

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 110,905,830	including grants of \$ 60,350	(Revenue \$ 136,613,763)
See Additional Data				

4b	(Code)	(Expenses \$ 33,127,715	including grants of \$)	(Revenue \$ 25,464,359)
See Additional Data				

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

4e	Total program service expenses	144,033,545
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	148
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,114
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
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 or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 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	Yes	
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	Yes	
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	Yes	
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 this 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	Yes
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:►	
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 ☐ Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ►STEPHEN MAJETICH 100 HOSPITAL DRIVE BENNINGTON, VT 05201 (802) 447-5011	

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

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

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

[illegible]

[illegible]

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 ▶ 51

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
DARTMOUTH HITCHCOCK MEDICAL CENTER, ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	PHYSICIAN PSA	25,046,601
BERKELEY RESEARCH GROUP LLC, 2200 POWELL STREET SUITE 1200 EMERYVILLE, CA 94608	CONSULTING	2,093,356
ANESTHESIOLOGY ASSOCIATES OF BENNING, PO BOX 252 LEWISTON, ME 04243	PHYSICIAN PSA	1,062,045
RENOVO SOLUTIONS LLC, 4 EXECUTIVE CIRCLE SUITE 185 IRVINE, CA 92614	BIOMEDICAL ENGINEER	914,684
LOCUMTENENSCOM, PO BOX 405547 ATLANTA, GA 303845547	PHYSICIAN LOCUM	546,475

Form 990 (2016)

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d	655,819			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	36,496			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		692,315			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621990	157,589,121	157,589,121		
	b	CAFETERIA INCOME	722514	535,863	535,863		
	c	EHR REVENUE	621990	285,893	285,893		
	d	PHARMACY	446110	2,363,333	2,363,333		
	e	CHILD CARE	624410	375,036	375,036		
	f	All other program service revenue		928,876	928,876		
g	Total. Add lines 2a-2f		162,078,122				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		139,907		139,907	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
			28,724				
		b	Less rental expenses				
		c	Rental income or (loss)	28,724	0		
	d	Net rental income or (loss)		28,724		28,724	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			1,356,778	12,671			
		b	Less cost or other basis and sales expenses	1,159,794	20,499		
		c	Gain or (loss)	196,984	-7,828		
	d	Net gain or (loss)		189,156		189,156	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
		b	Less direct expenses	b	0		
		c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a	0			
		b	Less direct expenses	b	0		
		c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a	0			
b		Less cost of goods sold	b	0			
c		Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		163,128,224	162,078,122		357,787	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	60,350	60,350		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	2,152,270	1,129,513	1,022,757	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	44,175,627	39,850,526	4,325,101	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,516,037	1,444,699	71,338	
9 Other employee benefits.	7,205,444	6,431,927	773,517	
10 Payroll taxes.	3,314,208	2,941,380	372,828	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	220,269		220,269	
c Accounting.	158,783		158,783	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	33,576		33,576	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	40,816,854	38,460,087	2,356,767	
12 Advertising and promotion.	448,134	406,129	42,005	
13 Office expenses.	4,482,326	4,115,184	367,142	
14 Information technology.	2,442,370	2,115,390	326,980	
15 Royalties.	0			
16 Occupancy.	4,157,443	3,694,922	462,521	
17 Travel.	280,916	206,819	74,097	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	318,205	94,438	223,767	
20 Interest.	529,616	490,058	39,558	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	6,036,981	5,586,067	450,914	
23 Insurance.	564,825	524,474	40,351	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES & DRUGS	22,174,926	22,174,926		
b PROVIDER TAX	9,056,992	9,056,992		
c BAD DEBT	4,951,346	4,951,346		
d LICENSES, DUES, SUBSCRIPTIONS	1,276,752	298,189	978,563	
e All other expenses	2,564	129	2,435	
25 Total functional expenses. Add lines 1 through 24e.	156,376,814	144,033,545	12,343,269	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		245,640	1	246,003
	2	Savings and temporary cash investments		17,427,153	2	10,661,212
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		15,048,792	4	13,977,305
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		2,526,983	8	2,831,786
	9	Prepaid expenses and deferred charges		942,934	9	1,288,357
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	140,634,359		
	b	Less: accumulated depreciation	10b	100,770,322		
				35,053,505	10c	39,864,037
	11	Investments—publicly traded securities		5,734,596	11	6,606,342
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		4,203,331	15	7,774,132	
16	Total assets. Add lines 1 through 15 (must equal line 34)		81,182,934	16	83,249,174	
Liabilities	17	Accounts payable and accrued expenses		20,700,577	17	22,644,491
	18	Grants payable		0	18	0
	19	Deferred revenue		18,684	19	18,684
	20	Tax-exempt bond liabilities		7,628,180	20	7,418,513
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		3,148,363	23	3,035,887
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		31,540,837	25	18,487,312
	26	Total liabilities. Add lines 17 through 25		63,036,641	26	51,604,887
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		18,146,293	27	31,644,287
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		18,146,293	33	31,644,287
34	Total liabilities and net assets/fund balances		81,182,934	34	83,249,174	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	163,128,224
2	Total expenses (must equal Part IX, column (A), line 25)	2	156,376,814
3	Revenue less expenses Subtract line 2 from line 1	3	6,751,410
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,146,293
5	Net unrealized gains (losses) on investments	5	405,503
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,341,081
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,644,287

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:
Software Version:
EIN: 22-2563241
Name: SOUTHWESTERN VERMONT MEDICAL CENTER

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

THE MEDICAL PRACTICE GROUP INCLUDES PRIMARY CARE PHYSICIANS, RHEUMATOLOGY AND IMMUNOLOGY, RADIATION ONCOLOGY, MEDICAL ONCOLOGY, PEDIATRIC PRACTICE, GENERAL SURGERY PRACTICE, GASTROENTEROLOGY, ALLERGY PRACTICE, UROLOGY PRACTICE, ORTHOPAEDICS, THREE OFF CAMPUS CLINICS, INTERNAL MEDICINE PRACTICE, INFECTIOUS DISEASE PRACTICE AND AN OB/GYN PRACTICE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
THOMAS DEE CEO	40 0 4 0	X		X				492,388	0	116,080		
RICHARD ADLER TRUSTEE	1 0 2 0	X						0	0	0		
MICHAEL BRADY TRUSTEE	1 0 3 0	X						0	0	0		
JAMES BROWN 2ND VICE CHAIR	1 0 2 0	X		X				0	0	0		
CHRISTOPHER CASEY TRUSTEE	1 0 2 0	X						0	0	0		
SEAN CASEY SECRETARY	1 0 2 0	X		X				0	0	0		
KATHLEEN FISHER TRUSTEE	1 0 2 0	X						0	0	0		
WAYNE GRANQUIST TRUSTEE	1 0 2 0	X						0	0	0		
TOMMY HARMON JR CHAIR	1 0 2 0	X		X				0	0	0		
CONNIE JASTREMSKI TRUSTEE	1 0 2 0	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARNY KRAUSE FOUNDATION BOARD PRESIDENT	1 0 3 0	X						0	0	0
SUE MAGUIRE TRUSTEE	1 0 2 0	X						0	0	0
ANGIE MARANO TRUSTEE	1 0 2 0	X						0	0	0
DAVID MEISELMAN TRUSTEE	1 0 2 0	X						0	0	0
BRUCE MULLEN 1ST VICE CHAIR	1 0 3 0	X		X				0	0	0
CLAIRE MURRAY TRUSTEE	1 0 2 0	X						0	0	0
WILBUR RICE TRUSTEE	1 0 2 0	X						0	0	0
ERIC SEYFERTH CHAIR OF UHA	40 0 2 0	X						33,259	0	1,330
LARA SHORE-SHEPPARD TRUSTEE	1 0 2 0	X						0	0	0
STANLEY STROUP TRUSTEE	1 0 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANN MARIE SWANN MD PRESIDENT MEDICAL STAFF	1 0 2 0	X						0	0	0
STEPHEN MAJETICH CFO	40 0 6 0			X				360,417	0	53,872
KEVIN DAILEY VP OF HR	40 0 0 0			X				222,552	0	38,184
CAROL CONROY CHIEF NURSING OFFICER, VP OPS	40 0 0 0			X				291,538	0	22,738
RICHARD OGILVIE VP INFORMATION SERVICES	40 0 0 0			X				214,090	0	34,510
CARL DOBSON CMO	40 0 4 0			X				0	0	0
THOMAS AMES MEDICAL PHYSICIST	40 0 0 0					X		188,775	0	6,701
JOHN MCLELLAN PHYSICIAN	25 0 0 0					X		180,337	0	7,215
SHEILA BONI WOMEN'S & CHILDREN'S SVCS DTR	40 0 0 0					X		167,283	0	24,193
BILLIE ALLARD NURSING ADMINISTRATION DTR	40 0 0 0					X		167,271	0	7,255

