without identifiers. You may access the report after October 1st at Springfieldmed.org. The estimated amount of time to complete the survey is 12 minutes. Please answer as completely and honestly as possible. Your input will help shape our community. Thank you!

* 1. Please identify the zip code where you live.

- ☐ 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. How long have you lived in your current zip code?

- ☐ Less than 1 year ☐ 1 - 4 years ☐ 5 - 9 years ☐ 10 or more years

3. When you imagine a strong, vibrant, healthy community, what are the most important features to you? (Choose up to 5)

- | | | |
|---|---|---|
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Livable wages | <input type="checkbox"/> Affordable, healthy food choices |
| <input type="checkbox"/> Health care services | <input type="checkbox"/> Drug and alcohol free communities | <input type="checkbox"/> Sense of community |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Diverse population | <input type="checkbox"/> Senior services |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Recreation resources, like parks and playgrounds | <input type="checkbox"/> Access to public transportation |
| <input type="checkbox"/> Good childcare | <input type="checkbox"/> Youth services | <input type="checkbox"/> Quiet (low noise level) |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Good schools | |
| <input type="checkbox"/> Economic opportunities | <input type="checkbox"/> Walkable, bike-friendly communities | |

☐ Other (please specify)

4. When you think of challenges in the community where you live, what are you most concerned about?
(Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Crime | <input type="checkbox"/> Drug and/or alcohol abuse |
| <input type="checkbox"/> Polluted environment | <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Lack of support for youth |
| <input type="checkbox"/> Availability of social supports | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Lack of economic opportunities |
| <input type="checkbox"/> Lack of recreation resources | <input type="checkbox"/> Lack of public transportation | <input type="checkbox"/> Lack of good schools |
| <input type="checkbox"/> Racial or cultural discrimination | <input type="checkbox"/> Domestic and/or child abuse | <input type="checkbox"/> Not enough childcare options |
| <input type="checkbox"/> Access to healthy foods | <input type="checkbox"/> Lack of affordable housing | |
| <input type="checkbox"/> Lack of support for seniors | <input type="checkbox"/> Lack of pedestrian infrastructure | |
| <input type="checkbox"/> Other (please specify) | | |

5. We are interested in learning about needs that aren't being met by available resources in the community. Please tell us how much of a need there is relating to Healthcare Services:

	No need	Little need	Some need	Moderate need	High need	Don't know
Access to primary care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short-term community support after hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to cancer screenings and resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Do you have a Primary Care Provider (PCP)? (Choose one)

- ☐ Yes ☐ No ☐ Unsure

7. Where do you usually go to receive healthcare? (Choose one)

- ☐ Medical Doctor's office
 ☐ Emergency room
 ☐ I do not receive routine healthcare
☐ Nurse Practitioner's office
 ☐ Walk-in care clinic
☐ Other (please specify)

8. We are interested in learning about needs that aren't being met by available resources in the community. Please tell us how much of a need there is relating to Mental Health services:

	No need	Little need	Some need	Moderate need	High need	Don't know
Access to mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to residential mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early detection of mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More mental health providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. We are interested in learning about needs that aren't being met by available resources in the community. Please tell us how much of a need there is relating to Children and Families:

	No need	Little need	Some need	Moderate need	High need	Don't know
Mentoring programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More childcare resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate nutrition for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afterschool programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to dental care for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/child centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic abuse prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse prevention support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home visits for newborns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. We are interested in learning about needs that aren't being met by available resources in the community. Please tell us how much of a need there is relating to Hunger and Nutrition:

	No need	Little need	Some need	Moderate need	High need	Don't know
Access to healthy foods in schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to affordable healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of healthy meal preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. We are interested in learning about needs that aren't being met by available resources in the community. Please tell us how much of a need there is relating to Senior Care:

	No need	Little need	Some need	Moderate need	High need	Don't know
Elder housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate nutrition for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to services (e.g., healthcare, groceries, shopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to nursing home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder day care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to long-term health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable home services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you have any elders dependent on you for care or support?

☐ Yes ☐ No

13. If you need assistance accessing services (for example housing, transportation, health care), do you know who to contact? (Choose one)

☐ Yes ☐ No ☐ Unsure

14. We are interested in learning about needs that aren't being met by available resources in the community. Please tell us how much of a need there is in the area of Substance Use Disorder:

	No need	Little need	Some need	Moderate need	High need	Don't know
Reduction of alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction of opiate/narcotic use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to <u>residential</u> substance use treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction in marijuana use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to <u>outpatient</u> substance treatment programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. In the past 12 months, have you had difficulty accessing any of the following services in your community? (Check all that apply)

<input type="checkbox"/> Mental health care	<input type="checkbox"/> Emergency dental care	<input type="checkbox"/> Long-term care (assisted living or nursing home care)
<input type="checkbox"/> Primary health care	<input type="checkbox"/> In-home support services	<input type="checkbox"/> Support services for persons with special needs
<input type="checkbox"/> Specialty health care	<input type="checkbox"/> Drug and alcohol treatment/recovery services	<input type="checkbox"/> Home health care and hospice services
<input type="checkbox"/> Routine dental care for adults	<input type="checkbox"/> Routine dental care for children	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Social/human services	<input type="checkbox"/> Emergency medical care	
<input type="checkbox"/> Other (please specify)		
<input type="text"/>		

16. If you have had difficulty accessing services during the past 12 months, what made it difficult to access service(s)? (Check all that apply)

<input type="checkbox"/> Cost	<input type="checkbox"/> Lengthy wait time for an appointment	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Cannot take time off from work	<input type="checkbox"/> Needed service(s) are not available	
<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Clinician turnover	
<input type="checkbox"/> Other (please specify)		
<input type="text"/>		

17. Have you traveled outside of the region to receive medical care within the past 12 months? If yes, which type of provider(s) did you see? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Addiction treatment | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Allergist | <input type="checkbox"/> Ear, Nose and Throat | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Alzheimer's or dementia care | <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Bariatric care | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> General surgery | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Pulmonary specialist |
| <input type="checkbox"/> Cosmetic and reconstructive surgery | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Kidney care | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Lifestyle Medicine | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Diabetes care | <input type="checkbox"/> Neurology | <input type="checkbox"/> Sleep medicine |
| <input type="checkbox"/> Dietitians | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Emergency services | <input type="checkbox"/> Pain management | <input type="checkbox"/> Vision care (Ophthalmology, or Optometry) |

18. If you have traveled outside of the region to receive medical care, please provide the name of the organization(s) below. (For example, Dartmouth, Montpelier Health, VA, etc.)

