



Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the “Using the Internet” section which follows.) These rules apply to an organization’s Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10/01, 2019**, and ending **09/30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHWESTERN VERMONT MEDICAL CENTER			D Employer identification number 22-2563241	
	Doing Business As			E Telephone number (802) 442-6361	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	100 HOSPITAL DRIVE				
City or town, state or province, country, and ZIP or foreign postal code BENNINGTON, VT 05201			G Gross receipts \$ 178,426,597.		
F Name and address of principal officer: THOMAS DEE 100 HOSPITAL DRIVE, BENNINGTON, VT 05201			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
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			H(c) Group exemption number ▶		
J Website: ▶ WWW.SVHEALTHCARE.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1912 M State of legal domicile: VT		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING HEALTH CARE ON BOTH AN INPATIENT AND OUTPATIENT BASIS WITH FACILITIES IN AND AROUND THE BENNINGTON, VT AREA.		
	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	19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,161.
	6 Total number of volunteers (estimate if necessary)	6	45.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,290,533.	14,630,280.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170,636,563.	159,382,691.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	491,339.	464,337.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,474.	16,574.
		172,434,909.	174,493,882.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,685.	39,205.
	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)	65,639,034.	68,062,743.
	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)	100,122,548.	100,143,858.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	165,815,267.	168,245,806.	
19 Revenue less expenses. Subtract line 18 from line 12	6,619,642.	6,248,076.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	85,672,806.	96,938,761.
	22 Net assets or fund balances. Subtract line 21 from line 20.	49,816,587.	66,992,196.
	35,856,219.	29,946,565.	

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		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN D TODD				P00422601
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 417-865-8701	
Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523					

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

STEPHEN MAJETICH

• The books are in the care of ► 100 HOSPITAL DRIVE BENNINGTON VT 05201

Telephone No. ► 802 447-5011 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/16, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or
► tax year beginning 10/01, 20 19, and ending 09/30, 20 20.

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.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO CARE FOR AND COMFORT OUR PATIENTS, RESIDENTS, AND THEIR LOVED ONES AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE. SEE SCHEDULE O FOR ADDITIONAL DETAILS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 104,053,330. including grants of \$ 39,205.) (Revenue \$ 70,532,538.)

SOUTHWESTERN VERMONT MEDICAL CENTER IS A 99 BED HOSPITAL THAT PROVIDES INPATIENT AND OUTPATIENT MEDICAL SERVICES AND PHYSICIAN SERVICES IN BENNINGTON AND THE SURROUNDING AREA. IT IS VERMONT'S ONLY MAGNET HOSPITAL FOR NURSING EXCELLENCE. ITS SERVICES INCLUDE A FULLY STAFFED EMERGENCY DEPARTMENT, INCLUDING A CHEST PAIN UNIT, CANCER CENTER, A FAMILY CENTERED BIRTH PLACE, MINIMALLY INVASIVE AND OTHER SURGICAL SERVICES, A RENAL DIALYSIS UNIT, A FULL SERVICE ACCREDITED LABORATORY, PRIMARY CARE AND SPECIALIST PHYSICIANS. THERE ARE SATELLITE CAMPUSES IN DEERFIELD VALLEY, NORTHSHIRE AND POWNAL. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 47,028,405. including grants of \$) (Revenue \$ 88,850,153.)

THE MEDICAL PRACTICE GROUP INCLUDES: PRIMARY CARE PHYSICIANS, RHEUMATOLOGY AND IMMUNOLOGY, RADIATION ONCOLOGY, MEDICAL ONCOLOGY, PEDIATRIC PRACTICE, GENERAL SURGERY PRACTICE, GASTROENTEROLOGY, UROLOGY PRACTICE, ORTHOPEDICS, THREE OFF CAMPUS CLINICS, INTERNAL MEDICINE PRACTICE, INFECTIOUS DISEASE PRACTICE, OB/GYN PRACTICE, ANESTHESIA SERVICES, DENTISTRY, GERIATRIC PRACTICE, PULMONOLOGY, DERMATOLOGY, NEUROLOGY, CARDIOLOGY, PALLIATIVE CARE AND ENDOCRINOLOGY.

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 151,081,735.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 per week (list any hours for related organizations below dotted 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) THOMAS DEE CEO	40.00 4.00	X		X				540,879.	0.	282,796.
(2) STEPHEN MAJETICH CFO	40.00 4.00			X				446,389.	0.	101,415.
(3) KEVIN DAILEY VP HR	39.00 0.			X				296,905.	0.	30,912.
(4) ANGELINE MARANO VP MPD	0. 0.						X	270,229.	0.	11,114.
(5) RICHARD OGILVIE VP CIO	40.00 0.			X				238,443.	0.	31,459.
(6) SHEIL BONI ACTING CNO	40.00 0.				X			201,335.	0.	33,538.
(7) JAMES ROY CONTROLLER	40.00 0.					X		174,932.	0.	34,638.
(8) DREW LERMAN DIRECTOR OF FINANCE	40.00 0.					X		174,193.	0.	32,871.
(9) BILLIE LYNN ALLARD ADMINISTRATIVE DIR OF NURSING	40.00 0.					X		185,384.	0.	13,535.
(10) ANTONIETTA MAZZARIELLO DIRECTOR OF REVENUE CYCLE	40.00 0.					X		169,840.	0.	12,085.
(11) RICHARD BARBIERRI DENTIST	40.00 0.					X		176,931.	0.	65.
(12) MICHAEL BRADY, DDS TRUSTEE	40.00 2.00	X						175,950.	0.	65.
(13) ERIC SEYFERTH MD TRUSTEE, CHAIR OF UHA END 9/20	1.00 2.00	X						34,356.	0.	1,374.
(14) CAROL CONROY TRUSTEE	40.00 2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(15) RICHARD ADER ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(16) JAMES BROWN ----- TRUSTEE, VICE CHAIR	1.00 ----- 2.00	X		X				0.	0.	0.
(17) KATHLEEN FISHER ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(18) WAYNE GRANQUIST ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(19) TOMMY HARMON JR ----- TRUSTEE, CHAIR	1.00 ----- 2.00	X		X				0.	0.	0.
(20) CONNIE JASTREMSKI ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(21) STEPHEN KELLY ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(22) SUE MAGUIRE ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(23) CHARLES SALEM ----- TRUSTEE END 09/20	1.00 ----- 2.00	X						0.	0.	0.
(24) LARA SHORE-SHEPPARD ----- TRUSTEE, SECRETARY	1.00 ----- 2.00	X		X				0.	0.	0.
(25) THEMARGE SMALL ----- TRUSTEE END 02/20	1.00 ----- 3.00	X						0.	0.	0.
1b Sub-total								3,085,766.	0.	585,867.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,085,766.	0.	585,867.

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 ▶ 60

	Yes	No
3 Did the organization list any former officer, director, or 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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 13

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 dotted 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			
(26) STANLEY STROUP ----- TRUSTEE	1.00 ----- 3.00	X						0.	0.	0.
(27) BRIAN G. O'GRADY ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(28) DIMITRI GARDER ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(29) TOM ZIEGLER ----- TRUSTEE	1.00 ----- 3.00	X						0.	0.	0.
(30) BOB VAN DEGNA ----- TRUSTEE BEG 07/20	1.00 ----- 3.00	X						0.	0.	0.
(31) SCOTT ROGGE MD ----- TRUSTEE BEG 09/20	1.00 ----- 2.00	X						0.	0.	0.
(32) CHRISTINE MILES ----- TRUSTEE BEG 07/20	1.00 ----- 2.00	X						0.	0.	0.
(33) CARL DOBSON ----- CMO	40.00 ----- 0.			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 60

	Yes	No
3 Did the organization list any former officer, director, or 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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a							
	b	Membership dues	1b							
	c	Fundraising events	1c							
	d	Related organizations	1d	1,095,251.						
	e	Government grants (contributions) . .	1e	13,535,029.						
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f							
	g	Noncash contributions included in lines 1a-1f.	1g	\$						
	h	Total. Add lines 1a-1f ▶		14,630,280.						
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	621990	127,017,217.	127,017,217.			
b		CAFETERIA INCOME		722514	402,816.	402,816.				
c		PHARMACY		446110	2,943,060.	2,943,060.				
d		FIXED PROSPECTIVE REVENUE		621990	27,050,585.	27,050,585.				
e		OTHER		900099	1,969,013.	1,969,013.				
f		All other program service revenue								
g		Total. Add lines 2a-2f ▶			159,382,691.					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			201,795.		201,795.		
	4	Income from investment of tax-exempt bond proceeds . ▶			0.					
	5	Royalties ▶			0.					
	6a	Gross rents	6a	(i) Real						
				(ii) Personal						
					16,574.					
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c	16,574.						
	d	Net rental income or (loss) ▶			16,574.		16,574.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities						
				(ii) Other						
					4,191,297.	3,960.				
	b	Less: cost or other basis and sales expenses . .	7b	3,932,715.						
	c	Gain or (loss)	7c	258,582.	3,960.					
d	Net gain or (loss) ▶			262,542.		262,542.				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.						
			b	Less: direct expenses	8b	0.				
			c	Net income or (loss) from fundraising events. ▶		0.				
			9a	Gross income from gaming activities. See Part IV, line 19	9a		0.			
						b	Less: direct expenses	9b	0.	
						c	Net income or (loss) from gaming activities. ▶		0.	
			10a	Gross sales of inventory, less returns and allowances	10a		0.			
						b	Less: cost of goods sold	10b	0.	
						c	Net income or (loss) from sales of inventory. ▶		0.	
Miscellaneous Revenue	11a	_____	Business Code							
	b	_____								
	c	_____								
	d	All other revenue								
	e	Total. Add lines 11a-11d ▶			0.					
12	Total revenue. See instructions ▶			174,493,882.	159,382,691.	480,911.				

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	39,205.	39,205.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,415,816.	1,044,337.	1,371,479.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	281,343.	281,343.		
7 Other salaries and wages	50,464,181.	43,318,814.	7,145,367.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,810,585.	1,803,132.	7,453.	
9 Other employee benefits	8,620,734.	7,325,610.	1,295,124.	
10 Payroll taxes	4,470,084.	3,779,856.	690,228.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	177,880.		177,880.	
c Accounting	171,858.		171,858.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	41,527.		41,527.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	43,037,224.	40,411,286.	2,625,938.	
12 Advertising and promotion	530,072.	478,992.	51,080.	
13 Office expenses	5,006,294.	4,529,609.	476,685.	
14 Information technology	3,906,887.	3,543,358.	363,529.	
15 Royalties	0.			
16 Occupancy	4,057,723.	3,548,023.	509,700.	
17 Travel	139,240.	106,459.	32,781.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	269,970.	93,054.	176,916.	
20 Interest	598,193.	541,740.	56,453.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	6,085,932.	5,596,709.	489,223.	
23 Insurance	957,019.	957,019.		
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 & DRUGS	23,589,464.	23,589,464.		
b PROVIDER TAX	9,784,284.	9,784,284.		
c LICENSES, DUES, SUBSCRIPTION	1,780,625.	305,272.	1,475,353.	
d MISCELLANEOUS EXPENSE	9,666.	4,169.	5,497.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	168,245,806.	151,081,735.	17,164,071.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	296,515.	1	139,580.
	2 Savings and temporary cash investments	10,469,772.	2	23,271,645.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	13,685,518.	4	12,006,185.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,054,260.	8	3,216,326.
	9 Prepaid expenses and deferred charges	1,885,096.	9	1,517,632.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 154,358,914.		
	b Less: accumulated depreciation	10b 118,132,868.	37,707,493.	10c 36,226,046.
	11 Investments - publicly traded securities.	7,034,574.	11	7,618,495.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	11,539,578.	15	12,942,852.
16 Total assets. Add lines 1 through 15 (must equal line 33)	85,672,806.	16	96,938,761.	
Liabilities	17 Accounts payable and accrued expenses	21,742,021.	17	18,068,643.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	4,607,646.
	20 Tax-exempt bond liabilities.	6,967,678.	20	6,732,011.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	2,721,910.	23	2,618,110.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	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	18,384,978.	25	34,965,786.
	26 Total liabilities. Add lines 17 through 25.	49,816,587.	26	66,992,196.
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	35,856,219.	27	29,946,565.
	28 Net assets with donor restrictions.	0.	28	0.
	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	35,856,219.	32	29,946,565.	
33 Total liabilities and net assets/fund balances	85,672,806.	33	96,938,761.	

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	174,493,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2	168,245,806.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,248,076.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,856,219.
5	Net unrealized gains (losses) on investments	5	340,875.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-12,498,605.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,946,565.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2019; 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 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 (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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 of Contributors

2019

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **SOUTHWESTERN VERMONT MEDICAL CENTER**

Employer identification number
22-2563241

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,095,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,482,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,052,387.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **SOUTHWESTERN VERMONT MEDICAL CENTER**

Employer identification number

22-2563241

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

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

Name of organization **SOUTHWESTERN VERMONT MEDICAL CENTER**

Employer identification number

22-2563241

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 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	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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 SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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).

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

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."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1(I)

OTHER LOBBYING ACTIVITIES:

SOUTHWESTERN VERMONT MEDICAL CENTER IS A MEMBER OF THE VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS AND THE AMERICAN HOSPITAL ASSOCIATION. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS ARE AVAILABLE FOR LOBBYING EXPENDITURES ON BEHALF OF SOUTHWESTERN VERMONT MEDICAL CENTER AND THE OTHER MEMBER ORGANIZATIONS IN FURTHERANCE OF THEIR EXEMPT PURPOSE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2019

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,707,678.	11,514,089.	11,387,116.	11,070,205.	11,065,382.
b Contributions	4,205.	121,435.	120,000.	101,833.	
c Net investment earnings, gains, and losses	273,154.	99,582.	92,590.	224,092.	53,364.
d Grants or scholarships					
e Other expenditures for facilities and programs	114,423.	27,428.	85,617.	9,014.	48,541.
f Administrative expenses					
g End of year balance	11,870,614.	11,707,678.	11,514,089.	11,387,116.	11,070,205.

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 99.8400 %
- c** Term endowment .1600 %

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,000.		5,000.
b Buildings		48,412,047.	30,896,261.	17,515,786.
c Leasehold improvements				
d Equipment		100,650,679.	87,087,298.	16,563,381.
e Other		5,291,188.	3,149,309.	2,141,879.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,226,046.

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. (Column (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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	9,976,557.
(2) OTHER RECEIVABLES	1,520,290.
(3) DEF. COMPENSATION PLAN ASSETS	1,446,005.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	12,942,852.

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) ASSET RETIREMENT OBLIGATION	1,217,212.
(3) EST AMT DUE TO THIRD PTY PYRS	9,622,181.
(4) INTEREST RATE SWAP	1,783,740.
(5) PENSION BENEFIT OBLIGATION	10,019,693.
(6) ESTIMATED SELF-INS COSTS	1,100,693.
(7) OTHER LIABILITIES	1,752,267.
(8) CONTRACT LIABILITIES	9,470,000.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,965,786.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 174,493,882.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 168,245,806.

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.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS:

THE ENDOWMENTS ARE HELD THROUGH SOUTHWESTERN VERMONT HEALTHCARE FOUNDATION, A RELATED ORGANIZATION, AND ARE INVESTED TO PROVIDE INVESTMENT RETURNS TO FUND GENERAL OPERATIONS AND SPECIFIC DONOR RESTRICTED PURPOSES.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12:

\$ (322,414) CHANGE IN FAIR VALUE OF INTEREST RATE SWAP

(41,527) INVESTMENT MANAGEMENT FEES

2,068,569 PERIODIC BENEFIT COSTS

\$ 1,704,628

SCHEDULE D, PART XI, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1:

\$ 245,936 GRANTS FOR ACQUISITION OF PROPERTY & EQUIPMENT

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>225.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,227,520.		1,227,520.	.73
b Medicaid (from Worksheet 3, column a)			35,398,384.	19,006,508.	16,391,876.	9.74
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			36,625,904.	19,006,508.	17,619,396.	10.47
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,448,449.	136,332.	1,312,117.	.78
f Health professions education (from Worksheet 5)			505,811.	410,683.	95,128.	.06
g Subsidized health services (from Worksheet 6)			7,579,854.	4,961,352.	2,618,502.	1.56
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			39,205.		39,205.	.02
j Total. Other Benefits			9,573,319.	5,508,367.	4,064,952.	2.42
k Total. Add lines 7d and 7j			46,199,223.	24,514,875.	21,684,348.	12.89

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

Schedule H (Form 990) 2019

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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?	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)	36,728,771.
6 Enter Medicare allowable costs of care relating to payments on line 5	45,749,042.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-9,020,271.
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 checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	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	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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SOUTHWESTERN VERMONT MEDICAL CENTER 100 HOSPITAL DRIVE BENNINGTON VT 05201 SVHEALTHCARE.ORG 837	X	X			X		X		SOLE COMMUNITY HOSPITAL	
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA completion, community health needs assessment details, and implementation strategies.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>225.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? 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):	X	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</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, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

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.

SCHEDULE H, PART V, SECTION B, LINE 5

COMMUNITY INPUT:

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

1. THROUGH LISTENING TO THE COMMUNITY INPUT THROUGH OUR BOARD OF TRUSTEES, OUR MEDICAL STAFF, AND OUR CONNECTIONS WITH OUTSIDE COMMUNITY GROUPS.
2. LEGISLATIVE UPDATES DURING WHICH SVMC HEARS FROM ELECTIVE OFFICIALS ABOUT NEEDS COMMUNICATED TO THEM FROM CONSTITUENTS.
3. THE BENNINGTON COMMUNITY COLLABORATIVE COMPRISED OF LEADERS THAT SPAN THE REGIONS MEDICAL AND SOCIAL SERVICE AGENCIES INCLUDING HOUSING, FOOD INSECURITY. EDUCATION, CRIMINAL JUSTICE AND TRANSPORTATION.
4. ATTENDANCE AT COMMUNITY FORUMS HELD BY OTHER ORGANIZATIONS, FOR EXAMPLE, THE HEALTHCARE TOWN HALL HOSTED BY THE BENNINGTON FREE LIBRARY.
5. THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WHICH INCLUDED SIX SEPARATE, IN-DEPTH FOCUS GROUPS INVOLVING MORE THAN 70 COMMUNITY MEMBERS AND LEADERS FROM MULTIPLE SECTORS IN VERMONT, NEW YORK, AND MASSACHUSETTS COMMUNITIES.

THESE FOCUS GROUPS CONSISTED OF MEMBERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY SVHC. MEMBERS INCLUDED STATE AND LOCAL PUBLIC

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.