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTONIETTA MAZZARIELLO DIRECTOR OF REVENUE CYCLE	40 0 0 0					X		156,181	0	5,662

SCHEDULE A
(Form 990 or
990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

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.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

22-2563241

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER	Employer identification number 22-2563241
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		22,223
j	Total. Add lines 1c through 1i			22,223
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, part II-B, Line 1(I)	OTHER LOBBYING ACTIVITIES SOUTHWESTERN VERMONT MEDICAL CENTER IS A MEMBER OF THE VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS AND THE AMERICAN HOSPITAL ASSOCIATION A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS ARE AVAILABLE FOR LOBBYING EXPENDITURES ON BEHALF OF SOUTHWESTERN VERMONT MEDICAL CENTER AND THE OTHER MEMBER ORGANIZATIONS IN FURTHERANCE OF THEIR EXEMPT PURPOSE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493225004398	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization SOUTHWESTERN VERMONT MEDICAL CENTER				Employer identification number 22-2563241	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	11,070,205	11,065,382	11,135,162	241,457	
b Contributions	101,833		11,827	11,064,479	240,484
c Net investment earnings, gains, and losses	224,092	53,364	8,086	44,275	973
d Grants or scholarships					
e Other expenditures for facilities and programs	9,014	48,541	89,693	215,049	
f Administrative expenses					
g End of year balance	11,387,116	11,070,205	11,065,382	11,135,162	241,457

2

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

a

Board designated or quasi-endowment

99.920 %

b

Permanent endowment

0.080 %

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,000		5,000
b Buildings		43,183,263	26,700,455	16,482,808
c Leasehold improvements				
d Equipment		90,786,203	71,195,309	19,590,894
e Other		6,659,893	2,874,558	3,785,335
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				39,864,037

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	6,951,651
(2) OTHER RECEIVABLES	822,481
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	7,774,132

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ASSET RETIREMENT OBLIGATION	1,175,465
EST AMT DUE TO THIRD PTY PYRS	1,229,984
INTEREST RATE SWAP	1,238,408
PENSION BENEFIT OBLIGATION	13,544,034
ESTIMATED SELF-INS COSTS	630,902
OTHER LIABILITIES	668,519
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	18,487,312

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	164,889,886
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	405,503
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,356,159
e	Add lines 2a through 2d	2e	1,761,662
3	Subtract line 2e from line 1	3	163,128,224
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	163,128,224

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	151,391,892
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	151,391,892
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	33,576
b	Other (Describe in Part XIII)	4b	4,951,346
c	Add lines 4a and 4b	4c	4,984,922
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	156,376,814

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-2563241
Name: SOUTHWESTERN VERMONT MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS THE ENDOWMENTS ARE HELD THROUGH SOUTHWESTERN VERMONT HEALTHCARE FOUNDATIO N, A RELATED ORGANIZATION, AND ARE INVESTED TO PROVIDE INVESTMENT RETURNS TO FUND GENERAL OPERATIONS AND SPECIFIC DONOR RESTRICTED PURPOSES

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUE ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12 \$ (4,951,346) BAD DEBT EXPENSE (33,576) INVESTMENT MANAGEMENT FEES 5,606,234 DEFINED BENEFIT PENSION COSTS 653,8 22 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 81,025 TRANSFER FROM AFFILIATE ----- \$ 1,356,159

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1 \$ 4,951,346 BAD DEBT EXPENSE

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Name of the organization

Internal Revenue Service

SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number

22-2563241

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☒ Applied uniformly to all hospital facilities		
☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☐ 100% ☐ 150% ☐ 200% ☒ Other 225 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,203,983		1,203,983	0 800 %
b Medicaid (from Worksheet 3, column a)			39,213,228	19,012,356	20,200,872	13 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			40,417,211	19,012,356	21,404,855	14 140 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,360,027		1,360,027	0 900 %
f Health professions education (from Worksheet 5)			395,219	291,819	103,400	0 070 %
g Subsidized health services (from Worksheet 6)			7,566,916	4,955,399	2,611,517	1 720 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			60,350		60,350	0 040 %
j Total. Other Benefits			9,382,512	5,247,218	4,135,294	2 730 %
k Total. Add lines 7d and 7j			49,799,723	24,259,574	25,540,149	16 870 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	4,951,346	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	717,940	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	40,527,257
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	51,667,715
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-11,140,458
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?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

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

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SOUTHWESTERN VERMONT MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SOUTHWESTERN VERMONT MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 % and FPG family income limit for eligibility for discounted care of 400 %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☐ Insurance status		
f ☒ Underinsurance discount		
g ☒ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) SEE PART V, SECTION C		
b ☒ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C		
c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

SOUTHWESTERN VERMONT MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

SOUTHWESTERN VERMONT MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED SERVICES THE ORGANIZATION HAS INCLUDED COSTS ASSOCIATED WITH RURAL HEALTH CENTERS(RHC) IN THE CALCULATION OF SUBSIDIZED SERVICES ON LINE 7G SOUTHWESTERN VERMONT MEDICAL CENTER PROVIDES PRIMARY CARE SERVICES TO THE SURROUNDING COMMUNITIES AT THE CENTERS THESE SERVICES ARE PROVIDED IN RURAL AREAS WHERE THERE WOULD BE A SHORTAGE OF QUALITY MEDICAL CARE WITHOUT THE SERVICES AND THE ORGANIZATION CONTINUES TO PROVIDE THESE SERVICES AS A BENEFIT TO THE COMMUNITY DESPITE KNOWING THAT FINANCIAL SHORTFALLS WILL BE SUSTAINED
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1, 3 AND 6 SCHEDULE H, PART I, LINE 7, COLUMN F PERCENT OF TOTAL EXPENSE TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR WHICH EQUALS TOTAL OPERATING EXPENSES PER PART IX, LINE 25 OF THE FORM 990, WAS REDUCED BY BAD DEBT EXPENSE OF \$4,951,346

