

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Springfield Hospital Inc		D Employer identification number 03-0179437
	Doing business as		E Telephone number 802-885-2151
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 54,851,868.
	P.O. Box 2003		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Springfield, VT 05156		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Robert Adcock same as C above		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.springfieldhospital.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	514
	6 Total number of volunteers (estimate if necessary)	6	18
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,265,313.	Current Year 2,898,023.
	9 Program service revenue (Part VIII, line 2g)	40,414,089.	51,925,961.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,996.	10,104.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,042.	5,387.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,698,440.	54,839,475.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26,212,787.	25,366,751.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,141,038.	27,934,002.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,357,825.	53,300,753.	
19 Revenue less expenses. Subtract line 18 from line 12	-4,659,385.	1,538,722.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,092,094.	End of Year 28,932,259.
	21 Total liabilities (Part X, line 26)	40,577,074.	23,278,286.
	22 Net assets or fund balances. Subtract line 21 from line 20	-12,484,980.	5,653,973.

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			
	Kayda Wescott, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Barbara J. McGuan, CPA	Preparer's signature Barbara J. McGuan, C	Date 08/15/22	Check if self-employed <input type="checkbox"/>	PTIN P00219457
	Firm's name Berry Dunn McNeil & Parker, LLC	Firm's EIN 01-0523282	Firm's address 2211 Congress St Portland, ME 04102	Phone no. (207) 775-2387	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 43,924,692. including grants of \$) (Revenue \$ 51,925,961.) Springfield Hospital (SH) is a 25-bed critical access hospital located in Springfield, VT. SH also operates The Windham Center, a comprehensive inpatient mental health program in Bellows Falls, VT; off-site physical therapy services, five hospital-owned specialty clinics (ENT, general surgery, orthopedics, gynecology and urology), and an adult day care center in Springfield, VT.

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

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

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

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

4e Total program service expenses 43,924,692.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>	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>		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>		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>		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>		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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>	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>		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>		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>		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>	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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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 Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	12	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
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 on 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?		
10b			
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	
12c			
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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶VT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
Kayda Wescott - 802-885-7646
P.O. Box 2003, Springfield, VT 05156

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) David Muller, MD Orthopaedic Surgeon	40.00 0.00					X	648,268.	0.	20,870.	
(2) Robert Cantu, MD Director/Orthopaedic Surgeon	40.00 0.00	X					573,779.	0.	4,650.	
(3) Michael Halstead Past Interim CEO/President	40.00 0.00			X			208,250.	89,250.	76,756.	
(4) John Ciocchi, MD Hospitalist Physician	40.00 0.00					X	331,557.	0.	11,681.	
(5) Zita Ficko Urologist	40.00 0.00					X	295,422.	0.	12,460.	
(6) Vitaliano Sicilia, MD Hospitalist Physician	40.00 0.00					X	290,902.	0.	4,189.	
(7) Allan Scroggins Past Interim CFO	20.00 20.00			X			159,658.	68,425.	58,846.	
(8) Robert Cochrane, MD Hospitalist Physician	40.00 0.00					X	278,450.	0.	4,005.	
(9) Eliot Hall, MD Director	1.00 40.00	X					0.	233,508.	23,020.	
(10) Kayda Wescot Interim CFO	24.00 16.00			X			48,920.	68,141.	18,247.	
(11) Jim Rumrill Chairperson	2.00 1.00	X		X			0.	0.	0.	
(12) Lynn Raymond-Empey Vice Chairperson	2.00 0.00	X		X			0.	0.	0.	
(13) Richard Dexter III Treasurer	2.00 1.00	X		X			0.	0.	0.	
(14) John Bond Secretary	2.00 0.00	X		X			0.	0.	0.	
(15) David Sandelman Director	1.00 0.00	X					0.	0.	0.	
(16) Doug Nilson, MD Director	1.00 0.00	X					0.	0.	0.	
(17) Gabriel St. Pierre Director	1.00 0.00	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) Heather Presch Director	1.00 0.00	X						0.	0.	0.
(19) Howard Schapiro, MD Director	1.00 0.00	X						0.	0.	0.
(20) Stephen Leblanc Director	1.00 0.00	X						0.	0.	0.
(21) Robert Adcock CEO	40.00 0.00			X				0.	0.	0.
1b Subtotal								2,835,206.	459,324.	234,724.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,835,206.	459,324.	234,724.

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 **25**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Bluewater Emergency Partners, 14 Maine Street, Box 44, Brunswick, ME 04011	Physicians	1,689,775.
Clinical Colleagues, Inc. PO Box 824246, Philadelphia, PA 19182-4246	Physicians	1,022,007.
Weatherby Locums Inc PO Box 972633, Dallas, TX 75397-2633	Physicians	958,168.
Quorum Health Resources LLC, 1573 Mallory Lane Suite 200, Brentwood, TN 37027	Consulting Services	845,536.
Soliant Health PO Box 934411, Atlanta, GA 31193-4411	Staffing Services	548,371.

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 **17**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	15,975.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,595,193.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	286,855.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,898,023.			
Program Service Revenue	2 a Patient Service Revenue	Business Code	622110	101,348,810.	101,348,810.		
	b Miscellaneous Revenue		622110	8,453,490.	8,361,457.	92,033.	
	c MSSA Revenue		622110	996,129.	996,129.		
	d Adult Daycare Revenue		624120	148,306.	148,306.		
	e Contractual Allowances		622110	-59,020,774.	-59,020,774.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			51,925,961.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,884.		5,884.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other		4,220.		
	b Less: cost or other basis and sales expenses	7b			0.		
	c Gain or (loss)	7c			4,220.		
d Net gain or (loss)				4,220.		4,220.	
8 a Gross income from fundraising events (not including \$ 15,975. of contributions reported on line 1c). See Part IV, line 18	8a			15,610.			
		b Less: direct expenses	8b	11,998.			
		c Net income or (loss) from fundraising events			3,612.		3,612.
9 a Gross income from gaming activities. See Part IV, line 19	9a			2,170.			
		b Less: direct expenses	9b	395.			
		c Net income or (loss) from gaming activities			1,775.		1,775.
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			54,839,475.	51,833,928.	0.	107,524.	