HEALTH DEPARTMENTS, A WIDE VARIETY OF COMMUNITY LEADERS, AND REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. FOCUS GROUP DISCUSSIONS DID NOT EXCLUDE ANY POPULATIONS WITH HEALTH DISPARITIES OR GROUPS AT RISK OF NOT RECEIVING ADEQUATE MEDICAL CARE BECAUSE OF BEING UNINSURED OR UNDERINSURED OR DUE TO GEOGRAPHIC, LANGUAGE, FINANCIAL OR OTHER BARRIERS. THE FOCUS GROUPS IDENTIFIED THE HEALTH NEEDS IN THE FOLLOWING DEMOGRAPHIC SEGMENTS:

- POPULATION DEMOGRAPHICS
- PRE-K AND PARENTS
- CHILDREN AND YOUTH (AGES 6-12)
- TEENS AND YOUNG ADULT (AGES 13-20)
- ADULTS (AGES 21-34)
- MATURE ADULTS (AGES 35-64)
- SENIORS (AGE GREATER THAN 65)

TO REDUCE THE LIST OF IDENTIFIED HEALTH NEEDS, SIMILAR HEALTH NEEDS IN EACH SEGMENT WERE GROUPED AND SIMILAR HEALTH NEEDS IN SEPARATE AGE SEGMENTS WERE COMBINED. FOCUS GROUPS REVIEWED QUANTITATIVE DATA TO FURTHER DEEPEN THEIR PERSPECTIVE OF THE HEALTH NEEDS OF THE COMMUNITY. AFTER CATALOGUING PREVALENT HEALTH NEEDS AND REVIEWING QUANTITATIVE AND QUALITATIVE DATA, FOCUS GROUPS USED A STRUCTURED VOTING SYSTEM TO PRIORITIZE THE FINAL LIST OF THE MOST PRESSING COMMUNITY HEALTH NEEDS. FOCUS GROUPS ALSO DEVELOPED INITIAL RECOMMENDATIONS FOR THE IMPLEMENTATION PLAN TO ADDRESS THE MOST PRESSING HEALTH NEEDS IDENTIFIED. AS NEEDS ARE IDENTIFIED THROUGH THESE MECHANISMS THEY ARE INCLUDED IN THE

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.

PROCESS FOR CREATING THE HEALTH SYSTEM'S STRATEGIC PLAN. THE STRATEGIC PLAN PRIORITIZES NEEDS FOR OUR COMMUNITY BOTH FROM A SERVICE AND INFRASTRUCTURE PERSPECTIVE. THE PLAN PROVIDES THE HEALTH SYSTEM WITH A FRAMEWORK FOR ACHIEVING COMMUNITY HEALTH IMPROVEMENT GOALS.

SCHEDULE H, PART V, SECTION B, LINE 7A

CHNA WEBSITE:

[HTTPS://SVHEALTHCARE.ORG/PORTALS/0/FILES/DEPARTMENTS/PLANNING-COMPLIANCE/SVHC-CHNA-2018.PDF?VER=2020-08-20-105426-190](https://svhealthcare.org/portals/0/files/departments/planning-compliance/svhc-chna-2018.pdf?ver=2020-08-20-105426-190)

SCHEDULE H, PART V, SECTION B, LINE 10A

IMPLEMENTATION STRATEGY WEBSITE:

[HTTPS://SVHEALTHCARE.ORG/PORTALS/0/FILES/DEPARTMENTS/PLANNINGCOMPLIANCE/SVHC-CHNA-2018.PDF?VER=2020-08-20-105426-190](https://svhealthcare.org/portals/0/files/departments/planningcompliance/svhc-chna-2018.pdf?ver=2020-08-20-105426-190)

SCHEDULE H, PART V, LINE 11

IMPLEMENTATION STRATEGY/ADDRESSING IDENTIFIED NEEDS:

THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS COMPLETED AND APPROVED BY SOUTHWESTERN VERMONT HEALTH CARES (SVHC) BOARD OF TRUSTEES IN JUNE, 2018. THE PRIORITY HEALTH NEEDS IDENTIFIED FOR SVHC'S SERVICE REGION ARE:

- 1) ACCESS TO CARE
 - IMPROVE PRIMARY CARE AND URGENT CARE ACCESS
 - INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES
- 2) OBESITY AND HEALTHY ACTIVITIES

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.

- ENHANCE HEALTH AND WELLNESS PROGRAMS
- FOSTER LINKS BETWEEN GOOD HEALTH, NUTRITION, EXERCISE, AND EDUCATION AND ECONOMIC DEVELOPMENT
- 3) BEHAVIORAL HEALTH AND SUBSTANCE USE
 - EXPAND SUBSTANCE USE PREVENTION AND TREATMENT
 - DEVELOP YOUTH STRESS MANAGEMENT AND COPING PROGRAMS.

IN 2020, PROGRAMS WERE IMPLEMENTED TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND TO MEET THE HEALTH NEEDS PRIORITIZED BY COMMUNITY MEMBERS. WHILE THE COVID-19 PANDEMIC HINDERED SELECT COMMUNITY HEALTH EFFORTS, PARTICULARLY THOSE INVOLVING IN-PERSON GATHERING, IT ALSO CATALYZED NEW INITIATIVES AND PROGRAMS THAT SUPPORTED THE WELLNESS, DEVELOPMENT, AND EDUCATION OF COMMUNITY MEMBERS.

ACCESS TO CARE INITIATIVES EXPANDED; FINANCIAL SUPPORT FOR THE BENNINGTON FREE CLINIC, RECRUITMENT OF PRIMARY CARE PROVIDERS, EXPANSION OF TELEMEDICINE OFFERINGS, AND LAUNCH OF CAREQD A VIRTUAL ON-DEMAND URGENT CARE PLATFORM.

OBESITY AND HEALTHY ACTIVITIES ACCELERATED; SCREENING YOUTH FOR SUBSTANCE USE, DEPRESSION AND ANXIETY, WITH RAPID REFERRALS TO APPROPRIATE SERVICES, FOOD SECURITY EFFORTS THROUGH POPULATION HEALTH AND FOOD SECURITY FELLOWS, RISEVT A PRIMARY PREVENTION PROGRAM TO REDUCE CHILDHOOD OBESITY, ENGAGEMENT WITH THE PUBLIC SCHOOL SYSTEM'S HEALTH AND WELLNESS COMMITTEE, SUPPORT FOR LOCAL HEALTH AND WELLNESS PROJECTS AND

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.

SPONSORSHIPS INCLUDING THE YMCA, A YOUTH BASKETBALL LEAGUE, AND A TENNIS AND HOMEWORK ASSISTANCE PROGRAM FOR AT-RISK YOUTH.

BEHAVIORAL HEALTH AND SUBSTANCE USE EFFORTS EXPANDED; SUPPORT FOR VERMONT BLUEPRINT'S BEHAVIORAL HEALTH THERAPISTS EMBEDDED IN PROVIDER PRACTICES, COORDINATION OF THE REGION'S OPIOID RESPONSE PLAN INVOLVING MORE THAN 30 COMMUNITY LEADERS, RAPID ACCESS TO MEDICATION ASSISTED TREATMENT WITHIN THE EMERGENCY DEPARTMENT, COLLABORATION WITH LOCAL SCHOOLS BOLSTERED YOUTH SELF-EFFICACY AND RESILIENCE INCLUDED A BACKPACK AND SCHOOL SUPPLIES PROGRAM, SUPERVISION OF AN AMERICORPS VISTA FELLOW, COORDINATION WITH FIRST RESPONDERS AND PEER RECOVERY COACHES FOR IMMEDIATE SUPPORT FOR THOSE SUFFERING A NON-FATAL OPIOID OVERDOSE, BED RESERVATION AT THE REGIONAL HOMELESS SHELTER, AND NARCAN DISTRIBUTION. EACH INITIATIVE IS MULTIDIMENSIONAL AND SUPPORTS MULTIPLE COMMUNITY HEALTH NEEDS. FOR EXAMPLE, COLLABORATION WITH FIRST RESPONDERS AND PEER RECOVERY COACHES NOT ONLY HELPS THOSE STRUGGLING WITH SUBSTANCE USE DISORDER TO ACCESS APPROPRIATE AND TIMELY TREATMENT, BUT ALSO PROVIDES HEALTH AND LIFESTYLE COACHING TO PREVENT RELAPSE AND ENCOURAGE HEALTHY DECISION-MAKING.

SIMILARLY, SPONSORSHIP OF THE YOUTH TENNIS AND HOMEWORK ASSISTANCE PROGRAM PROVIDES BOTH THE OPPORTUNITY FOR PHYSICAL ACTIVITY AND INCREASES YOUTH ADVANCEMENT AND RESILIENCE. SVMC HAS LEVERAGED, AND WILL CONTINUE TO AMPLIFY, RELATIONSHIPS WITH COMMUNITY PARTNERS TO ADDRESS THE PRIORITY HEALTH NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT.

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.

AS THE PANDEMIC UNFOLDED THE ONLY THING COMMUNITIES WANTED AS MUCH AS A CURE WAS INFORMATION. SVHC PROVIDED CLEAR, ACCURATE, AND ACTIONABLE INFORMATION THROUGH A MULTIPRONGED COMMUNICATION STRATEGY INCLUDING; SIGNAGE, INTENSIFIED SOCIAL MEDIA PRESENCE, WEEKLY EMAIL NEWSLETTERS, PRINT MESSAGING AND BROADCAST MESSAGING. IN COLLABORATION WITH THE VERMONT CHAMBER OF COMMERCE AND CAT-TV, SVHC PRODUCED MANY COMMUNITY EDUCATION SHOWS FEATURING CLINICAL LEADERS AND INFECTIOUS DISEASES EXPERTS. IN ADDITION SVHC HOSTED SEVERAL QUESTION AND ANSWER VIRTUAL COMMUNITY FORUMS.

IN 2020, SVMC INVESTED \$21.7 MILLION IN COMMUNITY BENEFIT ACROSS A WIDE ARRAY OF SERVICES, PROGRAMS AND INITIATIVES. SVMC PROVIDED \$1,227,791 IN CHARITY CARE AND \$16.4 MILLION IN UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. SVMC PROVIDED \$2.6 MILLION IN SUBSIDIZED HEALTHCARE AND \$198,738 IN PROVIDER RECRUITMENT TO ADDRESS ISSUES WITH HEALTHCARE ACCESS. SVMC ALSO INVESTED \$960,015 IN COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDING DIABETES EDUCATION, CHILD BIRTH CLASSES AND TRANSITIONAL CARE NURSING. THESE PROGRAMS WERE BALANCED BY EFFORTS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH INCLUDING \$181,000 TOWARDS ECONOMIC DEVELOPMENT AND POVERTY ALLEVIATION, \$404,480 IN COMMUNITY FOCUSED COVID COMMUNICATION, AND \$94,289 IN DIRECT COMMUNITY BASED HEALTH AND WELLNESS PROGRAMS.

THE COMPREHENSIVE, MULTI-YEAR IMPLEMENTATION PLAN ADDRESSES BOTH PROGRAMMATIC AND POLICY BARRIERS TO HEALTH AND WELLBEING. THE PLAN SPANS

Part V Facility Information (continued)

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

THE HEALTH SYSTEM AND LEVERAGES COMMUNITY COLLABORATORS. THE EFFORTS IN

THE PLAN ARE ORGANIZED INTO FOUR PRIMARY CATEGORIES:

1) MEDICAL SUPPORT PROGRAMS SUCH AS MAINTAINING PRIMARY CARE AND SUPPORTING THE BENNINGTON FREE CLINIC.

2) COMMUNITY BUILDING AND ECONOMIC DEVELOPMENT SUCH AS INVESTING IN DOWNTOWN REDEVELOPMENT.

3) HEALTH AND WELLNESS PROGRAMS THAT ADVANCE PRIMARY PREVENTION PARTICULARLY AROUND YOUTH RESILIENCE, CHILDHOOD OBESITY, AND FOOD SECURITY.

4) SPONSORSHIP AND COMMUNITY EVENTS THAT EDUCATE ABOUT HEALTHY BEHAVIORS AND PROVIDE OPPORTUNITIES FOR BUILDING COMMUNITY COHESION.

EACH INITIATIVE IS MULTIDIMENSIONAL, ADDRESSES MULTIPLE PRIORITY HEALTH NEEDS. TOGETHER WITH COMMUNITY PARTNERS, ADDRESSING THE PRIORITY HEALTH NEEDS WILL REQUIRE DECADES OF INFRASTRUCTURE DEVELOPMENT, EDUCATION REFORM, POLICY CHANGE, CULTURAL CHANGES, AND HEALTHCARE TRANSFORMATION.

IN 2020, SVHC ELECTED TO NOT ADDRESS THE FOLLOWING COMMUNITY HEALTH NEEDS:

- ECONOMIC OPPORTUNITY AND COST OF LIVING
- TRANSPORTATION

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.

- HOUSING

THESE THREE COMMUNITY NEEDS, THOUGH IMPERATIVE TO ADDRESS IN THE PURSUIT OF HEALTH EQUITY, REQUIRE RESOURCES AND COORDINATION BEYOND SVMC'S CURRENT CAPACITY. SVHC WILL CONTINUE TO MONITOR AND PARTICIPATE IN DISCUSSIONS OF HOW BEST TO ADDRESS THESE ISSUES SUCH THAT FUTURE EFFORTS CAN BEGIN TO AMELIORATE THE NEEDS.

SCHEDULE H, PART V, SECTION B, LINES 16A, 16B, AND 16C

FAP, FAP APPLICATION, AND PLS WEBSITE:

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

SCHEDULE H, PART V, LINE 16I

LEP TRANSLATIONS:

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

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 NORTHSHIRE CAMPUS 5957 MAIN STREET, ROUTE 7A NORTH MANCHESTER CENTER VT 05255	PRIMARY CARE, LABORATORY
2 DEERFIELD VALLEY CAMPUS 30 ROUTE 100 SOUTH WILMINGTON VT 05363	SAME-DAY CARE, LABORATORY
3 POWNAL FAMILY PRACTICE 7237 ROUTE 7 POWNAL VT 05262	PRIMARY CARE, LABORATORY
4	
5	
6	
7	
8	
9	
10	

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.

SCHEDULE H, PART I, LINE 7G

SUBSIDIZED SERVICES:

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

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY:

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

Part 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.
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- 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.

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE:

THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU 2014-09. UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR WHICH THE HEALTH SYSTEM DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE PATIENTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE HEALTH SYSTEM'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED. BAD DEBT EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2020. HOWEVER, THE HOSPITAL INTERNALLY TRACKS BAD DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT AMOUNT HAS BEEN REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2.

SCHEDULE H, PART III, SECTION A, LINE 3

BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE:

THE ORGANIZATION HAS ESTIMATED THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS UNDER THE ORGANIZATION'S CHARITY CARE POLICY FOR LINE 3 BASED ON CENSUS DATA SHOWING 18.3% OF THE POPULATION IN ITS

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.
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- 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.

SERVICE AREA FALLING BELOW THE FEDERAL POVERTY GUIDELINES.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT EXPENSE FOOTNOTE:

THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES
BAD DEBT EXPENSE. THEY DO, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES
PATIENT ACCOUNTS RECEIVABLE. THAT FOOTNOTE CAN BE FOUND ON PAGE 10 OF THE
ATTACHED AUDITED FINANCIAL STATEMENTS.

SCHEDULE H, PART III, SECTION B, LINE 8

COMMUNITY BENEFIT:

SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A
COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE
HELD TO. THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY
BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE
COMMUNITY.

Part 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.
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- 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.

SCHEDULE H, PART III, SECTION C, LINE 9B

COLLECTION POLICY:

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

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

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

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.
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- 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.

GENERAL, WE IDENTIFY COMMUNITY NEEDS IN SEVERAL WAYS:

1. THROUGH LISTENING TO THE COMMUNITY INPUT THROUGH OUR BOARD OF TRUSTEES, OUR MEDICAL STAFF, AND OUR CONNECTIONS WITH OUTSIDE COMMUNITY GROUPS.
2. LEGISLATIVE UPDATES DURING WHICH SVMC HEARS FROM ELECTIVE OFFICIALS ABOUT NEEDS COMMUNICATED TO THEM FROM CONSTITUENTS.
3. THE BENNINGTON COMMUNITY COLLABORATIVE COMPRISED OF LEADERS THAT SPAN THE REGION'S MEDICAL AND SOCIAL SERVICE AGENCIES INCLUDING HOUSING, FOOD INSECURITY. EDUCATION, CRIMINAL JUSTICE AND TRANSPORTATION.
4. ATTENDANCE AT COMMUNITY FORUMS HELD BY OTHER ORGANIZATIONS, FOR EXAMPLE, THE HEALTHCARE TOWN HALL HOSTED BY THE BENNINGTON FREE LIBRARY.
5. THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WHICH INCLUDED

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.
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- 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.

SIX SEPARATE, IN-DEPTH FOCUS GROUPS INVOLVING MORE THAN 70 COMMUNITY MEMBERS AND LEADERS FROM MULTIPLE SECTORS IN VERMONT, NEW YORK, AND MASSACHUSETTS COMMUNITIES. THESE FOCUS GROUPS CONSISTED OF MEMBERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY SVHC. MEMBERS INCLUDED STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS, A WIDE VARIETY OF COMMUNITY LEADERS, AND REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. FOCUS GROUP DISCUSSIONS DID NOT EXCLUDE ANY POPULATIONS WITH HEALTH DISPARITIES OR GROUPS AT RISK OF NOT RECEIVING ADEQUATE MEDICAL CARE BECAUSE OF BEING UNINSURED OR UNDERINSURED OR DUE TO GEOGRAPHIC, LANGUAGE, FINANCIAL OR OTHER BARRIERS.

THE FOCUS GROUPS IDENTIFIED THE HEALTH NEEDS IN THE FOLLOWING DEMOGRAPHIC SEGMENTS:

- POPULATION DEMOGRAPHICS
- PRE-K AND PARENTS
- CHILDREN AND YOUTH (AGES 6-12)
- TEENS AND YOUNG ADULT (AGES 13-20)
- ADULTS (AGES 21-34)

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.
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- 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.

-MATURE ADULTS (AGES 35-64)

-SENIORS (AGE GREATER THAN 65)

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

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.

