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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 ൗന12

Department of the Treasury

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

<u> </u>	
Open to Public	
Inspection	

A F	or the	e 2012	2 calendar year, or tax year begin	ning 10/01, 201	2, and e	nding		<u>. </u>	0.9	9/30, 20 13	—
			C Name of organization SOUTHWESTE				70	Employer i		cation number	
Bo	heck if ap	plicable	FOUNDATION INC				1	45-336	5278	5	
Г	Addres		Doing Business As				-	15 550	,,,	J	
-	change	change	Number and street (or P O box if mail is i	not delivered to street address)	Room/s	uite	lE.	Telephone	numbe		
\vdash	+	, i	•	,			1	02) 4			
	Initial	ŀ	100 HOSPITAL DRIVE City, town or post office, state, and ZIP co					0017	—		
-	Amend		• •	ue			ا ا	O	-4- 6	724 0	
\vdash	return	· L	BENNINGTON, VT 05201	TUOVA C. DDF			_	Gross rece	-	734,2	
L	pendir		F Name and address of principal officer	THOMAS DEE				affiliates?		⊢	⊣ .
			100 HOSPITAL DRIVE BEN				- H(b	Are all affi			No
<u>_</u>		empt sta) ((insert no) 4947(a)(1)) or	527	4			st (see instructions)	
			WWW.SVHEALTHCARE.ORG	:				Group exe			
		of organ	zation X Corporation Trust	Association Other	L,	ear of form	ation	2012 M	State	of legal domicile	VT
Pa	ırt I		nmary							<u> </u>	
	1	Briefly	describe the organization's mission or	most significant activities			_	. 		_	
đ	ļ	AS P	PART OF SOUTHWESTERN VER	MONT HEALTH CARE CORP	ORATI	ON, SV	HC				
n o		FOUN	DATION EXISTS TO PROVID	E EXCEPTIONAL HEALTH	CARE	AND CO	MFOR	OT TO			
erni		THE	PEOPLE WE SERVE.								
Activities & Governance	2	Check	this box > if the organization di	scontinued its operations or dispos	ed of mo	re than 25	% of it	s net asse	ets.		
ಶ	3	Numbe	er of voting members of the governing	body (Part VI, line 1a)	. 				. 3		13.
es	4	Numbe	er of independent voting members of t	he governing body (Part VI, line 1b)					. 4		11.
Viti	5	Total r	number of individuals employed in cale	ndar year 2012 (Part V, line 2a)					. 5		0
Act	6	Total	number of voluntoers (estimate if necess	and Care		=			6		16.
_	7a	Total u	unrelated business revenue from Part V	III, column (C), lineR2ECFIVE	D				7a	•	0
Ś	b		related business taxable income from l	U		5[. 7b		0
CONVENSION ROS	-			Case	10		Pr	ior Year		Current Year	<u> </u>
	8	Contri	butions and grants (Part VIII, line 1h)	AUG 1 2 201	. 17				0	699,7	75.
≥ 2	9	Progra	am service revenue (Part VIII line 2d)		ح النظام				0	·	
∯ &	10	Invest	am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line	es 3 4 and 7d) OGDEN, L	JT				0	,	
_	11		revenue (Part VIII, column (A), lines 5,	the state of the s		╗ ├─			0	-41,5	88.
A :	12		evenue - add lines 8 through 11 (must						0	658,1	
-	+		s and similar amounts paid (Part IX, colu						0		0
			its paid to or for members (Part IX, colu						0		
∂	4-		es, other compensation, employee bene						0	635,2	216.
Expenses	160		ssional fundraising fees (Part IX, column					**			0
per	102		fundraising expenses (Part IX, column (I		Λ	∵ : ⊢					
Ж	17		expenses (Part IX, column (A), lines 11							285,4	186.
	1		expenses Add lines 13-17 (must equal			· · · ├─			0		
	18 19		-						0	-262,5	
- K		Reven	ue less expenses Subtract line 18 from	Time 12			unnina	of Current		End of Year	,10.
let Assets or	20	Tetel	annote (Part V. Iraa 16)			<u> </u>	, <u>y</u>	2. 22.1011	0	22,9	
SS6	20		assets (Part X, line 16)			· · · ├─			0	198,7	
4	21		rabilities (Part X, line 26)			· · · 			0	-175,7	
21	22		sets or fund balances Subtract line 21	nom line 20			-			113,1	
	art II			return including accompanying sche	dules and	statements	and to	n the hest	of my	knowledge and helie	of it is
tru	e, corre	ect, and	of perjury, I declare that I have exampled the complete Declaration of prepared (other that	officer) is based on all information of wi	nich prepa	arer has any	knowle	edge	o,	Milowicage and belie	.,
			STUNBOU				`	8	_/	11/	
Sig	ın)	Signature of officer	<u> </u>				Date	4	77	
He			<	-h:/							
			Tupo or principal and title	e 1/el	-						
		 	Type or print name and title / -	Preparer's signature	Date				1.1	PTIN	
Pai	d		Type preparer's name					Check	」"		1
	parer	BRIZ	AN D. TODD	Bruan D Told, CPA	8	1/14	.,	self-emplo		P00422601	<u></u>
	Only	Firm's	name BKD, LLP					n's EIN 🕨		-0160260	
			address ▶ 910 E ST LOUIS #200/PO F				Pho	ne no	417	I and I	
_			cuss this return with the preparer show				<u></u>	<u></u>	<u></u>	. X Yes	No
Ea.	. D		Paduction Act Notice, see the senarat	a instructions						Form 990 (20495

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SOUTHWESTERN VERMONT HEALTHCARE