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 ...				
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	1,095,032.	578,429.	516,603.	
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	19,902,061.	16,903,727.	2,998,334.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	326,258.	263,009.	63,249.	
9 Other employee benefits	2,614,892.	2,187,498.	427,394.	
10 Payroll taxes	1,428,508.	1,151,576.	276,932.	
11 Fees for services (nonemployees):				
a Management				
b Legal	107,652.		107,652.	
c Accounting	80,432.		80,432.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,600,970.	11,858,186.	1,742,784.	
12 Advertising and promotion	72,199.	181.	72,018.	
13 Office expenses	310,498.	160,941.	149,557.	
14 Information technology				
15 Royalties				
16 Occupancy	2,049,019.	1,456,313.	592,706.	
17 Travel	36,181.	30,296.	5,885.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	198,051.	19,595.	178,456.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,521,090.	1,077,885.	443,205.	
23 Insurance	750,284.	693,172.	57,112.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	3,794,901.	3,266,736.	528,165.	
b Healthcare Provider Tax	2,788,490.	2,788,490.		
c Miscellaneous Expenses	2,624,235.	1,488,658.	1,135,577.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	53,300,753.	43,924,692.	9,376,061.	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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,299,641.	1	6,059,485.
	2 Savings and temporary cash investments	359,297.	2	8,005.
	3 Pledges and grants receivable, net	620,514.	3	679,743.
	4 Accounts receivable, net	8,826,704.	4	10,234,438.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	230,072.	8	258,355.
	9 Prepaid expenses and deferred charges	801,235.	9	756,374.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,794,151.		
	b Less: accumulated depreciation	10b 31,834,504.	10,954,631.	10c 9,959,647.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	976,212.
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,092,094.	16	28,932,259.	
Liabilities	17 Accounts payable and accrued expenses	9,580,646.	17	6,949,889.
	18 Grants payable		18	
	19 Deferred revenue	269,284.	19	2,353,104.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	994,393.	23	5,691,654.
	24 Unsecured notes and loans payable to unrelated third parties		24	2,738,925.
	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	29,732,751.	25	5,544,714.
	26 Total liabilities. Add lines 17 through 25	40,577,074.	26	23,278,286.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-13,427,178.	27	4,665,803.
	28 Net assets with donor restrictions	942,198.	28	988,170.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-12,484,980.	32	5,653,973.
	33 Total liabilities and net assets/fund balances	28,092,094.	33	28,932,259.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,839,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,300,753.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,538,722.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-12,484,980.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,774,000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	18,374,231.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,653,973.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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		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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O.	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? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2020

Name of the organization

Springfield Hospital Inc

Employer identification number

03-0179437

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 Springfield Hospital Inc	Employer identification number 03-0179437
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>2,583,338.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>11,855.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>26,315.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>12,675.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Springfield Hospital Inc	Employer identification number 03-0179437
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization Springfield Hospital Inc	Employer identification number 03-0179437
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization Springfield Hospital Inc	Employer identification number 03-0179437
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		5,354.
j Total. Add lines 1c through 1i			5,354.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

The Organization paid dues to Vermont Association of Hospitals and Health Systems of which a percentage of the dues were used for lobbying.

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

2020

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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term 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? <input type="checkbox"/> | 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		14,899,158.	8,409,513.	6,489,645.
c Leasehold improvements		948,319.	617,151.	331,168.
d Equipment		23,727,617.	21,206,170.	2,521,447.
e Other		2,131,900.	1,601,670.	530,230.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,959,647.

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	1,798,160.
(3) Pension Liability	3,746,554.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,544,714.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	73,226,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	18,386,624.
e	Add lines 2a through 2d	2e	18,386,624.
3	Subtract line 2e from line 1	3	54,839,475.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	54,839,475.

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	53,313,146.
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	12,393.
e	Add lines 2a through 2d	2e	12,393.
3	Subtract line 2e from line 1	3	53,300,753.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	53,300,753.

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:

Reorganization Items	17,213,752.
Change in Net Assets to Recognize Funded Status of Pension Plan	1,160,479.
Fundraising Expenses	12,393.
Total to Schedule D, Part XI, Line 2d	18,386,624.

Part XII, Line 2d - Other Adjustments:

Fundraising Expenses	12,393.
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

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	31,585.		31,585.
	2	Less: Contributions	15,975.		15,975.
	3	Gross income (line 1 minus line 2)	15,610.		15,610.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,000.		2,000.
	6	Rent/facility costs	5,605.		5,605.
	7	Food and beverages	3,253.		3,253.
	8	Entertainment			
	9	Other direct expenses	1,140.		1,140.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				3,612.

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			
	2	Cash prizes			
Direct Expenses	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 (continued)

Lined area for supplemental information.

**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

2020

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? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<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)			333,947.		333,947.	.63%
b Medicaid (from Worksheet 3, column a)			11342994.	6034084.	5308910.	9.96%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			11676941.	6034084.	5642857.	10.59%
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)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			11676941.	6034084.	5642857.	10.59%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
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		
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	16,972,545.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	17,399,266.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-426,721.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 Springfield Hospital
PO Box 2003
Springfield, VT 05156
www.springfieldhospital.org
918

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , X, , X, , Inpatient Psychiatric Unit, .

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Springfield Hospital, Inc.

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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		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	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: 20 <u>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	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		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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	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>See Part V, Page 8</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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>See Part V, Page 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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?	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?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group Springfield Hospital, Inc.

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group Springfield Hospital, Inc.

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

Schedule H (Form 990) 2020

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 2019 CHNA implementation strategy and progress report.

Note For Public Input Info - Monthly Board meetings are open to the public for comments and questions.

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.

Please see attached Implementation Strategy and status updates through April 2021.

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

www.springfieldhospital.org/community-health-needs-assessment/

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, line 7a, Hospital facility's CHNA website:

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

Part V, line 10a, Hospital facility's Implementation Strategy website:

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

Part V, line 16a, FAP website:

<https://springfieldhospital.org/financial-assistance/>

Part V, line 16b, FAP Application website:

<https://springfieldhospital.org/financial-assistance/>

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

<https://springfieldhospital.org/financial-assistance/>

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.

Multiple horizontal lines for providing supplemental information.

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? 9

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
8 Springfield Urology 25 Ridgewood Rd Springfield, VT 05156	Specialty Practice
9 Springfield Gynecology 25 Ridgewood Rd Springfield, VT 05156	Specialty Practice

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 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:

See page 7 of the attached financial statements.

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

Part VI Supplemental Information (Continuation)

input regarding community health care, hospital services, and new opportunities. Conducted on an annual basis, planning includes information from various sources as outlined below:

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

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

1) A community needs assessment tool is available on our website page, <https://springfieldhospital.org/community-needs-assessment-your-feedback/> 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 our website at <https://springfieldhospital.org/patient-complaints-2019/>, by calling 802-885-7299, or by e-mailing communityrelations@springfieldhospital.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

Part VI Supplemental Information (Continuation)

planning, career/education, and youth and elderly services agencies, to name a few, and provides ongoing community input.

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

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

- Our volunteer network creates ongoing opportunities for patient interaction and community outreach activities.

- Public meetings and events are held as needed 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 primary care 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

Part VI Supplemental Information (Continuation)

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 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 to Springfield Hospital until December 31, 2020, 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 Hospital maintains collaborative working relationships with each of these institutions as well as with Springfield Medical Care Systems' primary care network which

Part VI Supplemental Information (Continuation)

provides medical, dental and vision services to the area.