FRAMEWORK FOR ACHIEVING COMMUNITY HEALTH IMPROVEMENT GOALS.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

SVMC COUNSELS PATIENTS WHO HAVE NO INSURANCE ABOUT FEDERAL AND STATE PROGRAMS AND CHARITY CARE. AS PATIENTS ARE ADMITTED TO OUR FACILITY EITHER FOR OUTPATIENT OR INPATIENT CARE, OUR ADMITTING PERSONNEL WATCH FOR PATIENTS WHO HAVE NO INSURANCE. WHEN WE IDENTIFY PATIENTS WITH NO INSURANCE, WE OFFER THEM THE OPPORTUNITY TO SPEAK WITH A FINANCIAL COUNSELOR WHO CAN HELP THEM FILE THE NECESSARY PAPERWORK TO QUALIFY FOR ANY OF THE VARIED GOVERNMENT INSURANCE PROGRAMS AS WELL AS CHARITY CARE. WE MAKE EVERY EFFORT TO WORK WITH PATIENTS WHILE THEY ARE AT OUR FACILITIES. HOWEVER, WE ALSO FOLLOW UP AFTER A PATIENT VISITS OUR FACILITY TO SEE IF THE PATIENT HAS ANY ADDITIONAL QUESTIONS OR NEEDS FURTHER ASSISTANCE. WE HAVE A FULL-TIME COUNSELOR WHO REGULARLY MEETS WITH ANY PATIENTS WHO LACK INSURANCE OR MAY HAVE DIFFICULTY PAYING TO HELP THEM UNDERSTAND THEIR OPTIONS FOR PAYING FOR CARE AS WELL AS COMPLETE ANY PAPERWORK THEY NEED TO QUALIFY FOR INSURANCE OR CHARITY

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.
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- 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.

CARE. OUR SOCIAL SERVICES DEPARTMENT ALSO PERFORMS THESE TASKS.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

SERVICE AREA: SOUTHWESTERN VERMONT MEDICAL CENTER (SVMC) IS THE ONLY HOSPITAL IN ITS SERVICE AREA. THE SERVICE AREA IS CENTERED ON BENNINGTON, VT., AND STRETCHES ABOUT 25 MILES TO THE EAST TO THE COMMUNITIES OF WILMINGTON, VT., AND THE DEERFIELD VALLEY. IT STRETCHES 30 MILES TO THE NORTH TO ENCOMPASS THE COMMUNITIES OF MANCHESTER AND DORSET, VT., AND OTHER SMALLER COMMUNITIES ON THE EDGE OF BENNINGTON COUNTY AND THE SOUTHERN PORTIONS OF RUTLAND COUNTY. TO THE WEST, IT STRETCHES 15-20 MILES INTO EASTERN N.Y. AND INCLUDES HOOSICK, HOOSICK FALLS, EAGLE BRIDGE, WHITE CREEK, BERLIN, PETERSBURGH AND CAMBRIDGE. LASTLY, TO THE SOUTH IT STRETCHES TO THE VERMONT BORDER WITH MASSACHUSETTS AND SERVES SOME MASSACHUSETTS RESIDENTS.

DEMOGRAPHICS: THE SVMC SERVICE AREA'S POPULATION GROWTH DECLINED FROM 2000 TO 2019. THE CURRENT POPULATION OF SVMC'S PRIMARY SERVICE AREA IS

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.
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- 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.

50,000. ACROSS OUR FULL SERVICE AREA, INCLUDING FRINGE MARKETS, THE POPULATION IS JUST UNDER 120,000. THE AVERAGE AGE OF RESIDENTS HAS ALSO INCREASED WITH 19% BEING 65 OR OLDER. THE POPULATION SVMC SERVES IS CONSIDERABLY OLDER AND LESS ECONOMICALLY ADVANTAGED THAN THAT IN THE REST OF VERMONT OR THE NATION. AVERAGE AGE OF RESIDENTS HAS ALSO INCREASED WITH 19% BEING 65 OR OLDER. THE POPULATION SVMC SERVES IS CONSIDERABLY OLDER AND LESS ECONOMICALLY ADVANTAGED THAN THAT IN THE REST OF VERMONT OR THE NATION.

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

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

ACCESS TO MEDICAL CARE:

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.
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- 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.

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

IN FISCAL YEAR 2020, SVMC INVESTED IN COMMUNITY-ORIENTED HEALTH EDUCATION, DISEASES SPECIFIC SUPPORT GROUPS, AND COMMUNITY-LOCATED SCREENING EVENTS. ALTHOUGH PROVIDING GREAT HEALTH CARE IS OUR MISSION, SVMC IS DEVOTED TO SUPPORTING OUR COMMUNITIES IN MANY OTHER WAYS; INITIATIVES TO INTRODUCE STUDENTS TO HEALTH CARE CAREERS AND PROVIDE JOB SHADOW OPPORTUNITIES, PRECEPTORSHIPS, COMMUNITY SERVICE OPPORTUNITIES TO

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.
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- 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.

LOCAL HIGH SCHOOL AND COLLEGE STUDENTS, A COORDINATOR TO HELP PEOPLE ENROLL IN MEDICAID, MEDICARE, OR OTHER INSURANCES, A PHYSICIAN FINDER LINE TO HELP PEOPLE FIND A PRIMARY CARE PROVIDER OR SPECIALIST, A TRANSITIONAL CARE NURSING PROGRAM THAT FACILITATES SAFER TRANSITIONS TO HOME OR SUBACUTE CARE FOR HOSPITAL PATIENTS THAT HAS RECEIVED NATIONAL ACCLAIM AS A MODEL TO IMPROVE COMMUNITY HEALTH.

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

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

SVMC PROVIDES TRAINING AND SUPPORT FOR AREA RESCUE SQUADS.

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED GROUP. THE GROUP'S CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE ACCOUNTS OF SOUTHWESTERN VERMONT HEALTH CARE CORPORATION (SVHC), SOUTHWESTERN VERMONT MEDICAL CENTER, INC. (SVMC), MOUNT ANTHONY HOUSING CORPORATION (MAHC), SOUTHWESTERN VERMONT HEALTH CARE AUXILIARY, INC. (SVMCA), SOUTHWESTERN VERMONT HEALTH CARE ENTERPRISES (SVMCE) AND SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION (FOUNDATION), SOUTHWESTERN VERMONT HEALTH CARE NEW YORK, LLC (SVHC-NY), TWIN RIVER MEDICAL, PC (TR), AND NORTHERN BERKSHIRE MEDICAL, PC (NBM), SOUTHWESTERN VERMONT HEALTH CARE HOOSICK FALLS, LLC (SVHC-HF), HOOSICK FALLS HEALTH CENTER, INC (HFHC), HOOSICK FALLS HEALTH CENTER FOUNDATION (HFHCF).

SOUTHWESTERN VERMONT HEALTH CARE CORPORATION (SVHC) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF VERMONT FOR THE PURPOSE OF SERVING AS A PARENT ORGANIZATION FOR FOUR WHOLLY OWNED OR CONTROLLED SUBSIDIARY CORPORATIONS. ACTIVITIES PERFORMED BY SVHC

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.
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- 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.

INCLUDE:

MANAGING INVESTMENTS; FUNDRAISING; OPERATING AND MANAGING BUILDINGS AND EQUIPMENT OWNED AND LEASED BY SUBSIDIARIES AND OTHER RELATED ENTITIES. SVHC AND ITS SUBSIDIARIES ARE PROVIDERS OF HEALTH SERVICES WITH FACILITIES IN AND AROUND THE BENNINGTON, VERMONT AREA. THE SUBSIDIARIES OF THE CORPORATION ARE:

SOUTHWESTERN VERMONT MEDICAL CENTER, INC. (SVMC) IS A NOT-FOR-PROFIT, ACUTE CARE HOSPITAL WHICH PROVIDES DIAGNOSTIC AND TREATMENT SERVICES.

MOUNT ANTHONY HOUSING CORPORATION (MAHC) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF DEVELOPING, MANAGING AND OPERATING NURSING HOMES.

SOUTHWESTERN VERMONT HEALTH CARE AUXILIARY, INC. (SVMCA) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF SERVING AND ASSISTING SVMC AND ITS SUBSIDIARIES IN PROMOTING THE HEALTH AND WELFARE

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.
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- 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.

OF THE COMMUNITY IN ACCORDANCE WITH SVMC'S OBJECTIVES AND TO CONDUCT
VARIOUS PHILANTHROPIC ACTIVITIES FOR SVMC.

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

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

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

TWIN RIVERS MEDICAL, P.C. (TWIN RIVERS) IS A NEW YORK NOT-FOR-PROFIT

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.
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- 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.

CORPORATION ORGANIZED FOR THE PURPOSE OF PROVIDING FAMILY PRACTICE AND OTHER SPECIALTY PHYSICIAN SERVICES. SVMC CONTROLS THE OPERATIONS OF TWIN RIVERS.

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

HOOSICK FALLS HEALTH CENTER, INC (HFHC) IS A NEW YORK NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF DEVELOPING, MANAGING, AND OPERATING NURSING HOMES. SVHC CONTROLS THE OPERATIONS OF HFHC.

HOOSICK FALLS HEALTH CENTER FOUNDATION (HFHCF) IS A NEW YORK NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF SUPPORTING HOOSICK FALLS HEALTH CENTER, INC. HFHC CONTROLS THE OPERATION OF HFHCF.

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

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.
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- 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.

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREATER BENNINGTON INTERFAITH COMMUNITY SER 107 ADAMS STREET BENNINGTON, VT 05201	03-0369844	501(C)(3)	20,000.				SUPPORT
(2) BENNINGTON COLLEGE 1 COLLEGE DRIVE BENNINGTON, VT 05201	03-0179414	501(C)(3)	12,500.				SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

THE ORGANIZATION PROVIDES GRANT FUNDS TO CHARITABLE ORGANIZATIONS BASED

ON NEED. THE USE OF THE FUNDS CAN BE SEEN IN THE COMMUNITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 THOMAS DEE CEO	(i)	439,385.	63,000.	38,494.	254,658.	28,138.	823,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 STEPHEN MAJETICH CFO	(i)	350,585.	65,457.	30,347.	72,887.	28,528.	547,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 RICHARD OGILVIE VP CIO	(i)	168,190.	45,224.	25,029.	9,947.	21,512.	269,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KEVIN DAILEY VP HR	(i)	223,322.	51,164.	22,419.	8,000.	22,912.	327,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ANGELINE MARANO VP MPD	(i)	100,260.	39,000.	130,969.	5,440.	5,674.	281,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MICHAEL BRADY, DDS TRUSTEE	(i)	175,011.	0.	939.	65.	0.	176,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 BILLIE LYNN ALLARD ADMINISTRATIVE DIR OF NURSING	(i)	177,514.	5,935.	1,935.	11,955.	1,580.	198,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 RICHARD BARBIERRI DENTIST	(i)	175,011.	0.	1,920.	0.	65.	176,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ANTONIETTA MAZZARIELLO DIRECTOR OF REVENUE CYCLE	(i)	163,280.	5,633.	927.	11,064.	1,021.	181,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JAMES ROY CONTROLLER	(i)	167,184.	3,270.	4,478.	11,717.	22,921.	209,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DREW LERMAN DIRECTOR OF FINANCE	(i)	166,693.	3,192.	4,308.	11,383.	21,488.	207,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SHEIL BONI ACTING CNO	(i)	196,475.	0.	4,860.	8,000.	25,538.	234,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

\$ 130,267 ANGELINE MARANO

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

CONTRIBUTIONS TO NONQUALIFIED PLANS:

\$ 246,658 THOMAS DEE

64,887 STEPHEN MAJETICH

1,947 RICHARD OGILVIE

SCHEDULE J, PART II, COLUMN B(II)

BONUS DETERMINATION:

THE AMOUNT OF INCENTIVE COMPENSATION IS CALCULATED IN ACCORDANCE WITH THE
FORMAL INCENTIVE COMPENSATION PROGRAM THAT WAS DEVELOPED BY SVHC'S HUMAN
RESOURCE DEPARTMENT IN CONJUNCTION WITH OUR COMPENSATION CONSULTANT
ASTRON SOLUTIONS. THE ESSENCE OF THE PROGRAM IS TO REWARD OUR CEO FOR
ACHIEVING POSITIVE RESULTS ON BOTH ORGANIZATIONAL AND INDIVIDUAL GOALS.
GOALS ARE ESTABLISHED BY THE GOVERNANCE COMMITTEE PRIOR TO THE BEGINNING

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.

FOR THE FISCAL YEAR. TYPICALLY THERE WILL BE FIVE TO SIX ORGANIZATIONAL GOALS AND EIGHT TO TEN INDIVIDUAL GOALS. SUCCESSFUL ACHIEVEMENT OF THESE GOALS RESULTS IN ADDITIONAL COMPENSATION FOR THE CEO.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

GROUP 1

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A VT EDUCATIONAL AND HEALTH BUILDING FINANCING AGEN	23-7154467	824166BRI	03/20/2008	8,865,000.	CURRENT REFUNDING OF 1995 BONDS		X		X		X
B											
C											
D											

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,055,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	8,865,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	8,707,360.			
7	Issuance costs from proceeds	135,047.			
8	Credit enhancement from proceeds	22,593.			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008			
		Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

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

Schedule K (Form 990) 2019

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

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

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART IV, LINE 2C

REBATE COMPUTATION:

THE REBATE COMPUTATION WAS PERFORMED 03/20/18.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

22-2563241

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION:

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

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

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

QUALITY: ACHIEVING THE BEST POSSIBLE OUTCOMES AND SATISFYING THE CUSTOMER
IN THE MOST COST-EFFECTIVE MANNER.

EMPATHY: TREATING OTHERS IN A COMPASSIONATE AND SENSITIVE MANNER.

SAFETY: PREVENTING HARM TO PATIENTS FROM TREATMENT THAT IS INTENDED TO
HELP THEM AND TO EMPLOYEES FROM AN ENVIRONMENT THAT IS INTENDED TO
SUPPORT THEM.

TEAMWORK: HELPING EACH OTHER TO ACHIEVE SUCCESS.

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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STEWARDSHIP: CONSERVING RESOURCES AND MAKING DECISIONS THAT ACHIEVE THE HIGHEST VALUE AT THE LOWEST COST.

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIPS:

THE ORGANIZATION'S BOARD OF DIRECTORS IS THE SAME AS THE BOARD OF DIRECTORS OF SOUTHWESTERN VERMONT HEALTHCARE ENTERPRISES, A RELATED TAXABLE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 3

MANAGEMENT DUTIES:

DARTMOUTH-HITCHCOCK MEDICAL CENTER EMPLOYS THE PHYSICIANS. AS PART OF THIS ARRANGEMENT, THE CMO IS AN EMPLOYEE OF DARTMOUTH-HITCHCOCK AND PERFORMS CERTAIN MANAGEMENT FUNCTIONS.

FORM 990, PART VI, SECTION A, LINES 6, 7A, & 7B

MEMBERS:

THE SOLE MEMBER OF THE CORPORATION SHALL BE THE SOUTHWESTERN VERMONT HEALTH CARE CORPORATION (SVHC), A NONPROFIT CORPORATION, ACTING THROUGH ITS BOARD OF DIRECTORS (THE SVHC BOARD). THE MEMBER SHALL TAKE ACTION BY RESOLUTION DULY ADOPTED BY THE SVHC BOARD OR BY EXECUTION OF A WRITTEN CONSENT, AUTHORIZED BY THE SVHC BOARD AND EXECUTED BY A PERSON SO AUTHORIZED.

THE AFFAIRS OF THE CORPORATION SHALL BE MANAGED AND CONDUCTED BY A BOARD OF DIRECTORS (THE BOARD), SUBJECT TO THE AUTHORITY AND DIRECTION OF THE

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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SVHC BOARD. THE SVHC BOARD SHALL HAVE ULTIMATE RESPONSIBILITY TO ASSURE THAT THE POLICIES AND ACTIVITIES OF THE CORPORATION ARE COORDINATED WITH THOSE OF ITS AFFILIATED CORPORATIONS IN ORDER TO ACHIEVE A HIGHLY EFFICIENT, PATIENT-FOCUSED, INTEGRATED SYSTEM OF HEALTH CARE DELIVERY. ACCORDINGLY, ANY CORPORATE ACTION OF THE CORPORATION AUTHORIZED BY THE SVHC BOARD SHALL BE DEEMED TO BE AUTHORIZED AND DIRECTED BY THE BOARD. IN THE ABSENCE OF ANY CONTRARY DIRECTION FROM SVHC BOARD, THE BOARD MAY TAKE ACTION WITH RESPECT TO THE AFFAIRS OF THE CORPORATION IN ACCORDANCE WITH THESE BYLAWS, PROVIDED HOWEVER, THAT THE BOARD MAY NOT TAKE ACTION WITH RESPECT TO ANY OF THE FOLLOWING MATTERS WITHOUT AUTHORIZATION OF THE SVHC BOARD:

ANNUAL OPERATING BUDGETS; CAPITAL BUDGETS; CERTIFICATE OF NEED APPLICATIONS; ANY CONTRACT OR AGREEMENT WHICH IS OF A SUBSTANTIAL NATURE OR WHICH IS NOT INCLUDED IN APPROVED OPERATING OR CAPITAL BUDGETS; ANY VOLUNTARY DISSOLUTION, MERGER, OR CONSOLIDATION OF THE CORPORATION OR THE SALE OR TRANSFER OF ALL OR SUB-CREATION, ACQUISITION, DISSOLUTION, MERGER OR CONSOLIDATION OF ANY SUBSIDIARY OF AFFILIATE OR AUXILIARY CORPORATION; ANY AMENDMENTS TO THE BYLAWS, ARTICLES OF INCORPORATION OF THE CORPORATION; THE STRATEGIC AND MASTER FACILITIES PLANS; AND APPOINTMENT OF CHIEF EXECUTIVE OFFICER.

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

FORM 990 REVIEW PROCESS:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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DEPARTMENT OF THE ORGANIZATION. THE DRAFT 990 IS THEN REVIEWED BY MANAGEMENT AND ACCOUNTING. AFTER ALL SUGGESTED CHANGES FROM MANAGEMENT ARE MADE, THE UPDATED DRAFT FORM 990 IS THEN PRESENTED TO THE FINANCE COMMITTEE. AFTER ANY FINAL CHANGES ARE MADE, THE FORM 990 IS PRESENTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

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

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

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

FORM 990, PART VI, SECTION B, LINE 15A & 15B

COMPENSATION REVIEW:

THE ORGANIZATION'S CEO POSITION IS PAID BY SOUTHWESTERN VERMONT MEDICAL CENTER (SVMC). THE PROCESS SVHC/SVMC USES TO DETERMINE CEO COMPENSATION IS AS FOLLOWS: THE BOARD ENGAGES AN OUTSIDE CONSULTING FIRM TO REVIEW COMPARABLE CEO SALARY DATA AND USES NATIONAL PROFESSIONAL ORGANIZATION SURVEY DATA IN THE DETERMINATION OF THE CEO'S SALARY AND BENEFITS. IN ADDITION, THE BOARD ENGAGES AN OUTSIDE CONSULTING FIRM AND ALSO USES NATIONAL PROFESSIONAL ORGANIZATION SURVEY DATA TO REVIEW THE WAGE DATA OF OTHER OFFICERS AND KEY EMPLOYEES.