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT EXPENSE LINE 2 WAS CALCULATED USING THE BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS
SCHEDULE H, PART III, SECTION A, LINE 3	BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE THE ORGANIZATION HAS ESTIMATED THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS UNDER THE ORGANIZATION'S CHARITY CARE POLICY FOR LINE 3 BASED ON CENSUS DATA SHOWING 14 4% OF THE POPULATION IN ITS SERVICE AREA FALLING BELOW THE FEDERAL POVERTY GUIDELINES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT EXPENSE FOOTNOTE THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE THEY DO, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES PATIENT ACCOUNTS RECEIVABLE THAT FOOTNOTE READS AS FOLLOWS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) 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 CORPORATION RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS
SCHEDULE H, PART III, SECTION B, LINE 8	COMMUNITY BENEFIT SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE HELD TO THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION POLICY ALL PATIENTS OF THE HOSPITAL HAVE THE ULTIMATE RESPONSIBILITY FOR PAYMENT OF THEIR MEDICAL BILLS, HOWEVER, THE ORGANIZATION RECOGNIZES THAT THERE WILL BE INSTANCES WHERE THE PATIENT WILL BE UNABLE TO MEET THIS OBLIGATION ALL APPLICATIONS FOR FREE CARE MUST BE MADE TO THE COLLECTION COORDINATOR OR FINANCIAL COUNSELOR, WHO WILL REVIEW THE INFORMATION AND DETERMINE ELIGIBILITY THE HOSPITAL WILL MAKE EVERY EFFORT TO ASSIST PATIENTS AND THEIR FAMILIES IN ARRANGING FOR THE SETTLEMENT OF THEIR MEDICAL FINANCIAL OBLIGATIONS
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT AS A NON-PROFIT, SOUTHWESTERN VERMONT MEDICAL CENTER (SVMC) STRIVES TO CREATE MEANINGFUL PUBLIC PARTICIPATION IN OUR STRATEGIC PLANNING, DECISION-MAKING AND IDENTIFICATION OF COMMUNITY NEEDS THROUGH A NUMBER OF CHANNELS EACH OF THESE CHANNELS OFFERS OUR HOSPITAL AND HEALTH SYSTEM THE OPPORTUNITY TO HEAR A VARIETY OF VOICES FROM OUR COMMUNITIES IN GENERAL, WE IDENTIFY COMMUNITY NEEDS IN SEVERAL WAYS 1 THROUGH LISTENING TO THE COMMUNITY INPUT THROUGH OUR BOARD OF TRUSTEES, OUR MEDICAL STAFF, AND OUR CONNECTIONS WITH OUTSIDE COMMUNITY GROUPS 2 THROUGH OUR MEDICAL STAFF DEVELOPMENT PLAN, WHICH COMPARES THE CURRENT STAFFING AT SVMC WITH POPULATION BASED STAFFING MODELS TO IDENTIFY AREAS OF SHORTAGE OR EXCESS PHYSICIAN SUPPLY AS NEEDS ARE IDENTIFIED THEY ARE INCLUDED IN OUR PROCESS FOR CREATING THE HEALTH SYSTEM'S STRATEGIC PLAN THE STRATEGIC PLAN PRIORITIZES NEEDS FOR OUR COMMUNITY BOTH FROM A SERVICE AND INFRASTRUCTURE PERSPECTIVE THE PLAN PROVIDES THE HEALTH SYSTEM WITH A FRAMEWORK FOR ACHIEVING GOALS 3 SEVEN SEPARATE, IN-DEPTH FOCUS GROUPS WERE CONDUCTED INVOLVING 89 COMMUNITY MEMBERS AND LEADERS FROM MULTIPLE SECTORS IN VERMONT, NEW YORK, AND MASSACHUSETTS COMMUNITIES THESE FOCUS GROUPS CONSISTED OF MEMBERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY SVMC MEMBERS INCLUDED STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS, A WIDE VARIETY OF COMMUNITY LEADERS, AND REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WE ENSURED THAT THE FOCUS GROUP DISCUSSIONS DID NOT EXCLUDE ANY POPULATIONS WITH HEALTH DISPARITIES OR GROUPS AT RISK OF NOT RECEIVING ADEQUATE MEDICAL CARE AS A RESULT OF BEING UNINSURED OR UNDERINSURED OR DUE TO GEOGRAPHIC, LANGUAGE, FINANCIAL OR OTHER BARRIERS THE FOCUS GROUPS IDENTIFIED THE HEALTH NEEDS IN THE FOLLOWING COMMUNITY SEGMENTS -PRE-K AND PARENTS -KIDS AND YOUTH (AGES 6-12) -TEENS AND YOUNG ADULT (AGES 13-20) -ADULTS (AGES 21-34) -MATURE ADULTS (AGES 35-64) -SENIORS (AGE >65) TO REDUCE THE LIST OF IDENTIFIED HEALTH NEEDS, SIMILAR HEALTH NEEDS IN EACH SEGMENT WERE GROUPED AND SIMILAR HEALTH NEEDS IN SEPARATE AGE SEGMENTS WERE COMBINED FOCUS GROUPS REVIEWED QUANTITATIVE DATA TO FURTHER DEEPEN THEIR PERSPECTIVE OF THE HEALTH NEEDS OF THE COMMUNITY AFTER CATALOGUING PREVALENT HEALTH NEEDS AND REVIEWING QUANTITATIVE AND QUALITATIVE DATA, FOCUS GROUPS USED A STRUCTURED VOTING METHOD TO PRIORITIZE THE FINAL LIST OF THE MOST PRESSING COMMUNITY HEALTH NEEDS FOCUS GROUPS ALSO DEVELOPED INITIAL RECOMMENDATIONS FOR THE IMPLEMENTATION PLAN TO ADDRESS THE MOST PRESSING HEALTH NEEDS IDENTIFIED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SVMC COUNSELS PATIENTS WHO HAVE NO INSURANCE ABOUT FEDERAL AND STATE PROGRAMS AND CHARITY CARE AS PATIENTS ARE ADMITTED TO OUR FACILITY EITHER FOR OUTPATIENT OR INPATIENT CARE, OUR ADMITTING PERSONNEL WATCH FOR PATIENTS WHO HAVE NO INSURANCE WHEN WE IDENTIFY PATIENTS WITH NO INSURANCE, WE OFFER THEM THE OPPORTUNITY TO SPEAK WITH A FINANCIAL COUNSELOR WHO CAN HELP THEM FILE THE NECESSARY PAPERWORK TO QUALIFY FOR ANY OF THE VARIED GOVERNMENT INSURANCE PROGRAMS AS WELL AS CHARITY CARE WE MAKE EVERY EFFORT TO WORK WITH PATIENTS WHILE THEY ARE AT OUR FACILITIES HOWEVER, WE ALSO FOLLOW UP AFTER A PATIENT VISITS OUR FACILITY TO SEE IF THE PATIENT HAS ANY ADDITIONAL QUESTIONS OR NEEDS FURTHER ASSISTANCE WE HAVE A FULL-TIME COUNSELOR WHO REGULARLY MEETS WITH ANY PATIENTS WHO LACK INSURANCE OR MAY HAVE DIFFICULTY PAYING TO HELP THEM UNDERSTAND THEIR OPTIONS FOR PAYING FOR CARE AS WELL AS COMPLETE ANY PAPERWORK THEY NEED TO QUALIFY FOR INSURANCE OR CHARITY CARE OUR SOCIAL SERVICES DEPARTMENT ALSO PERFORMS THESE TASKS
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION SERVICE AREA SOUTHWESTERN VERMONT MEDICAL CENTER (SVMC) IS THE ONLY HOSPITAL IN ITS SERVICE AREA THE SERVICE AREA IS CENTERED ON BENNINGTON, VT , AND STRETCHES ABOUT 25 MILES TO THE EAST TO THE COMMUNITIES OF WILMINGTON, VT , AND THE DEERFIELD VALLEY IT STRETCHES 30 MILES TO THE NORTH TO ENCOMPASS THE COMMUNITIES OF MANCHESTER AND DORSET, VT , AND OTHER SMALLER COMMUNITIES ON THE EDGE OF BENNINGTON COUNTY AND THE SOUTHERN PORTIONS OF RUTLAND COUNTY TO THE WEST, IT STRETCHES 15-20 MILES INTO EASTERN N Y AND INCLUDES HOOSICK, HOOSICK FALLS, EAGLE BRIDGE, WHITE CREEK, BERLIN, PETERSBURGH AND CAMBRIDGE LASTLY, TO THE SOUTH IT STRETCHES TO THE VERMONT BORDER WITH MASSACHUSETTS AND SERVES SOME MASSACHUSETTS RESIDENTS DEMOGRAPHICS THE SVMC SERVICE AREA'S POPULATION GROWTH DECLINED FROM 2000 TO 2010 THE CURRENT POPULATION OF SVMC'S PRIMARY SERVICE AREA IS 51,611 ACROSS OUR FULL SERVICE AREA, INCLUDING FRINGE MARKETS, THE POPULATION IS JUST UNDER 120,000 THE AVERAGE AGE OF RESIDENTS HAS ALSO INCREASED WITH 18% BEING 65 OR OLDER THE POPULATION SVMC SERVES IS CONSIDERABLY OLDER THAN THAT IN THE REST OF VERMONT OR THE NATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH AS A HEALTH CARE ORGANIZATION, SOUTHWESTERN VERMONT HEALTH CARE (SVMC) FOCUSES ON COMMUNITY BUILDING ACTIVITIES AND HEALTH EDUCATIONAL EVENTS THAT ARE GEARED TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE, INCLUDING IMPROVING ACCESS TO HEALTH CARE AND ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH ACCESS TO MEDICAL CARE ENSURING THAT OUR COMMUNITY HAS ACCESS TO HIGH QUALITY PRIMARY AND SPECIALTY CARE IS IMPORTANT TO SVMC SVMC ACCOMPLISHES THIS GOAL IN THREE KEY WAYS (1) PROVIDING OVERSIGHT OF MEDICAL CARE QUALITY, (2) RECRUITING NEW PHYSICIANS, AND (3) EMPLOYING PHYSICIANS IN NEEDED SPECIALTIES IT IS HARDER TO RECRUIT AND KEEP PHYSICIANS IN RURAL COMMUNITIES THAN EVER BEFORE IN MANY CASES, WITHOUT SUPPORT FROM THE HEALTH SYSTEM, OUR COMMUNITIES WOULD LOSE PRIMARY AND SPECIALTY CARE SVMC SUPPORTS PRIMARY CARE PRACTICES IN POWNAL AND BENNINGTON, AS WELL PRACTICES IN PEDIATRICS, OBSTETRICS AND GYNECOLOGY, PALLIATIVE CARE AND INFECTIOUS DISEASE IN FISCAL YEAR 2017, SVMC INVESTED IN SUPPORTING THESE PROGRAMS COMMUNITY SUPPORT, EDUCATION, SCREENINGS, AND SUPPORT GROUPS ALTHOUGH PROVIDING GREAT HEALTH CARE IS OUR MISSION, SVMC IS DEVOTED TO SUPPORTING OUR COMMUNITIES IN MANY OTHER WAYS WE WORK TO HELP PEOPLE LEARN TO LIVE LIVES WE SUPPORT INITIATIVES TO INTRODUCE STUDENTS TO HEALTH CARE CAREERS AND PROVIDE JOB SHADOW OPPORTUNITIES OUR EFFORTS INCLUDED -PROVIDING A COORDINATOR TO HELP PEOPLE ENROLL IN MEDICAID, MEDICARE, OR OTHER INSURANCES -OPERATING THE PHYSICIAN FINDER LINE TO HELP PEOPLE FIND A PRIMARY CARE PROVIDER OR SPECIALIST -PROVIDING THE TRANSITIONAL CARE NURSING PROGRAM TO FACILITATE A SAFER TRANSITION TO HOME OR SUBACUTE CARE FOR HOSPITAL PATIENTS -COORDINATING AND SUPPORTING WELLNESS ACTIVITIES -TEACHING PEOPLE THE BENEFITS OF HEALTHIER EATING -HOSTED A DIABETES EDUCATIONAL EVENT THAT FEATURED EDUCATORS, GIVEAWAYS AND A HEALTHY COOKING DEMONSTRATION TO HELP PEOPLE WITH DIABETES MANAGE THEIR DISEASE -HELPING PEOPLE WITH DIABETES LEARN HOW DIET CAN HELP THEM MANAGE THEIR DISEASE -SPONSORING THE HEALTHIER LIVING WORKSHOPS, TO HELP PEOPLE LEARN TO LIVE WITH A CHRONIC CONDITION -SUPPORTING LOCAL YOGA -PROVIDING SPECIAL COURSES ON PARENTING AND CHILDBIRTH -PROVIDING GRIEF SUPPORT GROUPS FOR ADULTS AND CHILDREN -PROVIDING SPACE FOR THE FAMILIAL CANCER PROGRAM OF THE VERMONT CANCER CENTER SO THAT AREA RESIDENTS CAN RECEIVE GENETIC COUNSELING WITHOUT HAVING TO TRAVEL -SUPPORTING EFFORTS TO IMPROVE SCHOOL LUNCHES BY PROVIDING TIME FOR A REGISTERED DIETITIAN TO WORK WITH COMMUNITY MEMBERS AND SCHOOL OFFICIALS AND PROVIDE NUTRITION ADVICE -PROVIDING SPACE FOR A LOCAL SUPPORT GROUPS TO MEET -PROVIDING JOB SHADOWING, PRECEPTORSHIPS, AND COMMUNITY SERVICE OPPORTUNITIES TO LOCAL HIGH SCHOOL AND COLLEGE STUDENTS -PROVIDING EXPERTISE ON THE BOARD OF THE BENNINGTON COUNTY CHILD CARE ASSOCIATION -PROVIDING ONGOING TRAINING AND SUPPORT FOR AREA RESCUE SQUADS -PROVIDE FUNDING AND GUIDANCE FOR VISTA FELLOWS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH SVMC IS ENGAGED IS BROAD ARRAY OF ECONOMIC ACTIVITIES ACROSS THE REGION, INCLUDING -ASSISTING WITH OBTAINING COMMUNITY GRANTS -PARTNERING ON PRIMARY SCHOOL CURRICULUM -SUPPORTING THE BENNINGTON IDEA FUND MICRO-GRANT PROGRAM -PARTICIPATING IN THE LAUNCH OF A CO-WORKING SPACE FOR ENTREPRENEURS -DEVELOPED A PROGRAM TO PURCHASE AND REHABILITATE BLIGHTED DOWNTOWN HOMES IN 2017, SVMC PARTNERED WITH GREEN MOUNTAIN LIFE LONG LEARNING AND THE MANCHESTER COMMUNITY LIBRARY TO PRESENT A SERIES OF FREE HEALTH EDUCATION EVENTS FOR THE COMMUNITY TOPICS FEATURED INCLUDED TICK-BORNE ILLNESS, ORTHOPEDICS, TELEMEDICINE AND CARDIAC CARE IN ADDITION, SVMC'S PHYSICIANS AND ASSOCIATE PROVIDERS WERE FREQUENT GUESTS ON WAMC'S (NATIONAL PUBLIC RADIO) MEDICAL MONDAY, A CALL-IN HEALTH CARE PROGRAM ALSO, SVMC SPONSORED AND/OR PARTICIPATED IN SEVERAL COMMUNITY HEALTH FAIRS AND EVENTS, PROVIDING FREE SCREENINGS BY CLINICIANS AND GIVING AWAY HEALTH-RELATED THOTCHKES AND ACTIVITIES LIKE JUMP ROPES AND WATER BOTTLES OTHER INFORMATION SVMC HAS RELATIONSHIPS WITH LOCAL ARMS OF FAITH-BASED ORGANIZATIONS THAT PROVIDE SURPLUS MEDICAL EQUIPMENT AND SURGICAL SUPPLIES TO DEVELOPING COUNTRIES
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED GROUP THE GROUP'S CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE ACCOUNTS OF SOUTHWESTERN VERMONT HEALTH CARE CORPORATION (SVHC), SOUTHWESTERN VERMONT MEDICAL CENTER, INC (SVMC), MOUNT ANTHONY HOUSING CORPORATION (MAHC), SOUTHWESTERN VERMONT HEALTH CARE AUXILIARY, INC (SVMCA), SOUTHWESTERN VERMONT HEALTH CARE ENTERPRISES (SVMCE) AND SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION (FOUNDATION), SOUTHWESTERN VERMONT HEALTH CARE NEW YORK, LLC (SVHC-NY), TWIN RIVER MEDICAL, PC (TR), AND NORTHERN BERKSHIRE MEDICAL, PC (NBM) SOUTHWESTERN VERMONT HEALTH CARE CORPORATION (SVHC) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF VERMONT FOR THE PURPOSE OF SERVING AS A PARENT ORGANIZATION FOR FOUR WHOLLY OWNED OR CONTROLLED SUBSIDIARY CORPORATIONS ACTIVITIES PERFORMED BY SVHC INCLUDE MANAGING INVESTMENTS, FUNDRAISING, OPERATING AND MANAGING BUILDINGS AND EQUIPMENT OWNED AND LEASED BY SUBSIDIARIES AND OTHER RELATED ENTITIES SVHC AND ITS SUBSIDIARIES ARE PROVIDERS OF HEALTH SERVICES WITH FACILITIES IN AND AROUND THE BENNINGTON, VERMONT AREA THE SUBSIDIARIES OF THE CORPORATION ARE SOUTHWESTERN VERMONT MEDICAL CENTER, INC (SVMC) IS A NOT-FOR-PROFIT, ACUTE CARE HOSPITAL WHICH PROVIDES DIAGNOSTIC AND TREATMENT SERVICES MOUNT ANTHONY HOUSING CORPORATION (MAHC) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF DEVELOPING, MANAGING AND OPERATING NURSING HOMES SOUTHWESTERN VERMONT HEALTH CARE AUXILIARY, INC (SVMCA) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF SERVING AND ASSISTING SVMC AND ITS SUBSIDIARIES IN PROMOTING THE HEALTH AND WELFARE OF THE COMMUNITY IN ACCORDANCE WITH SVMC'S OBJECTIVES AND TO CONDUCT VARIOUS PHILANTHROPIC ACTIVITIES FOR SVMC SOUTHWESTERN VERMONT HEALTH CARE ENTERPRISES (SVMCE) IS A FOR PROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF PROVIDING FAMILY PRACTICE AND OTHER SPECIALTY PHYSICIAN SERVICES SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION (FOUNDATION) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES FOR SVMC, ITS SUCCESSORS, SUBSIDIARIES AND AFFILIATES Southwestern Vermont Health Care New York, LLC (SVHCNY) is a not-for-profit professional employment corporation organized for staffing purposes in addition to owning and leasing property for Twin Rivers Medical, P C Twin Rivers Medical, P C (Twin Rivers) is a New York not-for-profit corporation organized for the purpose of providing family practice and other specialty physician services SVMC controls the operations of Twin Rivers Northern Berkshire Medical, P C (NBM) is a Massachusetts not-for-profit corporation organized for the purpose of providing orthopedic practice and other specialty physician services SVMC controls the operations of NBM