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

Windsor County: 45.8

Windham County: 44.9

Vermont: 41.5

US: 37.2

Cheshire County: 40.7

Sullivan County: 43.9

NH: 41.1

Median Household Income

Windsor County: \$50,893

Windham County: \$46,714

Vermont: \$51,841

US: \$51,914

Cheshire County: \$48,030

Sullivan County: \$50,689

NH: \$63,277

Population in Poverty

Windsor County: 9.73%

Windham County: 11.13%

Vermont: 11.12%

Part VI Supplemental Information (Continuation)

US: 13.82%

Cheshire County: 11.8%

Sullivan County: 10.04%

NH: 8.29%

Part VI, Line 5:

The health of our area communities and access to quality health care is served through the community health center network of the organization's former 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 was a subsidiary of Springfield Medical Care Systems (SMCS) until its exit from Chapter 11 in December of 2020. 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

Part VI Supplemental Information (Continuation)

to designated tertiary care facilities for the appropriate level of care
as needed.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2020

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 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 **1b**

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

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

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

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

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

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

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

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

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

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

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

	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) 2020

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) David Muller, MD Orthopaedic Surgeon	(i)	573,268.	75,000.	0.	0.	20,870.	669,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Robert Cantu, MD Director/Orthopaedic Surgeon	(i)	573,779.	0.	0.	0.	4,650.	578,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Michael Halstead Past Interim CEO/President	(i)	208,250.	0.	0.	0.	53,729.	261,979.	0.
	(ii)	89,250.	0.	0.	0.	23,027.	112,277.	0.
(4) John Ciocchi, MD Hospitalist Physician	(i)	331,557.	0.	0.	0.	11,681.	343,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Zita Ficko Urologist	(i)	290,043.	0.	5,379.	0.	12,460.	307,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Vitaliano Sicilia, MD Hospitalist Physician	(i)	245,977.	15,500.	29,425.	0.	4,189.	295,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Allan Scroggins Past Interim CFO	(i)	159,658.	0.	0.	0.	41,192.	200,850.	0.
	(ii)	68,425.	0.	0.	0.	17,654.	86,079.	0.
(8) Robert Cochrane, MD Hospitalist Physician	(i)	223,958.	39,067.	15,425.	0.	4,005.	282,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Eliot Hall, MD Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,508.	0.	0.	0.	23,020.	256,528.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 7:

David Muller received bonus compensation in 2020 for his productivity.

Vitaliano Sicilia and Robert Cochrane's bonuses are contingent in part on the following metrics:

- Core Measures
- Patient Experience
- Meaningful Use
- Completion of Medical Records

Form 990, Part VII, line 5:

Allan Scroggins, Past Interim CFO, was compensated by a third party, Quorum Health Resources for services rendered to both Springfield Medical Care Systems, Inc. and Springfield Hospital, Inc. Quorum Health Resources received the following amounts from the filing Organization and SMCS respectively for services rendered:

Springfield Medical Care Systems, Inc.: \$86,079

Springfield Hospital, Inc.: \$200,850

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.

Michael Halstead, Past Interim CEO, was compensated by a third party,
Quorum Health Resources for services rendered to both Springfield
Medical Care Systems, Inc. and Springfield Hospital, Inc. Quorum Health
Resources received the following amounts from the filing Organization
and SMCS respectively for services rendered:

Springfield Medical Care Systems, Inc.: \$112,277

Springfield Hospital, Inc.: \$261,978

Neither Springfield Medical Care Systems, Inc. nor Springfield
Hospital, Inc. are aware of the amounts of compensation paid to the
individuals noted above by Quorum Health Resources. The amounts shown
are the amounts paid to the unrelated third party for services
rendered.

Doug Nilson, Director / ED Provider, was compensated by a third party,
Bluewater Emergency Partners for services rendered to Springfield
Hospital, Inc. Bluewater Emergency Partners received \$1,689,775 from

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.

the filing Organization. A breakdown of compensation between Dr. Nilson and other providers is not available to filing Organization.

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

2020

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:

Our plan is to accomplish this by:

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

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

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

- Offering safe, personalized, high-quality care.

SH provides health services to residents throughout its catchment area.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

Springfield Hospital Inc

Employer identification number

03-0179437

Many of the services benefit the elderly, the poor, the indigent, the underinsured and the uninsured. SH receives minimal reimbursement from these programs, with 44% 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 FY21, charges foregone for charity care, based on established rates, amounted to \$742K.

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, Connecticut Valley Orthopaedics, Springfield Gynecology and Springfield Urology. 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 on-site 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 available through donations and grant funding.

Other community benefit programs include the following:

Name of the organization Springfield Hospital Inc	Employer identification number 03-0179437
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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. Traditionally, these programs have been offered, however they were on hold for 2021 due to COVID-19.

Healthcare Scholarships: Springfield Hospital raises funds that are then donated to individuals to further their educational pursuits in healthcare careers. In FY 2021, we donated four scholarships of \$2,500 in healthcare scholarships.

BeSeatSmart Program: This program helps residents comply with Vermont's child passenger restraint law, while ensuring the safety of our smallest patients. During FY 2021, 21 child safety seats were provided to families in need, and a total of 28 child safety seats were installed and/or 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 \$1,000 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, for example Hearts of Hope and the Santa Claus Club.

Name of the organization Springfield Hospital Inc	Employer identification number 03-0179437
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In addition, Springfield Hospital partners with the Vermont Food Bank in offering Veggie VanGo that provides free fresh fruits and vegetables to families in need on a monthly basis. The Springfield Hospital Veggie VanGo site serves approximately 300-400 families each month.

EMS Preceptor Programs: Through Springfield Hospital's Emergency Department, area EMS received education by participating in a preceptor program, allowing personnel to participate in supervised patient care.

Hospital Based Support Groups: Springfield Hospital routinely provides education and support groups on a variety of topics such as Alzheimers' Caregivers. Group meetings meet monthly and are free to participants, educational in nature, and offer an opportunity for group discussion. During FY 2021, these groups were suspended for public safety precautions related to COVID-19.

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. During FY 2021, these groups were suspended for public safety precautions related to COVID-19.

Training Site Partnerships: Springfield Hospital is a training site for Vermont Technical College for their Licensed Practical Nurses and several other schools for their Registered Nurses. Generally, the following participating schools have students doing practicums:

University of New Hampshire, University of Vermont, Norwich University,

Name of the organization Springfield Hospital Inc	Employer identification number 03-0179437
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University of Massachusetts, Smith College, Antioch New England Graduate School, River Valley College, VTC, St Joseph's College of Maine, Castleton State College. The program utilization generally requires an estimated 1,500 to 1,700 hours for clinical work, although low activity took place in 2021 due to COVID-19.

Community Education:

Springfield Hospital promotes health education programs, open to the public, which include American Heart Association CPR and First Aid classes. The Hospital also collaborates with the Springfield Medical Care Systems' 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, participation in fundraising activities, including the Springfield Hospital Annual Golf Tournament and Apple Blossom Cotillion fundraising (unfortunately cancelled in 2021 due to COVID-19) 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. Volunteer numbers and time were drastically reduced in

Name of the organization Springfield Hospital Inc	Employer identification number 03-0179437
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2021 due to COVID-19. In 2020, prior to early March, Springfield Hospital had 28 volunteers and volunteered approximately 650 hours.

The Windham Center: The Windham Center is a 10-bed inpatient mental health unit that provides mental health services to residents of Windham and Windsor counties and other communities. Programs provide treatment for men and women who are 18 years of age and older. Multidisciplinary teams include psychiatrists, social workers, clinicians, drug and alcohol counselors, and nurses. The Windham Center serves the general population and financial assistance is available, based on need. The Windham Center had 160 admissions in 2021.

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, Marble Valley Regional Transit. Service has been temporarily reduced due to COVID-19 restrictions.

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

The Organization has a single class of members.

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

Name of the organization Springfield Hospital Inc	Employer identification number 03-0179437
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The responsibilities of the Members are limited to election of Members and election of the Board of Directors of the Hospital.

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

The Bylaws may be amended at an annual, regular or special meeting of the Members by a two-thirds vote of the Members.