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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PROCESS BEGINS WITH A REQUEST TO SVHC'S/SVMC'S COMPENSATION CONSULTANT ASTRON SOLUTIONS TO PERFORM A MARKET ANALYSIS OF THE CEO POSITION. THIS REPORT IS USED AS THE BASIS FOR STRUCTURING COMPENSATION FOR THE CEO DURING THE NEXT CONTRACT PERIOD.

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

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT DISCLOSURE:

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

FORM 990, PART VII, SECTION A

BOARD MEMBER COMPENSATION:

NO TRUSTEE RECEIVES COMPENSATION FOR THEIR SERVICES AS A TRUSTEE OF THE BOARD. ERIC SEYFERTH, MD, RECEIVES COMPENSATION AS A PHYSICIAN. THOMAS DEE IS COMPENSATED AS THE CEO OF THE SOUTHWESTERN VERMONT HEALTHCARE SYSTEM. MICHAEL BRADY, DDS, RECEIVED COMPENSATION FOR HIS EMPLOYMENT WITH SVMC.

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

\$(5,638,677) DEFINED BENEFIT PENSION COSTS

(322,414) CHANGE IN FAIR VALUE OF INTEREST RATE SWAP

(8,606,083) TRANSFER FROM AFFILIATES

2,068,569 NET PERIODIC BENEFIT COST

\$(12,498,605)ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	PSA AGREEMENT	33,265,734.
DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	PURCHASED/LAB SVCS	1,915,413.
ANESTHESIOLOGY ASSOCIATES OF BENNINGTON 100 HOSPITAL DRIVE BENNINGTON, VT 05201	PHYSICIAN PSA	1,308,935.
RENOVO SOLUTIONS, LLC 4 EXECUTIVE CIRCLE, SUITE 185 IRVINE, CA 92614	BIOMEDICAL ENG	1,026,480.
PINNACLE PHYSICIAN RESOURCE GROUP 9085 E MINERAL CIRCLE STE 110 CENTENNIAL, CO 20112	CONSULTING	339,662.

ATTACHMENT 2

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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ATTACHMENT 2 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
PSA FEES	29,764,562.	27,874,942.	1,889,620.	
PURCHASED SERVICES	6,818,465.	6,500,431.	318,034.	
SERVICE CONTRACTS	2,550,918.	2,433,716.	117,202.	
CONTRACT SERVICES	2,368,649.	2,368,649.		
LOCUM FEES	999,542.	945,337.	54,205.	
CONSULTANTS	255,697.	8,820.	246,877.	
COLLECTION FEES	181,200.	181,200.		
TRANSCRIPTION SERVICES	98,191.	98,191.		
TOTALS	<u>43,037,224.</u>	<u>40,411,286.</u>	<u>2,625,938.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) SOUTHWESTERN VERMONT HEALTH CARE CORP. 03-0179435 100 HOSPITAL DRIVE BENNINGTON, VT 05201	MANAGEMENT	VT	501(C)(3)	3	N/A		X
(2) MOUNT ANTHONY HOUSING CORPORATION 03-0279740 100 HOSPITAL DRIVE BENNINGTON, VT 05201	NURSING HOMES	VT	501(C)(3)	10	SVHC		X
(3) SOUTHWESTERN VT HEALTHCARE AUXILIARY 22-2563243 100 HOSPITAL DRIVE BENNINGTON, VT 05201	SUPPORT SVHC	VT	501(C)(3)	10	SVHC		X
(4) SOUTHWESTERN VT HEALTHCARE FOUNDATION 45-3362785 100 HOSPITAL DRIVE BENNINGTON, VT 05201	FUNDRAISING	VT	501(C)(3)	12 A I	SVHC		X
(5) TWIN RIVERS MEDICAL PC 47-3028931 16 DANFORTH STREET HOOSICK FALLS, NY 12090	HEALTHCARE	NY	501(C)(3)	10	SVMC	X	
(6) NORTHERN BERKSHIRE MEDICAL PC 81-4023607 375 MAIN STREET WILLIAMSTOWN, MA 01267	HEALTHCARE	MA	501(C)(3)	10	SVMC	X	
(7) HOOSICK FALLS HEALTH CENTER, INC. 14-1370000 21 DANFORTH STREET HOOSICK FALLS, NY 12090	NURSING HOME	NY	501(C)(3)	3	SVHC		X

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) HOOSICK FALLS HEALTH CENTER FOUNDATION 21 DANFORTH STREET HOOSICK FALLS, NY 12090 22-3186959	FUNDRAISING	NY	501(C)(3)	7	HFHC		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1) SOUTHWESTERN VT HEALTHCARE ENTERPRISES 03-0314501 100 HOSPITAL DRIVE BENNINGTON, VT 05201	HEALTHCARE	VT	SVHC	C CORP					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHERN BERKSHIRE MEDICAL PC	D	215,012.	FMV
(2) TWIN RIVERS MEDICAL PC	D	1,097,932.	FMV
(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 section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

Southwestern Vermont Health Care Corporation

Independent Auditor's Report and Consolidated Financial Statements

September 30, 2020 and 2019

Southwestern Vermont Health Care Corporation
September 30, 2020 and 2019

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Independent Auditor's Report

Board of Trustees
Southwestern Vermont Health Care Corporation
Bennington, Vermont

We have audited the accompanying consolidated financial statements of Southwestern Vermont Health Care Corporation (the "Corporation"), which comprise the consolidated balance sheets as of September 30, 2020 and 2019, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated 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 consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated financial statements.

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Southwestern Vermont Health Care Corporation as of September 30, 2020 and 2019, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the consolidated 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 audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

BKD, LLP

Springfield, Missouri
December 18, 2020

Southwestern Vermont Health Care Corporation
Consolidated Balance Sheets
September 30, 2020 and 2019

Assets

	<u>2020</u>	<u>2019</u>
Current Assets		
Cash and cash equivalents	\$ 24,694,045	\$ 11,314,225
Patient accounts receivable	14,068,917	16,121,651
Other receivables	2,190,249	1,578,902
Supplies	3,254,500	3,105,914
Prepaid expenses and other	<u>1,864,802</u>	<u>2,130,834</u>
Total current assets	<u>46,072,513</u>	<u>34,251,526</u>
Assets Limited As To Use		
Internally designated	86,767,585	72,379,309
Externally restricted	<u>14,547,759</u>	<u>14,070,623</u>
	<u>101,315,344</u>	<u>86,449,932</u>
Assets Held for Sale	<u>4,420,730</u>	<u>-</u>
Property and Equipment, At Cost	172,059,821	186,107,764
Less accumulated depreciation	<u>129,574,166</u>	<u>132,609,526</u>
	<u>42,485,655</u>	<u>53,498,238</u>
Other Assets		
Beneficial interest in perpetual trust	2,434,113	2,345,413
Deferred compensation plan assets	2,859,906	2,148,834
Other	<u>2,860,729</u>	<u>858,007</u>
	<u>8,154,748</u>	<u>5,352,254</u>
Total assets	<u>\$ 202,448,990</u>	<u>\$ 179,551,950</u>

Liabilities and Net Assets

	<u>2020</u>	<u>2019</u>
Current Liabilities		
Current maturities of long-term debt	\$ 440,624	\$ 463,792
Accounts payable	7,713,936	8,132,649
Accrued expenses	12,386,381	14,801,939
Unearned revenue - provider relief funds	4,607,646	-
Contract liabilities - Medicare advances	3,517,000	-
Estimated amounts due to third-party payors	9,771,216	2,175,499
Estimated self-insurance costs	1,293,524	1,344,955
Other	86,427	76,258
	<hr/>	<hr/>
Total current liabilities	39,816,754	26,995,092
Long-Term Debt	10,283,235	10,641,283
Contract Liabilities - Medicare Advances	7,242,000	-
Asset Retirement Obligations	1,217,212	1,201,688
Accrued Pension Liabilities	10,723,478	12,060,571
Deferred Compensation	2,853,162	2,142,906
Interest Rate Swap Agreements	1,783,740	1,461,326
Other Liabilities	2,261,648	1,814,921
Total liabilities	<hr/> 76,181,229 <hr/>	<hr/> 56,317,787 <hr/>
Net Assets		
Without donor restrictions	105,944,480	105,681,730
With donor restrictions	20,323,281	17,552,433
Total net assets	<hr/> 126,267,761 <hr/>	<hr/> 123,234,163 <hr/>
	<hr/>	<hr/>
Total liabilities and net assets	<hr/> \$ 202,448,990 <hr/>	<hr/> \$ 179,551,950 <hr/>

Southwestern Vermont Health Care Corporation
Consolidated Statements of Changes in Net Assets
Years Ended September 30, 2020 and 2019

	2020	2019 (Adjusted - Note 1 and Note 24)
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient service revenue	\$ 129,305,673	\$ 142,656,313
Other	14,151,901	7,732,314
Fixed prospective revenue	27,050,585	23,775,895
Provider relief funds	5,100,257	-
Net assets released from restrictions used for operations	853,408	769,711
Total revenues, gains, and other support without donor restrictions	176,461,824	174,934,233
Expenses and Losses		
Salaries and wages	54,560,485	52,350,819
Employee benefits	15,961,469	16,554,530
Purchased services	44,158,675	45,511,164
Supplies and other	51,272,529	50,628,199
Depreciation and amortization	6,815,309	6,884,285
Interest	760,677	659,996
Total expenses and losses	173,529,144	172,588,993
Operating Income	2,932,680	2,345,240
Other Income (Expense)		
Investment return, net	4,847,685	3,432,311
Change in fair value of interest rate swap agreements	(322,414)	(693,635)
Contributions and grant revenue	862,320	976,028
Net periodic benefit income	2,093,070	945,246
Other	(28,171)	(284,312)
Total other income (expense)	7,452,490	4,375,638
Excess of Revenues Over Expenses From Continuing Operations	10,385,170	6,720,878
Loss from Discontinued Operations of CLR and CNR	(5,033,366)	(1,873,592)
Excess of Revenues Over Expenses	5,351,804	4,847,286
Net assets released from restriction used for purchase of property and equipment	694,394	331,870
Grant received for acquisition of property and equipment	251,289	737,604
Defined benefit pension costs		
Net loss arising during the period	(7,587,687)	(11,150,375)
Amortization of net loss included in net periodic pension cost	1,552,950	1,182,635
Increase (Decrease) in Net Assets Without Donor Restrictions	\$ 262,750	\$ (4,050,980)

Southwestern Vermont Health Care Corporation
Consolidated Statements of Changes in Net Assets
Years Ended September 30, 2020 and 2019

	2020	2019
Net Assets Without Donor Restrictions		
Excess of revenues over expenses	\$ 5,351,804	\$ 4,847,286
Grant received for acquisition of property and equipment	251,289	737,604
Net assets released from restriction used for purchase of property and equipment	694,394	331,870
Defined benefit pension costs		
Net loss arising during the period	(7,587,687)	(11,150,375)
Amortization of net loss included in net periodic pension cost	1,552,950	1,182,635
Increase (decrease) in net assets without donor restrictions	262,750	(4,050,980)
Net Assets With Donor Restrictions		
Contributions received	4,186,524	2,364,068
Change in interest in net assets of Hoosick Falls Health Center Foundation	15,298	(57,610)
Investment return, net	28,128	76,524
Change in beneficial interest in trusts	88,700	64,817
Net assets released from restriction	(1,547,802)	(1,101,581)
Increase in net assets with donor restrictions	2,770,848	1,346,218
Change in Net Assets	3,033,598	(2,704,762)
Net Assets, Beginning of Year	123,234,163	125,938,925
Net Assets, End of Year	\$ 126,267,761	\$ 123,234,163

Southwestern Vermont Health Care Corporation
Consolidated Statements of Cash Flows
Years Ended September 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Operating Activities		
Change in net assets	\$ 3,033,598	\$ (2,704,762)
Items not requiring (providing) operating cash flow		
Gain on sale of property and equipment	(3,960)	(21,807)
Depreciation and amortization	6,815,309	6,884,285
Net gain on investments	(1,865,755)	(2,582,651)
Change in fair value of interest rate swap agreement	322,414	692,480
Change in beneficial interest in perpetual trusts	(88,700)	(64,817)
Restricted contributions and investment income received	(4,229,950)	(3,489,982)
Grant received for acquisition of property and equipment	(251,289)	(737,604)
Defined benefit pension costs	(1,337,093)	4,496,347
Impairment on assets held for sale	3,869,531	-
Depreciation and amortization - discontinued operations	808,910	741,640
Changes in		
Patient accounts receivable	2,052,734	1,097,521
Estimated amounts due from and to third-party payors	7,595,717	686,331
Unearned revenue - provider relief funds	4,607,646	-
Contract liabilities - Medicare advance payments	10,759,000	-
Accounts payable and accrued expenses	(2,148,645)	407,615
Asset retirement obligations	15,524	11,450
Other assets and liabilities	147,763	622,683
Net cash provided by operating activities	<u>30,102,754</u>	<u>6,038,729</u>
Investing Activities		
Purchase of investments	(24,229,503)	(13,082,759)
Proceeds from sale of investments	16,263,388	10,538,301
Purchase of property and equipment	(5,620,492)	(5,852,909)
Net cash used in investing activities	<u>(13,586,607)</u>	<u>(8,397,367)</u>
Financing Activities		
Proceeds from restricted contributions and investment income	2,031,475	1,874,985
Proceeds from grant income	251,289	1,844,604
Principal payments on long-term debt	(3,440,513)	(1,196,387)
Proceeds from issuance of long-term debt	3,054,964	-
Net cash provided by financing activities	<u>1,897,215</u>	<u>2,523,202</u>
Increase in Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents	18,413,362	164,564
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Beginning of Year	<u>20,374,593</u>	<u>20,210,029</u>
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, End of Year	<u>\$ 38,787,955</u>	<u>\$ 20,374,593</u>

Southwestern Vermont Health Care Corporation
Consolidated Statements of Cash Flows
Years Ended September 30, 2020 and 2019

	2020	2019
Reconciliation of Cash and Cash Equivalents to the Consolidated Balance Sheets		
Cash and cash equivalents in current assets	\$ 24,694,045	\$ 11,314,225
Cash and cash equivalents in assets limited as to use	14,093,910	9,060,368
	\$ 38,787,955	\$ 20,374,593
 Supplemental Cash Flows Information		
Interest paid	\$ 768,234	\$ 677,031
Property and equipment in accounts payable	\$ 583,861	\$ 1,310,749

Southwestern Vermont Health Care Corporation

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Southwestern Vermont Health Care Corporation (SVHC) is a not-for-profit corporation organized under the laws of the State of Vermont for the purpose of serving as a parent organization for wholly owned or controlled subsidiary corporations. Activities performed by SVHC include managing investments and operating and managing buildings and equipment owned and leased by subsidiaries and other related entities. SVHC and its subsidiaries are providers of health services with facilities in and around the Bennington, Vermont, area. The subsidiaries of the SVHC are:

Southwestern Vermont Medical Center, Inc. (SVMC) is a not-for-profit, acute care hospital which provides diagnostic and treatment services.

Mount Anthony Housing Corporation (MAHC) is doing business as Centers for Living and Rehabilitation (CLR) and is a not-for-profit corporation organized for the purpose of developing, managing, and operating nursing homes.

Southwestern Vermont Health Care Auxiliary, Inc. (SVHCA) is a not-for-profit corporation organized for the purpose of serving and assisting SVHC and its subsidiaries in promoting the health and welfare of the community in accordance with SVMC's objectives and to conduct various philanthropic activities for SVMC.

Southwestern Vermont Health Care Enterprises (SVHCE) is a for-profit corporation organized for the purpose of providing family practice and other specialty physician services.

Southwestern Vermont Health Care Foundation, Inc. (Foundation) is a not-for-profit corporation organized exclusively for charitable and educational purposes for SVHC, its successors, subsidiaries, and affiliates.

Southwestern Vermont Health Care New York, LLC (SVHCNY) is a not-for-profit professional employment corporation organized for staffing purposes in addition to owning and leasing property for Twin Rivers Medical, P.C. SVHCNY includes Hoosick Falls Health Center, Inc., d/b/a The Center for Nursing and Rehabilitation at Hoosick Falls (CNR). CNR is a not-for-profit organization organized for the purpose of developing, managing, and operating nursing homes.

Twin Rivers Medical, P.C. (Twin Rivers) is a New York not-for-profit corporation organized for the purpose of providing family practice and other specialty physician services. SVMC controls the operations of Twin Rivers.

Northern Berkshire Medical, P.C. (NBM) is a Massachusetts not-for-profit corporation organized for the purpose of providing orthopedic practice and other specialty physician services. SVMC controls the operations of NBM.

During 2020, the Corporation entered into agreements for the sale of certain CLR and CNR assets, which are presented as held for sale in the accompanying financial statements. CLR and CNR operations are presented as discontinued operations within the consolidated financial statements (*Note 24*).

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

Principles of Consolidation

The consolidated financial statements include the accounts of SVHC and its controlled entities, SVMC, MAHC, SVHCA, SVHCE, the Foundation, SVHCNY, Twin Rivers, NBM, and SVHCHF (collectively, the “Corporation”). All significant intercompany transactions and balances have been eliminated.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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 consolidated 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

The Corporation considers all liquid investments with original maturities of three months or less to be cash equivalents. At September 30, 2020 and 2019, cash equivalents consisted primarily of money market sweep accounts with banks, which are not FDIC insured, but may be covered by separate agreements with the financial institution. At September 30, 2020, the Corporation held approximately \$24,403,000 in sweep products with one financial institution.

At September 30, 2020, the Corporation’s deposit accounts did not exceed federally insured limits.

Debt Investments

Debt securities held by the Corporation generally are classified and recorded in the consolidated financial statements as follows:

Classified as	Description	Recorded at
Trading	Securities that are bought and held principally for the purpose of selling in the near term and, therefore, held for only a short period of time	Fair value, with changes in fair value included in excess (deficiency) revenues over expenses

Purchase premiums and discounts are recognized in interest income using the interest method over the terms of the securities. Gain and losses on the sale of securities are recorded on the trade date and are determined using the specific identification method.

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

Equity Investments

The Corporation measures equity securities, other than investments that qualify for the equity method of accounting, at fair value with changes recognized in excess (deficiency) revenues over expenses. Investments in private equity funds and hedge funds are recorded at net asset value (NAV), as a practical expedient, to determine fair value of the investments. Gains and losses on the sale of securities are recorded on the trade date and are determined using the specific identification method.

The Corporation measures equity securities and equity investments without a readily determinable fair value at cost, minus impairment, if any, plus or minus changes resulting from observable price changes for the identical or a similar investment.

