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2011

Open to Public  
Inspection

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 black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
Northeastern Vermont Regional Hosp Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
Hospital Drive PO Box 905City or town, state or country, and ZIP + 4  
St Johnsbury, VT 058190905F Name and address of principal officer  
Paul Bengtson  
Hospital Drive PO Box 905  
St Johnsbury, VT 058190905

D Employer identification number

03-6013761

E Telephone number

(802) 748-7520

G Gross receipts \$ 72,625,464

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527H(a) Is this a group return for  
affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► www.nvrh.org

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1967

M State of legal domicile VT

## Part I Summary

1	Briefly describe the organization's mission or most significant activities Critical Access Hospital		
2	Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	19
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	533
6	Total number of volunteers (estimate if necessary) . . . . .	6	157
7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	2,483,620
b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	44,078
8	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g) . . . . .	378,377	3,275
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	57,286,860	60,820,995
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	760,276	422,021
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	56,273	56,439
		58,481,786	61,302,730
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	30,000	204,015
14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,581,677	35,498,670
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) . . . . .	22,979,159	23,557,302
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	56,590,836	59,259,987
19	Revenue less expenses Subtract line 18 from line 12 . . . . .	1,890,950	2,042,743
20	Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26) . . . . .	48,348,316	55,468,390
22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	20,641,292	24,143,594
		27,707,024	31,324,796

## 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 Robert Hersey CFO Type or print name and title	2013-08-13 Date
Paid Preparer's Use Only	Preparer's signature ► Barbara J McGuan CPA Firm's name (or yours if self-employed), address, and ZIP + 4 ► Berry Dunn McNeil & Parker LLC PO Box 1100 Portland, ME 041041100	Date 2013-08-13 Check if self-employed ► Preparer's taxpayer identification number (see instructions) P00219457 EIN ► 01-0523282 Phone no ► (207) 775-2387
		May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

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

### **Part III Statement of Program Service Accomplishments**

**Statement of Program Service Accomplishments**  
Check if Schedule Q contains a response to any question in this Part II

1

**1 Briefly describe the organization's mission**

Northeastern Vermont Regional Hospital, Inc is dedicated to improving the health of all people in the communities it serves, and to providing compassionate, palliative care. NVRH provides high quality healthcare services focused on community needs at the lowest cost consistent with excellent care. NVRH will cooperate with other organizations to provide medical, educational, preventive, and wellness services. NVRH will strive for the best possible outcomes, including effective pain management with the highest level of service that meets and exceeds expectations.

**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  N

If "Yes," describe these new services on Schedule C.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 52,076,323 including grants of \$ 204,015 ) (Revenue \$ 57,878,104

Northeastern Vermont Regional Hospital, Inc is a full service, state of the art, Critical Access Hospital. The Hospital makes its services available to approximately 30,000 residents of the greater St. Johnsbury community. Inpatient services include medical and surgical, intensive care, pediatrics, and obstetrics. The emergency room at NVRH is fully staffed by full-time physicians and specialized nurses. A new Ambulatory Surgery Unit opened in October 2009. The new unit has space for 16 pre- and post-operative patients. Over 95% of our surgeries and procedures are conducted through day surgery. These services are supported by the laboratory, diagnostic imaging, MRI, CT scan, cardiac services, rehabilitation, respiratory, and other ancillary services. NVRH was chosen as the first Medical Home/Community Care Team in December of 2007 and created medical homes in 5 primary care practices and Community Care Teams. Surgical specialties include general surgery, neurosurgery, oral/maxillofacial, otolaryngology, obstetrics/gynecology, orthopedics, ophthalmology, and urology. NVRH is one of two Vermont hospitals to have been awarded the international baby-friendly designation by the World Health Organization. NVRH's charity care program is available to patients who are uninsured, underinsured, or have otherwise demonstrated they don't have the financial resources to fully pay for their hospital care. Patients with income levels below 200% of the federal poverty guideline for the applicable family size have their hospital bill discounted by 100%. Patients with income levels between 200% and 300% of the federal poverty guideline receive a discount on their hospital bill between 75% and 25%. Foregone charges, based on established rates, furnished under NVRH's free care program amounted to \$2,108,648 during the year ended September 30, 2012.

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

The emergency room at NVRH is fully staffed by full-time physicians and specialized nurses who are trained to deal with all aspects of medical care. Emergency room staff provide pre-hospital provider training and support, participation in local education programs, hospital continuing medical education and quality assurance programs. Care provided by the emergency room is coordinated with appropriate local physician practices. The NVRH pharmacy provides pharmaceutical services for patients, including a complete patient medication profile and computerized monitoring. Our pharmacy staff is a vital component of the healthcare team, consulting with physicians and other health professionals to ensure that patients receive the appropriate drug therapies. NVRH owns Corner Medical, a family practice serving patients of the Northeast Kingdom since 1973. The practice includes nine healthcare providers: six M.D.'s, one D.O., a nurse practitioner, and a physician assistant. NVRH St. Johnsbury Pediatrics is also owned by the hospital, with four pediatricians and a nurse practitioner. Occupational Medicine at NVRH serves both the hospital community as well as local businesses and industry for work related medical needs. Staff of Occupational Medicine includes an M.D., as well as a nurse practitioner. The Women's Wellness Center provides OB/GYN care to women of all ages and health needs. Two certified nurse midwives, two women's health nurse practitioners and three M.D.s (OB/GYN) provide comprehensive health services. NVRH also employs a full-time MMHC (Masters in Mental Health Counseling) employee, as well as a hospitalist program, with one hospitalist overseeing the service. NVRH - Kingdom Internal Medicine is another NVRH-owned physician practice. Three physicians and one nurse practitioner staff this practice which is located in St. Johnsbury, VT.

**4d** Other program services (Describe in Schedule O)

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

**4e Total program service expenses** 

52,076,323

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>	Yes	
<b>9</b>		No
<b>10</b>		No
<b>11a</b>	Yes	
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>	Yes	
<b>11e</b>	Yes	
<b>11f</b>		No
<b>12a</b>	Yes	
<b>12b</b>	Yes	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20a</b>	Yes	
<b>20b</b>	Yes	

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

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	No	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35a	No	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	70
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	533
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	20
b Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	19
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6 Did the organization have members or stockholders? . . . . .	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? . . . . .	8a	Yes
b Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13 Did the organization have a written whistleblower policy? . . . . .	13	Yes
14 Did the organization have a written document retention and destruction policy? . . . . .	14	No
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed  VT

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
 Robert Hersey  
 Hospital Drive PO Box 905  
 St Johnsbury, VT 058190905  
 (802) 748-7520

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Or Director	Individual trustee	Institutional Trustee	Officer	Key employee			
(1) Charles Bucknam Chair	2 00	X		X			0	0	0
(2) James Newell 1st Vice Chair	2 00	X		X			0	0	0
(3) Sam Kempton 2nd Vice Chair	2 00	X		X			0	0	0
(4) Donald Bostic Trustee	2 00	X					0	0	0
(5) John Haygood Past Trustee	2 00	X					0	0	0
(6) Gretchen Hammer Trustee	2 00	X					0	0	0
(7) Deanna Howard Trustee	2 00	X					0	0	0
(8) Richard Lyon Treasurer	2 00	X		X			0	0	0
(9) Thomas Paul Esq Trustee	2 00	X					0	0	0
(10) Mary Ready MD Trustee	2 00	X					0	0	0
(11) Richard H Showalter Jr Trustee	2 00	X					0	0	0
(12) Katherine Silloway DDS Trustee	2 00	X					0	0	0
(13) Deborah Yonker RN Trustee	40 00	X					48,776	0	29,309
(14) Catherine Boykin Trustee	2 00	X					0	0	0
(15) William Sargent MD Trustee	2 00	X					0	0	0
(16) Martha Hill Trustee	2 00	X					0	0	0
(17) Sherm Laughton Trustee	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 (describe hours for related organizations in Schedule O)	(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	Individual trustee	Officer	Key employee	Highest compensated employee			
(18) Steve Nichols Trustee	2 00	X					0	0	0
(19) Mark Price MD Trustee	2 00	X					0	0	0
(20) Thomas Robinson Trustee	2 00	X					0	0	0
(21) Susan Zucker Trustee	2 00	X					0	0	0
(22) Paul Bengtson CEO	40 00		X				314,295	0	39,993
(23) Robert Hersey CFO	40 00		X				189,540	0	29,872
(24) Andrew Nisbet Physician	40 00			X			435,717	0	27,154
(25) Richard Gagnon Physician	40 00			X			428,670	0	35,852
(26) Stephen Fischer Jr Physician	40 00			X			326,338	0	39,716
(27) Craig D Dreisbach Physician	40 00			X			316,354	0	30,944
(28) Martin S Walko Physician	40 00			X			268,642	0	32,585
<b>1b Sub-Total . . . . .</b>									
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>									
<b>d Total (add lines 1b and 1c) . . . . .</b>							2,328,332	0	265,425