Additional Data

Software ID:
Software Version:
EIN: 22-2563241
Name: SOUTHWESTERN VERMONT MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SOUTHWESTERN VERMONT MEDICAL CENTER 100 HOSPITAL DRIVE BENNINGTON, VT 05201 SVHEALTHCARE.ORG 837	X	X			X		X		SOLE COMMUNITY HOSPITAL	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	COMMUNITY INPUT SEVEN SEPARATE, IN-DEPTH FOCUS GROUPS WERE CONDUCTED INVOLVING 89 COMMUNITY MEMBERS AND LEADERS FROM MULTIPLE SECTORS IN VERMONT, NEW YORK, AND MASSACHUSETTS COMMUNITIES THESE FOCUS GROUPS CONSISTED OF MEMBERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY SVHC MEMBERS INCLUDED STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS, A WIDE VARIETY OF COMMUNITY LEADERS, AND REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WE ENSURED THAT THE FOCUS GROUP DISCUSSIONS DID NOT EXCLUDE ANY POPULATIONS WITH HEALTH DISPARITIES OR GROUPS AT RISK OF NOT RECEIVING ADEQUATE MEDICAL CARE AS A RESULT OF BEING UNINSURED OR UNDERINSURED OR DUE TO GEOGRAPHIC, LANGUAGE, FINANCIAL OR OTHER BARRIERS THE FOCUS GROUPS IDENTIFIED THE HEALTH NEEDS IN THE FOLLOWING COMMUNITY SEGMENTS - PRE-K AND PARENTS - KIDS AND YOUTH (AGES 6-12) - TEENS AND YOUNG ADULT (AGES 13-20) - ADULTS (AGES 21-34) - MATURE ADULTS (AGES 35-64) - SENIORS (AGE >65) TO REDUCE THE LIST OF IDENTIFIED HEALTH NEEDS, SIMILAR HEALTH NEEDS IN EACH SEGMENT WERE GROUPED AND SIMILAR HEALTH NEEDS IN SEPARATE AGE SEGMENTS WERE COMBINED FOCUS GROUPS REVIEWED QUANTITATIVE DATA TO FURTHER DEEPEN THEIR PERSPECTIVE OF THE HEALTH NEEDS OF THE COMMUNITY AFTER CATALOGUING PREVALENT HEALTH NEEDS AND REVIEWING QUANTITATIVE AND QUALITATIVE DATA, FOCUS GROUPS USED A STRUCTURED VOTING METHOD TO PRIORITIZE THE FINAL LIST OF THE MOST PRESSING COMMUNITY HEALTH NEEDS FOCUS GROUPS ALSO DEVELOPED INITIAL RECOMMENDATIONS FOR THE IMPLEMENTATION PLAN TO ADDRESS THE MOST PRESSING HEALTH NEEDS IDENTIFIED

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	CHNA WEBSITE https://www.svhealthcare.org/_/media/files/departments/planning-compliance/SVHC%20CHNA%2020152125.pdf?la=en

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	IMPLEMENTATION STRATEGY WEBSITE https://www.svhealthcare.org/_/media/files/departments/planning-compliance/SVHC%20CHNA%2020152125.pdf?la=en