_		ige Z
Рa		
	Check if Schedule O contains a response to any question in this Part III	
	efly describe the organization's mission	
	PART OF SOUTHWESTERN VERMONT HEALTH CARE CORPORATION, SVHC	
	UNDATION EXISTS TO PROVIDE EXCEPTIONAL HEALTH CARE AND COMFORT TO	
	E PEOPLE WE SERVE.	
	the organization undertake any significant program services during the year which were not listed on the prince Form 990 or 990-EZ? Yes," describe these new services on Schedule O.	No
	the organization cease conducting, or make significant changes in how it conducts, any program vices?	No
	Yes," describe these changes on Schedule O	
	scribe the organization's program service accomplishments for each of its three largest program services, as measured tenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	de) (Expenses \$ 549,381 including grants of \$) (Revenue \$)	
	OVIDING FINANCIAL SUPPORT FOR SOUTHWESTERN VERMONT HEALTH CARE	
	RPORATION, ITS SUCCESSORS, SUBSIDIARIES AND AFFILIATES.	
4b	ode) (Expenses \$including grants of \$) (Revenue \$)	
40	ode) (Expenses \$ including grants of \$) (Revenue \$)	
46	de	
4d	ner program services (Describe in Schedule O)	
	penses \$ including grants of \$) (Revenue \$)	
4e	tal program service expenses > 549,381.	

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_ X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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		- 1	
	"Yes," complete Schedule D, Part I	_6_		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		ļ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	٠,	- ;	,
	VII, VIII, IX, or X as applicable	w .5.	,š .	((* x
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		Х
_	complete Schedule D, Part VI	11a		Λ.
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	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		Х
а	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		-	
	complete Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Þ	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			 -
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		-7	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Par	Checklist of Required Schedules (continued)	_	· ·	
0.4	Delth- are the first of the fir		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			<u> </u>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	_ X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	(// ,	25-		v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Đ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		v
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	"		
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			.,
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	30		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	-	
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	
				(2012)

Form 990 (2012)

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			\Box
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable]: ((1)	2 å ~ æ	3. ~ 4. A.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable] ~(; ;	3 3	·
		ĽŽ:		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 0	1 37 mg	, (}\x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. %	m shan	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	3 3	3 ^m -2 ,x	1 1 1
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			1,00
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		,
	Organizations that may receive deductible contributions under section 170(c).		à.	
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	<i>t</i> ,	, ,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	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	3	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7 mg	~g 3
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		~	•.,
	organization, have excess business holdings at any time during the year?	8		į
9	Sponsoring organizations maintaining donor advised funds.			^
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	3 . 1	***
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	3		
		1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		38 T	2.5
	Gross income from members or shareholders			Sec.
D	l l		%. 6°	STREET, S
42-	against amounts due or received from them)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	~ 20	382.20	/3,° ¥
		- [
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	·	<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O	# : X	1 257	J 13
L	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	gress saft	X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	1. 100, 100 tillion all otti i 20 to topott tiloso paymonto in tio, provide an explanation in concedid of 1.1.1.1			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management		-	
	ton 7 (1 Government 2 Governmen		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Secti	on 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		Х
	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	Χ	
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	Χ	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	inte	est p	olicy,
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
	organization ► THOMAS DEE 100 HOSPITAL DRIVE BENNINGTON, VT 05201 802-447-5017	F	000	(2042)
ISA		rom	ココリ	(2012)

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck s pe	rson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
_(1) THOMAS DEE	1.00		i						501 051	50.001
PRESIDENT/CEO	42.00	Х		Х			<u> </u>	0	501,074.	53,824.
(2) STEPHEN MAJETICH	<u>1.00</u> 42.00	v		v					224 062	20 010
CFO (3) JANE AUSTIN	1.00	Х	 	Х	-	_		0	324,962.	39,018.
DIRECTOR		Х						0	0	0
(4) DR MICHAEL BRADY	1.00		1							
DIRECTOR	3.00	Х						i 0	0	0
(5) JONATHAN COHEN DIRECTOR	1.00	Х						0	0	0
(6) ROBY HARRINGTON	1.00			·						
DIRECTOR		Х						0	0	0
(7) DR ORION HOWARD	1.00	ļ						i		
DIRECTOR	40.00	Х						0	0	0
(8) MARNY KRAUSE	1.00									
SVHC TRUSTEE	3.00	X	\vdash					0	0	0
(9) CHARLES LA FIURA	1.00									
DIRECTOR		X						0	0	0
(10) MICHAEL MCKENNA	1.00	,,				i		0		0
DIRECTOR	1 00	Х	\vdash					<u> </u>	0	0
RAB MEMBER	1.00	Х							0	0
(12) DAVID NEWELL	1.00		╁╌┤				├	 		
CHAIR		Х		Х				0	0	0
(13) ROBERT RUHL DMD	1.00		1 -				\vdash			<u></u> .
RAB MEMBER		Х	1					0	0	0
(14) ALAN WIEGAND	1.00		\sqcap							
RAB MEMBER		Х	\mathbb{L}_{\perp}		,			0	0	0

Form **990** (2012)

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	ligl	hest Compensat	ed Employ	yees (co	ontinue	d)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office	unles er and	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from d tions	Est ame comp fro	(F) simated ount of other pensation in the sinization
		below dotted line)	dividual trustee	institutional trustee	-	Key employee	Highest compensated employee	er	(1. 2. 1000 111100)				related nizations
												-	
	Sub-total			L	L				0	826	,036.	Ç	92,842.
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	<u></u>						<u> </u>	0	·	,036.	9	92,842.
2	Total number of individuals (including but not reportable compensation from the organization			liste)	d a	bov	e) who	o re	ceived more than	\$100,000	of 		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schede	er, directo	or, or ch ind	tru Iividi	uste u <i>al</i>	e,	key e	mp	oloyee, or highes	t compens	ated	3	Yes No XX
4	For any individual listed on line 1a, is the sorganization and related organizations grandividual	eater than	\$15	0,0	003	11	"Yes	," (complete Schedu	le J for .	the such	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on '	fron	n any	un	related organization	on or indivi		5	X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization Report of year												
	(A) Name and business add	Iress							(B) Description of se	ervices	С	(C) ompens	ation
						-							
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e li	sted above) who	received			
JSA 2F10	055 3 000												990 (2012)