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

Form 990 is reviewed by the Organization's Chief Financial Officer 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 15:

For FY21, the Hospital's CEO was compensated by a third party, Quorum Health Resources for services rendered to Springfield Hospital, Inc. The Hospital is not aware of the amount of compensation paid to the CEO by Quorum Health Resources. The amounts shown on Part VII & Schedule J are the amounts paid to the unrelated third party for services rendered.

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:

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

Program service expenses	11,858,186.
Management and general expenses	1,742,784.
Fundraising expenses	0.
Total expenses	13,600,970.
Total Other Fees on Form 990, Part IX, line 11g, Col A	13,600,970.

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	1,160,479.
Reorganization Items	17,213,752.
Total to Form 990, Part XI, Line 9	18,374,231.

Form 990, Part XI, Line 8: Prior Period Adjustment

The Organization has adopted Financial Accounting Standards Board

(FASB) Accounting Standards Update No. 2014-09, Revenue from Contracts

Name of the organization Springfield Hospital Inc	Employer identification number 03-0179437
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with Customers (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. GAAP and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, companies recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods and services. Topic 606 also requires companies to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization adopted this ASU for the year ended September 30, 2021. There was no impact on opening net assets as a result of the adoption.

The adoption of Accounting Standards Codification (ASC) Topic 606 changed how implicit price concessions are presented in the financial statements. Under the previous standards, the estimate for amounts not expected to be collected based upon historical experience was reflected as a provision for doubtful accounts, and presented separately as an offset to net patient service revenue. Under the new standards, the estimate for amounts not expected to be collected based on historical experience will continue to be recognized as a reduction to net revenue, but not reflected separately as provision for doubtful accounts. The adoption resulted in a \$1,774,000 decrease in net assets without donor restrictions at September 30, 2020 as a result of a change in methodology related to the assessment of the collectibility of amounts due from patients and the related revenue recognition.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Springfield Medical Care Systems, Inc. - 03-0284813, 100 River Street, Springfield, VT 05156	Primary medical care, support and enabling	Vermont	501(c)(3)	Line 3	N/A		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information.



FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION

September 30, 2021 and 2020
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), which comprise the balance sheets as of September 30, 2021 and 2020, 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 qualified 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, 2021 and 2020, 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 10 to the financial statements, the Hospital has incurred significant operating losses and negative cash flows from operations in recent years. As discussed in Note 10, 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, and subsequently exited Chapter 11 of the United States Bankruptcy Code effective December 31, 2020 based on its plan of reorganization approved by the Bankruptcy Court. Continuation of the Hospital as a going concern is contingent upon, among other things, the Hospital's ability to generate sufficient cash from operations to meet its future obligations. These factors raise substantial doubt about the Organization's ability to continue as a going concern. Note 10 includes management's main initiatives for financial sustainability subsequent to exiting bankruptcy. 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 schedule of expenses 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 Principles

As discussed in Note 1 to the financial statements, in 2021 the Hospital adopted Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenues from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

Portland, Maine
April 6, 2022

Registration No. 92-0000278

SPRINGFIELD HOSPITAL, INC.

Balance Sheets

September 30, 2021 and 2020

ASSETS

	<u>2021</u>	<u>2020</u>
Current assets		
Cash and cash equivalents	\$ 6,067,490	\$ 6,299,641
Patient accounts receivable, net	7,994,852	7,216,634
Supplies	258,355	230,072
Prepaid expenses	756,374	801,235
Estimated third-party payor settlements	976,212	-
Other receivables	<u>2,919,329</u>	<u>2,173,607</u>
Total current assets	18,972,612	16,721,189
Assets limited as to use	-	359,297
Property and equipment, net	<u>9,959,647</u>	<u>10,954,631</u>
Total assets	\$ <u>28,932,259</u>	\$ <u>28,035,117</u>

LIABILITIES AND NET ASSETS (DEFICIT)

Current liabilities		
Current portion of long-term debt	\$ 1,063,958	\$ 463,825
Accounts payable and accrued expenses	4,662,438	7,357,032
Accrued salaries and related amounts	2,287,451	2,223,614
Estimated third-party payor settlements	-	1,732,938
Other current liabilities	<u>4,151,264</u>	<u>4,046,095</u>
Total current liabilities	12,165,111	15,823,504
Liabilities subject to compromise	-	19,002,997
Long-term debt, net of current portion	7,366,621	530,568
Pension liability	<u>3,746,554</u>	<u>5,163,028</u>
Total liabilities	<u>23,278,286</u>	<u>40,520,097</u>
Net assets (deficit)		
Without donor restrictions	4,665,803	(13,427,178)
With donor restrictions	<u>988,170</u>	<u>942,198</u>
Total net assets (deficit)	<u>5,653,973</u>	<u>(12,484,980)</u>
Total liabilities and net assets (deficit)	\$ <u>28,932,259</u>	\$ <u>28,035,117</u>

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

SPRINGFIELD HOSPITAL, INC.

Statements of Operations

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Revenues, gains and other support without donor restrictions		
Patient service revenue (net of contractual allowances and discounts)	\$ 42,328,036	\$ 37,827,335
Less provision for bad debts	<u> -</u>	<u>4,117,891</u>
Net patient service revenue	42,328,036	33,709,444
Grant revenue	2,540,813	6,616,217
Fixed prospective revenue	8,260,651	6,008,929
Other operating revenues	1,375,249	946,565
Net assets released from restrictions used for operations	<u>114,255</u>	<u>28,436</u>
Total revenues, gains and other support without donor restrictions	<u>54,619,004</u>	<u>47,309,591</u>
Expenses		
Salaries and benefits	21,778,749	20,580,599
Supplies and other	28,753,060	27,972,131
Insurance	750,284	741,889
Depreciation and amortization	1,521,090	1,595,703
Interest	<u>198,051</u>	<u>438,178</u>
Total expenses	<u>53,001,234</u>	<u>51,328,500</u>
Operating income (loss)	<u>1,617,770</u>	<u>(4,018,909)</u>
Reorganization items	<u>17,213,752</u>	<u>(854,971)</u>
Nonoperating gains (losses)		
Investment income and realized gains on sales of investments	5,884	13,996
Nonservice periodic pension costs	(311,912)	(411,961)
Contributions and support, net of related expenses	<u>(7,568)</u>	<u>(1,504)</u>
Nonoperating losses, net	<u>(313,596)</u>	<u>(399,469)</u>
Excess (deficiency) of revenues, gains and other support over expenses and losses	18,517,926	(5,273,349)
Net assets released from restrictions used for capital purposes	188,576	535,571
Change in net assets to recognize funded status of pension plan	<u>1,160,479</u>	<u>(757,412)</u>
Increase (decrease) in net assets without donor restrictions	<u>\$ 19,866,981</u>	<u>\$ (5,495,190)</u>

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

SPRINGFIELD HOSPITAL, INC.