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►30**

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

**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
Dan Wyand PT & Associates PLLC 2020 Trestle Road Danville, VT 05828	Physical Therapy Services	1,872,000
Kingdom Emergency Services LLC 815 North Kirby Road Lyndonville, VT 05851	Physician Staffing	1,616,467
Vermont Radiologists PO Box 217 St Johnsbury, VT 05819	Diagnostic Imaging Services	792,141
Ron Fenoff Excavating LLC PO Box 495 St Johnsbury, VT 05819	Construction Services	174,695
HP Cummings Construction PO Box 269 Woodsville, NH 03785	Construction Services	152,952
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►6</b>		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,275				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		3,275				
<b>Program Service Revenue</b>	<b>Business Code</b>						
			<b>2a</b> Patient Service Rev	621400	107,394,075	104,910,455	2,483,620
			<b>b</b> Other Patient Service	621400	1,582,839	1,123,568	459,271
			<b>c</b> Meaningful Use Revenue	621400	821,722	821,722	
			<b>d</b> Provision for Bad Debt	621400	-2,466,847	-2,466,847	
			<b>e</b> Contractual/Char Adj	621400	-46,510,794	-46,510,794	
			<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		60,820,995				
<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		319,876		319,876			
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
<b>5</b> Royalties . . . . .							
<b>6a</b> Gross rents	(I) Real	(II) Personal					
<b>b</b> Less rental expenses	56,439						
<b>c</b> Rental income or (loss)	0						
<b>d</b> Net rental income or (loss) . . . . .	56,439			56,439			
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
<b>b</b> Less cost or other basis and sales expenses	11,413,789	11,090					
<b>c</b> Gain or (loss)	11,322,734	0					
<b>d</b> Net gain or (loss) . . . . .	91,055	11,090	102,145	102,145			
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>	<b>Business Code</b>						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .							
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		61,302,730	57,878,104	2,483,620	937,731		

**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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX 

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 governments and organizations in the United States See Part IV, line 21	204,015	204,015		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	651,785	78,085	573,700	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages	26,252,359	23,547,695	2,704,664	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,047,661	922,258	125,403	
9 Other employee benefits . . . . .	5,847,311	5,147,125	700,186	
10 Payroll taxes . . . . .	1,699,554	1,496,121	203,433	
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	33,798		33,798	
c Accounting . . . . .	85,431		85,431	
d Lobbying . . . . .				
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	37,466		37,466	
g Other . . . . .	6,896,557	6,416,635	479,922	
12 Advertising and promotion . . . . .	108,664	1,374	107,290	
13 Office expenses . . . . .	2,765,125	1,240,048	1,525,077	
14 Information technology . . . . .	41,213	830	40,383	
15 Royalties . . . . .				
16 Occupancy . . . . .	2,104,997	2,033,829	71,168	
17 Travel . . . . .	122,452	110,202	12,250	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	70,291	51,910	18,381	
20 Interest . . . . .	446,439	6,329	440,110	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	2,196,227	2,171,225	25,002	
23 Insurance . . . . .	734,824	734,824		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a Medical Supplies	4,544,583	4,544,583		
b Medicaid Provider Tax	3,369,235	3,369,235		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	59,259,987	52,076,323	7,183,664	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	1,443	<b>1</b> 1,543
	<b>2</b> Savings and temporary cash investments . . . . .	4,605,993	<b>2</b> 3,655,260
	<b>3</b> Pledges and grants receivable, net . . . . .	3	
	<b>4</b> Accounts receivable, net . . . . .	7,474,965	<b>4</b> 11,743,555
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		
	<b>7</b> Notes and loans receivable, net . . . . .		
	<b>8</b> Inventories for sale or use . . . . .	1,259,184	<b>8</b> 1,365,988
	<b>9</b> Prepaid expenses and deferred charges . . . . .	351,391	<b>9</b> 380,324
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	51,591,439
	<b>b</b> Less accumulated depreciation . . . . .	10b	29,130,725
		20,674,019	<b>10c</b> 22,460,714
	<b>11</b> Investments—publicly traded securities . . . . .	10,534,335	<b>11</b> 12,610,653
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		
	<b>14</b> Intangible assets . . . . .	193,525	<b>14</b> 197,442
	<b>15</b> Other assets See Part IV, line 11 . . . . .	3,253,461	<b>15</b> 3,012,911
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	48,348,316	<b>16</b> 55,468,390
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	4,789,414	<b>17</b> 7,581,286
	<b>18</b> Grants payable . . . . .		
	<b>19</b> Deferred revenue . . . . .	126,294	<b>19</b> 452,136
	<b>20</b> Tax-exempt bond liabilities . . . . .	14,670,000	<b>20</b> 14,295,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	331,943	<b>23</b> 199,689
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		
	<b>25</b> 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 . . . . .	723,641	<b>25</b> 1,615,483
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	20,641,292	<b>26</b> 24,143,594
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	26,518,432	<b>27</b> 30,038,996
	<b>28</b> Temporarily restricted net assets . . . . .	747,257	<b>28</b> 844,274
	<b>29</b> Permanently restricted net assets . . . . .	441,335	<b>29</b> 441,526
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		
	<b>33</b> Total net assets or fund balances . . . . .	27,707,024	<b>33</b> 31,324,796
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	48,348,316	<b>34</b> 55,468,390

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,302,730
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,259,987
3	Revenue less expenses Subtract line 2 from line 1	3	2,042,743
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,707,024
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,575,029
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31,324,796

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
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? <input type="checkbox"/>	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 03-6013761

**Name:** Northeastern Vermont Regional Hosp Inc

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

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

The emergency room at NVRH is fully staffed by full-time physicians and specialized nurses who are trained to deal with all aspects of medical care. Emergency room staff provide pre-hospital provider training and support, participation in local education programs, hospital continuing medical education and quality assurance programs. Care provided by the emergency room is coordinated with appropriate local physician practices. The NVRH pharmacy provides pharmaceutical services for patients, including a complete patient medication profile and computerized monitoring. Our pharmacy staff is a vital component of the healthcare team, consulting with physicians and other health professionals to ensure that patients receive the appropriate drug therapies. NVRH owns Corner Medical, a family practice serving patients of the Northeast Kingdom since 1973. The practice includes nine healthcare providers: six M D's, one D O, a nurse practitioner, and a physician assistant. NVRH St. Johnsbury Pediatrics is also owned by the hospital, with four pediatricians and a nurse practitioner. Occupational Medicine at NVRH serves both the hospital community as well as local businesses and industry for work related medical needs. Staff of Occupational Medicine includes an M D, as well as a nurse practitioner. The Women's Wellness Center provides OB/GYN care to women of all ages and health needs. Two certified nurse midwives, two women's health nurse practitioners, and three MDs (OB/GYN) provide comprehensive health services. NVRH also employs a full-time MMHC (Masters in Mental Health Counseling) employee, as well as a hospitalist program, with one hospitalist overseeing the service. NVRH - Kingdom Internal Medicine is another NVRH-owned physician practice. Three physicians and one nurse practitioner staff this practice which is located in St. Johnsbury, VT.

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury

Internal Revenue Service

Name of the organization

Northeastern Vermont Regional Hosp Inc

Employer identification number

03-6013761

**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 11, check only one box)

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )

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 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 )

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11  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 that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

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

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 	
b <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 	
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 	

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		19,157	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		19,157	
<b>d</b> Other exempt purpose expenditures		59,240,830	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		59,259,987	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000	
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0	
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0	
<b>j</b> 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 instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	16,434	22,919	21,546	19,157	80,056
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> 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)).**

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

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> )	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions.

**Name of the organization**

Northeastern Vermont Regional Hosp Inc

**Employer identification number**

03-6013761

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_ 350,000

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .  Yes  No

(ii) related organizations . . . . .  Yes  No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .  Yes  No

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

**Part VI Land, Buildings, and Equipment.** 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 . . . . .		37,570			37,570
b Buildings . . . . .		26,663,244	12,416,643		14,246,601
c Leasehold improvements . . . . .		966,575	492,698		473,877
d Equipment . . . . .		20,447,183	15,484,469		4,962,714
e Other . . . . .		3,476,867	736,915		2,739,952
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					22,460,714

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation</b>
		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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**Total** (Column (b) should equal Form 990, Part X, col (B), line 12)

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13.)

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Beneficial Interest in Net Assets of Parent	702,209
(2) Due from Parent	2,256,907
(3) Beneficial Interest in Charitable Remainder Trust	26,504
(4) Deferred Compensation	27,291
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B) line 15.)	<b>3,012,911</b>

**Total.** (Column (b) should equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities.** See Form 990, Part X, line 25.