Par	t VIII	Statement of Rever Check if Schedule Oct		nse to any ques	tion in this Part VII	· · · · · · · · · · · · · · · · · · ·		
No real statement about				The to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Frants ounts	1a b	Federated campaigns Membership dues	1 1					
s, Gifts, (milar Am	c d	Fundraising events Related organizations	1c	103,053 33,000.				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions, gifts, grant and similar amounts not included	nts,	278,871.		* * * * * * * * * * * * * * * * * * * *		
	g h	Noncash contributions included Total. Add lines 1a-1f			699,775.			
Program Service Revenue	2a b c			Business cour			V NV NV NV	
rogram Se	d e f	All other program service rev						
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including	ng dividends, inter	est, and	0			
	4 5	other similar amounts) Income from investment of the Royalties	tax-exempt bond p	proceeds	0			
	6a b	Gross rents	() (tour	(ii) i oreenai		,		
	d 7a	Net rental income or (loss). Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	0			
	b c d	Less cost or other basis and sales expenses Gain or (loss)			0		,	,
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	103,053. line 1c)		3		, ,	, ,
Other	C	Less direct expenses Net income or (loss) from fu	b Indraising events .	76,086	-41,588	, >./.		-41,588
	9a b	Gross income from gaming a See Part IV, line 19	a					
	10a	Gross sales of invent returns and allowances	tory, less		U			* * * * * * * * * * * * * * * * * * * *
	b c	Less cost of goods sold Net income or (loss) from sa Miscellaneous Rever	les of inventory,		0			
	11a b						`	** * ***
	d e 12	All other revenue Total. Add lines 11a-11d - Total revenue. See instruction			0 658,187.	" , , , , , , , , , , , , , , , , , , ,	23 ^ _	~

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 to any question in this Part IX . . . (B) (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and Program service 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21. Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 538,834. 333,769. 205,065 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 59,704. 20,917. 38,787 Other employee benefits 36,678. 12,850. 23,828 10 11 Fees for services (non-employees) a Management 1,775 1,775. c Accounting Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column 42,110. 27,159. 14,951 (A) amount, list line 11g expenses on Schedule O). . . 12 Advertising and promotion 233,754. 149,626. 84,128. 13 Office expenses 14 Information technology 15 715. 254. 461 16 Occupancy 3,295. 2,125 1,170. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 3,542. 2,284 1,258 23 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) 295 190 105. a LICENSES, DUES, SUBSCRIPTION All other expenses _ _ _ 920,702. 549,381. 371,321 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720) . .

orm 9	990 (2 X	Balance Sheet			Page 11
r elil	Λ.	Check if Schedule O contains a response to any question in this Par	t X		
		Chock it Concurse C Contains a response to any question in this I al	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	Q	1	C
	2	Savings and temporary cash investments	0	2	C
	3	Pledges and grants receivable, net	0	3	22,975.
	4	Accounts receivable, net	0	4	(
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	o	5	(
	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	(
sts	7	Notes and loans receivable, net	0		(
Assets	8	Inventories for sale or use	0		0
⋖	9	Prepaid expenses and deferred charges	0	9	(
-	-	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	d	10c	
.	11	Investments - publicly traded securities		11	- (
	12	Investments - other securities See Part IV, line 11		12	
- i	13	Investments - program-related See Part IV, line 11		13	(
- 1	14	Intangible assets	.1	14	(
1	15	Other assets See Part IV, line 11		15	(
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	22,975.
-	17	Accounts payable and accrued expenses		17	1,883.
	18	Grants payable		18	(
- 1	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities	0	20	(
	21	Escrow or custodial account liability Complete Part IV of Schedule D	d	21	(
.9	22	Loans and other payables to current and former officers, directors,			
اق		trustees, key employees, highest compensated employees, and			
≝		disqualified persons Complete Part II of Schedule L	o	22	(
- 1:	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	(
;	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	0	25	196,858.
:	26	Total liabilities. Add lines 17 through 25	0	26	198,741.
Sa		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.		•	
<u>ا ۾</u>	27	Unrestricted net assets	o	27	-507,156.
gaf.	28	Temporarily restricted net assets	0	28	131,290.
	29	Permanently restricted net assets	0	29	200,100.
or Fund Balances		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	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	,
ğ į	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne.	33	Total net assets or fund balances	0	33	-175,766.
	34	Total liabilities and net assets/fund balances	0	34	22,975.

Form 990 (2012)

Form 990 (2012) Page **12 Reconciliation of Net Assets** Part XI Х Check if Schedule O contains a response to any question in this Part XI 658,187. 1 2 920,702. 2 -262,515. 3 3 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 0 5 5 0 6 R 7 0 7 0 8 8 86,749. 9 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line -175,766. 10 Part XII | Financial Statements and Reporting Yes No X Accrual Accounting method used to prepare the Form 990 L Cash 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? Χ 2a 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 Consolidated basis Both consolidated and separate basis Separate basis Χ 2b 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 X Consolidated basis J Separate basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 2c Χ 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 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a Χ 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

3h

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Nam	ne of the organization SOUT	THWESTERN VER	MONT HEALTHCARE					Employ	er iden	tificatio	on numl	er	
FOU	JNDATION INC							45-3362785					
Pa			rity Status (All organizations must complete this part) See instructions.										
Pa The 1 2 3 4 5 6 7 8 9	The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 sectio 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 fe through 11th a [X] Type II b Type III c Type III venticinally integrated d Type III v									ross of its ssess the diffied x			
	(ii) A famıly meml	per of a person des	scribed in (i) above?						<i>.</i> .		11g(ii)		X
		-	son described in (i) or (ii) a								11g(iii)		Χ
h	(i) Name of supported organization	ng information abo	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organi col (i) your q	is the zation in listed in overning ment?	the orga	ou notify anization (i) of upport?	organız col (i) o	s the ration in rganized US?	(vii) A	Amount o		etary
				1		 							-
(A) —	SVHC	03-0179435	03	Х							····	5,8	72.
(B)	MAHC	03-0279740	09	Х		_			-				0
(C)	SVHCA	22-2563243	09	Х									0
(D)	SVMC	22-2563241	03	Х									0
(E)													
													70