Statements of Changes in Net Assets (Deficit)

Years Ended September 30, 2021 and 2020

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Balances, October 1, 2019	\$ <u>(7,931,988)</u>	\$ <u>883,772</u>	\$ <u>(7,048,216)</u>
Deficiency of revenues, gains and other support over expenses and losses	(5,273,349)	-	(5,273,349)
Restricted contributions	-	642,400	642,400
Net assets released from restrictions used for operations	-	(28,436)	(28,436)
Net assets released from restrictions used for capital purposes	535,571	(535,571)	-
Change in net assets to recognize funded status of pension plan	(757,412)	-	(757,412)
Transfer to Springfield Medical Care Systems, Inc.	<u>-</u>	<u>(19,967)</u>	<u>(19,967)</u>
(Decrease) increase in net assets	<u>(5,495,190)</u>	<u>58,426</u>	<u>(5,436,764)</u>
Balances, September 30, 2020, as previously stated	(13,427,178)	942,198	(12,484,980)
Cumulative effect adjustment from adoption of Accounting Standards Update No. 2014-09	<u>(1,774,000)</u>	<u>-</u>	<u>(1,774,000)</u>
Balances, October 1, 2020, as restated	<u>(15,201,178)</u>	<u>942,198</u>	<u>(14,258,980)</u>
Excess of revenues, gains and other support over expenses and losses	18,517,926	-	18,517,926
Restricted contributions	-	348,803	348,803
Net assets released from restrictions used for operations	-	(114,255)	(114,255)
Net assets released from restrictions used for capital purposes	188,576	(188,576)	-
Change in net assets to recognize funded status of pension plan	<u>1,160,479</u>	<u>-</u>	<u>1,160,479</u>
Increase in net assets	<u>19,866,981</u>	<u>45,972</u>	<u>19,912,953</u>
Balances, September 30, 2021	<u>\$ 4,665,803</u>	<u>\$ 988,170</u>	<u>\$ 5,653,973</u>

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

SPRINGFIELD HOSPITAL, INC

Statements of Cash Flows

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Change in net assets (deficit)	\$ 19,912,953	\$ (5,436,764)
Adjustments to reconcile change in net assets (deficit) to net cash (used) provided by operating activities		
Depreciation and amortization	1,521,090	1,625,096
Restricted contributions for long-term purposes	-	(535,571)
Gain on bankruptcy reorganization	(17,875,377)	-
Transfer to Springfield Medical Care Systems, Inc.	-	19,967
Change in net assets to recognize funded status of pension plan	(1,160,479)	757,412
Reorganization items	661,625	854,971
(Increase) decrease in		
Patient accounts receivable, net	(2,376,715)	(1,108,128)
Due from related parties	-	56,977
Supplies	(28,283)	17,399
Prepaid expenses	44,861	136,480
Estimated third-party payor settlements	(2,495,916)	-
Other receivables	(2,543)	(843,314)
(Decrease) increase in		
Accounts payable and accrued expenses	(19,198)	4,481,494
Accrued salaries and related amounts	63,837	251,592
Estimated third-party payor settlements	-	2,354,624
Other current liabilities	1,253,169	1,107,263
Pension liability	(255,995)	411,138
Net cash (used) provided by operating activities before reorganization items	<u>(756,971)</u>	4,150,636
Operating cash flows from reorganization items:		
Professional fees paid for services rendered in connection with Chapter 11 proceedings	<u>(661,625)</u>	<u>(854,971)</u>
Net cash (used) provided by operating activities	<u>(1,418,596)</u>	<u>3,295,665</u>
Cash flows from investing activities		
Purchase of property and equipment	(261,714)	(598,735)
Proceeds from sale of investments	359,297	-
Purchase of investments	-	(2,771)
Net cash provided (used) by investing activities	<u>97,583</u>	<u>(601,506)</u>
Cash flows from financing activities		
Principal payments on long-term debt	(911,138)	(413,814)
Proceeds from issuance of debt to State of Vermont	2,000,000	1,300,000
Transfer to Springfield Medical Care Systems, Inc. of net assets with donor restrictions	-	(19,967)
Restricted contributions received for long-term purposes	-	535,571
Net cash provided by financing activities	<u>1,088,862</u>	<u>1,401,790</u>
Net (decrease) increase in cash and cash equivalents	<u>(232,151)</u>	4,095,949
Cash and cash equivalents, beginning of year	<u>6,299,641</u>	<u>2,203,692</u>
Cash and cash equivalents, end of year	<u>\$ 6,067,490</u>	<u>\$ 6,299,641</u>
Supplemental disclosure of cash flow information:		
Interest paid	<u>\$ 178,456</u>	<u>\$ 408,785</u>
Property and equipment of \$264,392 was financed through a capital lease in 2021.		
Liabilities subject to compromise settled primarily as noncash transactions in 2021, as disclosed in Note 11.		

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

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

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.

1. Summary of Significant Accounting Policies

Basis of Presentation

Net assets (deficit) and revenues, expenses, gains and 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.

Newly Adopted Accounting Pronouncements

In 2021, the Hospital adopted FASB Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. generally accepted accounting principles (GAAP) and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, companies recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods and services. Topic 606 also requires companies to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Hospital adopted this ASU for the year ended September 30, 2021 and elected the modified retrospective method; therefore, the financial statements and related notes have been presented accordingly. See Note 3 for adoption impact.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

Use of Estimates

The preparation of financial statements in conformity with 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.

Net Patient Service Revenue and Patient Accounts Receivable

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.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

Other Receivables

Other receivables are stated at the amount management expects to collect from outstanding balances.

Assets Limited as to Use

Assets limited as to use primarily consist of 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. Assets limited as to use are comprised of cash and short-term investments.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

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 excess (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.

Excess (Deficiency) of Revenues, Gains and Other Support Over Expenses and Losses

The statements of operations include excess (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 capital acquisition and changes in net assets to recognize the funded status of the pension plan.

Provider Relief Funds

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides funds to eligible healthcare providers to prevent, prepare for and respond to COVID-19. The CARES Act provides the U.S. Department of Health and Human Services (HHS) with discretion to operate the program and determine the reporting requirements. The funds have been appropriated to reimburse healthcare providers for COVID related expenses or lost revenues that are attributable to COVID-19. During 2020, the Hospital received \$5,444,565 of HHS Provider Relief Funds (Funds) and attested to the receipt of the Funds and agreement with the associated terms and conditions. The Hospital has chosen to follow the conditional contribution model for the Funds and recognized the full amount as grant revenue in 2020. Management determined the conditions on which the Funds depend were substantially met. Management believes the position taken is a reasonable interpretation of the rules currently available. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, it is possible the amount of income recognized related to the lost revenues and COVID-related costs may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

In November and December 2021, HHS released additional Funds and American Rescue Plan Rural Payments to providers who serve rural Medicaid and Medicare beneficiaries. The Hospital received approximately \$2,897,000.

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.

Reorganization Items

Reorganization items are comprised of gains and costs directly associated with Chapter 11 reorganization. These include professional expenses and trustee fees. In 2021, it also includes the gain on bankruptcy reorganization. See Note 11.

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.

The Hospital has a 401(k) retirement plan covering substantially all of its employees. The plan provides for immediate vesting of employee contributions and full vesting of employer contributions over a five-year period of service.