**2. Fin 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	61,302,730
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	59,259,987
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,042,743
4	Net unrealized gains (losses) on investments	4	1,575,100
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-71
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,575,029
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,617,772

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	62,840,364
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,575,100
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,575,100
3	Subtract line 2e from line 1	3	61,265,264
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,466
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	37,466
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	61,302,730

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	59,222,521
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	59,222,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,466
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	37,466
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	59,259,987

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	Part III, Line 4	In 2008, the Organization received a donation of a piece of art work that it hangs in its hallways along with other paintings from local artists. These paintings are put on display to help provide an additional community benefit to the public

2011

Open to Public  
InspectionSCHEDULE H  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990. ► See separate instructions.Name of the organization  
Northeastern Vermont Regional Hosp IncEmployer identification number  
03-6013761

## Part I Charity Care and Certain Other Community Benefits at Cost

**1a** Did the organization have a charity care policy? If "No," skip to question 6a . . . . .

**b** If "Yes," is it a written policy? . . . . .

**2** If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals  Applied uniformly to most hospitals  
 Generally tailored to individual hospitals

**3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year

**a** Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care

100%  150%  200%  Other \_\_\_\_\_%

**b** Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other \_\_\_\_\_%

**c** If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

**4** Did the organization's policy provide free or discounted care to the "medically indigent"? . . . . .

**5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .

**b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .

**c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .

**6a** Did the organization prepare a community benefit report during the tax year? . . . . .

**6b** If "Yes," did the organization make it available to the public? . . . . .

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

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>		No
<b>5c</b>		
<b>6a</b>		No
<b>6b</b>		

## 7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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
<b>a</b> Charity care at cost (from Worksheet 1) . . . . .			1,032,839		1,032,839	1 740 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			14,343,190	8,670,685	5,672,505	9 570 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			15,376,029	8,670,685	6,705,344	11 310 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			934,124	150,616	783,508	1 320 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			310,268		310,268	0 520 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			12,358,263	8,236,510	4,121,753	6 960 %
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			204,015		204,015	0 340 %
<b>j</b> <b>Total</b> Other Benefits . . . . .			13,806,670	8,387,126	5,419,544	9 140 %
<b>k</b> <b>Total</b> . Add lines 7d and 7j . . . . .			29,182,699	17,057,811	12,124,888	20 450 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(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
<b>1</b> Physical improvements and housing			1,901		1,901	0 %
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			255,897		255,897	0 430 %
<b>9</b> Other						
<b>10 Total</b>			257,798		257,798	0 430 %

**Part III Bad Debt, Medicare, & Collection Practices**
**Section A. Bad Debt Expense**

**1** Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .

**2** Enter the amount of the organization's bad debt expense . . . . .

**3** Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy . . . . .

**4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit

	Yes	No
<b>1</b>	Yes	
<b>2</b>	1,208,289	
<b>3</b>	0	
<b>5</b>	14,488,930	
<b>6</b>	14,488,930	
<b>7</b>		
<b>9a</b>	Yes	
<b>9b</b>	Yes	

**Section B. Medicare**

**5** Enter total revenue received from Medicare (including DSH and IME) . . . . .

**6** Enter Medicare allowable costs of care relating to payments on line 5 . . . . .

**7** Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .

**8** Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used

Cost accounting system  Cost to charge ratio  Other

**Section C. Collection Practices**

**9a** Did the organization have a written debt collection policy during the tax year? . . . . .

**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

<b>9a</b>	Yes
<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures** (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 %
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					

## Part V Facility Information

## **Section A. Hospital Facilities**

(list in order of size from largest to smallest)

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

Name and address

Other (Describe)

**Part V Facility Information (continued)****Section B. Facility Policies and Practices.**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

## Northeastern Vermont Regional Hospital

**Name of Hospital Facility:** \_\_\_\_\_**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** \_\_\_\_\_ 1

	<b>Yes</b>	<b>No</b>
<b>Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)</b>		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . .	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply)		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . .	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
d <input type="checkbox"/> Participation in community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . .	9	Yes
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%		
If "No," explain in Part VI the criteria the hospital facility used		

**Part V Facility Information (continued)**

	<b>Yes</b>	<b>No</b>
<b>10</b> Used FPG to determine eligibility for providing discounted care? . . . . .	<b>10</b> Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used		
<b>11</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>11</b> Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)		
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? . . . . .	<b>12</b> Yes	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>13</b> Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site		
b <input checked="" type="checkbox"/> The policy was attached to all billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available upon request		
g <input type="checkbox"/> Other (describe in Part VI)		
<b>Billing and Collections</b>		
<b>14</b> 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 actions the hospital facility may take upon non-payment? . . . . .	<b>14</b> Yes	
<b>15</b> Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments or arrests		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . .	<b>16</b> Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)		
a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)****Policy Relating to Emergency Medical Care**

**18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? . . . . .

If "No," indicate why

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility's policy was not in writing
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

	Yes	No
<b>18</b>	Yes	

**Individuals Eligible for Financial Assistance**

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

- a**  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b**  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c**  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d**  Other (describe in Part VI)

<b>20</b>		No
<b>21</b>		No

**20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI

**21** Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . .

If "Yes," explain in Part VI

**Part V Facility Information (continued)****Section C. Other 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 facilities did the organization operate during the tax year? **9**

Name and address		Type of Facility (Describe)
<b>1</b>	NVRH - Corner Medical 195 Industrial Parkway Lyndonville, VT 05849	Outpatient Physician Clinic
<b>2</b>	NVRH - St Johnsbury Pediatrics 97 Sherman Drive St Johnsbury, VT 05819	General Pediatric Services
<b>3</b>	Occupational Medicine at NVRH 1091 Hospital Drive St Johnsbury, VT 05819	Work-Related Med Needs Clinic
<b>4</b>	Women's Wellness Center 1315 Hospital Dr PO Box 905 St Johnsbury, VT 058190905	OB/GYN Care Facility
<b>5</b>	NVRH- Orthopedics- Medical Arts Building 1280 Hospital Drive St Johnsbury, VT 05819	Orthopedic & Rehab Center
<b>6</b>	NVRH - Orthopedics - Fracture Clinic 4 Sherman Drive St Johnsbury, VT 05819	Fracture Clinic
<b>7</b>	NVRH - Physical Therapy - Lyndonville 195 Industrial Parkway Lyndonville, VT 05849	Physical Therapy Center
<b>8</b>	NVRH - Physical Therapy - St Johnsbury 97 Sherman Drive St Johnsbury, VT 05819	Physical Therapy Center
<b>9</b>	NVRH - Kingdom Internal Medicine 714 Breezy Hill Road St Johnsbury, VT 05819	Outpatient Physician Clinic
<b>10</b>		

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments 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

Identifier	ReturnReference	Explanation
		Part I, Line 7 The Organization used three different methods to allocate costs reported in the table two physician clinics are rural health clinics NVRH - Corner Medical and NVRH - St Johnsbury Pediatrics Costs for these clinics were taken directly from the Medicare cost report Costs for other reported programs were direct costs for the program plus an allocation of indirect costs based on a ratio of direct to indirect costs taken from the Medicare cost report A cost to charge ratio was used to determine the cost of bad debts and free care for all programs reported on the table

Identifier	ReturnReference	Explanation
		Part I, Line 7g The Organization included as subsidized health services costs attributable to four physician clinics 1 NVRH - Corner Medical, a primary care physician clinic Total costs related to this physician clinic were \$3,603,455 2 NVRH - St Johnsbury Pediatrics, a pediatric physician clinic Total costs related to this physician clinic were \$1,794,273 3 NVRH - Women's Wellness Center, an obstetrician/gynecological physician clinic Total costs related to this physician clinic were \$4,059,320 4 NVRH - Kingdom Internal Medicine, a primary care physician clinic Total costs related to this physician clinic were \$1,316,588

Identifier	ReturnReference	Explanation
		<p>Part II Physical Improvements/Housing NVRH Community Garden NVRH has provided garden space on our campus for community use for 30 years. There are currently 23 garden spots. The garden spots are provided free of charge on a first come, first served basis. The community benefit value is based on the staff time to coordinate the assignment of spots and other correspondence with the gardeners. Workforce development NVRH is located in a rural area with limited access to public transportation. Poverty is also our primary health disparity. We have listened to our community and they tell us they need access to services that are close to home. NVRH takes the lead in recruiting both primary care and specialty physicians and mid level providers to fill the need for access to services close to home. The value listed in this section is related to the costs associated with recruiting primary care and specialty providers, as well as loan repayment for four specialists and a nurse practitioner in the emergency department.</p>

Identifier	ReturnReference	Explanation
		<p>Part III, Line 4 Patient accounts receivable are stated at the amount management expects to collect from outstanding balances Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated or eligible) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts</p>

Identifier	ReturnReference	Explanation
		Part III, Line 8 All Medicare allowable costs were taken directly from the Medicare cost report

Identifier	ReturnReference	Explanation
		Part III, Line 9b NVRH provides care to all patients regardless of their ability to pay for services Patients who indicate they have no insurance receive information about NVRH's Patient Assistance program, including the income level eligibility guidelines, with their first bill and with all subsequent bills Patient Assistance is provided to those patients who, through a written documentation process, are identified as financially needy Patients that have qualified for 100% Patient Assistance are not billed for subsequent services for one year After one year, those patients go through the qualification process again