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Sched	dule A (Form 990 or 990-EZ) 2012						Page 2			
Par	(Complete only if you check	ked the box or	n line 5, 7, or 8	3 of Part I or if	the organizati	ion failed to qu				
Sac	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
Cale	idal year (or listar year beginning iii)					`;				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		_							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					:				
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3				,	, ,				
5	The portion of total contributions by each person (other than a governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4	<u> </u>	200 200	, ,	i. ::	: , ~ #, ·,				
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7 8	Amounts from line 4		_							
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 IV)				, .					
11	Total support. Add lines 7 through 10	<u> </u>	<u>l. </u>	plante in						
12	Gross receipts from related activities, etc. (see instructions) .				12				
13	First five years. If the Form 990 is f									
	organization, check this box and stop here				<u></u>	<u></u>	· · · · • • • • • • • • • • • • • • • •			
	tion C. Computation of Public Sup									
14	Public support percentage for 2012 (II						<u>%</u>			
15	Public support percentage from 2011						<u>%</u>			
16a	331/3% support test - 2012. If the of this box and stop here. The organization									
.	331/3% support test - 2011. If the									
D	check this box and stop here. The org	_								
172	10%-facts-and-circumstances test									
. , a	10% or more, and if the organization		-							
	Part IV how the organization meets					-	-			
	organization			•	•		▶□			
b	10%-facts-and-circumstances test -						and line			
	15 is 10% or more, and if the org		•							

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					·	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
	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		_				
7 a	Amounts included on lines 1, 2, and 3		1				
ь	received from disqualified persons 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			-	-		
С 8	Add lines 7a and 7b						
Ū	line 6)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	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 IV)						
13	Total support. (Add lines 9, 10c, 11,	-	1				
	and 12)					<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,					15	%
16	Public support percentage from 2011 Sche					16	%
	tion D. Computation of Investmer			10		147	0/
17	Investment income percentage for 2012 (III					17	<u>%</u>
18	Investment income percentage from 2011						% %
19 a	331/3% support tests - 2012. If the org						
	17 is not more than 331/3%, check the 331/3% support tests - 2011. If the organization						
О	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						

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

ORGANIZATIONS SUPPORTED

SCHEDULE A, PART I, LINE 11I

THE COMPLETE NAMES OF THE ORGANIZATIONS SUPPORTED ARE AS FOLLOWS:

- (A) SOUTHWESTERN VERMONT HEALTH CARE CORPORATION
- (B) MOUNT ANTHONY HOUSING CORPORATION
- (C) SOUTHWESTERN VERMONT HEALTHCARE AUXILIARY
- (D) SOUTHWESTERN VERMONT MEDICAL CENTER

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

Name of the organization

SOUTHWESTERN VERMONT HEALTHCARE

Employer identification number

FOU	NDATION INC			45-3362785
Pai	Organizations Maintaining Donor Advorganization answered "Yes" to Form		Similar Funds or	r Accounts. Complete if the
		(a) Donor adv	ised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)	_		
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	t the assets held in	donor advised
•	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
•	only for charitable purposes and not for the benef			
	conferring impermissible private benefit?		-	
Pa	·			
1	Purpose(s) of conservation easements held by th			
	Preservation of land for public use (e.g., reci	-		of an historically important land area
	Protection of natural habitat	rounding budgetter,		of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conserv	vation contribution in	the form of a conservation
_	easement on the last day of the tax year	, , , , , , , , , , , , , , , , , , ,		
	•			Held at the End of the Tax Year
а	Total number of conservation easements			2a
ь	Total acreage restricted by conservation easement			
c	Number of conservation easements on a certified			
d	Number of conservation easements included in (c			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, train			
	tax year ▶		•	, ,
4	Number of states where property subject to cons	ervation easement is lo	ated ▶	
5	Does the organization have a written policy regard			
	violations, and enforcement of the conservation e	asements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, i	inspecting, and enforci	ng conservation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing co	nservation easeme	nts during the year
	> \$			
8	Does each conservation easement reported on lin	ne 2(d) above satisfy th	ne requirements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports	conservation easeme	nts in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text		organization's financ	ial statements that describes the
	organization's accounting for conservation easem			
Pa	Organizations Maintaining Collection			r Similar Assets.
	Complete if the organization answered	-		
1a	If the organization elected, as permitted under S	SFAS 116 (ASC 958),	not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similablic service, provide, in Part XIII, the text of the	footnote to its financial	statements that des	scribes these items
b	If the organization elected, as permitted under			
_	works of art, historical treasures, or other similar			
	public service, provide the following amounts rela-	_		
	(i) Revenues included in Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
	following amounts required to be reported under			
а	Revenues included in Form 990, Part VIII, line 1 .			
<u>b</u>	Assets included in Form 990, Part X			
For	Paperwork Reduction Act Notice, see the Instructions for	or rorm 990.		Schedule D (Form 990) 2012

Page	2

Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue	<u>a)</u>
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of collection items (check all that apply)	ıts
а		
b	Scholarly research e Other	_
С	: Preservation for future generations	
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P	art
	XIII	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	
		No
Par	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part I	V ,
	line 9, or reported an amount on Form 990, Part X, line 21.	
		No
þ	o If "Yes," explain the arrangement in Part XIII and complete the following table	
	Amount	
C		
d		
e		
f		
2a	Did the organization include an amount on Form 990, Part X, line 21?	No
	Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	—
r ar	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	ck
1a		
b		—
С	Net investment earnings, gains,	—
	and losses	
d	Grants or scholarships	
е	Other expenditures for facilities	_
	and programs	
f	f Administrative expenses	
g	End of year balance 200,100.	_
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	_
а	■ Board designated or quasi-endowment ▶ %	
b		
C	Temporarily restricted endowment ▶ %	
	The percentages in lines 2a, 2b, and 2c should equal 100%	
3a	Are there endowment funds not in the possession of the organization that are held and administered for the	
	organization by Yes N	No.
	· · · · · · · · · · · · · · · · · · ·	X
		X
b		
4	Describe in Part XIII the intended uses of the organization's endowment funds	—
Par	Art VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value	
1a		
b		
С		
d		
<u>e</u>		
Tota	tal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))	
	Schedule D (Form 990) 2	2U1Z