For equity securities and equity investments measured under the practicability exception, the Corporation performs a qualitative assessment for equity investments without readily determinable fair values considering impairment indicators to evaluate whether an impairment exists. If an impairment exists, the Corporation will recognize a loss based on the difference between carrying value and fair value.

Investment Return

Investment return includes dividend, interest, and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments, less external and direct internal investment expense.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in net assets without donor restrictions. Other investment return is reflected in the consolidated statements of operations and changes in net assets as with or without donor restrictions based upon the existence and nature of any donor or legally imposed restrictions.

Assets Limited as to Use

Assets limited as to use include (1) assets set aside by the Board of Trustees for future capital improvements over which the Board retains control and may at its discretion subsequently use for other purposes and (2) assets restricted by donors.

Patient Accounts Receivable

Patient accounts receivable reflects the outstanding amount of consideration to which the Corporation 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. As a service to the patient, the Corporation bills third-party payors directly and bills the patient when the patient's responsibility for copays, coinsurance, and deductibles is determined. Patient accounts receivable are due in full when billed.

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

Contract Assets and Liabilities

Amounts related to health care services provided to patients which have not been billed and that do not meet the conditions of an unconditional right to payment at the end of the reporting period are contract assets. Contract assets consist primarily of health care services provided to patients who are still receiving inpatient care in the Corporation at the end of the year. Contract assets are included in patient accounts receivable on the consolidated balance sheets.

Amounts received related to health care services that have not yet been provided to patients are contract liabilities. Contract liabilities consist of Medicare advanced payments received under the provisions of the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act, see Note 2). Amounts received during 2020 were \$10,759,000, and included in current and long-term contract liabilities at September 30, 2020. There were no contract liabilities at September 30, 2019.

Supplies

Supply inventories are stated at the lower of cost or net realizable value. Costs are determined using the first-in, first-out (FIFO) method.

Property and Equipment

Property and equipment acquisitions are stated at cost, less accumulated depreciation and amortization. Depreciation and amortization are charged to expense on the straight-line basis over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are amortized over the shorter of the lease term or respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings and land improvements	20 – 50 years
Leasehold improvements	5 – 25 years
Equipment	1 – 20 years

Long-Lived Asset Impairment

The Corporation evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

Southwestern Vermont Health Care Corporation

Notes to Consolidated Financial Statements

September 30, 2020 and 2019

An asset impairment of \$3,869,531 was recognized during the year ended September 30, 2020, based on estimated proceeds from the sale of CNR assets, which is included in discontinued operations in the accompanying financial statements.

No asset impairment was recognized during the year ended September 30, 2019.

Debt Issuance Costs

Debt issuance costs represent costs incurred in connection with the issuance of long-term debt. The Corporation records these costs as direct deductions from the related debt. Such costs are being amortized over the term of the respective debt using the straight-line method.

Refund Liabilities

The consideration the Corporation has received from patients for which it does not expect to be entitled to is recorded as a refund liability.

Guarantee

The Corporation guarantees certain third-party debt of an unconsolidated affiliated organization. The guarantee term shall continue in effect until all guaranteed obligations are fully and finally paid, performed, and discharged, which is anticipated to be November 2020. Should the Corporation be obligated to perform under the guarantee agreement, the Corporation may seek reimbursement from each guarantor, a portion, of the debt of this unconsolidated affiliated organization of amounts expended under the guarantee.

At September 30, 2020 and 2019, the maximum guarantee on the outstanding loan was approximately \$1,350,000 for each year. At September 30, 2020 and 2019, the Corporation's recorded liability under the guarantee agreement was \$0.

Net Assets With Donor Restrictions

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor restrictions. Net assets without donor restrictions are available for use in general operations and not subject to donor restrictions.

Net assets with donor restrictions are those whose use by the Corporation has been limited by donors to a specific time period or purpose or have been restricted by donors to be maintained by the Corporation in perpetuity.

Patient Service Revenue

Patient service revenue is recognized as the Corporation satisfies performance obligations under its contracts with patients. Patient service revenue is reported at the estimated transaction price or amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. The Corporation determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-

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party payors, discounts provided to uninsured patients in accordance with the Corporations' policies, and implicit price concessions provided to uninsured patients.

The Corporation determines its estimates of explicit price concessions which represent adjustments and discounts based on contractual agreements, its discount policies, and historical experience by payor groups. The Corporation determines its estimate of implicit price concessions based on its historical collection experience by classes of patients. The estimated amounts also include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations by third-party payors.

Fixed Prospective Revenue

The Corporation receives monthly fixed prospective payments for services provided by the hospital (and hospital-owned practices) participating in the Vermont Medicaid Next Generation Accountable Care Organization (ACO) Pilot Program. As of January 1, 2019, the same entities entered into participation agreements with One Care Vermont for the Medicare Next Generation ACO, the Vermont Medicaid Next Generation ACO, and the Commercial Blue Cross Blue Shield of Vermont (BCBB) ACO programs; all three programs encompass services provided by hospitals (and hospital-owned practices) participating in the ACO arrangement. The Medicare and Medicaid programs provide for a monthly, per member payment received in advance of the services being performed and recognized as revenue in the month to which it relates. The BCBS program pays fee-for-service and provides for a reconciliation process at the end of the fiscal year. The revenues for the Medicare and Medicaid programs are recorded on the fixed prospective payment line on the statement of operations. Revenues recorded under these arrangements represent the fixed, agreed-upon amounts as a result of the Corporation's stand-ready performance obligation to provide health care services to qualified beneficiaries. Fee-for-service payments continue for all other nonhospital providers in the ACO, for all providers who are not a part of the ACO, and for all services that are not included in the fixed prospective payment. 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 Corporation recognizes its share of annual contract settlements as an increase or decrease to fixed prospective revenue. Medicaid, Medicare, and Blue Cross Blue Shield fee-for-service payments continue for all other nonhospital providers in the ACO, for all providers who are not part of the ACO, and for all services that are not in the fixed prospective payment. The ACO is responsible for both the cost and the quality of care for each attributed member, regardless of individual member's utilization. The Corporation is subject to an annual contracted maximum risk corridor. The maximum risk for calendar year 2020 and 2019 was a maximum potential gain or loss of \$0 and \$1,915,000, respectively. The calendar year 2020 loss of \$0 is due to a waiver during the COVID-19 public health emergency. As of September 30, 2020 and 2019, the Corporation has recorded a liability of \$3,009,000 and \$1,405,000, respectively, which is recorded within estimated amounts due to third-party payors on the consolidated balance sheets.

The Corporation also receives periodic interim payments through the ACO programs. Advanced payments of approximately \$4,634,000 and \$519,000 were received as of September 30, 2020 and 2019, respectively, and are included in estimated amounts due to third-party payors.

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Charity Care

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

The Corporation's direct and indirect costs for services furnished under its charity care policy aggregated approximately \$1,103,000 and \$851,000 in 2020 and 2019, respectively.

Contributions

Contributions are provided to the Corporation either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts—with or without donor restrictions. The value recorded for each contribution is recognized as follows:

Nature of the Gift	Value Recognized
<i>Conditional gifts, with or without restriction</i>	
Gifts that depend on the Corporation overcoming a donor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, <i>i.e.</i> , the donor-imposed barrier is met
<i>Unconditional gifts, with or without restriction</i>	
Received at date of gift – cash and other assets	Fair value
Received at date of gift – property, equipment, and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present value discount is amortized using the level-yield method.

When a donor stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment, and other long-lived assets are reported when those assets are placed in service.

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Gifts and investment income that are originally restricted by the donor and for which the restriction is met in the same time period the gift is received are recorded as revenue with donor restrictions and then released from restriction.

Conditional contributions and investment income having donor stipulations which are satisfied when the gift is received and the investment income is earned are recorded as revenue with donor restrictions and then released from restriction.

Professional Liability Claims

The Corporation recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in *Note 9*.

Government Grants

Support funded by grants is recognized as the Corporation performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as the result of such audit, adjustments could be required.

Income Taxes

SVHC, SVMC, MAHC, SVHCA, the Foundation, SVHCNY, Twin Rivers, NBM, and CNR have been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, these entities are subject to federal income tax on any unrelated business taxable income.

SVHCE accounts for income taxes in accordance with income tax accounting guidance (ASC Topic 740, *Income Taxes*).

Self-Insurance

The Corporation records estimated liabilities for self-insurance costs for employee health insurance and workers' compensation insurance. These liabilities include an estimate of the ultimate costs for both reported claims and claims incurred but not reported. The Corporation has purchased insurance that limits its exposure for individual nondomestic health claims that exceed \$250,000. The Corporation has also purchased insurance that limits the Corporation's exposure for aggregate nondomestic health claims up to an aggregate of \$1,000,000, which is contingent upon individual health claims under \$250,000 reaching 125 percent of annual projected claims. The Corporation has also purchased insurance for workers' compensation claims that exceed \$200,000 up to an aggregate of \$800,000, annually.

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Excess of Revenues Over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues over expenses, consistent with industry practice, include permanent transfers to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and defined benefit pension plan changes.

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs), and Level 3 (significant unobservable inputs) are recognized on the period ending date.

Changes in Accounting Principles

Financial Instruments

In 2020, the Corporation changed its accounting policy on financial assets and liabilities by adopting the provisions of ASU 2016-01, *Financial Instruments—Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities*. The new accounting guidance in ASU 2016-01 (1) requires companies to recognize changes in fair value of equity investments through net income, or (2) requires public business entities to use the exit price assumption when measuring fair value of financial instruments for disclosure purposes, or (3) requires entities to present separately in other comprehensive income the portion of the total change in fair value of a liability resulting from a change in the instrument-specific credit risk when an entity has elected to measure the liability at fair value, or (4) clarifies that an entity should evaluate the need for a valuation allowance on a deferred tax asset related to available-for-sale securities in combination with the entity's other deferred tax assets. This change was applied using the modified retrospective application.

Adoption of ASU 2016-01 had no impact on 2020 or the previously reported 2019 consolidated financial statements.

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Improving the Presentation of Net Periodic Pension Cost

In 2020, the Corporation adopted ASU 2017-07, *Compensation – Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. This ASU requires service cost relating to a pension plan to continue to be recognized in compensation costs, while all other items relating to net benefit cost are to be presented separately from service cost, and outside of income from operations as an “other income” line item. As previously reported amounts have also been adjusted for discontinued operations (*Note 24*). This change was applied retrospectively using the practical expedient for the presentation of other components of net periodic pension cost in the statement of operations.

	As Previously Reported	As Adjusted	Adoption Impact
Employee benefits	\$ 15,609,284	\$ 16,554,530	\$ 945,246
Total expenses and losses	171,643,747	172,588,993	945,246
Operating income	3,290,486	2,345,240	(945,246)
Net periodic benefit income	-	945,246	945,246
Total other income (expense)	3,430,392	4,375,638	945,246

Note 2: COVID-19

During 2020, the COVID-19 pandemic caused significant business disruption to Corporation operations, including reduced patient revenue and increased expenses for preparation and adjustments to the Corporation. There is considerable uncertainty around the duration and magnitude of the impact of COVID-19. The matter has and will have a negative impact on the Corporation’s financial condition and operating results. The magnitude of the financial impact cannot be reasonably estimated at this time.

CARES Act and Other Programs

On March 27, 2020, the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) was signed into law. The following summarizes significant CARES Act and other programs impacting the Corporation.

Provider Relief Funds

The Corporation received approximately \$10,470,247 in grants from the CARES Act Provider Relief Fund distributions. The Corporation has elected to account for such payments as conditional contributions in accordance with ASC Topic 958-605 – *Revenue Recognition*. Payments are recognized as contribution revenue once the applicable terms and conditions required to retain the funds have been substantially met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the impact of the pandemic on the Corporation’s

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revenues and expenses through September 30, 2020, the Corporation recognized revenue of \$5,862,601 related to the distributions, with \$5,100,257 included in operating revenues, and \$762,344 included in discontinued operations (*Note 24*). The unrecognized amount of \$4,607,646 from the Provider Relief Funds are recorded as unearned revenue in the accompanying consolidated balance sheets.

The Corporation will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the impact of the pandemic on the Corporation's revenues and expenses. The terms and conditions governing the Provider Relief Funds are complex and subject to interpretation and change. If the Corporation is unable to attest to or comply with current or future terms and conditions, the Corporation's ability to retain some or all of the distributions received may be impacted.

Vermont Grants

The Corporation received the following amounts through the state of Vermont:

- 1) Grant of \$6,457,919 from the Health Care Provider Stabilization Grant Program
- 2) Grant of \$706,051 from the Medicaid retainer funding program.
- 3) Grant of \$728,400 from the Hazard Pay program

The above Vermont grants are included in other operating revenues in the accompanying consolidated financial statements.

Medicare Accelerated and Advanced Payment Program

During the year ended September 30, 2020, the Corporation requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. Accelerated payments received will be required to be repaid, based on current enacted legislation.

During the year ended September 30, 2020, the Corporation received \$10,759,000 from accelerated Medicare payment requests, which are included in current and long-term contract liabilities – Medicare advances in the accompanying consolidated balance sheets.

Blue Cross Advance

The Corporation received an advance from Blue Cross of \$1,900,000, which is included in amounts due to third-party payors in the accompanying consolidated financial statements.

Paycheck Protection Program

The Corporation obtained two Paycheck Protection Program (PPP) Loans during 2020. The first loan to MAHC in the amount of \$1,866,712 was received on April 22, 2020, at a fixed rate of 1.00 percent, maturing April 22, 2022.

The second loan to CNR in the amount of \$1,178,252 was received on April 23, 2020, at a fixed rate of 1.00 percent, maturing April 23, 2022.

The PPP loans were paid in full before September 30, 2020.

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Economic Injury Disaster Loan (EIDL)

The Corporation received a \$10,000 EIDL loan during 2020, see *Note 11*. The EIDL loan was paid in full in October 2020.

Note 3: Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Corporation 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 Corporation bills the patients and third-party payors several days after the services are performed or the patient is discharged from the facility and patient accounts receivable are due in full when billed. Revenue is recognized as performance obligations are satisfied.

Performance Obligations

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected charges. The Corporation 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 the Corporation receiving inpatient acute care services or patients receiving services in its outpatient centers or in their homes (home care). The Corporation measures the performance obligation from inpatient admission, 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 for performance obligations satisfied at a point in time is generally recognized when goods are provided to its patients and customers in a retail setting (for example, pharmaceuticals and medical equipment) and the Corporation does not believe it is required to provide additional goods related to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Corporation 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.

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Transaction Price

The Corporation determines the transaction price based on standard charges for goods and services provided, reduced by explicit price concessions which consist of contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Corporation's policy, and implicit price concessions provided to uninsured patients. The Corporation determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Corporation determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Third-Party Payors

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare. Certain inpatient acute care services are paid at prospectively determined rates per discharge based on clinical, diagnostic, and other factors. Certain services are paid based on cost-reimbursement methodologies subject to certain limits. Physician services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates. The Corporation is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Corporation and audits thereof by the Medicare administrative contractor. SVMC is designated as a Sole Community Hospital and a Rural Referral Center by CMS.

Medicaid. Reimbursements for Medicaid services are generally paid at prospectively determined rates per discharge, per occasion of service, or per covered member. The Corporation is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Corporation and audits thereof by the Medicaid administrative contractor.

Other. Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Corporation's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Corporation. In addition, the contracts the Corporation has with commercial payers also provide for retroactive audit and review of claims.

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Settlements with third-party payors for retroactive adjustments due to cost report or other audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the Corporation's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known based on newly available information or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price were not significant in 2020 and 2019.

Patient and Uninsured Payors

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Corporation also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Corporation estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended September 30, 2020 and 2019, changes in its estimates of implicit price concessions, discounts, and contractual adjustments for performance obligations satisfied in prior years were not significant. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Consistent with the Corporation's mission, care is provided to patients regardless of their ability to pay. Therefore, the Corporation has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Corporation expects to collect based on its collection history with those patients.

Patients who meet the Corporation'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.

Refund Liabilities

From time to time the Corporation will receive overpayments of patient balances from third-party payors or patients resulting in amounts owed back to either the patients or third-party payors. These amounts are excluded from revenues and are recorded as liabilities until they are refunded. As of September 30, 2020 and 2019, the Corporation has a liability for refunds to third-party payors and patients recorded of approximately \$301,000 and \$131,000, respectively, and is included in accounts payable on the consolidated balance sheets.

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Revenue Composition

The Corporation has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors: payors and service line.

The composition of patient care service revenue by primary payor for the years ended September 30, 2020 and 2019, respectively, is as follows:

	2020	2019
Medicare	\$ 40,072,471	\$ 49,909,799
Medicaid	9,289,699	12,521,413
Blue Cross	40,853,152	42,564,605
Other third-party payors	38,706,528	37,500,608
Self-pay	383,823	159,888
	<u>\$ 129,305,673</u>	<u>\$ 142,656,313</u>

The composition of patient care service revenue based on lines of business for the years ended September 30, 2020 and 2019, respectively, are as follows:

	2020	2019
Hospital inpatient	\$ 28,360,340	\$ 30,383,818
Hospital outpatient	79,298,279	81,743,073
Physician services	21,647,054	30,529,422
	<u>\$ 129,305,673</u>	<u>\$ 142,656,313</u>

Financing Component

The Corporation has elected the practical expedient allowed under FASB ASC 606-10-32-18 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 Corporation's expectation that the period between the time the service is provided to a patient and the time the patient or a third-party payor pays for that service will be one year or less.

However, the Corporation 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.

Contract Balances

Contract assets consist primarily of health care services provided to patients who are still receiving inpatient care at the end of the year. Contract assets are transferred to receivables when the rights become unconditional. Contract liabilities represent the Hospital's obligation to provide services to patients when consideration has already been received from the patient or a third-party payor.

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The following table provides information about the Corporation's patient accounts receivable and contract liabilities:

	2020	2019
Accounts receivable, beginning of period	\$ 16,121,651	\$ 17,219,172
Accounts receivable, end of period	14,068,917	16,121,651
Contract liabilities, beginning of period	\$ -	\$ -
Contract liabilities, end of period	10,759,000	-

Contract Costs

The Corporation has applied the practical expedient provided by FASB ASC 340-40-25-4 and incremental customer contract acquisition costs are expensed as they are incurred, as the amortization period of the asset that the Corporation otherwise would have recognized is one year or less in duration.

