EXTENDED TO AUGUST 17, 2026

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 **and ending** SEP 30, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ALICE HYDE MEDICAL CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
133 PARK STREET

City or town, state or province, country, and ZIP or foreign postal code
MALONE, NY 12953

F Name and address of principal officer: MATEJ KOLLAR
SAME AS C ABOVE

D Employer identification number
15-0346515

E Telephone number
(518) 483-3000

G Gross receipts $ 132,677,904.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ALICEHYDE.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1905 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO SERVE THE COMMUNITY THROUGH ACUTE, LONG TERM AND PRIMARY HEALTHCARE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	898
6	Total number of volunteers (estimate if necessary)	6	32
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,131,647.	939,896.
9	Program service revenue (Part VIII, line 2g)	108,194,275.	128,352,245.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,170.	780,468.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,030,673.	1,910,016.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,452,765.	131,982,625.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	13,300.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	72,472,230.	90,687,751.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,868,628.	44,733,964.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	116,340,858.	135,435,015.
19	Revenue less expenses. Subtract line 18 from line 12	-1,888,093.	-3,452,390.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	67,372,089.	61,049,858.
21	Total liabilities (Part X, line 26)	63,345,265.	60,047,270.
22	Net assets or fund balances. Subtract line 21 from line 20	4,026,824.	1,002,588.

Part II Signature Block

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

Sign Here

Signature of officer — Date

MATEJ KOLLAR, VP/CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
THOMAS J. GIUFRE	THOMAS J. GIUFRE	08/06/26	☐	P00841958

Firm's name FUSTCHARLES LLP — Firm's EIN 16-1226221

Firm's address 220 S WARREN STREET
SYRACUSE, NY 13202 — Phone no. 315-446-3600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ALICE HYDE MEDICAL CENTER WILL DISTINGUISH ITSELF AS A TRUSTED AND RESPECTED HEALTH CARE LEADER AND PROVIDER OF CHOICE, EXCEEDING EXPECTATIONS THROUGH SERVICE EXCELLENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 99,575,089. including grants of $ 13,300.) (Revenue $ 130,006,103.)
ALICE HYDE MEDICAL CENTER PROVIDES PATIENT CARE AS A CRITICAL ACCESS HOSPITAL, GENERAL MEDICAL/SURGICAL HOSPITAL AND SKILLED NURSING FACILITY. ALICE HYDE MEDICAL CENTER PROVIDED INPATIENT SERVICES FOR 850 PATIENTS, PROVIDED 439,495 OUTPATIENT ANCILLARY PROCEDURES, PROVIDED 81,957 PHYSICIAN OFFICE VISITS, AND PROVIDED 42,877 DAYS OF SKILLED NURSING FACILITY CARE, AND 10,544 DAYS OF ASSISTED LIVING FACILITY CARE DURING THE PERIOD.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 99,575,089.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
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		X
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	X	
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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 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 donor-restricted endowments or in 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, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, 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	X	
35a	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 related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	62		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
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	898		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on 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				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9		
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		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on 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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MATEJ KOLLAR, CFO - (518) 483-3000
133 PARK STREET, MALONE, NY 12953