Organization 1:

Organization 2:

Organization 3:

Organization 4:

19. In the past 12 months, have you needed financial assistance for any of the following? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Acquiring housing | <input type="checkbox"/> Food assistance programs | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Health care costs | |
| <input type="checkbox"/> Other (please specify) | | |

20. Which of the following do you believe are having a negative affect on your overall health? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Physical safety, exposure to crime or violence | <input type="checkbox"/> Feeling alone or lonely more often than not |
| <input type="checkbox"/> Lack of job opportunities | <input type="checkbox"/> Lack of reliable transportation |
| <input type="checkbox"/> Lack of safe housing | <input type="checkbox"/> Limited or no internet access |
| <input type="checkbox"/> Lack of access to health care services | <input type="checkbox"/> Lack of sidewalks |
| <input type="checkbox"/> Environment (air and/or water quality) | <input type="checkbox"/> Lack of leisure time physical activity |
| <input type="checkbox"/> Limited educational and job training opportunities | <input type="checkbox"/> Financial stress |
| <input type="checkbox"/> Frequent household food shortage (not having enough food on a regular basis) | <input type="checkbox"/> Employment conditions |
| <input type="checkbox"/> Other (please specify) | |

21. Which of the following programs would you or your family use if it were more available in your area? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Biking/walking trails and pathways | <input type="checkbox"/> After-school activities |
| <input type="checkbox"/> Recreation/fitness programs | <input type="checkbox"/> Affordable childcare |
| <input type="checkbox"/> Stress reduction and relaxation classes | <input type="checkbox"/> Improved balance/fall reduction programs |
| <input type="checkbox"/> Nutrition/cooking programs | <input type="checkbox"/> Walk with a Doc |
| <input type="checkbox"/> Programs that address body weight | <input type="checkbox"/> Community / Social events |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> School summer meals program |
| <input type="checkbox"/> Other (please specify) | |

22. If you could change one thing you believe would contribute to better health in your community, what would you change?

23. Which best describes your employment status? (Choose one)

- | | | |
|---|--|--|
| <input type="radio"/> Employed full-time | <input type="radio"/> Self-employed | <input type="radio"/> Seeking employment |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Not working by choice | <input type="checkbox"/> Retired |

24. How would you describe your ethnicity?

- ☐ White or Caucasian ☐ Asian or Asian American ☐ Multiethnic
☐ Black or African American ☐ American Indian or Alaska Native ☐ Prefer not to answer
☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islander

25. What is your gender?

- ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to answer

26. How many people live in your household?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

27. What was your household income (combined income of all people living in household) in 2018?

- ☐ \$0-\$24,999 ☐ \$100,000-\$124,999 ☐ \$200,000 and up
☐ \$25,000-\$49,999 ☐ \$125,000-\$149,999 ☐ Prefer not to answer
☐ \$50,000-\$74,999 ☐ \$150,000-\$174,999
☐ \$75,000-\$99,999 ☐ \$175,000-\$199,999

28. How are the majority of your medical expenses paid? (Choose one)

- ☐ Medicare ☐ Veteran's benefits (Tricare, Humana Military, etc.)
☐ Medicaid ☐ Self-pay
☐ Commercial Insurance (Blue Cross/Blue Shield, CIGNA, etc.)

29. In what year were you born? (enter 4-digit birth year; for example, 1976)

Please return by July 9, 2019 to SMCS, c/o Marketing Department, PO Box 2003, Springfield, VT 05156

You may complete this survey online by going to <https://www.surveymonkey.com/r/BK5GY5Q>

Thank you for participating. Your input regarding healthcare and social services in our area is very important. If you are interested in participating in the Patient Experience Group, please email customerrelations@springfieldmed.org.

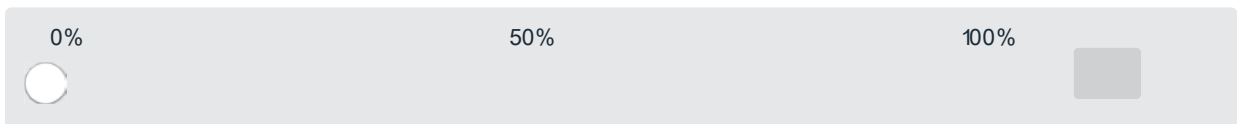
THANK YOU!

Appendix F. Medical Staff Survey

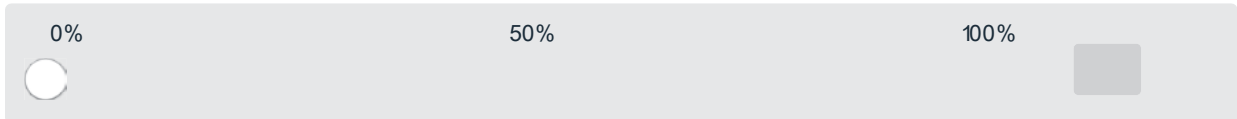
2019 Community Health Needs Assessment - Medical Staff Survey

Springfield Medical Care Systems and Springfield Hospital are seeking the input of SMCS' medical staff regarding the service needs of patients. We estimate it will take approximately 5 minutes to complete the survey. Thank you for taking the time - we know how busy you are and appreciate all you do!

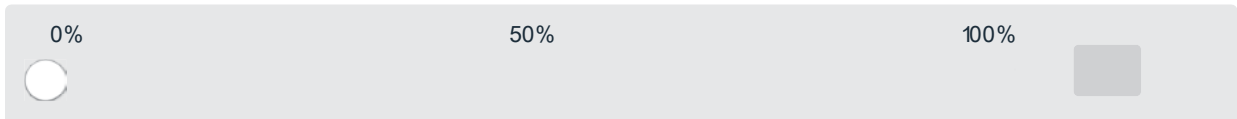
1. In your estimation, what percent of your patients delay recommended care because of cost?



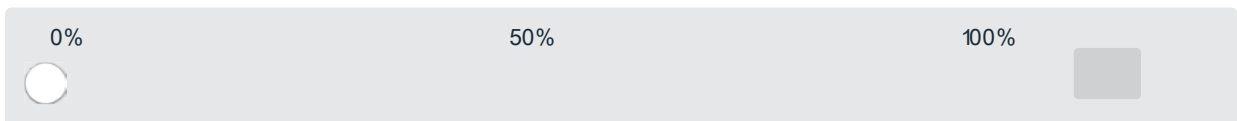
2. In your estimation, what percent of your patients have gone without needed medication(s) due to cost?