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 healthcare provider tax of 6% on net patient service revenue to the State of Vermont. For the years ended September 30, 2021 and 2020, the Hospital incurred \$2,788,490 and \$3,508,015, respectively, in healthcare provider tax, which is reported in supplies and other expenses in the statements of operations.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

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>2021</u>	<u>Healthcare Services</u>	<u>Support Services</u>	<u>Total</u>
Salaries, payroll taxes and employee benefits	\$ 17,556,706	\$ 4,222,043	\$ 21,778,749
Supplies	4,455,957	871,194	5,327,151
Healthcare provider tax	2,788,490	-	2,788,490
Purchased services	11,858,186	1,742,784	13,600,970
Physician fees	3,276,090	-	3,276,090
Occupancy	615,220	252,967	868,187
Equipment rental	426,900	129,316	556,216
Repairs and maintenance	414,193	210,423	624,616
Insurance	693,172	57,112	750,284
Depreciation and amortization	1,077,885	443,205	1,521,090
Interest	19,595	178,456	198,051
Other	<u>490,853</u>	<u>1,220,487</u>	<u>1,711,340</u>
	<u>\$ 43,673,247</u>	<u>\$ 9,327,987</u>	<u>\$ 53,001,234</u>
	<u>Healthcare Services</u>	<u>Support Services</u>	<u>Total</u>
<u>2020</u>			
Salaries, payroll taxes and employee benefits	\$ 17,049,395	\$ 3,531,204	\$ 20,580,599
Supplies	4,493,041	469,167	4,962,208
Healthcare provider tax	3,508,015	-	3,508,015
Purchased services	8,825,583	2,020,021	10,845,604
Physician fees	4,889,040	9,434	4,898,474
Occupancy	662,763	272,515	935,278
Equipment rental	446,766	67,329	514,095
Repairs and maintenance	286,078	189,547	475,625
Insurance	663,455	78,434	741,889
Depreciation and amortization	1,130,757	464,946	1,595,703
Interest	29,393	408,785	438,178
Other	<u>509,271</u>	<u>1,323,561</u>	<u>1,832,832</u>
	<u>\$ 42,493,557</u>	<u>\$ 8,834,943</u>	<u>\$ 51,328,500</u>

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

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 April 6, 2022, the date that the financial statements were available to be issued.

On January 3, 2022, the National Labor Relations Board certified the election results of the vote by the Hospital's nursing staff to unionize.

2. Availability and Liquidity of Financial Assets

The Hospital had working capital of \$6,807,501 and \$897,685 at September 30, 2021 and 2020, respectively. The 2020 amount excludes liabilities subject to compromise. The Hospital had average days (based on normal expenditures) cash on hand of 43 and 46 at September 30, 2021 and 2020, respectively. Note 10 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>2021</u>	<u>2020</u>
Cash and cash equivalents, less donor-restricted amounts	\$ 5,079,320	\$ 5,357,443
Patient accounts receivable, net	7,994,852	7,216,634
Estimated third-party payor settlements	976,212	-
Other receivables	<u>2,062,329</u>	<u>808,607</u>
Financial assets available to meet general expenditures within one year	<u>\$ 16,112,713</u>	<u>\$ 13,382,684</u>

3. Net Patient Service Revenue and Patient Accounts Receivable

Net patient service revenue and patient accounts receivable are reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed or the patient is discharged from the hospital. Revenue is recognized as performance obligations are satisfied.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

As disclosed in Note 1 to these financial statements, the Hospital adopted Topic 606 and related guidance for the year ended September 30, 2021, electing to use the modified retrospective method. Accordingly, amounts in the comparative period have not been restated and continue to be reported under the accounting standards in effect for that year. The effect of adopting Topic 606 changed the timing of when the Hospital recognizes uncollectible patient accounts receivable upon the recognition of patient service revenue and effectively eliminated the recognition of a provision for bad debts as collectibility considerations are factored into the estimated transaction price. The impact on the Hospital's financial statement line items of adopting Topic 606 was as follows:

	Balances Without the Adoption of Topic 606	Adjustments Due to Topic 606	As Reported, 2021
Balance Sheet			
Patient accounts receivable, net	\$ 10,069,322	\$ (2,074,470)	\$ 7,994,852
Net assets without donor restrictions	\$ 6,740,273	\$ (2,074,470)	\$ 4,665,803
Statement of Operations and Changes in Net Assets			
Net patient service revenue	\$ 42,628,506	\$ (300,470)	\$ 42,328,036
Excess of revenues, gains and other support over expenses and losses	\$ 18,818,396	\$ (300,470)	\$ 18,517,926
	October 1, 2020	September 30, 2021	
Patient accounts receivable, net	\$ 5,442,634	\$ 7,994,852	
Net assets without donor restrictions	\$ (15,201,178)	\$ 4,665,803	

As allowed under FASB ASC 606-10-32-18, the Hospital has elected the practical expedient and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Hospital's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Hospital does in certain instances enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in hospitals receiving inpatient acute care services or patients receiving services in outpatient centers. The Hospital measures the performance obligation from admission into the Hospital or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue from performance obligations satisfied at a point in time is generally recognized when the goods are provided to patients and customers in a retail setting (for example, cafeteria) and the Hospital does not believe it is required to provide additional goods or services related to that sale.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

Because all of its performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to uninsured patients. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with this class of patients and records these as a direct reduction to net patient service revenue.

Each performance obligation is separately identifiable from other promises in the customer contract. As the performance obligations are met (i.e., room, board, ancillary services, level of care), revenue is recognized based upon the allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative standalone selling price. In instances where management determines there are multiple performance obligations across multiple months, the transaction price is allocated by applying an estimated implicit and explicit rate to gross charges based on the separate performance obligations.

In assessing collectibility, the Hospital has elected the portfolio approach. This portfolio approach is being used as the Hospital has a large volume of similar contracts with similar classes of customers. The Hospital reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all of the contracts (which are at the patient level) by the particular payor or group of payors, will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level.

Estimated Third-Party Payor Settlements

The Hospital has agreements with third-party reimbursing agencies that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party reimbursing entities follows:

Medicare

As a Critical Access Hospital, the Hospital is reimbursed 101% of reasonable allowable costs for its inpatient and outpatient services provided to Medicare patients. 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, 2018.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

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.

The Hospital currently participates in the statewide accountable care organization (ACO), OneCare Vermont, LLC, for Medicaid and records 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.

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.

Other

The Hospital has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital is primarily discounts from established charges, prospectively determined daily rates, and fee schedules.

The Hospital has agreements with the Centers for Medicare & Medicaid Services (CMS) 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 2021, net patient service revenue increased approximately \$1,906,000, due to changes in allowances or recognition of settlements no longer subject to audits, reviews, and investigations. There was no such impact to net patient service revenue in 2020.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

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

	<u>2021</u>	<u>2020</u>
Gross patient service revenue	\$ 101,348,810	\$ 93,130,531
Less contractual allowances	58,192,600	53,701,142
Less charity care and other discounts	<u>828,174</u>	<u>1,602,054</u>
	<u>59,020,774</u>	<u>55,303,196</u>
Patient service revenue (net of contractual allowances and discounts)	42,328,036	37,827,335
Less provision for bad debts	<u>-</u>	<u>4,117,891</u>
Net patient service revenue	<u>\$ 42,328,036</u>	<u>\$ 33,709,444</u>

Net patient service revenue recognized for the years ended September 30, 2021 and 2020 by payor is as follows:

	<u>2021</u>	<u>2020</u>
Medicare and Medicaid	\$ 16,231,002	\$ 13,436,971
Commercial	24,502,285	19,064,605
Self-pay	<u>1,594,749</u>	<u>1,207,868</u>
Total	<u>\$ 42,328,036</u>	<u>\$ 33,709,444</u>