Note 4: Concentration of Credit Risk

The Corporation grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payor agreements. The mix of net receivables from patients and third-party payors at September 30, 2020 and 2019, is:

	2020	2019
Medicare	30%	22%
Medicaid	16%	12%
Blue Cross	16%	16%
Other third-party payors	25%	27%
Self-pay	13%	23%
	<u>100%</u>	<u>100%</u>

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Note 5: Investments and Investment Return

Assets Limited as to Use

Assets limited as to use include:

	2020	2019
	<hr/>	<hr/>
Cash and short-term investments	\$ 5,640,524	\$ 953,478
Brokered certificate of deposit	-	374,290
Fixed income mutual funds	298,668	529,954
Investment fund - total return strategies	13,652,632	11,514,992
Investment fund - fixed income	16,894,897	10,271,999
Investment fund - equity	13,361,020	10,356,826
Investment fund - defensive equity	8,686,323	9,001,793
Limited partnership	4,105,562	6,085,773
Equity securities		
Materials	48,630	45,765
Industrials	124,618	119,888
Communication services	37,168	18,772
Consumer discretionary	234,188	184,388
Consumer staples	116,728	85,908
Energy	29,555	57,973
Financial institutions	180,701	166,521
Health care	294,877	214,971
Utilities	44,776	42,359
Real estate investment trusts	12,638	12,044
Information technology	503,439	351,861
Foreign equity mutual funds	16,160,998	13,775,398
Domestic equity mutual funds	12,613,860	11,464,927
Balanced mutual funds	100,601	93,866
Government agency securities	2,117,435	1,719,329
Corporate obligations	1,954,680	2,060,601
Investment fund - Treasury Inflation Protected Securities (TIPS)	4,100,826	6,946,256
	<hr/>	<hr/>
	\$101,315,344	\$ 86,449,932
	<hr/>	<hr/>

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Deferred Compensation Plan Assets

	2020	2019
Cash and cash equivalents	\$ 449,116	\$ 25,348
Equity mutual funds	2,222,623	2,036,270
Fixed income mutual funds	188,167	87,216
	<u>\$ 2,859,906</u>	<u>\$ 2,148,834</u>

Investment Return

Total investment return is comprised of the following:

	2020	2019
Interest and dividend income	\$ 3,010,058	\$ 926,184
Net realized and unrealized gains on investments	458,067	(287,470)
Change in fair value of investments accounted for in accordance with Topic 825	1,407,688	2,870,121
	<u>\$ 4,875,813</u>	<u>\$ 3,508,835</u>

Total investment return is reflected in the consolidated statements of operations and changes in net assets as follows:

	2020	2019
Net assets without donor restrictions		
Other nonoperating income	\$ 4,847,685	\$ 3,432,311
Net assets with donor restrictions	28,128	76,524
	<u>\$ 4,875,813</u>	<u>\$ 3,508,835</u>

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Alternative Investments

The fair value of alternative investments that have been estimated using the net asset value per share as a practical expedient consist of the following at September 30:

	2020	2019	Redemption	Redemption Notice
	Fair Value	Fair Value	Frequency	Period
Investment fund (A)	\$ 4,100,826	\$ 6,946,256	Daily	2-day written notice
Investment fund (B)	13,652,632	11,514,992	Monthly	30-day written notice
Investment fund (C)	13,361,020	10,356,826	Daily	Daily
Investment fund (D)	8,686,323	9,001,793	Monthly	5-day written notice
Limited partnership (E)	4,105,562	6,085,773	Monthly	15-day written notice
Investment fund (F)	16,894,897	10,271,999	Daily	Daily

- (A) This category includes investments in Treasury Inflation-Protected Securities (TIPS).
- (B) This category includes investments managed on a total return basis, and is an unconstrained, nonbenchmark oriented investment fund. The funds' composite portfolio includes investments in fixed income corporate obligations, U.S. government and agency fixed income securities, and investments in other funds. The fund also invests in convertible preferred stock, warrants, future contracts, forward currency contracts, and other investment vehicles.
- (C) This category includes investments in equity securities designed to track with the S&P 500 index.
- (D) This category includes investments designed to provide a defensive equity exposure that is expected to provide favorable risk adjusted performance relative to the S&P 500 index over the long term, and is expected to produce the strongest relative performance when the S&P 500 index is experiencing negative returns.
- (E) This category includes a hedge fund used by the Corporation to diversify risk.
- (F) This category includes investments in other collective investment funds with the objective of approximating performance of the Bloomberg Barclays U.S. Government Bond Index on the long term.

There are no unfunded commitments on the above alternative investments at September 30, 2020.

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Note 6: Property and Equipment

Property and equipment consists of the following at September 30, 2020 and 2019:

	2020	2019
Land and land improvements	\$ 5,597,817	\$ 5,547,603
Buildings and leasehold improvements	62,675,597	71,507,028
Equipment	102,683,033	107,201,417
Construction in progress	1,103,374	1,851,716
	<u>172,059,821</u>	<u>186,107,764</u>
Less accumulated depreciation	<u>129,574,166</u>	<u>132,609,526</u>
Property and equipment, net	<u>\$ 42,485,655</u>	<u>\$ 53,498,238</u>

Construction in progress at September 30, 2020, comprises various construction costs related to healthcare facilities modernization. The estimated remaining cost to complete these projects is \$965,000, with anticipated completion dates ranging from fall 2020 to spring 2021.

Note 7: Conditional Contributions

The Corporation has received the following conditional promises to give and conditional grants at September 30, 2020 and 2019:

	2020	2019
Conditional contribution, not recognized as criteria for receiving the funds has not been met	\$ 5,000,000	\$ 5,000,000
Conditional grants, Provider Relief Funds (<i>Note 2</i>)	<u>4,607,646</u>	<u>-</u>
	<u>\$ 9,607,646</u>	<u>\$ 5,000,000</u>

Note 8: Beneficial Interest in Perpetual Trusts

The Corporation has been named as an irrevocable beneficiary of several perpetual trusts held and administered by independent trustees. Perpetual trusts provide for the distribution of the net income of the trusts to the Corporation; however, the Corporation will never receive the assets of the trusts.

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At the date the Corporation receives notice of a beneficial interest, a contribution with donor restrictions of a perpetual nature is recorded in the consolidated statements of changes in net assets. A beneficial interest in perpetual trust is recorded in the consolidated balance sheets at the fair value of the underlying trust assets. Thereafter, beneficial interests in the trusts are reported at the fair value of the trusts' assets in the consolidated balance sheets, with trust distributions and changes in fair value recognized in the consolidated statements of operations and changes in net assets.

The estimated value of the expected future cash flows is \$2,434,113 and \$2,345,413, which represents the fair value of the trust assets at September 30, 2020 and 2019, respectively. The income from these trusts for 2020 and 2019 was approximately \$125,000 and \$107,000, respectively.

Note 9: Professional Liability

MAHC, SVMC, SVHCE, SVHC, Twin Rivers, NBM, and CNR purchase medical malpractice insurance under a claims-made policy on a fixed premium basis. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered. The Corporation also purchases excess umbrella liability coverage, which provides additional coverage above the basic policy limits up to the amount specified in the umbrella policy.

Based upon the Corporation's claims experience, an accrual has been made for the Corporation's estimated medical malpractice costs, including costs associated with litigating or settling claims, under its malpractice insurance policy. It is reasonably possible that this estimate could change materially in the near term.

Note 10: Lines of Credit

During 2019, the Corporation obtained a revolving demand line of credit providing borrowings up to \$5,000,000, due August 31, 2021. Payments of interest only are due monthly at a rate of the one-month LIBOR plus 1.5 percent. The minimum rate on the line of credit is 2.5 percent. The interest rate at September 30, 2020, was 2.5 percent. This line of credit is secured by substantially all of the Corporation's assets. At September 30, 2020 and 2019, the balance outstanding on the line of credit was \$0.

During 2020, the Corporation obtained a revolving demand line of credit providing borrowings up to \$15,000,000, due April 13, 2021. Payments of interest only are due monthly at a rate of the one-month LIBOR plus 1.75 percent. The minimum rate of the line of credit is 2.75 percent. The interest rate at September 30, 2020, was 2.75 percent. This line of credit is secured by substantially all of the Corporation's assets. At September 30, 2020, the balance outstanding on the line of credit was \$0.

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Note 11: Long-Term Debt

	2020	2019
Hospital revenue bonds (A)	\$ 6,810,000	\$ 7,050,000
Note payable (B)	10,000	-
Capital lease obligations (C)	925,887	952,448
Capital lease obligations (D)	1,693,860	1,773,710
Capital lease obligations (E)	1,362,101	1,411,239
	10,801,848	11,187,397
Less current maturities	440,624	463,792
Less unamortized debt issuance costs	77,989	82,322
	\$ 10,283,235	\$ 10,641,283

- (A) In March 2008, SVMC entered into an agreement with the Vermont Educational and Health Building Financing Agency (VEHBFA) to issue \$8,865,000 of Hospital Revenue Bonds (Southwestern Vermont Medical Center Project) Series 2008A. The bonds bear interest at variable rates based on the daily rate, 0.18 percent and 1.77 percent at September 30, 2020 and 2019, respectively, and mature in various amounts beginning October 1, 2010, through October 1, 2038. The bonds are secured by the gross revenues of SVMC and SVHC (the “Obligated Group”). Unamortized debt issuance costs were \$77,989 and \$82,322 at September 30, 2020 and 2019, respectively.

The indenture agreement requires the Obligated Group to comply with certain restrictive covenants including maintaining a historical debt-service coverage and days cash on hand requirement.

SVHC maintains a letter-of-credit facility that permits the trustee to draw an amount up to the principal amount outstanding should the bonds not be remarketed and become due. The letter of credit, which expires on March 31, 2022, can be used to pay principal and interest on the 2008 bonds. Amounts drawn under the letter of credit will bear an interest rate of prime plus 2 percent. Scheduled maturities do not change if the letter of credit is drawn upon. The letter of credit is renewable, subject to trustee approval, throughout the term of the Series 2008A Bonds.

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- (B) Due October 2020; payable \$10,000 at the due date plus annual interest at 2.75 percent, the loan is an Economic Injury Disaster Loan (EIDL) received in conjunction with the COVID-19 pandemic and CARES Act programs (*Note 2*). The EIDL loan was paid in full in October 2020.
- (C) During 2013, the Corporation sold a medical office building to a real estate management company and entered into a capital lease agreement for continued use of the property. This transaction is accounted for as a sale-leaseback arrangement. The lease term is through November 2032, and requires initial annual payments of \$127,187, with an increase of 3.5 percent each year. The sale of the property resulted in a gain that is accounted for as deferred revenue to be amortized and recognized over the lease term. The balance of the deferred revenue recorded as other long-term liabilities at September 30, 2020 and 2019, was \$482,424 and \$521,918, respectively. Approximately \$39,000 was recognized during 2020 and 2019.
- (D) Various capital lease agreements, which require monthly payments at various interest rates. Agreements are due through 2040, secured by property and equipment.
- (E) During 2018, the Corporation sold a medical office building to a real estate management company and entered into a capital lease agreement for continued use of the property. This transaction is accounted for as a sale-leaseback arrangement. The lease term is through September 2032, and requires initial annual payments of \$200,655, with an increase of 2.75 percent each year. The sale of the property did not result in any gain or loss, therefore, there is no deferred or recognized revenue or expense recorded for the year ended September 30, 2020.

Property and equipment include the following property under capital leases:

	2020	2019
Property and equipment	\$ 9,296,498	\$ 9,212,293
Less accumulated depreciation	5,923,209	5,591,280
	\$ 3,373,289	\$ 3,621,013

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Aggregate annual maturities and sinking fund requirements of long-term debt and payments on capital lease obligations at September 30, 2020, are:

	Long-Term Debt (Excluding Capital Lease Obligations)	Capital Lease Obligations
2021	\$ 260,000	\$ 635,452
2022	260,000	623,857
2023	270,000	625,062
2024	280,000	628,257
2025	290,000	606,301
Thereafter	5,460,000	6,616,623
	\$ 6,820,000	9,735,552
Less amount representing interest		5,753,704
Present value of future minimum lease payments		3,981,848
Less current maturities		180,624
Noncurrent portion		\$ 3,801,224

Note 12: Interest Rate Swap Agreements

As a strategy to maintain acceptable levels of exposure to the risk of changes in future cash flows due to interest rate fluctuations, the Corporation entered into an interest rate swap agreement for a portion of its floating rate debt. The agreement provides for the Corporation to receive interest from the counterparty at 68 percent of LIBOR and to pay interest to the counterparty at a fixed rate of 3.167 percent on notional amounts of \$6,810,000 and \$7,050,000 at September 30, 2020 and 2019, respectively. Under the agreement, the Corporation pays or receives the net interest amount monthly, with the monthly settlements included in interest expense.

Management has not designated the interest rate swap agreement as a hedging instrument. As a result, the agreement is recorded at fair value with subsequent changes in fair value included in excess of revenues over expenses. The fair value of the swaps at September 30, 2020 and 2019, were \$(1,783,740) and \$(1,461,326), respectively, and is recorded in long-term liabilities. The change recognized as a component of excess of revenues over expenses at September 30, 2020 and 2019, was \$(322,414) and \$(692,480), respectively. Synthetic interest expense related to the swap recognized as a component of excess of revenues over expenses was \$164,106 and \$109,244 for the years ended September 30, 2020 and 2019, respectively.

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Note 13: Net Assets With Donor Restrictions

Net assets with donor restrictions at September 30, 2020 and 2019, are restricted for the following purposes or periods:

	<u>2020</u>	<u>2019</u>
Subject to expenditure for specified purpose		
Health care services	\$ 5,104,661	\$ 4,586,502
Other	29,141	26,796
	<u>5,133,802</u>	<u>4,613,298</u>
Subject to the passage of time		
Promises to give restricted by donors and which are not available for expenditure until due	<u>3,341,791</u>	<u>1,148,798</u>
Endowments		
Subject to appropriation and expenditure when a specified event occurs		
Endowment requiring income to be added to the original gift if income is not spent within one year	80,016	77,106
Subject to spending policy or appropriation		
Investments to be held in perpetuity, the income is expendable for general purposes	6,727,913	6,727,913
Investments to be held in perpetuity, the income is restricted to be spent only for the donor's intended purpose of healthcare services and other	2,619,438	2,615,233
Not subject to spending policy or appropriation		
Beneficial interest in perpetual trust	<u>2,337,662</u>	<u>2,287,426</u>
Total endowments	<u>11,765,029</u>	<u>11,707,678</u>
Not subject to spending policy or appropriation		
Beneficial interest in assets held by others	<u>82,659</u>	<u>82,659</u>
	<u>\$ 20,323,281</u>	<u>\$ 17,552,433</u>

During 2020 and 2019, net assets were released from donor restrictions by incurring expenses, satisfying the restricted purposes in the amounts of \$853,408 and \$769,711, respectively. During 2020 and 2019, net assets of \$694,394 and \$331,870, respectively, were released to purchase equipment.

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Note 14: Endowment

The Corporation's governing body is subject to the Uniform Prudent Management of Institutional Funds Act (UPMIFA). As a result, the Corporation classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the governing body appropriates such amounts for expenditures. Most of those net assets also are subject to purpose restrictions that must be met before being reclassified as net assets without donor restrictions.

Additionally, in accordance with UPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. Duration and preservation of the fund
2. Purposes of the Corporation and the fund
3. General economic conditions
4. Possible effect of inflation and deflation
5. Expected total return from investment income and appreciation or depreciation of investments
6. Other resources of the Corporation
7. Investment policies of the Corporation

The Corporation's endowment consists of approximately 50 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the governing body to function as endowments (board-designated endowment funds). As required by accounting principles generally accepted in the United States of America (GAAP), net assets associated with endowment funds, including board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

Changes in endowment net assets for the years ended September 30, 2020 and 2019, were:

	2020	2019
	With Donor	With Donor
	Restrictions	Restrictions
Endowment net assets, beginning of year	\$ 11,707,678	\$ 11,514,089
Investment return and net appreciation	112,349	99,582
Contributions and reclassifications	-	121,435
Appropriation of endowment assets for expenditure	(54,998)	(27,428)
Endowment net assets, end of year	\$ 11,765,029	\$ 11,707,678

The Corporation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchasing power of the endowment. Under the Corporation's policies, the primary investment goal is growth in the endowment accounts. The Corporation expects its endowment funds to provide an average rate of return that exceeds benchmark returns indicated for various asset classes. Actual returns in any given year may vary.

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To satisfy its long-term rate of return objectives, the Corporation relies on a strategy in which investment returns are achieved through both current yield and capital appreciation (both realized and unrealized). The Corporation invests in a variety of securities to achieve its long-term return objectives within prudent risk constraints.

Note 15: Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of September 30, 2020 and 2019, comprise the following:

	<u>2020</u>	<u>2019</u>
Financial assets at year-end		
Cash and cash equivalents	\$ 24,694,045	\$ 11,314,225
Deferred compensation plan assets	2,859,906	2,148,834
Patient accounts receivable	14,068,917	16,121,651
Other receivables	2,190,249	1,578,902
Beneficial interest in perpetual trust	2,434,113	2,345,413
Assets limited as to use	101,315,344	86,449,932
Total financial assets	<u>147,562,574</u>	<u>119,958,957</u>
Less amounts not available to be used within one year		
Donor restricted	14,547,759	14,070,623
Deferred compensation plan assets	2,859,906	2,148,834
Beneficial interest in perpetual trust	2,434,113	2,345,413
Financial assets not available to be used within one year	<u>19,841,778</u>	<u>18,564,870</u>
Financial assets available to meet general expenditures within one year	<u>\$ 127,720,796</u>	<u>\$ 101,394,087</u>

The Corporation has certain Board-designated assets limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above for financial assets to meet general expenditures within one year.

The Corporation has other assets limited to use for donor-restricted purposes. These assets limited to use are not available for general expenditure within the next year.

The Corporation's endowment funds consist of donor-restricted endowments. Income from donor-restricted endowments is restricted for specific purposes, with the exception of the amounts available for general use. Donor-restricted endowment funds are not available for general expenditure.

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As part of the Corporation's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help management unanticipated liquidity needs, the Corporation has a committed line of credit described in *Note 10*, which it could draw upon.