	(Form 990) 2012				Page -
Part VII	Investments - Other Securities. See F	orm 990, Part X,	line 12.		
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	tion ket value
	cial derivatives				
	y-held equity interests	ļ			
(3) Other_					
					
<u>(B)</u>					
<u>(C)</u>					
<u>(</u> D) (E)_					
<u>\</u> \ <u>-</u> (F)					
(G)					•
(H)					
<u>`</u>					
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related. See F	orm 990, Part X	, line 13.		
	(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year mar	ition ket value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)			 		
(9)					
(10)		·			
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 13)			-	
Part IX	Other Assets. See Form 990, Part X, I	ine 15.			1
	(a	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5) (6)					-
(7)			· -·		
(8)					
(9)					
(10)					
	olumn (b) must equal Form 990, Part X, col (B)	line 15)			
Part X	Other Liabilities. See Form 990, Part				
1.	(a) Description of liability	(b) Book	value		
	eral income taxes				
	TO AFFILIATES	19	6,858.		
(3)					
(4)					
(5)			_	1137 / 625111	
<u>(6)</u> (7)		 	.		
(8)					
(9)					
(9) (10)		<u> </u>		k. Guákh.	
(11)					
	umn (b) must equal Form 990, Part X, col (B) line 25	▶ 19	6,858.		

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

Schedule D (Form 990) 2012 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI 744,936. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 **b** Donated services and use of facilities 16,535. 2b 2c -5,872. Other (Describe in Part XIII) Add lines 2a through 2d 10,663. 26 734,273. 3 Subtract line 2e from line 1 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) -76,086. 4b Add lines 4a and 4b -76,086. 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 658,187. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 920,702. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2b Other losses 2c Other (Describe in Part XIII) Add lines 2a through 2d 2e 920,702. Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 920,702. Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information SEE PAGE 5

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE CORPORATION'S ENDOWMENT CONSISTS OF VARIOUS INDIVIDUAL DONOR

RESTRICTED FUNDS WHICH WERE ESTABLISHED TO FUND FUTURE STRATEGIC CAPITAL

INVESTMENTS, AS WELL AS GENERAL OPERATIONAL AND CERTAIN DEPARTMENTAL

PURPOSES.

OTHER REVENUE INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12 SCHEDULE D, PART XI, LINE 2D \$(5,872) TRANSFER TO AFFILIATES

OTHER REVENUE INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1
SCHEDULE D, PART XI, LINE 4B
\$(76,086) SPECIAL EVENT EXPENSES

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

SOUTHWESTERN VERMONT HEALTHCARE

Inspection Employer identification number

Name of the organization

OU	NDATION INC					45-3362785	D
Pari	Fundraising Activities. Com				"Yes" to Form 9	90, Part IV, line	17.
	FORM 990-EZ filers are not i					-11 45 -4	
1	Indicate whether the organization rais	_		_			
a		е			non-government g		
b		f	1 1		government grant	5	
С		9	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written or key employees listed in Form 990						Yes No
b	If "Yes," list the ten highest paid indicompensated at least \$5,000 by the		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		.,	
1							
2							
3						**	
4							
5							_
6							
7							
8							
9							
10	***		1				
				<u></u>			
ota!				<u>. , .</u> >			
3	List all states in which the organizar registration or licensing	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
		· · · 					
		<u></u>					
		-					

Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000

(d) Total events (add col (a) through col (c)) 137,551 103,053 34,498 3,300 913 24,319 13,210 34,344 76,086.) -41,588 or reported more
col (c)) 137,551 103,053 34,498 3,300 913 24,319 13,210 34,344 > (76,086.) -41,588
137,551 103,053 34,498 3,300 913 24,319 13,210 34,344 > (76,086.) -41,588
103,053 34,498 3,300 913 24,319 13,210 34,344 > (76,086.) > -41,588
34,498 3,300 913 24,319 13,210 34,344 > (76,086.) -41,588
3,300 913 24,319 13,210 34,344 ► (76,086.) ► (-41,588
913 24,319 13,210 34,344 ► (76,086.) ► -41,588
913 24,319 13,210 34,344 ► (76,086.) ► -41,588
24,319 13,210 34,344 ► (76,086.) ► -41,588
13,210 34,344 (76,086.) -41,588
34,344 ► (76,086.) ► -41,588
> (76,086.) > -41,588
▶ -41,588
or reported more
or reported more
aming (d) Total gaming (add col (a) through col (c))
%
Yes No

b If "Yes," explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

•		45-3362785
Sched	ule G (Form 990 or 990-EZ) 2012	Page 3
11	Does the organization operate gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti	tv
	formed to administer charitable gaming?	
13	Indicate the percentage of gaming activity operated in	
a	The organization's facility	13a %
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events bool	
•	records	
	Name ►	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives	
	revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt org or spent in the organization's own exempt activities during the tax year ▶ \$	anizations
Par	Supplemental Information. Complete this part to provide the explanation required by F columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable	
	part to provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization FOUNDATION INC

Department of the Treasury

Internal Revenue Service

SOUTHWESTERN VERMONT HEALTHCARE

Employer identification number 45-3362785

Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		Yes	No
	1 1		1,40
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
			İ
			ĺ
Travel for companions Payments for business use of personal residence Health or conversion to the division of the second state of the second sta			į
Tax indemnification and gross-up payments Health or social club dues or initiation fees			İ
Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			İ
If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			İ
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.		İ
explain	1b		
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			l
directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
Indicate which, if any, of the following the filing organization used to establish the compensation of the			l
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 Written employment contract			1
Independent compensation consultant Compensation survey or study			1
Form 990 of other organizations Approval by the board or compensation committee			
During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			l
organization or a related organization			v
Receive a severance payment or change-of-control payment?	4a		X
Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
Participate in, or receive payment from, an equity-based compensation arrangement?	4c		\vdash^{Δ}
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•			ĺ
	5a		Х
• • • • • • • • • • • • • • • • • • • •	\vdash		Х
·			1
· · · · · · · · · · · · · · · · · · ·	62		Х
•			X
			