3. In your estimation, what percent of your patients have transportation difficulties affecting their ability to access care?



4. In your estimation, what percent of your patients communicate with you using computer technology?



5. Based on your experience, what patient services are consistently needed that are not currently provided by SMCS or Springfield Hospital?

Service 1

Service 2

Service 3

6. In your opinion, which factor(s) below are having the greatest negative effect on patient health outcomes?

- ☐ Tobacco / Smoking
- ☐ Substandard Housing
- ☐ Alcohol addiction
- ☐ Crime
- ☐ Recreational drugs
- ☐ Genetic predisposition
- ☐ Low educational attainment
- ☐ Mental health disorders
- ☐ Social isolation
- ☐ Insufficient care services
- ☐ Poor dietary habits
- ☐ Environmental contaminants
- ☐ Lack of economic opportunities / Poverty
- ☐ Other (please specify)

7. What is your area of patient care? (Choose one)

- | | | |
|--|--|---------------------------------------|
| <input type="radio"/> Family Medicine | <input type="radio"/> Orthopaedics | <input type="radio"/> Pulmonary |
| <input type="radio"/> Primary Care | <input type="radio"/> Physical Therapy | <input type="radio"/> General Surgery |
| <input type="radio"/> Cardiology | <input type="radio"/> Behavioral Health | <input type="radio"/> Dietician |
| <input type="radio"/> Diabetes Care | <input type="radio"/> Ear, Nose and Throat | <input type="radio"/> Walk-in Care |
| <input type="radio"/> Emergency Care | <input type="radio"/> Audiology | <input type="radio"/> Dental |
| <input type="radio"/> Gynecology | <input type="radio"/> Eye care | <input type="radio"/> Oncology |
| <input type="radio"/> Lifestyle Medicine | <input type="radio"/> Urology | <input type="radio"/> Pediatrics |
| <input type="radio"/> Other (please specify) | | |

Appendix G. Secondary Data Sources

Robert Wood Johnson County Health Rankings	www.countyhealthrankings.org
Blueprint Community Profiles	https://blueprintforhealth.vermont.gov/community-health-profiles
U.S. Bureau of Labor Statistics	https://data.bls.gov/cew/apps/table_maker/v4/table_maker.htm?type=1&year=2018&qtr=4&own=5&ind=10&supp=0
Vermont Agency of Education Child Nutrition Programs	https://education.vermont.gov/sites/aoe/files/documents/education-nutrition-2019-free-reduced-eligibility-report.pdf
Vermont Agency of Human Services Community Profiles	https://humanservices.vermont.gov/ahs_community-profiles
Vermont Department of Health Community Health Profiles	https://www.healthvermont.gov/stats/data
Vermont Housing Finance Agency	www.housingdata.org
Vermont Household Health Insurance Survey	https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf
American FactFinder	https://factfinder.census.gov
UDS Mapper	www.udsmapper.org/map/app.cfm#8x2P1aqn7b46lM3Bjb0L
US Census Bureau Quick Facts	https://www.census.gov/quickfacts

For further information, please contact:

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Springfield Hospital

SPRINGFIELD MEDICAL CARE SYSTEMS

Where People Come First

Community Health Needs Assessment Implementation Plan 2019-20

Springfield Hospital Board of Directors Meeting

February 11, 2020 (Board Approved)

CHNA Priority Areas and Implementation Plan

The 2019 Community Health Needs Assessment identified 4 priority areas:

- Dental Care/Oral Health
- Substance Use Disorder
- Mental Health
- Affordable Health Care

Springfield Hospital has implementation strategies relating to three of the four key areas: Substance Use, Mental Health and Affordable Health Care. Dental care is addressed through Springfield Medical Care Systems and the work of the Community Collaborative.

The Springfield Hospital Implementation Plan will be coordinated by the Chief of Patient Care Services at Springfield Hospital, collaborating with hospital staff and the Community Collaborative, as needed, and will report quarterly progress.

Substance Use

Strategy 1

- Expand outreach to individuals presenting with substance use

Springfield Hospital Activities

- Implement Recovery Coach program in the Emergency Department in partnership with Turning Point.

Strategy 2

- Provide treatment on-demand

Springfield Hospital Activities

- Provide staff education regarding treatment options and workflow/access for substance use treatment.
- Develop Rapid Access to Medically Assisted Treatment (MAT) in the Emergency Department
- Continue to provide pharmacy services for the Rapid Access MAT program.

Mental Health

Strategy 1

- Increase early identification of individuals who may benefit from mental health treatment

Springfield Hospital Activities

- Implement Screening, Brief Intervention, and Navigation to services from within the Emergency Department through integration of care coordination.
- Link to services: Turning Point, SMCS Behavioral Health, HCRS, and Primary Care Physicians

Strategy 2

- Improve timely access to mental health services

Springfield Hospital Activities

- Conduct feasibility study for geriatric psych program development
- Engage consultant for analysis for demand and financing

Affordable Health Care

Strategy 1

- Convene workgroup to develop strategies to improve access to primary care and specialty care

Springfield Hospital Activities

- Collaborate with area health systems to develop a regional approach to maintaining access to healthcare for local communities.
- Conduct focus group regarding improving access and affordability of care for specialty and hospital services.



FINANCIAL STATEMENTS

with

SUPPLEMENTARY INFORMATION

September 30, 2019 and 2018

With Independent Auditor's Report



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, 2019 and 2018, and the related statements of operations, changes in net assets (deficit), 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.

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, 2019 and 2018, and the results of its operations, changes in its net assets (deficit), 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 16 to the financial statements, the Hospital has experienced significant operating losses in recent years. As more fully described in the notes to the financial statements, on June 26, 2019, the Hospital filed a voluntary petition for reorganization under Chapter 11 of the United States Bankruptcy Code. The uncertainties inherent in the bankruptcy process and the Hospital's recurring losses and negative cash flows from operations raise substantial doubt about the Hospital's ability to continue as a going concern. The Hospital is currently operating its business as a Debtor-in-Possession under the jurisdiction of the Bankruptcy Court, and continuation of the Hospital as a going concern is contingent upon, among other things, the confirmation of a Plan of Reorganization and the Hospital's ability to generate sufficient cash from operations to meet its future obligations. Note 16 includes management's main initiatives to achieve financial sustainability and to exit bankruptcy. If no reorganization plan is approved, it is possible that the Hospital's assets may be liquidated. The financial statements do not include any adjustments to reflect the possible future effects on the recoverability and classification of assets or the amount and classification of liabilities that may result from the outcome of these uncertainties. Our opinion is not modified with respect to this matter.