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 2 Assessment of community needs is an ongoing process at Northeastern Vermont Regional Hospital Northeastern Vermont Regional Hospital achieves openness, inclusiveness, and public participation in our strategic planning and decision making in a variety of ongoing and deliberate ways NVRH governance structure includes the Northeastern Vermont Regional Corp (NVRC) Corporators The over 250 Corporators, representing all the towns in our service area, are an invaluable source of wisdom and perspective for hospital leadership They are key links in the essential communication system between members of our community and the Hospital Because the Corporators represent the community, they act as our eyes and ears on the street The quarterly Corporators meetings are an opportunity for two-way sharing of information The Corporators share their needs and concerns, as well as the needs and concerns of their families, friends, and neighbors In return, the Corporators are updated on hospital services, as well as state and national healthcare issues The Hospital participates in formal community assessments that are conducted every few years by various community organizations including the Fit and Healthy Coalition, Together Works - Substance Abuse Prevention Coalition, the Tobacco Advisory Committee, Green Mountain United Way, the Housing Coalition, and the Vermont Departments of Health and Education Hospital staff are active members and partners with these coalitions and organizations Formal community assessments begin with identifying a problem or purpose The purpose could be broad, such as "what are the top priorities in our community" or it could be more specific based on the missions of the Organization The local prevention coalitions have all recently conducted community assessments based on their missions to prevent substance abuse, prevent and end tobacco use, and prevent obesity related chronic conditions The next step is developing a community profile using primary source data Primary source data is primarily obtained from the Vermont Department of Health biannual Health Status of Vermonters report This report compiles data from a variety of sources including the Behavioral Risk Factor Surveillance System (BRFSS), U S Census, the Department of Environmental Conservation data, the Vermont Health Care Cost and Utilization Project, and several other state and national data sources Secondary data is gathered by identifying and getting input from key stakeholders including community leaders, relevant organizations, and community members Input is gathered by using one on one interviews, surveys (including using online tools like Survey Monkey), and focus forums for all key stakeholder groups Inventories of existing services, and gap and/or asset mapping are also typically part of the community assessment process As primary and secondary data is gathered the analyzing phase kicks in Sometimes the focus of an assessment may shift if data reveals a new or more urgent health priority Reporting the results of the assessment is an important piece of the process Every effort is made to get summaries and reports back to interested community members and organizations More and more often, the Hospital and partner organizations are using Community Based Participatory Research (CBPR) principles when designing community interventions or deciding on which health services to add or enhance CBPR starts with community engagement and buy in, but goes beyond to ensure that knowledge, power, credit, and results are shared fairly between "experts" and community members</p>

Identifier	ReturnReference	Explanation
		Part VI, Line 3 A summary of NVRH's Patient Assistance Program and the income eligibility guidelines are included in the first and all subsequent bills sent to patients identified as self pay. The phone number of a financial counselor is also provided. The counselor is available to discuss eligibility guidelines and the qualification process. The counselor also discusses with patients the availability of Medicaid and other State assistance programs. Information about the NVRH Patient Assistance Program is also available on the NVRH website. Patients can also learn about NVRH's Patient Assistance program via a link to the State's Green Mountain Care Board. The Patient Assistance Program is available to hospital patients as well as patients of all NVRH-owned physician practices.

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 4 Northeastern Vermont Regional Hospital (NVRH) serves about 30,000 people in Caledonia and southern Essex counties in the northeast corner of Vermont. The Hospital is located about 50 miles from the Canadian border to the north, and about 15 miles from the New Hampshire border to the east. Only 3 towns in our service area have a population of more than 2,000 people. Our area is divided equally between males and females. Approximately 40% of our residents are over 45 years of age. The area is predominately white (96%) and English is the predominant language. The median income is below the state average at \$34,151 per household (\$40,856 Vermont). Just over half of our residents have a high school diploma or less, under 25% have completed a four year college degree. Manufacturing is the largest employment sector (15.3%), followed by retail (13.9%), and health care and social services (13.8%). There are 4 public school districts, and numerous private or independent schools. There are 3 colleges, including Community College of Vermont, located in our service area.</p>

Identifier	ReturnReference	Explanation
		Part VI, Line 5 The Hospital also promoted health and safety throughout the community through the following programs 1 Car Safety Seat Program2 Childbirth Education3 Community Connections4 Community Wellness Center5 Healthier Living Workshops6 Lactation Services7 Smoking Cessation - Adult8 Tobacco Outreach9 Mother/Baby Playtime Classes

**Schedule H (Form 990) 2011**

## Schedule I (Form 990)

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

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

► Attach to Form 990

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Northeastern Vermont Regional Hosp Inc

**Employer identification number**

03-6013761

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed .

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U.S.	Part I, Line 2	Schedule I, Part I, Line 2 The Hospital only awards grants to qualifying public charities exempt under 501(c)(3). Organizations receiving a grant must sign a grant agreement that details how the funds may be used. Additional monitoring is not deemed necessary.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2011**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**

Northeastern Vermont Regional Hosp Inc

**Employer identification number**

03-6013761

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" 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 in 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in 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," to line 5a or 5b, describe in Part III

**6** For persons listed in 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," to line 6a or 6b, describe in Part III

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

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

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual.

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

**Schedule K  
(Form 990)****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Name of the organization

Northeastern Vermont Regional Hosp Inc

Employer identification number

03-6013761

**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) Pool financing	
						Yes	No	Yes	No	Yes	No
A Vermont Educational & Health Building Financing Agency	23-7154467	924166DB4	04-29-2009	4,500,000	To fund certain capital expenditures		X		X		X
B Vermont Educational & Health Building Financing Agency	23-7154467	9241607U2	12-21-2004	11,530,000	To repay balance of outstanding bonds, to fund certain capital expenditures		X		X		X

**Part II Proceeds**

1	Amount of bonds retired	A		B		C		D	
					1,735,000				
2	Amount of bonds defeased								
3	Total proceeds of issue			4,500,000		11,914,253			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds		124,776		153,446				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		2,796,081		11,760,807				
11	Other spent proceeds								
12	Other unspent proceeds		1,579,143						
13	Year of substantial completion			2008					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III Private Business Use**

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X		X				
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
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 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2 Is the bond issue a variable rate issue?	X		X					
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X					
b Name of provider			Wells Fargo					
c Term of hedge			10 5000000000000					
d Was the hedge superintegrated?				X				
e Was a hedge terminated?				X				
4a Were gross proceeds invested in a GIC?		X	X					
b Name of provider			AIG MFC					
c Term of GIC			2 0000000000000					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X				

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Yes  No

**Part VI Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**Name of the organization  
Northeastern Vermont Regional Hosp Inc**Employer identification number**  
03-6013761

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	The sole member of the Organization is Northeastern Vermont Regional Corp
	Form 990, Part VI, Section A, line 7a	All trustees shall be elected by the member of the Organization
	Form 990, Part VI, Section B, line 11	The process for reviewing the Organization's 990 evolves from oversight for utilized numbers from the TB which have been audited Schedules to support various aspects of the tax return are prepared by several finance department staff, and Bob Hersey, as CFO, reviews the information which is submitted to the auditors. In addition, prior to the document's filing, the draft Form 990 is reviewed by the Organization's CEO, CFO, and Treasurer. A copy of Form 990 is provided to the Organization's board prior to filing
	Form 990, Part VI, Section B, line 12c	The organization monitors and enforces compliance with the conflict of interest policy by requiring directors and trustees to complete an annual questionnaire. Board members disclose any potential conflict prior to voting. Significant conflicts of interest would be discussed with legal counsel prior to board action
	Form 990, Part VI, Section B, line 15	A compensation committee sets the compensation level for the Organization's CEO. The CEO is charged with determining the compensation level for the Organization's CFO. The basis for arriving at the CFO and CEO's compensation is determined by using comparable compensation data of the CEOs and CFOs from other similar sized Vermont hospitals. The Organization obtains this data by examining other Vermont hospital Form 990s. Compensation for all other key employees is based on the Vermont and New Hampshire annual wage survey. The CEO has the final determination for the appropriate level of compensation for all other employees
	Form 990, Part VI, Section C, line 19	The Organization makes its financial statements available to the public upon request as well as through the publishing of its annual report on its website. The Organization makes its governing documents and conflict of interest policy available to the public upon request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 1,575,100 Prior period adjustments -71 Total to Form 990, Part XI, Line 5 1,575,029

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

Northeastern Vermont Regional Hosp Inc

**Employer identification number**

03-601376

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

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

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

**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.)

**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.)

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
<b>(1)</b> Northeastern Health Enterprises Inc							
1315 Hospital Drive							
St Johnsbury, VT 05819	Management Services	VT	Northeastern VT Regional Corp	C			
03-0294757							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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 (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

**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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation



**NORTHEASTERN  
VERMONT REGIONAL  
HOSPITAL**



**FINANCIAL STATEMENTS**

**September 30, 2012 and 2011**

**With Independent Auditors' Report**





## INDEPENDENT AUDITORS' REPORT

Board of Trustees  
Northeastern Vermont Regional Hospital, Inc

We have audited the accompanying balance sheets of Northeastern Vermont Regional Hospital, Inc. (the Hospital) as of September 30, 2012 and 2011, and the related statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Northeastern Vermont Regional Hospital, Inc. as of September 30, 2012 and 2011, and the results of its operations, changes in its net assets, and its cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