·			
	,		x
			<u> </u>
			1
			X
	-		$\vdash $
	compensation contingent on the revenues of The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	compensation contingent on the revenues of The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	compensation contingent on the revenues of The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III. 8

JSA

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
THOMAS DEE	€	0	0			0		
1 PRESIDENT/CEO	: : ::	400,695.	81,000.	19,379.	25,000.	28,824.	554,898.	0
STEPHEN MAJETICH (1)	€		5	0		0		0
	(II)	262, 637.	31,729.	30,596.	8,000.	31,018.	363,980.	0
	€						 	
3	(II)							
9	<u> </u>							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(ii)	▣							
3	=							1
(ii)	<u>.</u>							
	€							
9	<u>.</u>		ı					
3	€							
(ii)	E		1					
	(E)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(ii)	(E)						ļ	
	≘		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	† † † † † † †		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ii) 6	(E)							
9	<u> </u>	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10	III		١					
	i						 	
11 (ii	€							
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12 (ii	⊞							
<u> </u>	i	1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
13 (II	(E)							
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14 (ii)	(E)							
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15 (ii	(ii)							
	€ €							
91							Sch	Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

TOP MANAGEMENT OFFICIAL COMPENSATION DETERMINATION

LINE PART I, SCHEDULE J, SOUTHWESTERN VERMONT MEDICAL CENTER, A RELATED ORGANIZATION, USES THE

ESTABLISH THE COMPENSATION OF THE CEO: COMPENSATION 5 FOLLOWING WRITTEN EMPLOYMENT CONTRACT, INDEPENDENT COMPENSATION COMMITTEE, CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR

COMPENSATION COMMITTEE

BONUS DETERMINATION

SCHEDULE J, PART II, COLUMN B(II)

ALL COMPENSATION IS PAID BY SOUTHWESTERN VERMONT MEDICAL CENTER,

RELATED ORGANIZATION. THE AMOUNT OF INCENTIVE COMPENSATION IS CALCULATED

IN ACCORDANCE WITH THE FORMAL INCENTIVE COMPENSATION PROGRAM THAT

SVHC'S HUMAN RESOURCE DEPARTMENT IN CONJUNCTION WITH OUR DEVELOPED BY

COMPENSATION CONSULTANT MIKE MACIEKOWICH OF ASTRON SOLUTIONS

THE ESSENCE OF THE PROGRAM IS TO REWARD OUR CEO FOR ACHIEVING POSITIVE

GOALS ARE RESULTS ON BOTH ORGANIZATIONAL AND INDIVIDUAL GOALS. THE THE BEGINNING OF Ω PRIOR GOVERNANCE COMMITTEE THE ESTABLISHED BY Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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.

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.

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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

SOUTHWESTERN VERMONT HEALTHCARE

Employer identification number

Name of the organization FOUNDATION INC

45-3362785

Par	Types of Property				-			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art	Х	5.	1,588.	FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	x		7,618.	FMV			
6	Cars and other vehicles	i .		-				
7	Boats and planes	-						
8	Intellectual property							
9	Securities - Publicly traded		2.	2,216.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation	1						
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		==					
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(CRAFTED_ITEMS)	X	9.	2,250.				
26	Other ►(MISCELLANEOUS)		15.	2,462.	FMV			
27	Other ►()				ļ			
28	Other ►()							
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ar for contributions for				
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	jement	29			
		_					Yes	No
30 a	During the year, did the organiza		•	•				
	it must hold for at least three year							
_	used for exempt purposes for the e		g period?	• • • • • • • • • • • • • • • • • • • •		30a		X
	If "Yes," describe the arrangement							
31	Does the organization have a	•	•					
	contributions?					31	Х	
32 a	Does the organization hire or us	•	-	· · · · · · · · · · · · · · · · · · ·				
	contributions?					32a	X	
	If "Yes," describe in Part II							
33	If the organization did not report at describe in Part II	n amount in	column (c) for a type of pro	pperty for which column (a) is checked,			

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

Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information.

USE OF THIRD PARTIES TO SELL NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32A

THE ORGANIZATION USES A THIRD PARTY INVESTMENT BROKER TO SELL NONCASH

GIFTS OF STOCK.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

2012
Open to Public
Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

SOUTHWESTERN VERMONT HEALTHCARE

Employer identification number

FOUNDATION INC

45-3362785

BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2
THOMAS DEE, MICHAEL BRADY, MARNY KRAUSE, STEPHEN D MAJETICH, AND ORION
HOWARD SHARE A BUSINESS RELATIONSHIP AS THEY ARE ALL ON THE BOARD OF
SOUTHWESTERN VERMONT HEALTHCARE ENTERPRISES, A RELATED TAXABLE
ORGANIZATION.

CLASSES OF MEMBERS OR STOCKHOLDERS

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

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

45-3362785

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.