Other Matters

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.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2019 the Hospital adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958)*. Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
August 14, 2020

Registration No. 92-0000278

SPRINGFIELD HOSPITAL, INC.

(Debtor-in-Possession)

Balance Sheets

September 30, 2019 and 2018

ASSETS

	<u>2019</u>	<u>2018</u>
Current assets		
Cash and cash equivalents	\$ 2,203,692	\$ 19,413
Patient accounts receivable, net of allowances for doubtful accounts and contractual allowances of \$7,816,562 for 2019 and \$9,429,629 for 2018	6,108,506	8,271,627
Supplies	247,471	272,042
Prepaid expenses	937,715	610,549
Estimated third-party payor settlements	-	1,071,000
Other receivables	<u>1,387,270</u>	<u>405,872</u>
Total current assets	10,884,654	10,650,503
Assets limited as to use	356,526	11,951,704
Property and equipment, net	11,951,599	12,392,957
Long-term investments	<u>-</u>	<u>765,089</u>
Total assets	<u>\$ 23,192,779</u>	<u>\$ 35,760,253</u>

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

LIABILITIES AND NET ASSETS (DEFICIT)

	<u>2019</u>	<u>2018</u>
Current liabilities		
Line of credit	\$ -	\$ 2,268,078
Current portion of long-term debt	-	8,256,819
Accounts payable and accrued expenses	2,509,261	8,199,050
Accrued salaries and related amounts	1,972,022	3,992,666
Estimated third-party payor settlements	1,721,177	-
Other current liabilities	<u>3,005,108</u>	<u>644,890</u>
Total current liabilities	9,207,568	23,361,503
Liabilities subject to compromise	17,038,949	-
Long-term debt, net of current portion	-	686,919
Pension liability	<u>3,994,478</u>	<u>2,260,177</u>
Total liabilities	<u>30,240,995</u>	<u>26,308,599</u>
Net (deficit) assets		
Without donor restrictions	(7,931,988)	8,552,715
With donor restrictions	<u>883,772</u>	<u>898,939</u>
Total net (deficit) assets	<u>(7,048,216)</u>	<u>9,451,654</u>
Total liabilities and net assets	<u>\$ 23,192,779</u>	<u>\$ 35,760,253</u>

SPRINGFIELD HOSPITAL, INC.**(Debtor-in-Possession)****Statements of Operations****Years Ended September 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Revenues, gains and other support without donor restrictions		
Patient service revenue (net of contractual allowances and discounts)	\$ 43,472,384	\$ 49,650,654
Less provision for bad debts	<u>5,271,466</u>	<u>5,028,274</u>
Net patient service revenue	38,200,918	44,622,380
Fixed prospective revenue	9,818,600	8,356,432
Other operating revenues	1,690,177	1,602,488
Net assets released from restrictions used for operations	<u>140,966</u>	<u>282,653</u>
Total revenues, gains and other support without donor restrictions	<u>49,850,661</u>	<u>54,863,953</u>
Expenses		
Salaries and benefits	25,675,398	27,574,071
Supplies and other	29,032,851	31,456,859
Insurance	750,310	642,143
Depreciation and amortization	1,618,026	1,552,306
Interest	<u>508,414</u>	<u>634,651</u>
Total expenses	<u>57,584,999</u>	<u>61,860,030</u>
Operating loss	<u>(7,734,338)</u>	<u>(6,996,077)</u>
Reorganization items	(471,733)	-
Nonoperating gains (losses)		
Investment income and realized gains on sales of investments	316,363	1,194,356
Net change in unrealized losses on investments	(1,363,187)	(118,100)
Contributions and support, net of related expenses	<u>37,005</u>	<u>(393)</u>
Nonoperating (losses) gains, net	<u>(1,009,819)</u>	<u>1,075,863</u>
Deficiency of revenues, gains and other support over expenses and losses and decrease in net assets without donor restrictions	(9,215,890)	(5,920,214)
Net assets released from restrictions used for purchase of property and equipment	18,211	98,083
Change in net assets to recognize funded status of pension plan	(1,256,731)	889,811
Transfer to Springfield Medical Care Systems, Inc.	<u>(6,030,293)</u>	<u>(1,697,253)</u>
Decrease in net assets without donor restrictions	<u>\$ (16,484,703)</u>	<u>\$ (6,629,573)</u>

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

SPRINGFIELD HOSPITAL, INC.

(Debtor-in-Possession)

Statements of Changes in Net Assets (Deficit)

Years Ended September 30, 2019 and 2018

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Balances, October 1, 2017	\$ <u>15,182,288</u>	\$ <u>796,777</u>	\$ <u>15,979,065</u>
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.	<u>(1,697,253)</u>	<u>-</u>	<u>(1,697,253)</u>
(Decrease) increase in net assets	<u>(6,629,573)</u>	<u>102,162</u>	<u>(6,527,411)</u>
Balances, September 30, 2018	<u>8,552,715</u>	<u>898,939</u>	<u>9,451,654</u>
Deficiency of revenues, gains and other support over expenses and losses	(9,215,890)	-	(9,215,890)
Restricted contributions	-	144,010	144,010
Net assets released from restrictions used for operations	-	(140,966)	(140,966)
Net assets released from restrictions used for purchase of property and equipment	18,211	(18,211)	-
Change in net assets to recognize funded status of pension plan	(1,256,731)	-	(1,256,731)
Transfer to Springfield Medical Care Systems, Inc.	<u>(6,030,293)</u>	<u>-</u>	<u>(6,030,293)</u>
Decrease in net assets	<u>(16,484,703)</u>	<u>(15,167)</u>	<u>(16,499,870)</u>
Balances, September 30, 2019	\$ <u>(7,931,988)</u>	\$ <u>883,772</u>	\$ <u>(7,048,216)</u>

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

SPRINGFIELD HOSPITAL, INC

(Debtor-in-Possession)