*Berry Dunn McNeil & Parker, LLC*

Portland, Maine  
December 4, 2012  
Registration No. 92-0000278

**NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

**Balance Sheets**

**September 30, 2012 and 2011**

**ASSETS**

	<u>2012</u>	<u>2011</u>
<b>Current assets</b>		
Cash and cash equivalents	\$ 962,615	\$ 1,657,903
Patient accounts receivable, net of allowances for doubtful accounts and contractual allowances of \$3,558,056 in 2012 and \$3,463,485 in 2011	8,215,757	6,581,008
Estimated third-party payor settlements	-	470,578
Supplies	1,365,988	1,259,184
Prepaid expenses	380,324	351,391
Other accounts receivable	3,527,798	893,957
Assets limited as to use	<u>393,765</u>	<u>378,765</u>
 Total current assets	 <u>14,846,247</u>	 <u>11,592,786</u>
 <b>Assets limited as to use</b>		
Internally designated for		
Capital acquisitions	9,964,069	8,512,472
Funded depreciation	3,367,864	2,704,786
By bond agreement held by trustee for		
Future capital projects	<u>1,579,143</u>	<u>1,887,774</u>
 Assets limited as to use, excluding current portion	 <u>14,911,076</u>	 <u>13,105,032</u>
 <b>Property and equipment, net</b>		
Due from Parent	22,460,714	20,674,019
Beneficial interest in charitable remainder trust	2,256,907	2,150,509
Beneficial interest in net assets of Parent	26,504	26,504
Deferred financing costs, net of amortization	702,209	605,870
Other long-term assets	197,442	193,525
	<u>67,291</u>	<u>-</u>
 Total assets	 <u>\$ 55,468,390</u>	 <u>\$ 48,348,245</u>

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The accompanying notes are an integral part of these financial statements

## LIABILITIES AND NET ASSETS

	<u>2012</u>	<u>2011</u>
<b>Current liabilities</b>		
Current portion of long-term debt	\$ 529,794	\$ 515,304
Accounts payable and accrued expenses	<u>7,581,286</u>	4,789,414
Estimated third-party payor settlements	<u>815,086</u>	-
Other current liabilities	<u>452,136</u>	<u>126,294</u>
Total current liabilities	<u>9,378,302</u>	5,431,012
Long-term debt, excluding current portion	<u>13,964,895</u>	14,486,639
Interest rate swap	<u>773,106</u>	723,641
Other long-term liabilities	<u>27,291</u>	-
Total liabilities	<u>24,143,594</u>	<u>20,641,292</u>
Commitments and contingencies (Notes 7, 9 and 12)		
<b>Net assets</b>		
Unrestricted	<u>30,038,996</u>	26,518,361
Temporarily restricted	<u>844,274</u>	747,257
Permanently restricted	<u>441,526</u>	441,335
Total net assets	<u>31,324,796</u>	<u>27,706,953</u>
Total liabilities and net assets	<u>\$ 55,468,390</u>	<u>\$ 48,348,245</u>

**NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

**Statements of Operations**

**Years Ended September 30, 2012 and 2011**

	<u>2012</u>	<u>2011</u>
Unrestricted revenues, gains, and other support		
Patient service revenue (net of contractual allowances and discounts)	\$ 60,755,336	\$ 58,389,478
Less provision for bad debts	<u>2,466,847</u>	<u>2,281,396</u>
Net patient service revenue	<b>58,288,489</b>	56,108,082
Other revenues	1,864,726	1,455,718
Meaningful use revenues	<u>821,722</u>	-
Net assets released from restrictions used for operations	<u>-</u>	325,000
Total unrestricted revenues, gains, and other support	<b><u>60,974,937</u></b>	<b><u>57,888,800</u></b>
Expenses		
Salaries and benefits	35,498,670	33,581,677
Supplies and other	<u>20,196,361</u>	19,629,988
Insurance	<u>734,824</u>	625,776
Depreciation and amortization	<u>2,196,227</u>	2,188,359
Interest	<u>446,439</u>	498,642
Total expenses	<b><u>59,072,521</u></b>	<b><u>56,524,442</u></b>
Operating income	<b><u>1,902,416</u></b>	<b><u>1,364,358</u></b>
Nonoperating gains (losses)		
Realized gains on sales of investments	91,055	415,112
Unrestricted gifts and bequests	<u>3,275</u>	270,000
Income from assets limited as to use	<u>195,128</u>	195,345
Contribution expense	<u>(150,000)</u>	(30,000)
Nonoperating gains, net	<b><u>139,458</u></b>	<b><u>850,457</u></b>
Excess of revenues, gains, and other support over expenses and losses	<b><u>2,041,874</u></b>	<b><u>2,214,815</u></b>
Change in net unrealized gains on investments	<b><u>1,528,226</u></b>	<b><u>(711,735)</u></b>
Unrealized loss on interest rate swap	<b><u>(49,465)</u></b>	<b><u>(48,387)</u></b>
Increase in unrestricted net assets	<b><u>\$ 3,520,635</u></b>	<b><u>\$ 1,454,693</u></b>

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

**NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

**Statements of Changes in Net Assets**

**Years Ended September 30, 2012 and 2011**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Balances October 1, 2010	<u>\$ 25,063,668</u>	<u>\$ 1,070,482</u>	<u>\$ 441,131</u>	<u>\$ 26,575,281</u>
Excess of revenues, gains, and other support over expenses and losses	2,214,815	-	-	2,214,815
Change in net unrealized gains on investments and interest rate swap	(760,122)	-	-	(760,122)
Change in beneficial interest in net assets of Parent	-	915	-	915
Restricted investment income	-	860	204	1,064
Net assets released from restrictions used for operations	<u>_____ -</u>	<u>(325,000)</u>	<u>_____ -</u>	<u>(325,000)</u>
Change in net assets	<u>1,454,693</u>	<u>(323,225)</u>	<u>204</u>	<u>1,131,672</u>
Balances September 30, 2011	<u>26,518,361</u>	<u>747,257</u>	<u>441,335</u>	<u>27,706,953</u>
Excess of revenues, gains, and other support over expenses and losses	2,041,874	-	-	2,041,874
Change in net unrealized gains on investments and interest rate swap	1,478,761	-	-	1,478,761
Change in beneficial interest in net assets of Parent	-	96,339	-	96,339
Restricted investment income	<u>_____ -</u>	<u>678</u>	<u>191</u>	<u>869</u>
Change in net assets	<u>3,520,635</u>	<u>97,017</u>	<u>191</u>	<u>3,617,843</u>
Balances September 30, 2012	<u>\$ 30,038,996</u>	<u>\$ 844,274</u>	<u>\$ 441,526</u>	<u>\$ 31,324,796</u>

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The accompanying notes are an integral part of these financial statements

**NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

**Statements of Cash Flows**

**Years Ended September 30, 2012 and 2011**

	<u>2012</u>	<u>2011</u>
<b>Cash flows from operating activities</b>		
Change in net assets	\$ 3,617,843	\$ 1,131,672
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	2,196,227	2,188,359
Provision for bad debts	2,466,847	2,281,396
Gain on sale of equipment	(11,090)	(15,645)
Net realized and unrealized (gains) losses on investments	(1,619,281)	296,623
Net unrealized losses on interest rate swap	49,465	48,387
Change in beneficial interest in net assets of Parent	(96,339)	(915)
Change in beneficial interest in charitable remainder trust	-	225,000
(Accrue) decrease in		
Patient accounts receivable	(4,101,596)	(2,222,569)
Due from Parent	(106,398)	(618,043)
Supplies	(106,804)	(100,982)
Prepaid expenses	(28,933)	48,452
Other accounts receivable	(2,633,841)	(210,185)
Increase (decrease) in		
Accounts payable and accrued expenses	2,791,872	950
Estimated third-party payor settlements	1,285,664	(836,985)
Other current liabilities	<u>325,842</u>	<u>95,966</u>
Net cash provided by operating activities	<u>4,029,478</u>	<u>2,311,481</u>
<b>Cash flows from investing activities</b>		
Purchases of property and equipment	(3,957,920)	(1,878,036)
Proceeds from sale of property and equipment	11,090	23,645
Proceeds from sales of investments	(11,615,552)	(8,668,908)
Purchases of investments	11,413,789	9,904,428
Other long-term assets and liabilities	<u>(40,000)</u>	<u>-</u>
Net cash used by investing activities	<u>(4,188,593)</u>	<u>(618,871)</u>
<b>Cash flows from financing activities</b>		
Payments on long-term debt	(507,254)	(454,065)
Increase in deferred financing costs	<u>(28,919)</u>	<u>-</u>
Net cash used by financing activities	<u>(536,173)</u>	<u>(454,065)</u>
Net (decrease) increase in cash and cash equivalents	(695,288)	1,238,545
<b>Cash and cash equivalents, beginning of year</b>	<u>1,657,903</u>	<u>419,358</u>
<b>Cash and cash equivalents, end of year</b>	<u>\$ 962,615</u>	<u>\$ 1,657,903</u>
<b>Supplemental disclosures of cash flow information</b>		
Cash paid for interest	<u>\$ 440,407</u>	<u>\$ 482,026</u>
<b>Noncash transactions</b>		
In 2011, the Hospital entered into capital lease obligations, acquiring assets with a value of \$419,380. The lease commitments and capital assets have been treated as noncash transactions		

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

# **NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

## **Notes to Financial Statements**

**September 30, 2012 and 2011**

### **Organization**

Northeastern Vermont Regional Hospital, Inc. (the Hospital) is a Critical Access Hospital located in St. Johnsbury, Vermont. The Hospital is controlled by Northeastern Vermont Regional Corp (NVRC or Parent) A tax-exempt holding company, NVRC is the sole member of the Hospital.