Charity Care

Patients who meet the Hospital's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue. The Hospital estimates the costs associated with providing charity care by calculating a ratio of total cost to total gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of caring for charity care patients was approximately \$418,000 and \$506,000 for 2021 and 2020, respectively.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

4. Property and Equipment

A summary of property and equipment follows:

	<u>2021</u>	<u>2020</u>
Land and land improvements	\$ 2,094,433	\$ 2,083,694
Buildings and improvements	14,899,158	14,291,064
Leasehold improvements	948,319	948,319
Fixed equipment	6,031,912	6,009,558
Major moveable equipment	17,695,705	17,254,974
Construction in progress	<u>124,624</u>	<u>680,436</u>
	41,794,151	41,268,045
Less accumulated depreciation and amortization	<u>31,834,504</u>	<u>30,313,414</u>
Property and equipment, net	<u>\$ 9,959,647</u>	<u>\$ 10,954,631</u>

5. Long-Term Debt

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

	<u>2021</u>	<u>2020</u>
Term note payable, forgiven in 2021 as a result of the Chapter 11 bankruptcy proceedings.	\$ -	\$ 5,714,419
State of Vermont Note A, due in monthly principal and interest installments of \$10,118, including annual interest of 2%, beginning February 2022 through February 2032 when the remaining principal is due; collateralized by the Hospital's assets.	2,000,000	-
State of Vermont Note B, bearing interest of 2% and payable as a balloon payment in February 2032; collateralized by the Hospital's assets.	3,000,000	-
Unsecured note payable in monthly installments of \$54,037, including interest of 2%, through February 2026.	2,738,925	-
Capital leases payable in equal monthly installments of \$44,214 at fixed rates between 2.85% and 5.27%, maturing through 2024.	<u>691,654</u>	<u>994,393</u>
	8,430,579	6,708,812
Less liabilities subject to compromise (Note 11)	-	5,714,419
Less current portion	<u>1,063,958</u>	<u>463,825</u>
Long-term debt, net of current portion, unamortized debt issuance costs and liabilities subject to compromise	<u>\$ 7,366,621</u>	<u>\$ 530,568</u>

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

The Hospital has entered various equipment lease agreements. Assets, net of accumulated amortization, recorded under capital leases totaled \$716,616 and \$1,155,660 at September 30, 2021 and 2020, respectively. The amortized cost of these assets has been included with property and equipment, net. Amortization expense for assets under capital lease was \$450,263 and \$437,043 for the years ended September 30, 2021 and 2020, respectively, and has been included with depreciation and amortization expense in the accompanying financial statements. Accumulated amortization associated with the lease assets totaled \$1,719,205 and \$1,282,161 at September 30, 2021 and 2020, respectively.

Principal repayments of long-term debt are as follows:

	Term Notes as <u>Scheduled</u>	Capital Lease <u>Obligations</u>
2022	\$ 660,604	\$ 429,721
2023	694,633	274,095
2024	708,653	23,754
2025	722,957	-
2026	357,395	-
Thereafter	<u>4,594,683</u>	<u>-</u>
	<u>\$ 7,738,925</u>	727,570
Less amounts representing interest		<u>35,916</u>
		<u>\$ 691,654</u>

6. Net Assets

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

	<u>2021</u>	<u>2020</u>
Funds with donor restrictions temporary in nature:		
Purchase of equipment and departmental expenses	\$ 493,389	\$ 445,797
Health education	<u>1,290</u>	<u>2,910</u>
Total funds maintained with donor restrictions temporary in nature	<u>494,679</u>	<u>448,707</u>
Investments to be held in perpetuity, the income from which is expendable to support healthcare 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>\$ 988,170</u>	<u>\$ 942,198</u>

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

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7. 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>2021</u>	<u>2020</u>
Medicare	40 %	27 %
Medicaid	6	5
Commercial	50	40
Self pay	<u>4</u>	<u>28</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.

8. Commitments and Contingencies

Self-Insurance

The Hospital has a self-insured healthcare 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 \$160,000 with an aggregate limit of 125% of the group expected claims. At September 30, 2021 and 2020, the Hospital had accrued \$492,829 and \$475,642, respectively, under the self-insurance contract.

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 and excluded from the table in Note 2. 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, 2021 and 2020.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

9. 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>2021</u>	<u>2020</u>
Benefit obligation	\$ (14,450,459)	\$ (15,243,076)
Fair value of plan assets	<u>10,703,905</u>	<u>10,080,048</u>
Funded status	\$ <u>(3,746,554)</u>	\$ <u>(5,163,028)</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>2021</u>	<u>2020</u>
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 15,243,076	\$ 14,958,191
Interest cost	317,034	411,517
Actuarial (gain) loss	(306,601)	1,110,037
Benefits paid	(803,050)	(771,267)
Settlement	<u>-</u>	<u>(465,402)</u>
Benefit obligation at end of year	\$ <u>14,450,459</u>	\$ <u>15,243,076</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 10,080,048	\$ 10,963,713
Actual return on plan assets	859,000	353,004
Employer contribution	567,907	-
Benefits paid	(803,050)	(771,267)
Settlement	<u>-</u>	<u>(465,402)</u>
Fair value of plan assets at end of year	\$ <u>10,703,905</u>	\$ <u>10,080,048</u>
Components of net periodic benefit cost		
Interest cost	\$ 317,034	\$ 411,517
Expected return on plan assets	(616,718)	(659,173)
Immediate recognition of settlement	-	201,040
Amortization of unrecognized net actuarial loss	<u>611,596</u>	<u>458,577</u>
Net periodic benefit cost	\$ <u>311,912</u>	\$ <u>411,961</u>

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

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

	<u>2021</u>	<u>2020</u>
Net actuarial loss	\$ 548,883	\$ (1,416,206)
Reclassification adjustment for amortization of net unrecognized actuarial loss	611,596	458,577
Immediate recognition of settlement	<u>-</u>	<u>200,217</u>
Change in net assets to recognize funded status of the Pension Plan	<u>\$ 1,160,479</u>	<u>\$ (757,412)</u>

Charged against net assets without donor restrictions at September 30, 2021 and 2020 are unrecognized actuarial losses of \$5,403,376 and \$6,563,855, 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 \$536,359.

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

	<u>2021</u>	<u>2020</u>
Weighted average assumptions at or for the year ended September 30		
Discount rate		
For determining net periodic benefit cost	2.14 %	2.83 %
For determining benefit obligation	2.45	2.14
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 and Fair Value Measurement

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 three- and five-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, 2021 and 2020

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

	<u>2021</u>	<u>2020</u>
Mutual funds		
Fixed income	60 %	61 %
Equities	<u>40 %</u>	<u>39 %</u>
Total	<u>100 %</u>	<u>100 %</u>

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:

	<u>Level 1</u>	
	<u>2021</u>	<u>2020</u>
Investments – held by defined benefit pension plan:		
Mutual funds:		
Fixed income	\$ 6,426,312	\$ 6,166,487
Equities	<u>4,277,593</u>	<u>3,913,561</u>
Total investments – held by defined benefit pension plan	<u>\$ 10,703,905</u>	<u>\$ 10,080,048</u>

Contributions

Expected employer contributions to the Hospital's defined benefit pension plan are \$377,912 in 2022.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

Estimated Future Benefit Payments

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

Fiscal year	
2022	\$ 889,000
2023	903,700
2024	896,800
2025	884,200
2026	882,400
Years 2027 - 2031	4,223,000

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 five-year period. Total expense under the Plan was approximately \$7,550 and \$181,000 for the years ended September 30, 2021 and 2020, respectively.