Statements of Cash Flows

Years Ended September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities		
Change in net (deficit) assets	\$ (16,499,870)	\$ (6,527,411)
Adjustments to reconcile change in net assets (deficit) to net cash provided (used) by operating activities		
Depreciation and amortization	1,647,419	1,581,699
Net realized and unrealized losses (gains) on investments	1,139,982	(789,565)
Transfer to Springfield Medical Care Systems, Inc.	6,030,293	1,697,253
Change in net assets to recognize funded status of pension plan	1,256,731	(889,811)
Reorganization items	471,733	-
(Increase) decrease in		
Patient accounts receivable, net	2,163,121	1,625,221
Supplies	24,571	5,254
Prepaid expenses	(327,166)	84,023
Estimated third-party payor settlements	3,922,479	(15,239)
Other receivables	(981,398)	125,349
(Decrease) increase in		
Accounts payable and accrued expenses	2,406,847	200,250
Accrued salaries and related amounts	(2,020,644)	1,644,853
Other current liabilities	1,360,218	238,359
Pension liability	477,570	160,468
Net cash provided (used) by operating activities before reorganization items	1,071,886	(859,297)
Operating cash flows from reorganization items:		
Professional fees paid for services rendered in connection with Chapter 11 proceedings	(471,733)	-
Net cash provided (used) by operating activities	600,153	(859,297)
Cash flows from investing activities		
Purchase of property and equipment	(247,573)	(368,368)
Proceeds from sale of investments	13,336,992	5,607,311
Purchase of investments	(2,116,707)	(3,108,911)
Net advances to related party	(6,259,019)	(1,408,559)
Net cash provided by investing activities	4,713,693	721,473
Cash flows from financing activities		
Principal payments on long-term debt	(2,808,993)	(715,311)
Proceeds from issuance of long-term debt	1,000,000	-
Net (repayments) advances on line of credit	(1,320,574)	347,731
Net cash used by financing activities	(3,129,567)	(367,580)
Net increase (decrease) in cash and cash equivalents	2,184,279	(505,404)
Cash and cash equivalents, beginning of year	19,413	524,817
Cash and cash equivalents, end of year	\$ 2,203,692	\$ 19,413

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

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2019 and 2018

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.

On June 26, 2019, the Hospital and SMCS filed separate petitions for relief under Chapter 11 of the federal bankruptcy laws in the United States Bankruptcy Court for the District of Vermont. Under Chapter 11, certain claims against the Hospital and SMCS in existence prior to the filing of the petitions for relief under the federal bankruptcy laws are stayed while the Hospital and SMCS continue business operations as a Debtor-in-possession. These claims are reflected in the September 30, 2019 balance sheet as liabilities subject to compromise. Additional claims may arise subsequent to the filing date resulting from rejection of executory contracts, including leases, and from the determination by the court (or agreed to by parties in interest) of allowed claims for contingencies and other disputed amounts. Claims secured against the Hospital and SMCS' assets (secured claims) also are stayed, although the holders of such claims have the right to move the court for relief from the stay. Secured claims are secured primarily by liens on the Hospital and SMCS' property and equipment. The Hospital received approval from the Bankruptcy Court to pay or otherwise honor certain of its prepetition obligations, including employee wages.

1. Summary of Significant Accounting Policies

Basis of Presentation

Net assets (deficit) and revenues, expenses, and gains (losses) are classified based on the existence or absence of donor-imposed restrictions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 958, *Not-for-Profit Entities*, as described below. Under FASB ASC 958 and FASB ASC 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a balance sheet, a statement of operations, a statement of changes in net assets (deficit), and a statement of cash flows. FASB ASC 954 requires reporting amounts for an organization's total assets, liabilities, and net assets (deficit) in a balance sheet; reporting the change in an organization's net assets (deficit) in statements of operations and changes in net (deficit) assets; and reporting the change in its cash and cash equivalents in a statement of cash flows, according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Hospital. These net assets may be used at the discretion of the Hospital's management and the Board of Directors (Board).

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Hospital or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2019 and 2018

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.

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 \$830,353 and \$803,745 as of September 30, 2019 and 2018, respectively. There were no significant changes to the allowance for doubtful accounts in 2019 or 2018.

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 FASB ASC 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.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2019 and 2018

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 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 support without donor restrictions 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 support with donor restrictions. 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, 2019 and 2018 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 for the years ended September 30, 2019 and 2018 is classified as interest expense.

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 net assets without donor restrictions 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.

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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. The Hospital's participation in the ACO was terminated effective January 1, 2020.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets 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 support with donor restrictions 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, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restrictions.

Donor-restricted gifts are reported as cash and cash equivalents.

Reorganization Items

Reorganization items are comprised of costs directly associated with Chapter 11 reorganization. These include professional expenses and trustee fees.

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.

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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, 2019 and 2018, the Hospital incurred \$2,831,012 and \$3,240,700, respectively, in health care provider tax, which is reported in supplies and other expenses in the statements of operations.

Functional Expenses

The statements of operations report certain expense categories that are attributable to both healthcare services and support functions. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. The expenses that are allocated include employee benefits, which are allocated based on salaries, and occupancy, depreciation and amortization, and interest costs, which are allocated by square footage. Expenses related to providing these services were as follows for the years ended September 30:

<u>2019</u>	<u>Healthcare Services</u>	<u>Support Services</u>	<u>Total</u>
Salaries, payroll taxes and employee benefits	\$ 21,348,285	\$ 4,327,113	\$ 25,675,398
Supplies	4,910,622	378,556	5,289,178
Health care provider tax	2,831,012	-	2,831,012
Purchased services	8,931,727	2,082,811	11,014,538
Physician fees	5,678,972	75,203	5,754,175
Occupancy	662,997	256,486	919,483
Equipment rental	453,449	58,247	511,696
Repairs and maintenance	215,418	102,827	318,245
Insurance	665,683	84,627	750,310
Depreciation and amortization	1,166,684	451,342	1,618,026
Interest	366,594	141,820	508,414
Other	564,055	1,830,469	2,394,524
	<u>\$ 47,795,498</u>	<u>\$ 9,789,501</u>	<u>\$ 57,584,999</u>

SPRINGFIELD HOSPITAL, INC.**Notes to Financial Statements****September 30, 2019 and 2018**

<u>2018</u>	<u>Healthcare Services</u>	<u>Support Services</u>	<u>Total</u>
Salaries and related payroll taxes	\$ 22,334,243	\$ 5,239,828	\$ 27,574,071
Supplies	4,890,100	524,278	5,414,378
Health care provider tax	3,240,700	-	3,240,700
Purchased services	10,973,570	1,142,922	12,116,492
Physician fees	5,765,436	45,338	5,810,774
Occupancy	605,605	234,283	839,888
Equipment rental	509,143	62,605	571,748
Repairs and maintenance	658,878	118,303	777,181
Insurance	574,366	67,777	642,143
Depreciation and amortization	1,119,296	433,010	1,552,306
Interest	457,618	177,033	634,651
Other	<u>694,726</u>	<u>1,990,972</u>	<u>2,685,698</u>
	<u>\$ 51,823,681</u>	<u>\$ 10,036,349</u>	<u>\$ 61,860,030</u>

Recently Issued Accounting Pronouncement

In August 2016, FASB issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958)*, which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property and equipment has also been simplified and clarified. New disclosures highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. The ASU also imposes several new requirements related to reporting expenses. The Hospital has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

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 August 14, 2020, the date that the financial statements were available to be issued.