### **1. Summary of Significant Accounting Policies**

#### **Use of Estimates**

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

#### **Cash and Cash Equivalents**

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less, except for money market funds included with investments in assets limited as to use or temporarily or permanently restricted net assets

#### **Patient Accounts Receivable**

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

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

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

**September 30, 2012 and 2011**

During 2012, the Hospital decreased its estimate from \$1,464,857 to \$1,110,054 in the allowance for doubtful accounts relating to self-pay patients and during 2011 the Hospital increased its estimate from \$746,242 to \$1,464,857. During 2012 and 2011, self-pay write-offs increased from \$1,850,494 to \$1,937,961 and from \$1,591,456 to \$1,850,494, respectively. Such increases resulted from trends experienced in the collection of amounts from self-pay patients.

### **Supplies**

Supplies are carried at the lower of cost (average cost method) or market

### **Investments and Investment Income**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheets. Investment income or loss (including realized gains and losses on investments, other than temporary losses on investments, interest, and dividends) is included in the excess of revenues, gains, and other support over expenses and losses unless the income or loss is restricted by donor or law. Unrealized gains and temporary unrealized losses on investments are excluded from this measure. The cost of securities sold is based on the specific identification method.

### **Assets Limited as to Use**

Assets limited as to use include assets designated 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; assets designated by the Board of Trustees to fund depreciation; and assets restricted by bond agreement and held by a trustee.

Assets limited as to use also include \$236,476 and \$236,392 at September 30, 2012 and 2011, respectively, which represent contributions from donors which are restricted for capital acquisitions.

### **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

# **NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

## **Notes to Financial Statements**

**September 30, 2012 and 2011**

### **Property and Equipment**

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets.

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

### **Interest Rate Swap**

In 2008, the Hospital entered into an interest rate swap agreement. The interest rate swap agreement is designated as a cash flow hedge, used to offset the variability of expected future cash flows due to the variable interest rate of the Hospital's 2004 bonds. The swap had an initial notional amount of \$7,500,000. The swap terminates on October 1, 2018. The Hospital pays a fixed rate of 2.874% and receives a variable rate based on 68% of the 1-month USD-LIBOR-BBA Index. At September 30, 2012 and 2011, the Hospital recorded an interest rate swap liability of \$773,106 and \$723,641, respectively. The Hospital assesses the swap's effectiveness in offsetting the variability in cash flows on a quarterly basis. As of September 30, 2012 and 2011, unrealized losses of \$49,465 and \$48,387, respectively, were included in unrestricted net assets to recognize the effective portion of the interest rate swap. There was no amount deemed to be ineffective in relation to this swap for the year ended September 30, 2012 and 2011, respectively.

### **Accrued Self-Insurance**

The Hospital has established a self-insured health care plan for substantially all of its employees. The Hospital has obtained reinsurance coverage to limit the Hospital's exposure associated with this plan individually of \$100,000 and the aggregate limit is determined by the greater of \$2,859,000, or 90% of the monthly aggregate deductible for the first month of the policy year, then multiplied by twelve months. The accompanying financial statements include an accrual for management's estimate of claims incurred, but not reported, of approximately \$765,000 and \$986,000 as of September 30, 2012 and 2011, respectively.

# **NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

## **Notes to Financial Statements**

**September 30, 2012 and 2011**

### **Benefit Plans**

The Hospital sponsors a defined contribution retirement plan covering substantially all of its employees. The Hospital's contributions are determined for, and allocated to, eligible participants based on a predetermined percent of compensation paid. Individual benefits at retirement are the amounts which can be provided by the sums contributed to each participant's account. The plan provides for immediate employee vesting upon the employee's effective date of participation. Under this plan, the Hospital contributes a non-elective contribution of 3% of a participant's eligible compensation and a matching contribution equal to 100% of a participant's elective deferral, up to 1.5% of the participant's eligible compensation. Retirement plan expenses charged to operations were \$1,072,010 and \$987,911 for the years ended September 30, 2012 and 2011, respectively.

The Hospital provides the opportunity for certain members of management and employed physicians to contribute to a deferred compensation plan established under Section 457 of the Internal Revenue Code (Code). Contributions are voluntary on the part of qualifying employees and no contributions are made by the Hospital on their behalf. Contributions are recorded as other long-term assets and corresponding other long-term liabilities in the balance sheets and totaled \$27,291 for the year ended September 30, 2012. There was no balance at September 30, 2011.

### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use by the Hospital have been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

### **Net Patient Service Revenue**

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

### **Charity Care**

The Hospital provides services without charge, or at amounts less than its established rates, to patients who meet the criteria of its charity care policy. The criteria for charity care consider such factors as family income and net worth. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2012 and 2011

### **Excess of Revenues, Gains, and Other Support Over Expenses and Losses**

The statements of operations include excess of revenues, gains, and other support over expenses and losses. Changes in unrestricted net assets which are excluded from this measure, consistent with industry practice, include net unrealized gains and temporary unrealized losses on investments, the portion of the change in value of the interest rate swap that is considered effective for hedge accounting purposes, and contributions of property and equipment.

### **Income Taxes**

The Hospital is exempt from federal income taxes under Code Section 501(c)(3) whereby only unrelated business income, as defined by Section 512(a)(1) of the Code, is subject to federal income tax.

### **Functional Expenses**

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

	<u>2012</u>	<u>2011</u>
Health care services	<u>\$53,024,898</u>	<u>\$50,700,732</u>
General and administrative	<u>6,047,623</u>	<u>5,823,710</u>
	<b><u>\$59,072,521</u></b>	<b><u>\$56,524,442</u></b>

### **Reclassifications**

Certain amounts in the 2011 financial statements have been reclassified to conform to the current year's presentation.

### **Subsequent Events**

For purposes of the preparation of these financial statements, the Hospital has considered transactions or events occurring through December 4, 2012, which was the date that the financial statements were issued.

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2012 and 2011

### 2. Net Patient Service Revenue

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

	<u>2012</u>	<u>2011</u>
Patient services		
Inpatient	<u>\$ 25,664,281</u>	<u>\$ 24,808,019</u>
Outpatient	<u>81,601,849</u>	<u>80,206,431</u>
 Gross patient service revenue	<u>107,266,130</u>	<u>105,014,450</u>
 Less Medicare and Medicaid allowances	<u>38,962,438</u>	<u>41,173,736</u>
Less other contractual allowances	<u>5,439,708</u>	<u>3,548,874</u>
Less charity care and other discounts	<u>2,108,648</u>	<u>1,902,362</u>
 	<u>46,510,794</u>	<u>46,624,972</u>
 Patient service revenue (net of contractual allowances and discounts)	<u>60,755,336</u>	<u>58,389,478</u>
 Less provision for bad debts	<u>2,466,847</u>	<u>2,281,396</u>
 Net patient service revenue	<u>\$ 58,288,489</u>	<u>\$ 56,108,082</u>

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

#### Medicare

As a Critical Access Hospital, the Hospital is reimbursed allowable cost for its inpatient and outpatient services provided to Medicare patients. The Hospital is reimbursed for cost reimbursable items at tentative rates, with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2008.

#### Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors and are not subject to retroactive adjustment. The Hospital's Medicaid cost reports have been audited by the fiscal intermediary through September 30, 2008.

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2012 and 2011

### **Blue Cross**

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

Revenue from the Medicare and Medicaid programs accounted for approximately 35% and 14%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2012, and 33% and 15%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2011. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The 2012 net patient service revenue increased approximately \$1,250,000, and the 2011 net patient service revenue was not impacted, due to settlements in excess of amounts previously estimated.

The Hospital recognizes patient service revenue associated with services rendered to patients who have third-party payor coverage on the basis of contractual rates for such services. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates (or on the basis of discounted rates, if negotiated or provided by policy). Based on historical trends, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services rendered. Thus, the Hospital records a provision for bad debts related to uninsured patients in the period the services are rendered. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized during fiscal years ended September 30, 2012 and 2011 totaled \$60,755,336 and \$58,389,478, respectively, of which \$55,941,536 and \$54,512,378, respectively, were revenues from third-party payors and \$4,813,800 and \$3,877,100, respectively, were revenues from self-pay patients.