Note 16: Functional Expenses

The Corporation provides health care services primarily to residents within its geographic area. Certain costs attributable to more than one function have been allocated among the health care services, general and administrative, and fundraising functional expense classifications based on the direct assignment, expenses, and other methods. The following schedules present the natural classification of expenses by function as follows:

	2020			
	Health Care Services	General and Administrative	Fundraising	Total
Expenses				
Salaries and wages	\$ 53,308,626	\$ 12,250,876	\$ 578,605	\$ 66,138,107
Employee benefits	15,218,444	3,369,401	238,661	18,826,506
Purchased services	44,587,792	807,373	319,942	45,715,107
Supplies and other	46,734,609	7,501,212	1,108,878	55,344,699
Depreciation	6,535,160	1,088,593	466	7,624,219
Interest	730,162	41,046	-	771,208
	<u>\$ 167,114,793</u>	<u>\$ 25,058,501</u>	<u>\$ 2,246,552</u>	<u>\$ 194,419,846</u>
	2019			
	Health Care Services	General and Administrative	Fundraising	Total
Expenses				
Salaries and wages	\$ 52,070,275	\$ 11,071,473	\$ 661,327	\$ 63,803,075
Employee benefits	16,113,469	3,425,777	204,652	19,743,898
Purchased services	45,298,384	1,727,775	547,834	47,573,993
Supplies and other	47,040,002	6,282,836	1,146,952	54,469,790
Depreciation and amortization	6,534,125	1,091,334	466	7,625,925
Interest	651,556	25,186	-	676,742
	<u>\$ 167,707,811</u>	<u>\$ 23,624,381</u>	<u>\$ 2,561,231</u>	<u>\$ 193,893,423</u>

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Note 17: Pension Plans

Defined Benefit Pension Plan

The Corporation participates in a defined benefit pension plan covering all employees who meet the eligibility requirements. The Corporation's funding policy is to make the maximum annual contribution allowable by applicable regulations, plus such amounts as the Corporation may deem to be appropriate from time to time. The Corporation expects to contribute \$6,000,000 to the plan in 2021. The plan was frozen effective September 30, 2009.

For the years ended September 30, 2020 and 2019, the Corporation adopted the mortality tables and mortality improvement projection scales that were released subsequent to year-end by the Society of Actuaries, which provide updated projections on the life expectancy of participants.

The Corporation uses a September 30 measurement date for the plan. Information about the plan's funded status follows:

	<u>2020</u>	<u>2019</u>
Change in benefit obligations		
Beginning of the year	\$ 122,646,401	\$ 106,400,414
Interest cost	3,688,492	4,359,032
Actuarial loss	8,795,359	16,503,255
Benefits paid	<u>(5,138,676)</u>	<u>(4,616,300)</u>
End of the year	<u>129,991,576</u>	<u>122,646,401</u>
Change in fair value of plan assets		
Beginning of the year	110,585,830	98,836,190
Actual return on plan assets	8,645,944	11,865,940
Employer contributions	5,175,000	4,500,000
Benefits paid	<u>(5,138,676)</u>	<u>(4,616,300)</u>
End of the year	<u>119,268,098</u>	<u>110,585,830</u>
Funded status at the end of the year (noncurrent liability)	<u><u>\$ (10,723,478)</u></u>	<u><u>\$ (12,060,571)</u></u>

The accumulated benefit obligation was \$129,991,576 and \$122,646,401 for 2020 and 2019, respectively.

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Other significant balances and costs are:

	2020	2019
Employer contributions	\$ 5,175,000	\$ 4,500,000
Benefits paid	5,138,676	4,616,300
Benefit income recorded in excess of revenues over expenses	(2,201,815)	(971,034)

Amounts recognized in net assets without donor restrictions and not yet recognized as components of net periodic benefit cost consist of a net actuarial loss of \$57,159,138 and \$51,119,415 at September 30, 2020 and 2019, respectively.

Information for pension plans with an accumulated benefit obligation in excess of plan assets:

	2020	2019
Projected benefit obligation	\$ 129,991,576	\$ 122,646,401
Accumulated benefit obligation	129,991,576	122,646,401
Fair value of plan assets	119,268,098	110,585,830
Components of net periodic benefit cost		
Interest cost	\$ 3,688,492	\$ 4,359,032
Expected return on plan assets	(7,443,256)	(6,512,701)
Amortization of net loss	<u>1,552,949</u>	<u>1,182,635</u>
Net periodic benefit cost (income)	<u>\$ (2,201,815)</u>	<u>\$ (971,034)</u>

The portion of net periodic benefit income recognized as discontinued operations was \$108,745 and \$25,788 in 2020 and 2019, respectively.

The following amounts have been recognized in the consolidated statements of operations and changes in net assets for the years ended September 30, 2020 and 2019:

	2020	2019
Amounts arising during the period		
Net loss	\$ (7,587,687)	\$ (11,150,375)
Amounts reclassified as components of net periodic benefit cost of the period		
Net loss	1,552,950	1,182,635

The estimated net loss that will be amortized from net assets without donor restriction into net periodic benefit cost over the next fiscal year is \$1,850,997.

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Significant assumptions include:

	2020	2019
Weighted average assumptions used to determine benefit obligations		
Discount rate	2.50%	3.07%
Rate of compensation increase	-	-
Weighted average assumptions used to determine benefit costs		
Discount rate	3.07%	4.19%
Expected return on plan assets	6.75%	6.75%
Rate of compensation increase	-	-

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of September 30, 2020:

2021	\$	5,452,887
2022		5,643,749
2023		5,879,412
2024		6,053,898
2025		6,397,602
2026 – 2030		33,741,076

The Corporation has estimated the long-term rate of return on plan assets based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations, and recent changes in long-term interest rates based on publicly available information.

The primary objectives of the Corporation's investment policy are to maintain investment portfolios that diversify risk through prudent asset allocation parameters, achieve asset returns that meet or exceed the plans' actuarial assumptions, achieve asset returns that are competitive with like institutions employing similar investment strategies, and meet expected future benefits. The investment policy is periodically reviewed by the Corporation and a third-party fiduciary. The target asset allocation percentages for 2020 and 2019 are as follows:

	2020	2019
Cash and cash equivalents	0.0%	0.0%
Equity mutual funds	15.0%	18.0%
Fixed income mutual funds	10.0%	12.5%
Other	75.0%	69.5%
	100%	100%

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Defined Benefit Pension Plan Assets

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include commingled cash equivalents and mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows. In certain cases where Level 1 or Level 2 inputs are not available, plan assets are classified within Level 3. The Level 3 securities include an investment fund. Significant inputs and valuation techniques used in measuring Level 3 fair values include inputs developed using estimates and assumptions which reflect market participants' perspective.

The fair values of the Corporation's pension plan assets at September 30, 2020 and 2019, by asset class are as follows:

	2020				
	Fair Value Measurements Using				
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at NAV ^(A)
Cash equivalents	\$ 1,538,454	\$ 1,538,454	\$ -	\$ -	\$ -
Investments					
Investment funds – equity	47,569,922	-	-	-	47,569,922
Equity mutual funds	3,843,604	3,843,604	-	-	-
Bond mutual funds	17,113,488	17,113,488	-	-	-
International equity mutual funds	15,143,339	15,143,339	-	-	-
Investment funds – fixed income	11,727,780	-	-	-	11,727,780
Investment fund – defensive equity	6,459,732	-	-	-	6,459,732
Limited partnership	7,196,753	-	-	-	7,196,753
Investment fund – total return strategies	8,675,026	-	-	-	8,675,026
Total	<u>\$ 119,268,098</u>	<u>\$ 37,638,885</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 81,629,213</u>

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	Total	2019 Fair Value Measurements Using			Investments Measured at NAV ^(A)
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Cash equivalents	\$ 814,050	\$ 814,050	\$ -	\$ -	\$ -
Investments					
Investment funds – equity	43,369,075	-	-	-	43,369,075
Equity mutual funds	4,121,397	4,121,397	-	-	-
Bond mutual funds	14,749,871	14,749,871	-	-	-
International equity mutual funds	14,241,109	14,241,109	-	-	-
Investment funds – fixed income	11,663,054	-	-	-	11,663,054
Investment fund – defensive equity	6,242,504	-	-	-	6,242,504
Limited partnership	8,680,030	-	-	-	8,680,030
Investment fund – total return strategies	6,704,740	-	-	-	6,704,740
Total	\$ 110,585,830	\$ 33,926,427	\$ -	\$ -	\$ 76,659,403

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated balance sheets.

Defined Contribution Pension Plan

The Corporation has a defined contribution 403(b) pension plan covering substantially all employees. The Corporation matches the first 3 percent of employee compensation plus 50 percent of employee contributions between 3 percent and 5 percent. The Corporation also provides a 2.5 percent salary contribution to a select group of employees within the Corporation. Defined contribution pension expense for 2020 and 2019 was approximately \$2,028,000 and \$2,020,000, respectively, for this plan.

Deferred Compensation Plans

SVHC funds a deferred compensation plan for the benefit of certain employees. Plan assets are classified as other assets and a corresponding deferred compensation liability is recorded in the amount of \$1,407,157 and \$1,155,364 at September 30, 2020 and 2019, respectively.

SVMC funds a deferred compensation plan for the benefit of certain employees. Plan assets are classified as other assets and a corresponding deferred compensation liability is recorded in the amount of \$1,446,005 and \$987,542 at September 30, 2020 and 2019, respectively.

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Note 18: Asset Retirement Obligation

Accounting principles generally accepted in the United States of America require that an asset retirement obligation (ARO) associated with the retirement of a tangible long-lived asset be recognized as a liability in the period in which it is incurred or becomes determinable (as defined by the standard) even when the timing and/or method of settlement may be conditional on a future event. The Corporation's conditional asset retirement obligations primarily relate to asbestos contained in buildings that the Corporation owns. Environmental regulations exist that require the Corporation to handle and dispose of asbestos in a special manner if a building undergoes major renovations or is demolished. A liability of \$1,217,212 and \$1,201,688 has been recognized for all significant known areas containing an ARO at September 30, 2020 and 2019, respectively.

However, there remains a liability that has not been recognized in the accompanying consolidated financial statements because the range of time over which the Corporation may settle is unknown and cannot be reasonably determined. The Corporation will recognize a liability when sufficient information is available to reasonably estimate fair value.

Note 19: Related Parties and Significant Agreements

Dartmouth-Hitchcock Health

Effective July 1, 2012, the Corporation and Dartmouth-Hitchcock Health (DHH) entered into an Affiliation Agreement, and the first common project under this Agreement is the integration of the professional medical services of the Corporation and DHH. The Corporation reimburses DHH for certain professional medical services under a Professional Services Agreement. During 2020 and 2019, the Corporation recognized expense of approximately \$31,507,000 and \$30,701,000, respectively, to DHH for professional medical services. Under this arrangement, the Corporation continues to provide the physician clinic services as well as bill and collect for these services, and DHH is reimbursed for providing the professional medical staff in accordance with the terms of the Professional Services Agreement. The Corporation owed DHH approximately \$2,656,000 and \$7,673,000 at September 30, 2020 and 2019, respectively, recorded as accrued expenses on the consolidated balance sheets.

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United Health Alliance

SVHC is a member of the United Health Alliance (UHA), a corporation organized for the purpose of providing for health care delivery under a managed care system in and around the Bennington, Vermont, area. SVMC leases space to UHA, provides payroll services and administers employee benefits for UHA. During 2020 and 2019, SVMC charged UHA approximately \$1,333,000 and \$1,228,000, respectively, for these services. SVMC has other receivables from UHA of approximately \$111,000 and \$102,000 at September 30, 2020 and 2019, respectively.

UHA charges SVMC for services provided under a hospital service agreement. The total amount charged for these services was approximately \$10,000 and \$0 for 2020 and 2019, respectively.

UHA charges Twin Rivers for services provided under a service agreement. The total amount charged for these services was approximately \$44,000 for the years ended September 30, 2020 and 2019.

SVHC pays dues to UHA for continued participation in the managed care system. The total amount charged for these services was approximately \$0 and \$106,000 for 2020 and 2019, respectively.

Note 20: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities.
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2020 and 2019:

	Fair Value Measurements Using				
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Measured at NAV ^(A)
September 30, 2020					
Assets					
Investments					
Equities, equity mutual funds, and balanced funds	\$ 30,502,777	\$ 30,502,777	\$ -	\$ -	\$ -
Fixed income securities and mutual funds	4,370,783	298,668	4,072,115	-	-
Alternative investments					
Investment fund – total return strategies	13,652,632	-	-	-	13,652,632
Investment fund – fixed income	16,894,897	-	-	-	16,894,897
Investment fund – equity	13,361,020	-	-	-	13,361,020
Investment fund – defensive equity	8,686,323	-	-	-	8,686,323
Limited partnership	4,105,562	-	-	-	4,105,562
Investment fund – Treasury Inflation Protected Securities (TIPS)	4,100,826	-	-	-	4,100,826
Deferred compensation plan assets (equity and fixed income mutual funds)	2,859,906	2,859,906	-	-	-
Total investments	<u>98,534,726</u>	<u>33,661,351</u>	<u>4,072,115</u>	<u>-</u>	<u>60,801,260</u>
Beneficial interest in perpetual trust	2,434,113	-	2,434,113	-	-
Cash equivalents	<u>5,640,524</u>	<u>5,640,524</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total assets	<u>\$ 106,609,363</u>	<u>\$ 39,301,875</u>	<u>\$ 6,506,228</u>	<u>\$ -</u>	<u>\$ 60,801,260</u>
Liabilities					
Interest rate swap agreement	<u>\$ (1,783,740)</u>	<u>\$ -</u>	<u>\$ (1,783,740)</u>	<u>\$ -</u>	<u>\$ -</u>

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

	Total	Fair Value Measurements Using			Investments Measured at NAV ^(A)
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
September 30, 2019					
Assets					
Equities, equity mutual funds, and balanced funds	\$ 26,634,641	\$ 26,634,641	\$ -	\$ -	\$ -
Fixed income securities and mutual funds	4,684,174	529,954	4,154,220	-	-
Alternative investments					
Investment fund – total return strategies	11,514,992	-	-	-	11,514,992
Investment fund – fixed income	10,271,999	-	-	-	10,271,999
Investment fund – equity	10,356,826	-	-	-	10,356,826
Investment fund – defensive equity	9,001,793	-	-	-	9,001,793
Limited partnership	6,085,773	-	-	-	6,085,773
Investment fund – Treasury Inflation Protected Securities (TIPS)	6,946,256	-	-	-	6,946,256
Deferred compensation plan assets (equity and fixed income mutual funds)	2,148,834	2,148,834	-	-	-
Total investments	87,645,288	29,313,429	4,154,220	-	54,177,639
Beneficial interest in perpetual trust	2,345,413	-	2,345,413	-	-
Cash equivalents	953,478	953,478	-	-	-
Total assets	\$ 90,944,179	\$ 30,266,907	\$ 6,499,633	-	\$ 54,177,639
Liabilities					
Interest rate swap agreements	\$ (1,461,326)	\$ -	\$ (1,461,326)	\$ -	\$ -

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented on the consolidated balance sheets.

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended September 30, 2020.

Cash Equivalents, Investments, and Deferred Compensation Plan Assets

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Interest Rate Swap Agreement

The fair value is estimated using forward-looking interest rate curves and discounted cash flows that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

Beneficial Interest in Perpetual Trust

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of the valuation inputs, the interest is classified within Level 2 of the hierarchy.

Note 21: Fair Value Option

As permitted by Topic 825, the Corporation has elected to measure the investment funds and limited partnerships, included in assets limited as to use, at fair value. Management has elected the fair value option for these items because it more accurately reflects the portfolio returns and financial position of the Corporation. Total investment funds and limited partnerships at September 30, 2020 and 2019, are \$48,828,222 and \$54,177,639, respectively.

See *Note 20* for additional disclosures regarding fair value of the consolidated balance sheet line items listed in the preceding paragraph.

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

Note 22: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Variable Consideration

Estimates of variable consideration in determining the transaction price for patient service revenue are described in *Notes 1* and *3*.

Self-Insurance Costs

Estimates related to the accrual for self-insured liabilities are described in *Note 1*.

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Notes 1* and *9*.

Litigation

In the normal course of business, the Corporation is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Corporation's self-insurance program (discussed elsewhere in these notes) or by commercial insurance; for example, allegations regarding employment practices or performance of contracts.

The Corporation evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Asset Retirement Obligation

As discussed in *Note 18*, the Corporation has recorded a liability for its conditional asset retirement obligations related to asbestos abatement. It is reasonably possible that events could occur that would materially change this estimated liability.

Pension Benefit Obligations

The Corporation has a defined benefit pension plan whereby it agrees to provide certain postretirement benefits to eligible employees. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date. It is reasonably possible that events could occur that would change the estimated amount of this liability materially in the near term.

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

Investments

The Corporation invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying consolidated balance sheets.

Admitting Physicians

The Corporation is served by a group of admitting physicians whose patients comprise the majority of the Corporation's patient service revenue.

Note 23: Future Change in Accounting Principles

Accounting for Leases

The Financial Accounting Standards Board amended its standard related to the accounting for leases. Under the new standard, lessees will now be required to recognize substantially all leases on the consolidated balance sheets as both a right-of-use asset and a liability. The standard has two types of leases for consolidated statements of operations recognition purposes: operating leases and finance leases. Operating leases will result in the recognition of a single lease expense on a straight-line basis over the lease term similar to the treatment for operating leases under existing standards. Finance leases will result in an accelerated expense similar to the accounting for capital leases under existing standards. The determination of lease classification as operating or finance will be done in a manner similar to existing standards. The new standard also contains amended guidance regarding the identification of embedded leases in service contracts and the identification of lease and nonlease components in an arrangement. The lease standard is effective for the Corporation beginning October 1, 2020.

Note 24: Discontinued Operations

During 2020, the Corporation entered into agreements for the sale of certain CLR and CNR assets and operations. An impairment loss of \$3,869,531 was recognized in 2020 and is included in the 2020 loss from discontinued operations. Results from 2019 have been reclassified to include all revenues and expenses of CLR and CNR in discontinued operations.

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

Major classes of line items constituting loss of discontinued operations consisted of the following:

	<u>2020</u>	<u>2019</u>
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient service revenue	\$ 18,253,379	\$ 18,006,185
Other	559,932	115,991
Provider relief funds	762,344	-
Total revenues, gains, and other support without donor restrictions	<u>19,575,655</u>	<u>18,122,176</u>
Expenses and Losses		
Salaries and wages	11,577,622	11,452,256
Employee benefits	2,865,037	3,163,580
Purchased services	1,556,432	2,062,829
Supplies and other	4,072,170	3,841,591
Depreciation and amortization	808,910	741,640
Interest	10,531	16,746
Impairment on assets held for sale	3,869,531	-
Total expenses and losses	<u>24,760,233</u>	<u>21,278,642</u>
Operating Loss	<u>(5,184,578)</u>	<u>(3,156,466)</u>
Other Income (Expense)		
Investment return, net	36,705	79,288
Change in fair value of interest rate swap agreements	-	1,155
Contributions and grant revenue	5,762	1,202,431
Net periodic benefit income	108,745	-
Total other income (expense)	<u>151,212</u>	<u>1,282,874</u>
Loss on discontinued operations	<u>\$ (5,033,366)</u>	<u>\$ (1,873,592)</u>

Assets included as held for sale consisted of CLR and CNR property and equipment.

The impact on operating cash flows was approximately \$354,000 and \$1,131,000 in 2020 and 2019, respectively.