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	IMPLEMENTATION STRATEGY/ADDRESSING IDENTIFIED NEEDS THE MOST RECENT COMMUNITY HEALTH NEED S ASSESSMENT IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS, - ACCESS TO CARE- SPECIFICALL Y PRIMARY CARE AND DENTAL SERVICES - OBESITY AND HEALTHY BEHAVIORS- PARTICULARLY ADDRESSIN G NUTRITION EXERCISE AND COMMUNITY DEVELOPMENT - MENTAL AND BEHAVIORAL HEALTH AND ADDICTIO N- RECOGNIZING THE NEED TO EXPAND TREATMENT OPTIONS AND BUILD RESILIENCE IN YOUTH IN 2017, A WIDE ARRAY OF PROGRAMS ADDRESSING THE SOCIAL DETERMINANT OF HEALTH HAVE BEEN IMPLEMENTE D TO ADDRESS THE ROOT CAUSES OF THESE NEEDS, ACCESS TO CARE- FINANCIAL SUPPORT FOR THE BEN NINGTON FREE CLINIC, DEVELOPMENT OF A DENTAL CLINIC WHICH OPENED JANUARY 2018, ENHANCEMENT OF HOSPICE AND PALLIATIVE CARE OFFERINGS COMMUNITY BUILDING AND ECONOMIC DEVELOPMENT- SU PPORT FOR 3 AMERICORP VISTA FELLOWS FOCUSED ON ADDRESSING POVERTY, COLLABORATION WITH LOCA L SCHOOLS TO ENHANCE PROGRAMMING PARTICULARLY READING LITERACY, PURCHASE AND REHABILITATIO N OF DISTRESSED AND ABANDONED HOME THROUGH THE HEALTHY HOMES PROGRAM HEALTH AND WELLNESS P ROGRAMS EXPAND HEALTH CARE SHARE WHICH DELIVERS HEALTHY FOOD AND NUTRITION EDUCATION TO CA RDIAC AND PULMONARY PATIENTS, YOUTH STRESS MANAGEMENT AND MENTORING PROGRAM, ELEMENTARY SC HOO L BASED ORAL HEALTH SKILLS BUILDING, DEVELOPMENT OF THE SVMC CAMPUS WALKING TRAIL, AND SPONSORSHIP TO MANY COMMUNITY EVENTS SUCH AS WELLNESS FAIRS, CANCER SCREENING EVENTS AND C OMMUNITY BUILDING EVENTS SUCH AS THE AMERICAN CANCER SOCIETY RELAY FOR LIFE AND VERMONT RA CE FOR THE CURE MENTAL AND BEHAVIORAL HEALTH AND ADDICTION- INVOLVEMENT IN THE SUBSTANCE ABUSE TREATMENT COLLABORATION AND ALLIANCE FOR COMMUNITY TRANSFORMATION PROGRAMS DIRECTED AT OPIOID ADDICTION TREATMENT AND BUILDING NEIGHBORHOOD RESILIENCE, SUPPORT FOR VULNERABLE YOUTH TO ATTEND THE GOVERNORS INSTITUTE TO BROADEN OPPORTUNITIES AND BUILD A SENSE OF SEL F-WORTH EACH OF THE INITIATIVES IS MULTIDIMENSIONAL AND SUPPORTS MULTIPLE PRIORITY HEALTH NEEDS FOR EXAMPLE, THE SUPPORT FOR THE BENNINGTON FREE CLINIC INCREASES ACCESS TO QUALITY PRIMARY CARE HOWEVER, BECAUSE A DISPROPORTIONATE PERCENTAGE OF THE PATIENTS SERVED ALSO STRUGGLE WITH BEHAVIORAL HEALTH ISSUES AND SUBSTANCE ABUSE, SUPPORT FOR THE BENNINGTON FRE E CLINIC ALSO ADDRESSES THE PRIORITY HEALTH NEEDS OF BEHAVIORAL HEALTH AND ADDICTION SERVI CES SIMILARLY, THE DEVELOPMENT OF SVMC WALKING TRAIL ENCOURAGES EXERCISE TO REDUCE OBESIT Y AND IMPROVES MENTAL RESILIENCE THROUGH STRESS MANAGEMENT AND BUILDING SOCIAL RELATIONSHI PS SVHC CANNOT ADDRESS THESE PRIORITY HEALTH NEEDS AND IMPROVE COMMUNITY HEALTH ALONE CO NTINUING TO FOSTER COLLABORATION WITH LOCAL ORGANIZATIONS AND ENGAGEMENT WITH MUNICIPALITI ES AND COMMUNITY LEADERS IS KEY TO ACHIEVING SUCCESS THE HEALTH OF THE COMMUNITIES SERVED BY SVHC WILL IMPROVE AS WE DEPLOY THE MULTI-YEAR IMPLEMENTATION PLAN THAT INCLUDES BOTH P ROGRAMMATIC AND POLICY INITIATIVES IN 2017, SVMC INVESTED \$2 6 MILLION IN SUBSIDIZED HEAL THCARE AND \$113,000 IN PHYSICI

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	AN RECRUITING TO ADDRESS THE ACCESS TO HEALTHCARE ISSUE IN ADDITION, SVMC INVESTED OVER \$ 996,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDING DIABETES EDUCATION, CHILD BIRTH CLASSES AND TRANSITIONAL CARE NURSES THESE EFFORTS WERE BALANCED BY EFFORTS TO ADDRESS T HE SOCIAL DETERMINANTS OF HEALTH INCLUDING \$88,000 TOWARDS ECONOMIC DEVELOPMENT AND ADDRES SING POVERTY AND COMMUNITY HEALTH AN ADDITIONAL \$60,000 WAS PROVIDED OF IN-KIND AND FINAN CIAL SUPPORT FOR SOCIETIES AND PROGRAMS THAT RANGE FROM THE AMERICAN LUNG ASSOCIATION'S TO WER CLIMB EVENT TO BENNINGTON'S MAYFEST AND GARLIC FEST TO KOMEN'S RACE FOR A CURE FOR CAN CER AND THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE THESE PROGRAMS ENGAGED LOCAL COALITI ONS AND COUNCILS AND HAVE BEGUN TO EMBED HEALTHY LIFESTYLES INTO LOCAL POLICIES AND CITY P LANNING INCLUDING CHARITY CARE (\$1 2 MILLION) AND UNREIMBURSED MEDICAID AND OTHER MEANS-T ESTED GOVERNMENT PROGRAMS (\$20 2 MILLION), SVMC INVESTED \$25 4 MILLION IN COMMUNITY BENEFI T IN 2017

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 16A, 16B & 16C	FAP, FAP APPLICATION, AND PLS WEBSITE http //svhealthcare org/patients-visitors/billing-insurance/

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number
22-2563241

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Greater Bennington Interfaith Council 107 Adams Street BENNINGTON, VT 05201	03-0369844	501(C)(3)	25,000				SUPPORT

2

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

1

3

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE ORGANIZATION PROVIDES GRANT FUNDS TO CHARITABLE ORGANIZATIONS BASED ON NEED THE USE OF THE FUNDS CAN BE SEEN IN THE COMMUNITY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
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.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART 1, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. CONTRIBUTIONS TO NONQUALIFIED PLANS: \$ 13,611 CAROL CONROY 1,199 RICHARD OGILVIE 20,240 STEPHEN MAJETICH 81,944 THOMAS DEE
SCHEDULE J, PART II, COLUMN B (II)	BONUS DETERMINATION. THE AMOUNT OF INCENTIVE COMPENSATION IS CALCULATED IN ACCORDANCE WITH THE FORMAL INCENTIVE COMPENSATION PROGRAM THAT WAS DEVELOPED BY SVHC'S HUMAN RESOURCE DEPARTMENT IN CONJUNCTION WITH OUR COMPENSATION CONSULTANT MIKE MACIEKOWICH OF ASTRON SOLUTIONS. THE ESSENCE OF THE PROGRAM IS TO REWARD OUR CEO FOR ACHIEVING POSITIVE RESULTS ON BOTH ORGANIZATIONAL AND INDIVIDUAL GOALS. GOALS ARE ESTABLISHED BY THE GOVERNANCE COMMITTEE PRIOR TO THE BEGINNING OF THE FISCAL YEAR. TYPICALLY THERE WILL BE FIVE TO SIX ORGANIZATIONAL GOALS AND EIGHT TO TEN INDIVIDUAL GOALS. SUCCESSFUL ACHIEVEMENT OF THESE GOALS RESULTS IN ADDITIONAL COMPENSATION FOR THE CEO, HOWEVER, NO PAYOUT IS MADE UNLESS SVHC'S FINANCIAL GOAL IS ACHIEVED.