### **3. Charity Care**

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies, and equivalent service statistics. The following information measures the level of charity care provided for the years ended September 30:

	<u>2012</u>	<u>2011</u>
Charges foregone, based on established rates	<u>\$ 2,108,648</u>	<u>\$ 1,902,362</u>
Estimated costs incurred to provide charity care	<u>\$ 1,161,000</u>	<u>\$ 1,024,000</u>
Equivalent percentage of charity care services to all services	<u>1.97%</u>	<u>1.81%</u>

Costs of providing charity care services have been estimated based on the relationship of charges for those services to total expenses.

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2012 and 2011

### 4. Meaningful Use Revenues

The Medicare and Medicaid electronic health record (EHR) incentive programs provide a financial incentive for achieving "meaningful use" of certified EHR technology. The Medicare criteria for meaningful use will be staged in three steps from fiscal year 2012 through 2016. The meaningful use attestation is subject to audit by CMS in future years. As part of this process, a final settlement amount for the incentive payments could be established that differs from the initial calculation.

The Medicaid program will provide incentive payments to hospitals and eligible professionals as they adopt, implement, and upgrade or demonstrate meaningful use in the first year of participation and demonstrate meaningful use for up to five remaining participation years. There will be no payment adjustments under the Medicaid EHR incentive program.

During 2012, the Hospital recorded meaningful use revenues of \$821,722 from the Medicaid EHR program. The Hospital has demonstrated a minimum of 10% of Medicaid encounters and is upgrading to a certified EHR.

### 5. Assets Limited as to Use

The composition of assets limited as to use as of September 30, 2012 and 2011 is set forth in the following table. Investments are stated at fair value

	<u>2012</u>	<u>2011</u>
Internally designated for capital acquisitions		
Cash and short-term investments	\$ 216,936	\$ 321,069
Restricted cash and short-term investments	236,476	236,392
Corporate bonds	2,006,697	1,330,281
U S Treasury securities and other government securities	951,183	1,497,465
Common stock	<u>6,552,777</u>	<u>5,127,265</u>
	<u>9,964,069</u>	<u>8,512,472</u>
Internally designated to fund depreciation		
Cash and short-term investments	267,868	125,462
Corporate bonds	914,959	551,026
U S. Treasury securities and other government securities	269,205	466,291
Common stock	<u>1,915,832</u>	<u>1,562,007</u>
	<u>3,367,864</u>	<u>2,704,786</u>
Held by trustee for debt service		
Cash and short-term investments (included in current assets)	<u>393,765</u>	<u>378,765</u>
Held by trustee under indenture agreement for future capital projects		
Cash and cash equivalents	<u>1,579,143</u>	<u>1,887,774</u>
	<u><b>\$ 15,304,841</b></u>	<u><b>\$ 13,483,797</b></u>

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

**September 30, 2012 and 2011**

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

	<u>2012</u>	<u>2011</u>
<b>Income</b>		
Interest and dividend income	\$ 319,007	\$ 328,384
Realized gains on sales of securities	91,055	415,112
Investment management fees	<u>(37,466)</u>	<u>(36,394)</u>
	<u><u>\$ 372,596</u></u>	<u><u>\$ 707,102</u></u>
<b>Other changes in unrestricted net assets</b>		
Change in net unrealized gains	<u><u>\$ 1,528,226</u></u>	<u><u>\$ (711,735)</u></u>
<b>Other changes in restricted net assets</b>		
Investment income	<u><u>\$ 869</u></u>	<u><u>\$ 1,064</u></u>

Income on investments is reported as follows for the years ended September 30.

	<u>2012</u>	<u>2011</u>
Other revenues	\$ 86,413	\$ 96,645
Nonoperating gains (losses)	<u><u>286,183</u></u>	<u><u>610,457</u></u>
	<u><u>\$ 372,596</u></u>	<u><u>\$ 707,102</u></u>

At September 30, 2012, the cost of certain investments held by the Hospital exceeded their quoted market value. The following table presents the age of gross unrealized losses and the fair value by investment category.

	Less than 12 months		12 months or greater		Total	
	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>
Corporate bonds	\$ 928,064	\$ (33,499)	\$ -	\$ -	\$ 928,064	\$ (33,499)
Common stock	<u>814,941</u>	<u>(57,637)</u>	<u>227,307</u>	<u>(50,411)</u>	<u>1,042,248</u>	<u>(108,048)</u>
<b>Total</b>	<b><u>\$ 1,743,005</u></b>	<b><u>\$ (91,136)</u></b>	<b><u>\$ 227,307</u></b>	<b><u>\$ (50,411)</u></b>	<b><u>\$ 1,970,312</u></b>	<b><u>\$ (141,547)</u></b>

In the opinion of management, no individual unrealized loss as of September 30, 2012, represents an other-than-temporary impairment. Based on assessments of holdings of common stock and corporate bonds in individual companies, the Hospital believes losses for such securities are temporary in nature, and that it has both the intent and the ability to hold these securities for the time necessary to recover their cost.

In 2009, Vermont law was amended to adopt the provisions of the Uniform Prudent Management of Institutional Funds Act (UPMIFA). The Hospital has reviewed its policy to ensure compliance with the law, and there has been no material financial impact from this law.

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

**September 30, 2012 and 2011**

### **6. Fair Value Measurements**

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

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

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

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

Assets and liabilities measured at fair value on a recurring basis are summarized below.

<u>Fair Value Measurements at September 30, 2012</u>					
	Quoted Prices				
	In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)		Significant Unobservable Inputs (Level 3)	
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	
<b>Assets:</b>					
Cash and cash equivalents	\$ 721,280	\$ 721,280	\$ -	\$ -	-
Corporate bonds	2,921,656	-	2,921,656	-	-
U S Treasury obligations and government securities	1,220,388	1,220,388	-	-	-
Common stock					
Consumer	1,459,678	1,459,678	-	-	-
Energy	768,815	768,815	-	-	-
Financials	969,971	969,971	-	-	-
Healthcare	831,745	831,745	-	-	-
Industrials	641,491	641,491	-	-	-
Information technology	1,208,932	1,208,932	-	-	-
Materials	221,205	221,205	-	-	-
Telecommunications	136,709	136,709	-	-	-
Utilities	136,440	136,440	-	-	-
Miscellaneous	<u>2,093,623</u>	<u>2,093,623</u>	-	-	-
Total common stock	8,468,609	8,468,609	-	-	-
Beneficial interest in charitable remainder trust	26,504	-	-	26,504	26,504
Total assets	<u>\$ 13,358,437</u>	<u>\$ 10,410,277</u>	<u>\$ 2,921,656</u>	<u>\$ 26,504</u>	
<b>Liabilities</b>					
Interest rate swap	\$ 773,106	\$ -	\$ 773,106	\$ -	-
Total liabilities	<u>\$ 773,106</u>	<u>\$ -</u>	<u>\$ 773,106</u>	<u>\$ -</u>	

**NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2012 and 2011**

<u>Fair Value Measurements at September 30, 2011</u>					
	<u>Total</u>	<u>Quoted Prices In Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	
<b>Assets</b>					
Cash and cash equivalents	\$ 682,923	\$ 682,923	\$ -	\$ -	
Corporate bonds	1,881,307	-	1,881,307	-	
U S Treasury obligations and government securities	1,963,756	1,963,756	-	-	
Common stock					
Consumer	1,428,304	1,428,304	-	-	
Energy	827,578	827,578	-	-	
Financials	960,697	960,697	-	-	
Healthcare	956,183	956,183	-	-	
Industrials	647,631	647,631	-	-	
Information technology	1,285,782	1,285,782	-	-	
Materials	170,626	170,626	-	-	
Telecommunications	230,952	230,952	-	-	
Utilities	181,519	181,519	-	-	
Total common stock	6,689,272	6,689,272	-	-	
Beneficial interest in charitable remainder trust	26,504	-	-	26,504	
<b>Total assets</b>	<b>\$ 11,243,762</b>	<b>\$ 9,335,951</b>	<b>\$ 1,881,307</b>	<b>\$ 26,504</b>	
<b>Liabilities</b>					
Interest rate swap	\$ 723,641	\$ -	\$ 723,641	\$ -	
<b>Total liabilities</b>	<b>\$ 723,641</b>	<b>\$ -</b>	<b>\$ 723,641</b>	<b>\$ -</b>	

The fair value for Level 2 assets and liabilities is primarily based on market prices of underlying assets, comparable securities, interest rates, and credit risk. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instruments. The fair value of the Level 3 perpetual trust is based on the value of the underlying assets, but is classified as Level 3 as there is no market in which to trade the beneficial interest itself.

Changes in the fair value of assets classified as Level 3 are comprised of the following at September 30:

Balance, September 30, 2010	\$ 251,504
Distribution	<u>(225,000)</u>
Balance, September 30, 2011	26,504
Distribution	<u>-</u>
Balance, September 30, 2012	<b>\$ 26,504</b>

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2012 and 2011

### 7. Property and Equipment

A summary of property and equipment follows as of September 30

	<u>2012</u>	<u>2011</u>
Land and land improvements	\$ 1,301,277	\$ 1,300,076
Buildings and improvements	27,629,819	27,040,515
Fixed equipment	2,557,998	2,453,215
Major moveable equipment	<u>17,889,185</u>	<u>17,111,160</u>
Less accumulated depreciation	49,378,279	47,904,966
	<u>29,130,725</u>	<u>27,471,102</u>
Construction in progress	20,247,554	20,433,864
	<u>2,213,160</u>	<u>240,155</u>
Property and equipment, net	<u>\$22,460,714</u>	<u>\$20,674,019</u>

Depreciation expense for the years ended September 30, 2012 and 2011, amounted to \$2,055,787 and \$2,123,327, respectively. Accumulated amortization for equipment under capital lease obligations was \$115,438 and \$38,479 at September 30, 2012 and 2011, respectively.