Note 25: Subsequent Events

Property Purchases

Subsequent to September 30, 2020, the Corporation entered into agreements to purchase a nearby properties for \$4,650,000. The Corporation intends to fund the purchase with existing cash on hand and operating cash flows.

Southwestern Vermont Health Care Corporation
Notes to Consolidated Financial Statements
September 30, 2020 and 2019

Emergency Department Expansion

Subsequent to September 30, 2020, the Corporation received approval for an emergency department expansion project. Total project costs are approximately \$25,800,000. The Corporation intends to fund the project through a combination of existing cash and investments on hand, cash flows from operations, contributions, and issuance of new debt.

CARES Act - Provider Relief Funds

In September and October 2020, additional guidance was released impacting Provider Relief Funds (*Note 2*). The new guidance is subject to additional changes, clarifications, and interpretations. Future operating results of the Corporation could impact revenue recognized. Material adjustments to revenue recognized including the \$5,862,601 recognized before September 30, 2020, and repayment of Provider Relief Funds are possible after the date of the audit.

Subsequent events have been evaluated through December 18, 2020, which is the date the consolidated financials were issued.

Supplementary Information

Southwestern Vermont Health Care Corporation

Consolidating Schedule – Balance Sheet Information

September 30, 2020

Assets

	SVHC	SVMC	Foundation	NBM	Twin Rivers	Obligated Group Eliminations	Obligated Group Total	MAHC	SVHCA	SVHCE	SVHCNY	SVHC Hoosick Falls	Eliminations	Consolidated
Current Assets														
Cash and cash equivalents	\$ 107,659	\$ 22,852,711	\$ 74,005	\$ 35,176	\$ 58,708	\$ -	\$ 23,128,259	\$ 1,108,410	\$ 111,301	\$ -	\$ 38,867	\$ 307,208	\$ -	\$ 24,694,045
Patient accounts receivable	-	12,006,185	-	28,200	149,930	-	12,184,315	1,363,896	-	-	-	520,706	-	14,068,917
Other receivables	920	1,520,290	641,429	-	-	-	2,162,639	16,098	9,687	-	-	1,825	-	2,190,249
Supplies	-	3,216,326	-	-	-	-	3,216,326	19,194	-	-	-	18,980	-	3,254,500
Prepaid expenses and other	6,231	1,517,632	4,250	-	16,721	-	1,544,834	47,457	-	-	-	272,511	-	1,864,802
Total current assets	114,810	41,113,144	719,684	63,376	225,359	-	42,236,373	2,555,055	120,988	-	38,867	1,121,230	-	46,072,513
Assets Limited As To Use														
Internally designated	70,215,562	8,077,544	7,554,357	-	-	-	85,847,463	920,122	-	-	-	-	-	86,767,585
Externally restricted	-	99,465	14,448,294	-	-	-	14,547,759	-	-	-	-	-	-	14,547,759
	70,215,562	8,177,009	22,002,651	-	-	-	100,395,222	920,122	-	-	-	-	-	101,315,344
Assets Held for Sale														
	-	-	-	-	-	-	-	2,620,730	-	-	-	1,800,000	-	4,420,730
Property and Equipment, At Cost														
Land and land improvements	1,380,973	4,192,814	-	12,925	11,105	-	5,597,817	-	-	-	-	-	-	5,597,817
Buildings and leasehold improvements	12,388,710	48,412,047	-	373,740	-	-	61,174,497	-	-	1,100	1,500,000	-	-	62,675,597
Equipment	1,271,540	100,650,679	6,997	326,845	352,967	-	102,609,028	-	11,912	62,093	-	-	-	102,683,033
Construction in progress	-	1,103,374	-	-	-	-	1,103,374	-	-	-	-	-	-	1,103,374
	15,041,223	154,358,914	6,997	713,510	364,072	-	170,484,716	-	11,912	63,193	1,500,000	-	-	172,059,821
Less accumulated depreciation	10,558,545	118,132,868	2,099	302,357	154,029	-	129,149,898	-	11,912	62,356	350,000	-	-	129,574,166
	4,482,678	36,226,046	4,898	411,153	210,043	-	41,334,818	-	-	837	1,150,000	-	-	42,485,655
Due from Affiliates	1,077,067	9,976,557	-	-	17	(5,934,016)	5,119,625	30,975	68,027	-	328,735	-	(5,547,362)	-
Other Assets														
Beneficial interest in perpetual trust	-	-	2,367,442	-	-	-	2,367,442	-	-	-	-	66,671	-	2,434,113
Deferred compensation plan assets	1,413,901	1,446,005	-	-	-	-	2,859,906	-	-	-	-	-	-	2,859,906
Other	57,283	-	2,710,173	4,000	-	-	2,771,456	-	-	-	-	89,273	-	2,860,729
	1,471,184	1,446,005	5,077,615	4,000	-	-	7,998,804	-	-	-	-	155,944	-	8,154,748
Total assets	\$ 77,361,301	\$ 96,938,761	\$ 27,804,848	\$ 478,529	\$ 435,419	\$ (5,934,016)	\$ 197,084,842	\$ 6,126,882	\$ 189,015	\$ 837	\$ 1,517,602	\$ 3,077,174	\$ (5,547,362)	\$ 202,448,990

Southwestern Vermont Health Care Corporation

Consolidating Schedule – Balance Sheet Information

September 30, 2020

Liabilities and Net Assets

	SVHC	SVMC	Foundation	NBM	Twin Rivers	Obligated Group Eliminations	Obligated Group Total	MAHC	SVHCA	SVHCE	SVHCNY	SVHC Hoosick Falls	Eliminations	Consolidated
Current Liabilities														
Current maturities of long-term debt	\$ -	\$ 375,945	\$ -	\$ -	\$ -	\$ -	\$ 375,945	\$ -	\$ -	\$ -	\$ 53,042	\$ 11,637	\$ -	\$ 440,624
Accounts payable	84,141	7,152,849	2,221	3,818	9,372	-	7,252,401	268,910	370	-	-	192,255	-	7,713,936
Accrued expenses	48,215	9,469,789	89,870	37,179	10,000	-	9,655,053	1,648,389	178	-	135,574	947,187	-	12,386,381
Unearned revenue - provider relief funds	-	4,607,646	-	-	-	-	4,607,646	-	-	-	-	-	-	4,607,646
Contract liabilities - Medicare advances	-	2,915,000	-	28,000	34,000	-	2,977,000	465,000	-	-	-	75,000	-	3,517,000
Estimated amounts due to														
third-party payors	-	9,622,181	-	-	-	-	9,622,181	-	-	-	-	149,035	-	9,771,216
Estimated self-insurance costs	-	1,100,693	-	5,845	-	-	1,106,538	131,430	-	-	13,368	42,188	-	1,293,524
Other	-	8,430	-	-	-	-	8,430	77,743	-	254	-	-	-	86,427
Total current liabilities	132,356	35,252,533	92,091	74,842	53,372	-	35,605,194	2,591,472	548	254	201,984	1,417,302	-	39,816,754
Long-Term Debt	-	8,974,176	-	-	-	-	8,974,176	-	-	-	1,309,059	-	-	10,283,235
Contract Liabilities - Medicare Advances	-	6,555,000	-	7,000	20,000	-	6,582,000	535,000	-	-	-	125,000	-	7,242,000
Asset Retirement Obligations	-	1,217,212	-	-	-	-	1,217,212	-	-	-	-	-	-	1,217,212
Accrued Pension Liabilities	151,921	10,019,693	-	-	-	-	10,171,614	551,864	-	-	-	-	-	10,723,478
Deferred Compensation	1,407,157	1,446,005	-	-	-	-	2,853,162	-	-	-	-	-	-	2,853,162
Due To Affiliates	1,702,124	-	151,303	1,119,359	2,967,014	(5,934,016)	5,784	38,429	3,296	327,935	332,645	4,839,273	(5,547,362)	-
Interest Rate Swap Agreements	-	1,783,740	-	-	-	-	1,783,740	-	-	-	-	-	-	1,783,740
Other Liabilities	487,260	1,743,837	30,508	-	-	-	2,261,605	-	43	-	-	-	-	2,261,648
Total liabilities	3,880,818	66,992,196	273,902	1,201,201	3,040,386	(5,934,016)	69,454,487	3,716,765	3,887	328,189	1,843,688	6,381,575	(5,547,362)	76,181,229
Net Assets														
Without donor restrictions	73,480,483	29,946,565	7,363,609	(722,672)	(2,604,967)	-	107,463,018	2,410,117	185,128	(327,352)	(326,086)	(3,460,345)	-	105,944,480
With donor restrictions	-	-	20,167,337	-	-	-	20,167,337	-	-	-	-	155,944	-	20,323,281
Total net assets	73,480,483	29,946,565	27,530,946	(722,672)	(2,604,967)	-	127,630,355	2,410,117	185,128	(327,352)	(326,086)	(3,304,401)	-	126,267,761
Total liabilities and net assets	\$ 77,361,301	\$ 96,938,761	\$ 27,804,848	\$ 478,529	\$ 435,419	\$ (5,934,016)	\$ 197,084,842	\$ 6,126,882	\$ 189,015	\$ 837	\$ 1,517,602	\$ 3,077,174	\$ (5,547,362)	\$ 202,448,990

Southwestern Vermont Health Care Corporation

Consolidating Schedule – Statement of Operations Information

Year Ended September 30, 2020

	SVHC	SVMC	Foundation	NBM	Twin Rivers	Obligated Group Eliminations	Obligated Group Total	MAHC	SVHCA	SVHCE	SVHCNY	SVHC Hoosick Falls	Eliminations	Consolidated
Revenues, Gains, and Other Support														
Without Donor Restrictions														
Patient service revenue	\$ -	\$ 127,017,217	\$ -	\$ 497,893	\$ 1,858,826	\$ -	\$ 129,373,936	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (68,263)	\$ 129,305,673
Other	2,140,414	13,850,570	80	27,914	25,591	(1,964,182)	14,080,387	-	207,918	-	1,408,881	-	(1,545,285)	14,151,901
Fixed prospective revenue	-	27,050,585	-	-	-	-	27,050,585	-	-	-	-	-	-	27,050,585
Provider relief funds	-	5,052,387	-	25,493	22,377	-	5,100,257	-	-	-	-	-	-	5,100,257
Net assets released from restrictions used for operations	-	-	853,408	-	-	-	853,408	-	-	-	-	-	-	853,408
Total revenues, gains, and other support without donor restriction	2,140,414	172,970,759	853,488	551,300	1,906,794	(1,964,182)	176,458,573	-	207,918	-	1,408,881	-	(1,613,548)	176,461,824
Expenses and Losses														
Salaries and wages	265,083	52,668,667	514,648	191,721	-	-	53,640,119	-	63,959	-	856,407	-	-	54,560,485
Employee benefits	29,593	15,394,056	210,749	78,521	-	-	15,712,919	-	26,095	-	222,455	-	-	15,961,469
Purchased services	4,923	42,241,367	178,864	410,148	2,510,286	-	45,345,588	-	93,152	-	25	-	(1,280,090)	44,158,675
Supplies and other	1,024,511	51,216,063	992,266	165,423	725,360	(2,740,767)	51,382,856	-	119,211	301	103,619	-	(333,458)	51,272,529
Depreciation and amortization	497,035	6,086,153	466	86,690	44,892	-	6,715,236	-	-	73	100,000	-	-	6,815,309
Interest	-	597,972	-	-	-	-	597,972	-	-	-	162,705	-	-	760,677
Total expenses and losses	1,821,145	168,204,278	1,896,993	932,503	3,280,538	(2,740,767)	173,394,690	-	302,417	374	1,445,211	-	(1,613,548)	173,529,144
Operating Income (Loss)	319,269	4,766,481	(1,043,505)	(381,203)	(1,373,744)	776,585	3,063,883	-	(94,499)	(374)	(36,330)	-	-	2,932,680
Other Income (Expense)														
Investment return	2,929,468	703,547	1,215,902	-	-	-	4,848,917	-	(1,232)	-	-	-	-	4,847,685
Change in fair value of interest rate swap agreements	-	(322,414)	-	-	-	-	(322,414)	-	-	-	-	-	-	(322,414)
Contributions and grant revenue	-	849,315	784,465	-	850	(776,585)	858,045	-	4,275	-	-	-	-	862,320
Net periodic benefit cost	24,501	2,068,569	-	-	-	-	2,093,070	-	-	-	-	-	-	2,093,070
Other	(50,000)	23,673	-	-	-	-	(26,327)	-	(1,844)	-	-	-	-	(28,171)
Total other income (expense)	2,903,969	3,322,690	2,000,367	-	850	(776,585)	7,451,291	-	1,199	-	-	-	-	7,452,490
Excess (Deficiency) of Revenues Over Expenses from Continuing Operations	3,223,238	8,089,171	956,862	(381,203)	(1,372,894)	-	10,515,174	-	(93,300)	(374)	(36,330)	-	-	10,385,170
Loss from Discontinued Operations of CLR and CNR								21,421				(5,054,787)	-	(5,033,366)
Excess of Revenues Over Expenses	3,223,238	8,089,171	956,862	(381,203)	(1,372,894)	-	10,515,174	21,421	(93,300)	(374)	(36,330)	(5,054,787)	-	5,351,804
Net assets released from restriction used for purchase of property and equipment	-	-	694,394	-	-	-	694,394	-	-	-	-	-	-	694,394
Grant received for acquisition of property and equipment	-	245,936	-	-	-	-	245,936	2,582	-	-	-	2,771	-	251,289
Defined benefit pension costs														
Net gain arising during the period	(107,510)	(7,089,706)	-	-	-	-	(7,197,216)	(390,471)	-	-	-	-	-	(7,587,687)
Amortization of net loss included in net periodic pension cost	22,001	1,451,029	-	-	-	-	1,473,030	79,920	-	-	-	-	-	1,552,950
Transfer (to) from affiliates, net	(8,606,083)	9,300,477	(694,394)	-	-	-	-	-	-	-	-	-	-	-
Increase (Decrease) in Net Assets Without Donor Restrictions	\$ (5,468,354)	\$ 11,996,907	\$ 956,862	\$ (381,203)	\$ (1,372,894)	\$ -	\$ 5,731,318	\$ (286,548)	\$ (93,300)	\$ (374)	\$ (36,330)	\$ (5,052,016)	\$ -	\$ 262,750

Southwestern Vermont Health Care Corporation

Consolidating Schedule – Statement of Changes in Net Assets Information

Year Ended September 30, 2020

	SVHC	SVMC	Foundation	NBM	Twin Rivers	Obligated Group Eliminations	Obligated Group Total	MAHC	SVHCA	SVHCE	SVHCNY	SVHC Hoosick Falls	Eliminations	Consolidated
Net Assets Without Donor Restrictions														
Excess (deficiency) of revenues over expenses	\$ 3,223,238	\$ 8,089,171	\$ 956,862	\$ (381,203)	\$ (1,372,894)	\$ -	\$ 10,515,174	\$ 21,421	\$ (93,300)	\$ (374)	\$ (36,330)	\$ (5,054,787)	\$ -	\$ 5,351,804
Grant received for acquisition of property and equipment	-	245,936	-	-	-	-	245,936	2,582	-	-	-	2,771	-	251,289
Net assets released from restriction used for purchase of property and equipment	-	-	694,394	-	-	-	694,394	-	-	-	-	-	-	694,394
Defined benefit pension costs														
Net loss arising during the period	(107,510)	(7,089,706)	-	-	-	-	(7,197,216)	(390,471)	-	-	-	-	-	(7,587,687)
Amortization of net loss included in net periodic pension cost	22,001	1,451,029	-	-	-	-	1,473,030	79,920	-	-	-	-	-	1,552,950
Transfer (to) from affiliates, net	9,300,478	(8,606,084)	(694,394)	-	-	-	-	-	-	-	-	-	-	-
Increase (decrease) in net assets without donor restrictions	12,438,207	(5,909,654)	956,862	(381,203)	(1,372,894)	-	5,731,318	(286,548)	(93,300)	(374)	(36,330)	(5,052,016)	-	262,750
Net Assets With Donor Restrictions														
Contributions received	-	-	4,186,524	-	-	-	4,186,524	-	-	-	-	-	-	4,186,524
Change in interest in net assets of Hoosick Falls Health Center Foundation	-	-	-	-	-	-	-	-	-	-	-	15,298	-	15,298
Investment return, net	-	-	28,128	-	-	-	28,128	-	-	-	-	-	-	28,128
Change in beneficial interest in trusts	-	-	88,700	-	-	-	88,700	-	-	-	-	-	-	88,700
Net assets released from restriction	-	-	(1,547,802)	-	-	-	(1,547,802)	-	-	-	-	-	-	(1,547,802)
Increase in net assets with donor restrictions	-	-	2,755,550	-	-	-	2,755,550	-	-	-	-	15,298	-	2,770,848
Change in Net Assets	12,438,207	(5,909,654)	3,712,412	(381,203)	(1,372,894)	-	8,486,868	(286,548)	(93,300)	(374)	(36,330)	(5,036,718)	-	3,033,598
Net Assets, Beginning of Year	61,042,276	35,856,219	23,818,534	(341,469)	(1,232,073)	-	119,143,487	2,696,665	278,428	(326,978)	(289,756)	1,732,317	-	123,234,163
Net Assets, End of Year	\$ 73,480,483	\$ 29,946,565	\$ 27,530,946	\$ (722,672)	\$ (2,604,967)	\$ -	\$ 127,630,355	\$ 2,410,117	\$ 185,128	\$ (327,352)	\$ (326,086)	\$ (3,304,401)	\$ -	\$ 126,267,761

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 2020.

2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number
(Employees' trust, see instructions.)

SOUTHWESTERN VERMONT MEDICAL CENTER

22-2563241

B Exempt under section

- 501(C)(3)
- 408(e) 220(e)
- 408A 530(a)
- 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions.

100 HOSPITAL DRIVE

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

BENNINGTON, VT 05201

E Unrelated business activity code
(See instructions.)

C Book value of all assets at end of year

96,938,761.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ ATCH 2

J The books are in care of ▶ STEPHEN MAJETICH Telephone number ▶ 802-447-5011

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	
31 Unrelated business taxable income. Subtract line 30 from line 29		31	

For Paperwork Reduction Act Notice, see instructions.

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

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

STEPHEN MAJETICH

• The books are in the care of ► 100 HOSPITAL DRIVE BENNINGTON VT 05201

Telephone No. ► 802 447-5011 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/16, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20__ or
- tax year beginning 10/01, 2019, and ending 09/30, 2020.

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.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payment details.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

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.

Signature and Preparer information section including fields for Signature of officer, Preparer's name, Firm's name, and EIN.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Totals ▶

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

NAME AND FEIN OF PARENT CORPORATION

SOUTHWESTERN VERMONT HEALTH CARE CORPORATION
03-0179435