Additional Data

Software ID:
Software Version:
EIN: 22-2563241
Name: SOUTHWESTERN VERMONT MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1THOMAS DEECEO	(i)	397,672	50,000	44,716	89,944	26,136	608,468	0
	(ii)	0	0	0	0	-0	-0	0
1STEPHEN MAJETICHCFO	(i)	288,751	68,892	2,774	28,240	25,632	414,289	0
	(ii)	0	0	0	0	-0	-0	0
2KEVIN DAILEYVP OF HR	(i)	185,662	35,271	1,619	19,703	18,481	260,736	0
	(ii)	0	0	0	0	-0	-0	0
3CAROL CONROY CHIEF NURSING OFFICER, VP OPS	(i)	230,888	57,892	2,758	13,611	9,127	314,276	0
	(ii)	0	0	0	0	-0	-0	0
4RICHARD OGILVIE VP INFORMATION SERVICES	(i)	169,362	44,377	351	9,199	25,311	248,600	0
	(ii)	0	0	0	0	-0	-0	0
5THOMAS AMES MEDICAL PHYSICIST	(i)	185,868	850	2,057	5,610	1,091	195,476	0
	(ii)	0	0	0	0	-0	-0	0
6JOHN MCLELLANPHYSICIAN	(i)	180,337	0	0	7,215	0	187,552	0
	(ii)	0	0	0	0	-0	-0	0
7SHEILA BONI WOMEN'S & CHILDREN'S SVCS DTR	(i)	147,649	19,307	327	487	23,706	191,476	0
	(ii)	0	0	0	0	-0	-0	0
8BILLIE ALLARD NURSING ADMINISTRATION DTR	(i)	150,086	16,334	851	6,477	778	174,526	0
	(ii)	0	0	0	0	-0	-0	0
9ANTONIETTA MAZZARIELLO DIRECTOR OF REVENUE CYCLE	(i)	155,428	0	753	4,909	753	161,843	0
	(ii)	0	0	0	0	-0	-0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHWESTERN VERMONT MEDICAL CENTER

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 Part VI.
▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
22-2563241

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A VT EDUCATIONAL AND HEALTH BUILDING FINANCING AGENC	23-7154467	824166BR1	03-20-2008	8,865,000	CURRENT REFUND OF 1995 BONDS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	8,865,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	8,707,360							
7	Issuance costs from proceeds	135,047							
8	Credit enhancement from proceeds	22,593							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

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 of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?		X						