During 2012, the Hospital began installing an integrated information system package, including software, hardware, and training services, with an estimated total cost of approximately \$2.7 million. At September 30, 2012, the Hospital has approximately \$1.6 million of costs in construction in progress related to this project.

### 8. Beneficial Interest in Trust

The Hospital is the beneficiary of a charitable remainder trust. The Hospital's interest in split-interest agreements is reported as a contribution in the year in which it is notified of its interest. The present value of the Hospital's interest in the split-interest agreement approximates the fair value of the Hospital's proportional share of the asset of the trust.

The balance of the trust at September 30, 2012 is expected to be distributed to the Hospital in 2013.

### 9. Borrowings

In December 2004, the Vermont Educational and Health Buildings Financing Agency issued \$11,530,000 of tax-exempt variable rate demand bonds (Northeastern Vermont Regional Hospital Project 2004 Series A Bonds). The bonds were issued for the purpose of providing funds to repay the balance of the 2000 Series A Bonds, to fund certain capital expenditures and to pay certain expenses incurred in connection with issuance of the bonds.

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

**September 30, 2012 and 2011**

In February 2009, the Vermont Educational and Health Buildings Financing Agency issued \$4,500,000 of tax-exempt variable rate demand bonds (Northeastern Vermont Regional Hospital Project 2009 Series A Bonds). The bonds were issued for the purpose of providing funds to pay certain capital expenditures and certain expenses incurred in connection with issuance of the bonds.

The Agency has entered into loan agreements with the Hospital, under which the Hospital will make payments of principal and interest on the bonds under determined repayment schedules. The payments are deposited with a trustee until principal and interest are due to the Agency. Such deposits are included with assets limited as to use. Payment of principal and accrued interest on the bonds is secured by irrevocable direct pay letters of credit issued by TD Bank. The bonds are collateralized by the gross receipts of the Hospital. The revenue note indentures also place limits on the incurrence of additional borrowings and require that the Hospital satisfy certain measures of financial performance as long as the notes are outstanding.

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

	<u>2012</u>	<u>2011</u>
Vermont Educational and Health Buildings Financing Agency variable rate (0.21% at September 30, 2012) Hospital Revenue Bonds 2004 Series A Bonds, due October 2029. Principal payments are due in annual installments, ranging from \$390,000 in 2013 to \$735,000 in 2030.	\$ 9,795,000	\$ 10,170,000
Vermont Educational and Health Buildings Financing Agency variable rate (0.21% at September 30, 2012) Hospital Revenue Bonds 2009 Series A Bonds, due October 2032. Principal payments are due in annual installments, ranging from \$65,000 in 2014 to \$1,000,000 in 2032	4,500,000	4,500,000
Capital leases payable in monthly principal installments of \$11,649, bearing no interest, maturing in 2014	<u>199,689</u>	<u>331,943</u>
Less current portion	<u>14,494,689</u>	<u>15,001,943</u>
	<u>529,794</u>	<u>515,304</u>
Long-term debt, excluding current portion	<u><u>\$ 13,964,895</u></u>	<u><u>\$ 14,486,639</u></u>

**NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

**Notes to Financial Statements**

**September 30, 2012 and 2011**

Scheduled principal repayments on long-term debt are as follows.

<u>Fiscal Year Ending</u>	<u>Long-Term Debt</u>	<u>Capital Lease Obligations</u>
2013 (included in current liabilities)	\$ 390,000	\$ 139,794
2014	470,000	59,895
2015	490,000	-
2016	510,000	-
2017	530,000	-
Thereafter	<u>11,905,000</u>	<u>—</u>
	<u><u>\$ 14,295,000</u></u>	<u><u>\$ 199,689</u></u>

The Hospital incurred various expenses in connection with the 2009 and 2004 bonds totaling \$166,229 and \$129,444, respectively. In addition, the Hospital is required to pay fees based on 1.5% and 1.75% of the face amount of the letters of credit for the 2004 and 2009 bonds, respectively, on a quarterly basis. The amount of the costs related to the 2009 and 2004 letters of credit at the time of issuance are being amortized over three and five years, respectively. The remaining amounts are being amortized over the respective lives of the bonds on a straight-line basis. Accumulated amortization as of September 30, 2012 and 2011 relating to the 2009 bond was \$36,664 and \$19,607, respectively, and accumulated amortization as of September 30, 2012 and 2011 relating to the 2004 bonds was \$61,567 and \$53,623, respectively.

The following is a summary of interest costs on long-term debt and investment income on funds held by the trustee for the years ended September 30:

	<u><u>2012</u></u>	<u><u>2011</u></u>
Interest costs		
Interest expense	\$ 26,227	\$ 16,681
Letter of credit fees	<u>413,883</u>	<u>467,232</u>
	<u><u>\$ 440,110</u></u>	<u><u>\$ 483,913</u></u>
Interest income		
Credited to other operating revenue	<u>11,078</u>	<u>24,511</u>

The Hospital has available \$500,000 in an unsecured line of credit with a bank with interest at the Wall Street Journal prime rate or 4%, whichever is higher (4% at September 30, 2012). The line expires December 31, 2012. As of September 30, 2012 and 2011, there were no amounts outstanding on the line.

# NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.

## Notes to Financial Statements

September 30, 2012 and 2011

### 10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes as of September 30:

	<u>2012</u>	<u>2011</u>
Plant replacement, included in assets limited as to use	\$ 236,476	\$ 236,392
Special purpose, included in cash and cash equivalents	229,085	228,491
Beneficial interest in net assets of Parent	352,209	255,870
Beneficial interest in charitable remainder trust	<u>26,504</u>	<u>26,504</u>
	<u><u>\$ 844,274</u></u>	<u><u>\$ 747,257</u></u>

Permanently restricted net assets are available for the following purposes as of September 30

	<u>2012</u>	<u>2011</u>
Investments to be held in perpetuity, included in cash and cash equivalents	\$ 91,526	\$ 91,335
Beneficial interest in net assets of Parent	<u>350,000</u>	<u>350,000</u>
	<u><u>\$ 441,526</u></u>	<u><u>\$ 441,335</u></u>

### 11. Concentrations of Credit Risk

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

	<u>2012</u>	<u>2011</u>
Medicare	37 %	24 %
Medicaid	14	13
Blue Cross	12	15
Commercial	25	33
Self pay	<u>12</u>	<u>15</u>
	<u><u>100 %</u></u>	<u><u>100 %</u></u>

The Hospital maintains its cash balances at several financial institutions located in Vermont that, at times, may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. The Hospital believes it is not exposed to any significant risk on cash and cash equivalents.

# **NORTHEASTERN VERMONT REGIONAL HOSPITAL, INC.**

## **Notes to Financial Statements**

**September 30, 2012 and 2011**

### **12. Commitments and Contingencies**

The Hospital carries malpractice insurance coverage under a claims-made policy. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, will be uninsured. The Hospital intends to renew its coverage on a claims-made basis and has no reason to believe that it may be prevented from renewing such coverage. The Hospital is subject to complaints, claims and litigation due to potential claims which arise in the normal course of business. Generally Accepted Accounting Principles requires the Hospital to accrue the ultimate cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as an asset. Amounts accrued under this provision are included in other accounts receivable and accounts payable and accrued expenses in the balance sheets.

The Hospital entered into an agreement with Northern Counties Health Care, Inc. (NCHC) on March 1, 2009, in which the Hospital agreed to provide NCHC the sum of \$440,900 over approximately a three-year period to maintain, increase the availability of, and enhance the quality of services to its medically underserved population. During 2011, the Hospital made a final payment of \$185,650 to NCHC and satisfied the commitment.

### **13. Related Party Transactions**

NVRC supports the activities and charitable purposes of the Hospital. NVRC holds funds for purposes of the Hospital, which are reflected in these financial statements as "Beneficial interest in net assets of Parent."

NVRC leases office space to the Hospital under a continuing two-year lease effective through April 30, 2013, in the amount of \$58,448 per annum.

During 2005, the Hospital transferred a building with a net book value of \$2,063,710 to NVRC to be used primarily as an oncology treatment center. The costs of renovating the building were incurred by the Hospital and are payable by NVRC. As of September 30, 2012 and 2011, the total amounts due from NVRC were \$2,256,907 and \$2,150,509, respectively.

### **14. Fair Value of Financial Instruments**

The Hospital's financial instruments consist of cash and cash equivalents, marketable securities, trade accounts receivable and payable, estimated third-party payor settlements and long-term debt. The fair values of all financial instruments approximate their carrying values at September 30, 2012.