PROCESS TO REVIEW THE FORM 990

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

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 MAMANGEMENT ARE MADE, THE UPDATED DRAFT FORM 990 IS THE PRESENTED TO THE FINANCE COMMITTEE. AFTER ANY FINAL CHANGES ARE MADE, THE FORM 990 IS PRESENTED TO THE FULL BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

Employer identification number

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

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

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE INTEREST 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 AFTER WHICH RECOMMENDATIONS ARE BROUGHT BEFORE THE FULL BOARD FOR A VOTE. IN THE CASE OF A POTENTIAL CONFLICT OF INTEREST, THE BOARD MEMBER ASTAINS FROM ALL DISCUSSION AND CONSIDERATION OF THE ITEM THAT PRESENTS THE

COMPENSATION REVIEW

POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINES 15A & 15B THE ORGANIZATION'S CEO POSITION IS PAID BY SOUTHWESTERN VERMONT MEDICAL CENTER (SVMC). THE PROCESS SVMC USES TO DETERMINE CEO COMPENSATION IS AS FOLLOWS: THE BOARD ENGAGES AN OUTSIDE CONSULTING FIRM TO REVIEW COMPARABLE CEO SALARY DATA AND USES NATIONAL PROFESSIONAL ORGANIZATION SURVEY DATA IN THE DETERMINATION OF THE CEO'S SALARY AND BENEFITS.

IN ADDITION, THE BOARD ENGAGES AN OUTSIDE CONSULTING FIRM AND ALSO USES NATIONAL PROFESSIONAL ORGANIZATION SURVEY DATA TO REVIEW THE WAGE DATA OF OTHER OFFICERS AND KEY EMPLOYEES.

THE PROCESS BEGINS WITH A REOUEST 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 Name of the organization

SOUTHWESTERN VERMONT HEALTHCARE

45-3362785

Employer identification number

FOUNDATION INC

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.

DOCUMENT DISCLOSURE

FORM 990, FART VI, SECTION C, LINE 19
SOUTHWESTERN VERMONT HEALTHCARE FOUNDATION MAKES ITS GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC UPON REQUEST.

BOARD MEMBER COMPENSATION

FORM 990, PART VII, SECTION A

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. WILLIAM SARCHINO RECEIVES COMPENSATION FOR HIS ROLE AS PRESIDENT

OF MEDICAL STAFF.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

\$(5,872) TRANSFER TO AFFILIATES

SOUTHWESTERN VERMONT HEALTHCARE

Employer identification number

FOUNDATION INC

45-3362785

92,621 SPECIAL EVENT TRANSFERS

\$ 86,749

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2012

OMB No 1545-0047

▶ See separate instructions. ▶ Attach to Form 990.

SOUTHWESTERN VERMONT HEALTHCARE

FOUNDATION INC Name of the organization Department of the Treasury

Internal Revenue Service

Employer Identification number 45-3362785

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33) (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity .-(1)_ Part I **€** <u>ල</u> **(5) (6)** 3

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

(a) Name, address, and EIN of related organization	ated organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling	(9) Section 512(b)(13) controlled	1) 12(b)(13) olled
					((-Wa)	ì	entrity	ıλ'
							Yes	N _o
(1) SOUTHWESTERN VERMONT HEALTHCARE CORP	9 03-0179435							
100 HOSPITAL DRIVE	BENNINGTON, VT 05201	MANAGEMENT	VT	501(C)(3)	3	N/A		×
(2) SOUTHWESTERN VT HEALTHCARE AUXILIARY	22-25							
100 HOSPITAL DRIVE	BENNINGTON, VT 05201	SUPPORT SVHC	VT	501(C)(3)	6	SVHC		×
(3) SOUTHWESTERN VERMONT MEDICAL CENTER	22-2563241							
100 HOSPITAL DRIVE	BENNINGTON, VT 05201	HOSPITAL	VT	501(C)(3)	ĸ	SVHC		×
(4) MOUNT ANTHONY HOUSING CORPORATION	03-0279740							
100 HOSPITAL DRIVE	BENNINGTON, VT 50201	NURSING HOMES	VT	501(C)(3)	0	SVHC		×
(5)								
(9)								
(7)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instructions for Form 990.					Schedule R (Form 990) 2012	Rorm 9	90) 2012

Schedule R (Form 990) 2012

(k) Percentage ownership managing partner? General or Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No Ξ (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling lentity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of
related organization Part III Part IV 5 2 **E** 4 9 9

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen-	(i) Section 512(b)(13)
i		country)		trust)			ownership	entity?
							٦.	Yes No
(1) SOUTHWESTERN VT HEALTHCARE ENTERPRISES 03-0314501	age Sha I ean	Ψ/\	CHAS	CORP				×
<u>[2]</u>								:
(3)	į							<u> </u>
(4)								
(9)								<u> </u>
(9)								
(I)								·
						Schedule R (Form 990) 2012	Form 990	2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	
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?	elated organizations list	ed in Parts II-1V?		3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				•	$\stackrel{\times}{\parallel}$
b Gift, grant, or capital contribution to related organization(s)			1	_	×
Giff grant or canital contribution from related organization(s)			10	×	
			19	_	$\stackrel{\times}{\sqsubseteq}$
			1e	×	

f Dividends from related organization(s)			#	_	×
			19		×
b Durchase of assets from related organization(s)			- -	_	×
			 =	L	×
i Lease of facilities equipment or other assets to related organization(s)			:	 	×
	· · · · · · · · · · · · · · · · · · ·			2000 C	ۆ نى
k Lease of facilities, equipment, or other assets from related organization(s)			*		
			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	X	
			1n	×	
o Sharing of paid employees with related organization(s).			10	×	_
			<u> </u>		<u> </u>
p Reimbursement paid to related organization(s) for expenses			<u>라</u> ::		\times
q Reimbursement paid by related organization(s) for expenses			<u></u> ::	-	
			`c e		18
r Other transfer of cash or property to related organization(s)			<u>는</u>		$\stackrel{\times}{}$
s Other transfer of cash or property from related organization(s)			18	×	
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	this line, including cover	ed relationships and transa	ction thresho	sp	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	eterminii	6
	(Abe (a-s)			P	
(1)					
(3)					
(4)					
(2)		,			
(9)					
ASA			Schedule R (Form 990) 201	066 m) 201