10. 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. 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, and subsequently exited bankruptcy effective December 31, 2020 based on its plan of reorganization approved by the bankruptcy court (see Note 11). The Hospital's ability to continue as a going concern is dependent upon the success of its future efforts in generating sufficient revenues. The ongoing uncertainty related to COVID-19 may also have implications on the Hospital's financial position and results of future operations. These factors raise substantial doubt about the Hospital's ability to continue as a going concern.

Management continues to work diligently to improve the Hospital's cash and operating positions. Management is regularly 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 by the Hospital are:

1. Signed contract with second general surgeon in December 2021.
2. Recruitment of podiatrist completed in October 2021. The DPM started at one day per week and has expanded in February 2022 to two days per week.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

3. Replacement Revenue Cycle Director joined the team in May 2021. Analysis and evaluation of revenue cycle in process with improvement strategies being developed and implemented.
4. Changed Radiology Physician Group providers in November 2021. Estimated savings approximately \$300K/year.
5. Total review of the employee benefits program to better align with the market enhancing of health coverage for employees at a reduced cost. Continue to benefit with significant reduced costs compared to FY2019: FY2021 – \$2,395,000, FY2020 – \$2,462,000, FY2019 – \$4,835,000.

Management believes the relief provided 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.

11. Exit from Bankruptcy

On December 11, 2020, the Bankruptcy Court confirmed the Hospital's plan for reorganization and the plan became effective December 31, 2020. As of the effective date, the Hospital accounted for the reorganization by stating liabilities compromised by the confirmed plan at the present values of the amounts to be paid. The excess of the reorganization value over the liabilities subject to compromise was recorded as "gain on bankruptcy reorganization" and is included in reorganization items on the statements of operations. The confirmed plan provided for the following:

- Secured debt – The Hospital's portion of the term note payable and line of credit was settled with a \$2 million payment by the State of Vermont in full satisfaction.
- State of Vermont (Class 2) – Aggregate amount of approximately \$9.1 million due to the State of Vermont for term loans and unpaid provider taxes was settled for \$5 million in loans. In addition, the State of Vermont provided the Hospital \$4 million in exit funding in the form of grants.

The State of Vermont has the right to review the Hospital's operations and compliance with its plan of reorganization obligations. Reviews are to be conducted by an external audit firm selected by the State of Vermont, on a quarterly basis in the initial year and semi-annually thereafter.

- CMS (Class 3) – Approximately \$4.6 million in outstanding Medicare overpayments were settled for \$4 million. The \$4 million is payable over an extended repayment schedule of sixty months, beginning March 2021. As part of the approved plan of reorganization, CMS expedited review of the 2018 underpayments, offsetting them against the principal balance and amortizing the reduced balance over the remaining term.

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

- Other priority tax claims – Penalties for prior late filings of payroll taxes were settled for approximately \$12,700.
- General unsecured trade claims – Holders of approximately \$5.9 million of trade and other miscellaneous claims, including the other priority tax claims described in the previous bullet, received approximately \$2.0 million in payment.

The Hospital and Springfield Medical Care Systems, Inc. (SMCS) emerged as separate organizations; as such, SMCS is no longer the parent of the Hospital. Officers and directors of the Board remain the same, except for two additional directors reviewed and approved by the State of Vermont. Medicare and Medicaid provider numbers remained intact, and the Pension Plan and capital lease obligations were not impacted.

Liabilities subject to compromise consisted of the following as of September 30, 2020:

Line of credit	\$ 947,504
Long-term debt	5,714,419
Estimated third-party payor settlements	3,473,165
Accounts payable and accrued expenses	7,867,909
Other current liabilities	<u>1,000,000</u>
	<u>\$ 19,002,997</u>

The following table summarizes the adjustments made to record the reorganization:

	Outstanding Balances as of Effective Date	Elimination of Debt	New Debt	Cash Payment	Post- bankruptcy Balances
Secured debt	\$ 6,661,923	\$ (6,661,923)	\$ -	\$ -	\$ -
State of Vermont (Class 2)					
Accounts payable and accrued expenses	6,811,311	(6,811,311)	-	-	-
Debt	<u>2,300,000</u>	<u>(2,300,000)</u>	<u>5,000,000</u>	<u>-</u>	<u>5,000,000</u>
	<u>9,111,311</u>	<u>(9,111,311)</u>	<u>5,000,000</u>	<u>-</u>	<u>5,000,000</u>
CMS (Class 3)	4,603,467	(603,467)	-	-	4,000,000
Other tax priority claims	555,510	(542,781)	-	(12,729)	-
Pre-petition general unsecured accounts payable	<u>5,391,657</u>	<u>(3,955,895)</u>	<u>-</u>	<u>(2,026,941)</u>	<u>(591,179)</u>
	<u>\$ 26,323,868</u>	<u>\$ (20,875,377)</u>	<u>\$ 5,000,000</u>	<u>\$ (2,039,670)</u>	<u>\$ 8,408,821</u>
Cash contribution from State of Vermont to Hospital		<u>\$ (2,000,000)</u>			
Gain on bankruptcy reorganization		<u>\$ (17,875,377)</u>			

SPRINGFIELD HOSPITAL, INC.

Notes to Financial Statements

September 30, 2021 and 2020

As part of the bankruptcy court's approval of the reorganization plan, \$484,685 was permitted as administrative expenses due from SMCS to the Hospital, payable over twenty-four months beginning July 1, 2021. The amounts due had been previously treated as equity transfers between the two organizations.

SPRINGFIELD HOSPITAL, INC.

Schedule of Expenses

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Salaries and benefits		
Salaries and related payroll taxes	\$ 19,148,326	\$ 17,771,351
Employee benefits	<u>2,630,423</u>	<u>2,809,248</u>
Total salaries and benefits	<u>21,778,749</u>	<u>20,580,599</u>
Supplies and other		
Supplies	5,327,151	4,962,208
Healthcare provider tax	2,788,490	3,508,015
Purchased services	13,600,970	10,845,604
Physician fees	3,276,090	4,898,474
Accounting and legal fees	188,084	223,039
Telephone	104,985	56,496
Postage and shipping	70,014	76,519
Occupancy	868,187	935,278
Equipment rental	556,216	514,095
Repairs and maintenance	624,616	475,625
Printing and publishing	5,313	4,549
Travel	36,181	38,702
Dues and subscriptions	104,026	46,386
Licenses and taxes	39,183	29,452
Advertising	72,199	67,138
Education and training	32,570	25,011
Recruiting	143,252	99,001
Other expenses	<u>915,533</u>	<u>1,166,539</u>
Total supplies and other	<u>28,753,060</u>	<u>27,972,131</u>
Insurance	750,284	741,889
Depreciation and amortization	1,521,090	1,595,703
Interest	<u>198,051</u>	<u>438,178</u>
Total expenses	<u>\$ 53,001,234</u>	<u>\$ 51,328,500</u>

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Kayda Wescott

- The books are in the care of ▶ **P.O. Box 2003 - Springfield, VT 05156**
Telephone No. ▶ **802-885-7646** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **August 15, 2022**, 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, 2020**, and ending **SEP 30, 2021**.

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.