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	REBATE COMPUTATION THE REBATE COMPUTATION WAS PERFORMED 4/15/15

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

Name of the organization

SOUTHWESTERN VERMONT MEDICAL CENTER

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

22-2563241

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION OUR MISSION TO CARE FOR AND COMFORT OUR PATIENTS, RESIDENTS, AND THEIR LOVED ONES AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES WE SERVE ALSO, TO PROMOTE AND SUPPORT THE DEVELOPMENT AND MAINTENANCE OF A HIGHLY EFFICIENT, PATIENT-FOCUSED, INTEGRATED HEALTHCARE DELIVERY SYSTEM OUR VISION TO MAKE THE COMMUNITIES WE SERVE THE HEALTHIEST IN THE NATION AND OUR HEALTH SYSTEM THE SAFEST IN THE NATION OUR VALUES KNOWN BY THE ACRONYM QUESTS, SVHC EXPECTS ITS EMPLOYEES TO MODEL THE FOLLOWING VALUES QUALITY ACHIEVING THE BEST POSSIBLE OUTCOMES AND SATISFYING THE CUSTOMER IN THE MOST COST-EFFECTIVE MANNER EMPATHY TREATING OTHERS IN A COMPASSIONATE AND SENSITIVE MANNER SAFETY PREVENTING HARM TO PATIENTS FROM TREATMENT THAT IS INTENDED TO HELP THEM AND TO EMPLOYEES FROM AN ENVIRONMENT THAT IS INTENDED TO SUPPORT THEM TEAMWORK HELPING EACH OTHER TO ACHIEVE SUCCESS STEWARDSHIP CONSERVING RESOURCES AND MAKING DECISIONS THAT ACHIEVE THE HIGHEST VALUE AT THE LOWEST COST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS THE ORGANIZATION'S BOARD OF DIRECTORS IS THE SAME AS THE BOARD OF DIRECTORS OF SOUTHWESTERN VERMONT HEALTHCARE ENTERPRISES, A RELATED TAXABLE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	MANAGEMENT DUTIES DARTMOUTH-HITCHCOCK MEDICAL CENTER MANAGES OUR PHYSICIANS AS PART OF T HIS ARRANGEMENT, THE CMO IS AN EMPLOYEE OF DARTMOUTH-HITCHCOCK AND PERFORMS CERTAIN MANAGE MENT FUNCTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINES 6, 7A, & 7B	MEMBERS THE SOLE MEMBER OF THE CORPORATION SHALL BE THE SOUTHWESTERN VERMONT HEALTH CARE CORPORATION (SVHC), A NONPROFIT CORPORATION, ACTING THROUGH ITS BOARD OF DIRECTORS (THE SVHC BOARD) THE MEMBER SHALL TAKE ACTION BY RESOLUTION DULY ADOPTED BY THE SVHC BOARD OR BY EXECUTION OF A WRITTEN CONSENT, AUTHORIZED BY THE SVHC BOARD AND EXECUTED BY A PERSON SO AUTHORIZED THE AFFAIRS OF THE CORPORATION SHALL BE MANAGED AND CONDUCTED BY A BOARD OF DIRECTORS (THE BOARD), SUBJECT TO THE AUTHORITY AND DIRECTION OF THE SVHC BOARD THE SVHC BOARD SHALL HAVE ULTIMATE RESPONSIBILITY TO ASSURE THAT THE POLICIES AND ACTIVITIES OF THE CORPORATION ARE COORDINATED WITH THOSE OF ITS AFFILIATED CORPORATIONS IN ORDER TO ACHIEVE A HIGHLY EFFICIENT, PATIENT-FOCUSED, INTEGRATED SYSTEM OF HEALTH CARE DELIVERY ACCORDINGLY , ANY CORPORATE ACTION OF THE CORPORATION AUTHORIZED BY THE SVHC BOARD SHALL BE DEEMED TO BE AUTHORIZED AND DIRECTED BY THE BOARD IN THE ABSENCE OF ANY CONTRARY DIRECTION FROM SVHC BOARD, THE BOARD MAY TAKE ACTION WITH RESPECT TO THE AFFAIRS OF THE CORPORATION IN ACCORDANCE WITH THESE BYLAWS, PROVIDED HOWEVER, THAT THE BOARD MAY NOT TAKE ACTION WITH RESPECT TO ANY OF THE FOLLOWING MATTERS WITHOUT AUTHORIZATION OF THE SVHC BOARD ANNUAL OPERATING BUDGETS, CAPITAL BUDGETS, CERTIFICATE OF NEED APPLICATIONS, ANY CONTRACT OR AGREEMENT WHICH IS OF A SUBSTANTIAL NATURE OR WHICH IS NOT INCLUDED IN APPROVED OPERATING OR CAPITAL BUDGETS, ANY VOLUNTARY DISSOLUTION, MERGER, OR CONSOLIDATION OF THE CORPORATION OR THE SALE OR TRANSFER OF ALL OR SUB-CREATION, ACQUISITION, DISSOLUTION, MERGER OR CONSOLIDATION OF ANY SUBSIDIARY OR AFFILIATE OR AUXILIARY CORPORATION, ANY AMENDMENTS TO THE BYLAWS, ARTICLES OF INCORPORATION OF THE CORPORATION, THE STRATEGIC AND MASTER FACILITIES PLANS, AND APPOINTMENT OF CHIEF EXECUTIVE OFFICER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION THE DRAFT 990 IS THEN REVIEWED BY MANAGEMENT AND ACCOUNTING AFTER ALL SUGGESTED CHANGES FROM MANAGEMENT ARE MADE, THE UPDATED DRAFT FORM 990 IS THEN PRESENTED TO THE AUDIT AND FINANCE COMMITTEES AFTER ANY FINAL CHANGES ARE MADE, THE FORM 990 IS PRESENTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE INTERESTS WHICH COULD RESULT IN CONFLICTS THE COMPLIANCE OFFICER MAINTAINS RECORDS ON THE COMPLETION OF THE CONFLICT OF INTEREST FORMS, ANY POTENTIAL CONFLICTS ARE DISCUSSED AT THE AUDIT AND COMPLIANCE MEETING AND THEN RECOMMENDATIONS ARE BROUGHT BEFORE THE FULL BOARD FOR A VOTE IN THE CASE OF A POTENTIAL CONFLICT OF INTEREST, THE BOARD MEMBER ABSTAINS FROM ALL DISCUSSION AND CONSIDERATION OF THE ITEM THAT PRESENTS THE POTENTIAL CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	COMPENSATION REVIEW THE BOARD ENGAGES AN OUTSIDE CONSULTING FIRM TO REVIEW COMPARABLE CEO SALARY DATA AND USES NATIONAL PROFESSIONAL ORGANIZATION SURVEY DATA IN THE DETERMINATION OF THE CEO'S SALARY AND BENEFITS IN ADDITION, THE BOARD ENGAGES AN OUTSIDE CONSULTING FIRM AND ALSO USES NATIONAL PROFESSIONAL ORGANIZATION SURVEY DATA TO REVIEW THE WAGE DATA OF OTHER OFFICERS AND KEY EMPLOYEES THE PROCESS BEGINS WITH A REQUEST TO OUR COMPENSATION CONSULTANT MIKE MACIEKOWICH OF ASTRON SOLUTIONS TO PERFORM A MARKET ANALYSIS OF THE CEO POSITION THIS REPORT IS USED AS THE BASIS FOR STRUCTURING COMPENSATION FOR THE CEO DURING THE NEXT CONTRACT PERIOD USING THE RESULTS OF THE MARKET ANALYSIS WITH INPUT FROM OUR CEO, THE COMPENSATION OFFER FOR THE NEXT CONTRACT PERIOD IS DEVELOPED AND INCORPORATED INTO THE CONTRACT THE COMPENSATION IS THEN DISCUSSED BY THE GOVERNANCE COMMITTEE OF THE BOARD WITH MIKE MACIEKOWICH IN ATTENDANCE OR ON THE PHONE IF MIKE MACIEKOWICH IS IN AGREEMENT HE WILL PROVIDE A WRITTEN LETTER CONFIRMING HIS AGREEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT DISCLOSURE SOUTHWESTERN VERMONT MEDICAL CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	BOARD MEMBER COMPENSATION NO TRUSTEE RECEIVES COMPENSATION FOR THEIR SERVICES AS A TRUSTEE OF THE BOARD ERIC SEYFERTH, MD, RECEIVES COMPENSATION AS A PHYSICIAN THOMAS DEE IS COMPENSATED AS THE CEO OF THE SOUTHWESTERN VERMONT HEALTHCARE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS \$ 5,606,234 DEFINED BENEFIT PENSION COSTS 653,822 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 81,025 TRANSFER FROM AFFILIATES ----- \$ 6,341,081

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PSA FEES TOTAL FEES 27037304

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 7550790

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 2511759

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SERVICE CONTRACTS TOTAL FEES 1842822

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LOCUM FEES TOTAL FEES 1343651

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEES TOTAL FEES 199409

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TRANSCRIPTION SERVICES TOTAL FEES 114353

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTANTS TOTAL FEES 216766

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SOUTHWESTERN VERMONT MEDICAL CENTER

Employer identification number
22-2563241

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SOUTHWESTERN VERMONT HEALTH CARE CORP 100 HOSPITAL DRIVE BENNINGTON, VT 05201 03-0179435	MANAGEMENT	VT	501(C)(3)	3	NA		No
(2)MOUNT ANTHONY HOUSING CORPORATION 100 HOSPITAL DRIVE BENNINGTON, VT 05201 03-0279740	NURSING HOMES	VT	501(C)(3)	10	SVHC		No
(3)SOUTHWESTERN VT HEALTHCARE AUXILIARY 100 HOSPITAL DRIVE BENNINGTON, VT 05201 22-2563243	SUPPORT	VT	501(C)(3)	10	SVHC		No
(4)SOUTHWESTERN VT HEALTH CARE FOUNDATION 100 HOSPITAL DRIVE BENNINGTON, VT 05201 45-3362785	FUNDRAISING	VT	501(C)(3)	12 A I	SVHC		No
(5)TWIN RIVERS MEDICAL PC 16 DANFORTH STREET HOOSICK FALLS, NY 12090 47-3028931	HEALTHCARE	NY	501(C)3	10	SVMC	Yes	
(6)NORTHERN BERKSHIRE MEDICAL PC 375 MAIN STREET WILLIAMSTOWN, MA 01267 81-4023607	HEALTHCARE	MA	501(C)3	10	SVMC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) SOUTHWESTERN VT HEALTHCARE ENTERPRISES 100 HOSPITAL DRIVE BENNINGTON, VT 05201 03-0314501	HEALTHCARE	VT	SVHC	C CORP					No

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

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

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

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

Yes

Yes

No

No

No

No

Yes

Yes

Yes

Yes

Yes

No

Yes

No

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 22-2563241
Name: SOUTHWESTERN VERMONT MEDICAL CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 100 HOSPITAL DRIVE BENNINGTON, VT 05201 03-0179435	MANAGEMENT	VT	501(C)(3)	3	NA		No
(1) 100 HOSPITAL DRIVE BENNINGTON, VT 05201 03-0279740	NURSING HOMES	VT	501(C)(3)	10	SVHC		No
(2) 100 HOSPITAL DRIVE BENNINGTON, VT 05201 22-2563243	SUPPORT	VT	501(C)(3)	10	SVHC		No
(3) 100 HOSPITAL DRIVE BENNINGTON, VT 05201 45-3362785	FUNDRAISING	VT	501(C)(3)	12 A I	SVHC		No
(4) 16 DANFORTH STREET HOOSICK FALLS, NY 12090 47-3028931	HEALTHCARE	NY	501(C)3	10	SVMC	Yes	
(5) 375 MAIN STREET WILLIAMSTOWN, MA 01267 81-4023607	HEALTHCARE	MA	501(C)3	10	SVMC	Yes	