PAGE 47

Schedule R (Form 990) 2012

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (d) (e) (e) (d) (e) (e) (e) (e) (d) (e) (formal) Are all forming activity (state or foreign income (related, 501) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related,	artnei	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?	(I) Code V-UB! amount in box 20	(f) General or managing partner?	(k) Percentage ownership
		councy)	unrelated, excluded from tax under section 512-514)	organizations?		STREET	Yes		Yes No	
(1)										
(2)										
(<u>3</u>)										
(4)										
(5)										
(9)										!
(7)										
(8)										
(6)										
(10)										
(11)										
(12)	:									
(13)									-	
(14)							;			
(15)								-		
(16)										
								Sch	edule R (Fo	Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

Page 5

Part VII **Supplemental Information**

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

Form 88	368 (Rev. 1-2013)				Page 2	
If yo	ou are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part	II and check this box	<u> </u>	
_	Only complete Part II if you have already been grar					
If yo	ou are filing for an Automatic 3-Month Extension, c	complete o	only Part I (on page 1).			
Part	Additional (Not Automatic) 3-Month Ex	ctension c	of Time. Only file the original	ginal (no copies needed).		
			E	nter filer's identifying number, see	instructions	
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E	IN) or	
Type	or SOUTHWESTERN VERMONT HEALTHCAN	RE				
print	FOUNDATION INC			43-3362785		
-	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SSN)		
File by th due date						
filing you return. S		a foreign ad	dress, see instructions.			
instruction						
Enter 1	the Return code for the return that this application i	is for (file a	a separate application for e	ach return)	. 0 1	
Applic		Return	Application		Return	
ls For		Code	ls For		Code	
Form 9	990 or Form 990-EZ	01			NEFFEM!	
	990-BL	02	Form 1041-A		08	
Form -	4720 (individual)	03	Form 4720		09	
Form 9	990-PF	04	Form 5227		10	
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (sec. 401(a) or 408(a) trust)						
STOP!	Do not complete Part II if you were not already	granted an	automatic 3-month exte	nsion on a previously filed Forr	n 8868.	
• If the for the list with 4 I 5 F 6 If 7 S	te organization does not have an office or place of bis is for a Group Return, enter the organization's four whole group, check this box	ur digit Gro f it is for pe n is for. ntil ng onths, chec	oup Exemption Number (GE art of the group, check this (10/01, 20, 12, arck reason: Initial re	in the box in the box	ach a	
	f this application is for Form 990-BL, 990-PF, 99 nonrefundable credits. See instructions.	90-T, 4720	, or 6069, enter the ten	tative tax, less any		
b iii	f this application is for Form 990-PF, 990-T, estimated tax payments made. Include any promount paid previously with Form 8868. Balance Due. Subtract line 8b from line 8a. Include	or year o	verpayment allowed as	ndable credits and a credit and any 8b \$		
	Electronic Federal Tax Payment System) See instruc	ctions.	·	8c \$		
	Signature and Verifica enalties of perjury, I declare that I have examined this form, in correct, and complete, and that I am authorized to prepare this form.	including acc	•	•	ge and belief,	
Signatur	Brian D Zdd		Title ▶ CFA	Date ▶ 4/2 Form 8868	8/14	

Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

internal Revenue	Service	sebarate at	phoduon for each fetuin.				
	filing for an Automatic 3-Month Extension, o				▶\X		
-	filing for an Additional (Not Automatic) 3-Mo		•				
-	lete Part II unless you have already been gra			•			
a corporatior 8868 to requ Return for T	ling (e-file). You can electronically file Form in in required to file Form 990-T), or an addition uest an extension of time to file any of the Fransfers Associated With Certain Persona For more details on the electronic filing of the	nal (not aut forms liste I Benefit (comatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time. You can electronical ith the exception of Form 8870, to be sent to the IRS in paper in the IRS in the	lly file Form Informatior format (see		
Part I Aut	omatic 3-Month Extension of Time. On	ıly submıt	original (no copies ne	eeded).			
A corporation	n required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete			
Part I only 🚬					▶□		
	porations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use I				
to file income	e tax returns Name of exempt organization or other filer, see in	atructions		Enter filer's identifying number, se			
Type or	SOUTHWESTERN VERMONT HEALTHCA			Employer identification number (EIN)	or		
print	FOUNDATION INC	KL		43-3362785			
- File by the	Social security number (SSN)						
due date for	Number, street, and room or suite no If a P O box	Social security number (SSN)					
100 HOSPITAL DRIVE return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions BENNINGTON, VT 05201							
				·	T = .		
Application Return Application Return S For Code Is For Code							
			<u> </u>	tion)	+		
Form 990-BL		02	Form 1041-A		08		
Form 4720-	· · _ · _ · _ · _ · _ · _ · _ · _ ·	03	Form 4720		09		
Form 990-PF		04 05	Form 5227 Form 6069		10		
	(sec_401(a) or 408(a) trust) (trust other than above)	06	Form 8870		12		
1 01111 990-1	(trust other trial above)	00	1 01111 0070		1		
Telephone If the orga If this is fo	STEPHEN MAJETIC No ► 802 447-5011 Initiation does not have an office or place of large a Group Return, enter the organization's for a group, check this box ► 16 In a names and EINs of all members the extension	business in business in ur digit Gro f it is for pa		(GEN) If the	▶☐ nis is tach		
1 I reque	st an automatic 3-month (6 months for a cor	poration re	quired to file Form 990	O-T) extension of time			
until		exempt org	ganization return for the	e organization named above. The e	extension is		
	organization's return for						
• 	calendar year 20 or	1 0010		00/20 10			
► X	tax year beginning10/0	<u>11</u>	and ending	09/30, 20 13			
	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, ched	ck reason: Initial r	eturn Final return			
	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the	tentative tax, less any	<u> </u>		
	undable credits See instructions			3a \$			
	application is for Form 990-PF, 990-T,		•				
	ted tax payments made Include any prior yea				·		
	e due. Subtract line 3b from line 3a Include onic Federal Tax Payment System) See instru		ent with this form, if re				
	are going to make an electronic fund withdrawal		orm 8868 see Form 8452	3c \$	netructions		
	ct and Paperwork Reduction Act Notice, see Instr		onn 0000, see i 0iii 6453		/Rev 1-2013		