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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013**Open to Public
Inspection****A** For the 2013 calendar year, or tax year beginning **October 1**, 2013, and ending **September 30**, 2014**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**Auxiliary to Northeastern VT Regional Hospital, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

1315 Hospital Drive, P.O. Box 905

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

St. Johnsbury, VT 05819**D** Employer identification number**23-7298619****E** Telephone number**802-748-7515****F** Group Exemption
Number ▶**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	13085
	3	Membership dues and assessments	3	365
	4	Investment income	4	11
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	68397
	b	Less: cost of goods sold	7b	48254
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	20143
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	33604
	10	Grants and similar amounts paid (list in Schedule O)	10	18208
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	275
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	6395
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	24878
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8726
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26580	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	81641	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	116947	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26580	22 77170
23 Land and buildings		23
24 Other assets (describe in Schedule O)	0	24 39777
25 Total assets		25
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26580	27 116947

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **See Attached comment on Sch O.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See comments on Sch O.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	14208
29 See comments on Sch O.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4000
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	18208

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Laura St James-Long President	2	0	0	0
Wendy Stinets Vice President	2	0	0	0
Nancy Erickson Secretary	2	0	0	0
Susan Sanborn Treasurer	2	0	0	0
Leon Podgur Board Member	1	0	0	0
Sharon Heidmann Board member	1	0	0	0
Patricia Forest Volunteer Director for Auxiliary	10	0	0	0
Gretchen Hammer Board Member	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ► Vermont		
42a The organization's books are in care of ► Auxiliary of NVRH Telephone no. ► 802-748-7515 Located at ► 1315 Hospital Drive, St. Johnsbury, VT ZIP + 4 ► 05819-0905		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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

	Yes	No
47		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A - no employees				

- f** Total number of other employees paid over \$100,000 ▶

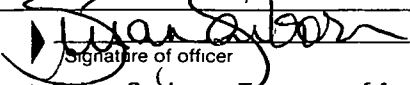
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A -		

- d** Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date 7/27/15
	Susan Sanborn, Treasurer of Auxiliary for Northeastern VT Regional Hospital, Inc.	7/27/2015

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

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

2013 - 990-EZ SCHEDULE O

Part I – Net Assets – line 20

We are reflecting a prior period correction for an increase of \$81,639 in our net asset balance. Upon review of the tax return by new accounting staff for the Hospital, we realized we had been excluding the cash and inventory assets related to the Cherry Wheel Gift shop and the Circle of Care Cancer Boutique. The \$81,639 reflects the cash and inventory balances as of 9/30/2013. Along with the correction for the net asset values, we are now fully recording the activity related to the sales of inventory and cost of goods sold in the appropriate lines 7a and 7b.

Part II – Other Assets – line 24 \$41,299

The Cherry Wheel Gift shop and Cancer Boutique carry inventory that is tracked and reported by a point of sale system. The value on that inventory as of 9/30/2014 is \$41,299.

Part III – Primary Exempt Purpose

The purpose of the Auxiliary to Northeastern Vermont Regional Hospital, Inc. (NVRH) shall be to render service to Northeastern Vermont Regional Hospital and its patients, and to assist Northeastern Vermont Regional Hospital in promoting the health and welfare of the community, in accordance with objectives established by the hospital. This organization shall exist exclusively for charitable purposes. Membership shall be open to all male and female adults who are interested in Northeastern Vermont Regional Hospital and who are willing to uphold the purpose of the Auxiliary.

The major service support provided by the Auxiliary to the hospital is represented by volunteers from the Auxiliary providing support services throughout the hospital. These services include greeting at the front desk, providing personal assistance to female clients obtaining mammograms, assisting with duties in the laundry room, administrative support as well managing and staffing the Gift Shop in the main hospital and the Circle of Care Boutique at the Cancer Center. This fiscal year 22,153 hours were donated by 152 volunteers.

Part III – 28

The major monetary support the Auxiliary provides to NVRH is the provision of hospital equipment through the annual Wish List. The Auxiliary solicits requests from NVRH managers for unmet needs of equipment which will improve patient safety, satisfaction and outcomes and have not been approved for purchase through the hospitals capital budget process. Each year, based on cash flow, a committee of the auxiliary reviews all requests and prioritizes those capital investments which have been unfunded from the hospital's budgeting process but would be beneficial for treatment of patients using services available at the hospital.

2013 - 990-EZ SCHEDULE O

28. a \$14,208

Part III – 29

The Auxiliary also utilizes the funds earned from program activities to provide \$4,000 in scholastic achievement awards to area residents. Four individuals receive \$1,000 each as a scholastic achievement award to assist them in their healthcare-related educational endeavors. The auxiliary accepts applications from individuals residing in the hospital's service area. The application includes a resume and information outlining the individual's desires to expand their education in the healthcare field. A committee made up of Auxiliary volunteers is convened to review all of the applications and four recipients are identified.

29. a. \$4,000

32 \$18,208