On March 11, 2020 the World Health Organization declared coronavirus disease (COVID-19) a global pandemic. Local, U.S., and world governments encouraged self-isolation to curtail the spread of COVID-19 by mandating the temporary shut-down of business in many sectors and imposing limitations on travel and the size and duration of group gatherings. As states begin to reopen, most sectors have experienced significant disruption to business operations. Hospitals have played an important role in delivering critical services during the outbreak. The Coronavirus

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Preparedness and Response Supplemental Appropriations Act, 2020, provides several waivers to allow flexibility to hospitals and providers to deliver critical care. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and additional government actions to mitigate them. Accordingly, while management cannot quantify the financial and other impacts to the Hospital, management believes that a material impact on the Hospital's financial position and results of future operations is reasonably possible.

In April 2020, the Hospital received a \$1.3 million term loan from the State of Vermont due the earlier of 18 months after disbursement or as part of the bankruptcy resolution. The loan bears interest at the Federal Funds Rate and is collateralized by certain unencumbered federal relief funds the Hospital received in response to COVID-19.

2. Availability and Liquidity of Financial Assets

The Hospital had working capital of \$1,677,086 at September 30, 2019 and a working capital deficit of \$(12,711,000) at September 30, 2018. The 2019 amount excludes liabilities subject to compromise. The Hospital had average days (based on normal expenditures) cash on hand of 14 and 0 at September 30, 2019 and 2018, respectively. Note 16 contains additional information regarding the Hospital's cash flow challenges and management's plans to address them.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows as of September 30:

	<u>2019</u>	2018
Cash	\$ 2,203,692	\$ 19,413
Patient accounts receivable, net	6,108,506	8,271,627
Estimated third-party payor settlements	-	1,071,000
Other receivables	<u>347,270</u>	<u>405,872</u>
Financial assets available to meet general expenditures within one year	<u>\$ 8,659,468</u>	<u>\$ 9,767,912</u>

The Hospital has assets limited as to use of \$356,526 and \$11,951,704 at September 30, 2019 and 2018, respectively, that are designated assets set aside by the Board for future capital improvements and operations. Therefore, these assets are not available for general expenditure within the next year; however, the internally designated amounts could be made available, if necessary.

The Hospital and SMCS split a \$3,000,000 available line of credit with a bank, as discussed in Note 9. The line of credit was frozen when the Hospital filed for Chapter 11 bankruptcy protection on June 26, 2019. See Note 16 for further discussion.

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3. 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 50% and 45% of the Hospital's net patient service revenue for the years ended September 30, 2019 and 2018, respectively.

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

	<u>2019</u>	<u>2018</u>
Patient services		
Inpatient	\$ 20,679,809	\$ 25,157,040
Outpatient	<u>89,532,923</u>	<u>96,095,738</u>
Gross patient service revenue	<u>110,212,732</u>	<u>121,252,778</u>
Less Medicare and Medicaid allowances	54,148,290	56,817,164
Less other contractual allowances	10,902,865	12,644,617
Less charity care and other discounts	<u>1,689,193</u>	<u>2,140,343</u>
	<u>66,740,348</u>	<u>71,602,124</u>
Patient service revenue (net of contractual allowances and discounts)	43,472,384	49,650,654
Less provision for bad debts	<u>5,271,466</u>	<u>5,028,274</u>
Net patient service revenue	<u>\$ 38,200,918</u>	<u>\$ 44,622,380</u>

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 2019 and 2018, net patient service revenue increased approximately \$57,000 and \$103,000, 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:

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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:

	<u>2019</u>	<u>2018</u>
Revenue from third-party payors	\$ 40,998,792	\$ 47,425,891
Revenue from self-pay patients	<u>2,473,592</u>	<u>2,224,763</u>
	<u>\$ 43,472,384</u>	<u>\$ 49,650,654</u>

4. 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

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- 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 \$818,000 in 2019 and \$992,000 in 2018. The total cost estimate is based on an overall financial statement cost to charge ratio applied against gross charity care charges. In 2019 and 2018, 1.42% and 1.60%, respectively, of all services as defined by percentage of gross revenue were provided on a charity care basis.

In 2019, of a total of 104 Hospital inpatients receiving charity care, 8 received their entire episode of service on a charity care basis and 96 received partial subsidy. In 2018, of a total of 103 inpatients receiving charity care, 82 received their entire episode of service on a charity care basis and 21 received partial subsidy.

In 2019, of a total of 2,110 Hospital outpatients receiving charity care, 433 received their entire episode of service on a charity care basis and 1,677 received partial subsidy. In 2018, of a total of 956 outpatients receiving charity care, 779 received their entire episode of service on a charity care basis and 177 received partial subsidy.

5. Investments

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

	<u>2019</u>	<u>2018</u>
Cash and short-term investments	\$ 356,526	\$ 191,513
Fixed income	-	2,698,032
Equities	-	9,827,248
Total investments	<u>\$ 356,526</u>	<u>\$ 12,716,793</u>

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

	<u>2019</u>	<u>2018</u>
Assets limited as to use, internally designated for capital acquisition and operations	\$ 356,526	\$ 11,951,704
Long-term investments	-	765,089
	<u>\$ 356,526</u>	<u>\$ 12,716,793</u>

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

	<u>2019</u>	<u>2018</u>
Interest and dividend income	\$ 93,158	\$ 286,691
Realized gains on sales of securities	223,205	907,665
Net change in unrealized gains on investments	<u>(1,363,187)</u>	<u>(118,100)</u>
	<u>\$ (1,046,824)</u>	<u>\$ 1,076,256</u>

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6. Fair Value Measurements

FASB ASC 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 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	
	<u>2019</u>	<u>2018</u>
Investments:		
Cash and short-term investments	\$ 356,526	\$ 191,513
Fixed income	-	2,698,032
Equities	-	9,827,248
Total assets	<u>\$ 356,526</u>	<u>\$ 12,716,793</u>
Investments - held by defined benefit pension plan (Note 14):		
Mutual funds:		
Fixed income	\$ 295,270	\$ 7,621,849
Equities	<u>10,668,443</u>	<u>4,691,316</u>
Total investments - held by defined benefit pension plan	<u>\$ 10,963,713</u>	<u>\$ 12,313,165</u>

SPRINGFIELD HOSPITAL, INC.

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7. Property and Equipment

A summary of property and equipment follows:

	<u>2019</u>	<u>2018</u>
Land and land improvements	\$ 2,083,694	\$ 2,083,694
Buildings and improvements	14,275,585	14,217,938
Leasehold improvements	948,319	948,319
Fixed equipment	5,993,584	5,131,746
Major moveable equipment	17,244,679	16,944,296
Construction in progress	<u>123,447</u>	<u>205,527</u>
	40,669,308	39,531,520
Less accumulated depreciation and amortization	<u>28,717,709</u>	<u>27,138,563</u>
Property and equipment, net	<u>\$ 11,951,599</u>	<u>\$ 12,392,957</u>

8. Liabilities Subject to Compromise

Liabilities subject to compromise consist of the following as of September 30, 2019:

Line of credit	\$ 947,504
Long-term debt	7,093,233
Estimated third-party settlements	1,130,302
Accounts payable and accrued expenses	<u>7,867,910</u>
	<u>\$ 17,038,949</u>

9. Borrowings

The State of Vermont Agency of Human Services provided \$1 million in short-term financial assistance in late January 2019. Repayment is anticipated through future Medicaid payments. The amount is included in other current liabilities.

Long-Term Debt

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

	<u>2019</u>	<u>2018</u>
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, 2019). The term note is collateralized by real property and investments.	\$ 5,685,026	\$ 8,340,464

SPRINGFIELD HOSPITAL, INC.

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	<u>2019</u>	<u>2018</u>
Capital leases payable in equal monthly installments of \$40,255 at fixed rates between 2.85% and 5.27%, maturing through 2023.	<u>1,408,207</u>	<u>990,279</u>
	7,093,233	9,330,743
Less liabilities subject to compromise	7,093,233	-
Less current portion	-	8,256,819
Less unamortized debt issuance costs	<u>-</u>	<u>387,005</u>
Long-term debt, net of current portion and unamortized debt issuance costs	<u>\$ -</u>	<u>\$ 686,919</u>

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 \$1,592,703 and \$1,045,782 at September 30, 2019 and 2018, respectively. The present value of these assets has been included with property and equipment, net. Amortization expense for assets under capital lease was \$384,175 and \$242,861 for the years ended September 30, 2019 and 2018, respectively, and has been included with depreciation and amortization expense in the accompanying financial statements. Accumulated amortization associated with the lease totaled \$845,118 and \$460,944 at September 30, 2019 and 2018, respectively.

The Hospital and SMCS are required to comply with financial debt covenants related to the term note payable. As of September 30, 2019 the Hospital and SMCS were not in compliance. For 2018 financial statement purposes, the term note, net of unamortized debt issuance costs, was classified as current based on the Hospital's noncompliance and financial condition.

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% (4.79% as of September 30, 2019). The Hospital's outstanding balance was \$947,504 at September 30, 2019 and included in liabilities subject to compromise. The Hospital's outstanding balance was \$2,268,078 at September 30, 2018. The line of credit was frozen when the Hospital filed for Chapter 11 bankruptcy protection on June 26, 2019. See Note 16 for further discussion.

SPRINGFIELD HOSPITAL, INC.**Notes to Financial Statements****September 30, 2019 and 2018****10. Net Assets**

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2019</u>	<u>2018</u>
Funds with donor restrictions temporary in nature:		
Purchase of equipment and departmental expenses	\$ <u>387,671</u>	\$ 402,823
Health education	<u>2,610</u>	<u>2,625</u>
Total funds maintained with donor restrictions temporary in nature	<u>390,281</u>	<u>405,448</u>
Investments to be held in perpetuity, the income from which is expendable to support health care services	<u>493,491</u>	<u>493,491</u>
Total funds maintained with donor restrictions held in perpetuity	<u>493,491</u>	<u>493,491</u>
Total net assets with donor restrictions	\$ <u>883,772</u>	\$ <u>898,939</u>

11. 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:

	<u>2019</u>	<u>2018</u>
Medicare	<u>26 %</u>	26 %
Medicaid	<u>13</u>	16
Commercial	<u>37</u>	32
Self pay	<u>24</u>	<u>26</u>
	<u>100 %</u>	<u>100 %</u>

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.

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12. 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 \$150,000 with an aggregate limit of 125% of the group expected claims. At September 30, 2019 and 2018, the Hospital had accrued \$272,727 and \$1,080,000, 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, 2019 and 2018, 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. The letter of credit was frozen when the Hospital filed for Chapter 11 bankruptcy protection on June 26, 2019. See Note 16 for further discussion.

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 has properly accounted for them in the financial statements as of September 30, 2019. No such accrual was necessary at September 30, 2018.

13. Supplemental Cash Flow Information

Cash paid for interest for the years ended September 30, 2019 and 2018 was \$479,021 and \$605,258, respectively.

The Hospital entered into capital lease obligations, acquiring assets with a value of \$929,095 and \$328,622 in 2019 and 2018, respectively. These lease commitments and capital assets were treated as noncash transactions.

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14. 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:

	<u>2019</u>	<u>2018</u>
Benefit obligation	\$ (14,958,191)	\$ (14,573,342)
Fair value of plan assets	<u>10,963,713</u>	<u>12,313,165</u>
Funded status	\$ <u>(3,994,478)</u>	\$ <u>(2,260,177)</u>

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:

	<u>2019</u>	<u>2018</u>
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 14,573,342	\$ 15,574,551
Interest cost	588,136	569,421
Actuarial loss (gain)	1,400,809	(768,777)
Benefits paid	(753,665)	(801,853)
Settlement	<u>(850,431)</u>	<u>-</u>
Benefit obligation at end of year	\$ <u>14,958,191</u>	\$ <u>14,573,342</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 12,313,165	\$ 12,585,031
Actual return on plan assets	254,644	529,987
Benefits paid	(753,665)	(801,853)
Settlement	<u>(850,431)</u>	<u>-</u>
Fair value of plan assets at end of year	\$ <u>10,963,713</u>	\$ <u>12,313,165</u>
Components of net periodic benefit cost		
Interest cost	\$ 588,136	\$ 569,421
Expected return on plan assets	(744,485)	(762,189)
Immediate recognition of settlement	330,149	-
Amortization of unrecognized net actuarial loss	<u>303,770</u>	<u>353,236</u>
Net periodic benefit cost	\$ <u>477,570</u>	\$ <u>160,468</u>

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2019 and 2018

The following amounts were recognized in the Hospital's decrease in net assets without donor restrictions for the Pension Plan, excluding amounts recognized in net periodic benefit cost:

	<u>2019</u>	<u>2018</u>
Net actuarial loss (gain)	\$ 1,890,650	\$ (536,575)
Reclassification adjustment for amortization of net unrecognized actuarial loss	(303,770)	(353,236)
Immediate recognition of settlement	<u>(330,149)</u>	<u>-</u>
Change in net assets to recognize funded status of the Pension Plan	<u>\$ 1,256,731</u>	<u>\$ (889,811)</u>

Charged against net assets without donor restrictions at September 30, 2019 and 2018 are unrecognized actuarial losses of \$5,806,443 and \$4,549,712, 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 \$458,577.

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

	<u>2019</u>	<u>2018</u>
Weighted average assumptions at or for the year ended September 30		
Discount rate		
For determining net periodic benefit cost	4.15 %	3.75 %
For determining benefit obligation	2.83	4.15
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 seek to achieve and maintain a fully funded position for Plan termination. The investment strategy for achieving and maintaining this position varies with the funded status and other parameters related to the overall goal. As the funded status rises, the Plan objective will move gradually toward maintaining that level and managing funded status volatility, rather than generating return. The investment portfolio is allocated on certain phasing thresholds of equities and bonds, based on the quarterly calculation of the funded status of the Plan. No more than 40% of the Plan's investments are allocated to equities. Performance of investments is evaluated against peer group median returns for 3 and 5-year cumulative periods and risk-adjusted performance. An investment option may be placed on a watch list and a thorough review and analysis of the investment option may be conducted as a result of performance, significant changes in assets or investment strategy, increases in fees and expenses, or any extraordinary event that may interfere with the ability to prudently manage the investment assets.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2019 and 2018

The Hospital's Pension Plan weighted-average asset allocations at September 30, 2019 and 2018, by asset category, are as follows:

	<u>2019</u>	<u>2018</u>
Mutual funds		
Fixed income	3 %	62 %
Equities	<u>97 %</u>	<u>38 %</u>
Total	<u>100 %</u>	<u>100 %</u>

Contributions

The Hospital does not expect to contribute to its defined benefit pension plan in 2020.

Estimated Future Benefit Payments

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

Fiscal year	
2020	\$ 833,900
2021	854,300
2022	877,700
2023	890,800
2024	901,300
Years 2025 - 2029	4,427,500

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 \$200,000 and \$243,000 for the years ended September 30, 2019 and 2018, respectively.

15. Related Party Transactions

The Hospital contracts with SMCS for billing services. The costs to the Hospital were \$188,400 during 2019 and 2018.

SMCS received rent from the Hospital of \$84,336 for various ambulatory care centers and physician office spaces for the years ended September 30, 2019 and 2018.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2019 and 2018

For the years ended September 30, 2019 and 2018, the Hospital forgave \$6,030,293 and \$1,697,253, 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.

16. 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.

As discussed in the Organization footnote, on June 26, 2019, the Hospital filed a petition for relief under Chapter 11 of the United States Bankruptcy Code in the United States Bankruptcy Court for the District of Vermont. Under Chapter 11, certain claims against the Hospital in existence prior to the filing of the petition for relief under the federal bankruptcy laws are stayed while the Hospital continues business operations as Debtor-in-Possession.

Management continues to work diligently to improve the Hospital's cash and operating positions. Management is constantly reviewing operations to identify more cost effective and efficient ways to provide healthcare services that are appropriate for a rural hospital to be providing to the people of the service area. Some specific initiatives undertaken or planned for the future are:

1. Recruited a second full-time general surgeon who is scheduled to begin in October 2020 and replaces several locum tenens, resulting in a significant reduction in expense.
2. Total review of the employee benefits program to better align with the market, enhancing the health coverage for employees at a reduced cost.
3. Temporarily suspended the 401k retirement employer match.
4. Restructured specialty clinic physician coverage so as to reduce expenses without reducing call coverage.
5. Engaged a new physician company to staff and manage the hospitalist service. This company will provide a more collaborative service between the Hospital's inpatient service and the emergency department as well as reduce the cost of the program.
6. Restructured the billing and accounts receivable department to utilize a "revenue cycle" approach to collecting revenue. This will enhance cash collections.

Management believes relief under Chapter 11 of the federal bankruptcy laws and initiatives already taken provide the opportunity to allow the Hospital to continue as a going concern.

SUPPLEMENTARY INFORMATION

SPRINGFIELD HOSPITAL, INC.**Schedule of Operating Expenses****Years Ended September 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Salaries and benefits		
Salaries and related payroll taxes	\$ 19,692,769	\$ 21,354,999
Employee benefits	<u>5,982,629</u>	<u>6,219,072</u>
Total salaries and benefits	<u>25,675,398</u>	<u>27,574,071</u>
Supplies and other		
Supplies	5,289,178	5,414,378
Health care provider tax	2,831,012	3,240,700
Purchased services	11,014,538	12,116,492
Physician fees	5,754,175	5,810,774
Accounting and legal fees	247,532	123,858
Telephone	72,628	108,562
Postage and shipping	117,349	101,143
Occupancy	919,483	839,888
Equipment rental	511,696	571,748
Repairs and maintenance	318,245	777,181
Printing and publishing	11,254	24,800
Travel	66,510	67,423
Dues and subscriptions	108,030	170,625
Licenses and taxes	22,053	24,600
Advertising	60,124	148,857
Education and training	43,878	163,351
Recruiting	78,439	38,791
Other expenses	<u>1,566,727</u>	<u>1,713,688</u>
Total supplies and other	<u>29,032,851</u>	<u>31,456,859</u>
Insurance	750,310	642,143
Depreciation and amortization	1,618,026	1,552,306
Interest	<u>508,414</u>	<u>634,651</u>
Total expenses	<u>\$ 57,584,999</u>	<u>\$ 61,860,030</u>