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE LEBEAU	10.00									
PRESIDENT AHMC/CVPH	40.00			X				0.	729,287.	133,642.
(2) DR. RAMSEY HERRINGTON	1.00									
MG PRESIDENT & CEO (AS OF 7/25)	49.00			X				0.	703,586.	73,632.
(3) DR. JASON SANDERS	1.00									
UVMMG PRESIDENT & CEO (TIL 3/2025)	49.00				X			0.	650,982.	100,184.
(4) DR. LISA MARK	4.00									
CHIEF MEDICAL OFFICER	41.00				X			0.	525,284.	53,254.
(5) LISA L GOODRICH	0.00									
FMR VP MED GROUP NTWK DEPTS (TIL3/20	50.00						X	0.	477,116.	76,618.
(6) MATEJ KOLLAR	25.00									
VP/CFO	25.00			X				0.	375,259.	53,427.
(7) MARINA MEDVED	1.00									
BOARD MEMBER	44.00	X						0.	365,915.	26,926.
(8) DEBRA PIERCEY	45.00									
ANESTHETIST NURSE						X		299,268.	0.	11,382.
(9) WENDY FRANK	45.00									
NURSE PRACTITIONER						X		251,153.	0.	22,457.
(10) MATT JONES	1.00									
CVPH AVP(TIL 5/2025)/FORMER AHMC COO	45.00					X		244,549.	0.	18,686.
(11) DUYEN NGUYEN	45.00									
DENTIST						X		241,742.	0.	18,056.
(12) EMILY CAMPBELL	45.00									
AVP PATIENT & PEOPLE						X		222,012.	0.	11,642.
(13) SUSAN BIONDOLILLO	45.00									
INTERIM VP, LT CARE OPERATIONS					X			217,996.	0.	6,463.
(14) KRISTEN ELLIS-WOOD	45.00									
AVP OF SUPPORT & PROFESSIONAL SERVIC					X			184,167.	0.	35,813.
(15) TAMMY REYNOLDS	30.00									
BOARD MEMBER		X						58,714.	0.	14,580.
(16) ROBERT G. MAIN, JR.	1.00									
CHAIR		X		X				0.	0.	0.
(17) KEVIN HART	1.00									
SECRETARY	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS FITZPATRICK TREASURER	1.00	X		X				0.	0.	0.
(19) CAROL MCKEE, RN BOARD MEMBER (TIL 12/2024)	1.00	X						0.	0.	0.
(20) DONNA KISSANE BOARD MEMBER	1.00	X						0.	0.	0.
(21) JASON ELLIS VICE-CHAIR	1.00	X		X				0.	0.	0.
(22) PAUL KOEHLER BOARD MEMBER (TIL 12/2024)	1.00	X						0.	0.	0.
(23) BRIAN MONETTE BOARD MEMBER (TIL 12/2024)	1.00	X						0.	0.	0.
(24) BARBARA MONTOUR, CPA BOARD MEMBER	1.00	X						0.	0.	0.
(25) CRAIG RICHARDS, DO BOARD MEMBER	1.00	X						0.	0.	0.
(26) HANNAH BUSMAN BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,719,601.	3,827,429.	656,762.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,719,601.	3,827,429.	656,762.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 132

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CROSS COUNTRY STAFFING INC, 5201 CONGRESS AVENUE, SUITE 160, BOCA RATON, FL 33487	STAFFING	4,856,719.
BARTON ASSOCIATES INC 300 JUBILEE DRIVE, PEABODY, MA 01960	STAFFING	1,323,483.
WEATHERBY LOCUMS, INC, 6451 N REDERAL HWY, FORT LAUDERALE, FL 33308	STAFFING	1,025,212.
HEALTHCARE WORKFORCE LOGISTICS LLC 2655 NORTHWINDS PKWY, ALPHARETTA, GA 30009	STAFFING	430,558.
BUB'S ENTERPRISES LLC 10 HARRISON AVE, CHATEAUGAY, NY 12920	GROUNDS WORK	230,668.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 6

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NATHAN MONETTE BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	19,280.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	829,250.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	91,366.				
	g Noncash contributions included in lines 1a-1f	1g	$ 3,258.				
	h **Total.** Add lines 1a-1f			939,896.			
Program Service Revenue		**Business Code**					
	2a PATIENT CARE	621900		122845965.	122845965.		
	b 340B REVENUE	456100		3,449,860.	3,449,860.		
	c PROGRAM INCENTIVES/PREMIUM REVENU	621900		498,035.	498,035.		
	d RETAIL PHARMACY REVENUE	456100		17,166.	17,166.		
	e						
	f All other program service revenue	621900		1,541,219.	1,541,219.		
	g **Total.** Add lines 2a-2f			128352245.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			616,795.			616,795.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	444,479.					
	b Less: rental expenses 6b	187,437.					
	c Rental income or (loss) 6c	257,042.					
	d Net rental income or (loss)			257,042.			257,042.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	667,999.					
	b Less: cost or other basis and sales expenses 7b	504,326.					
	c Gain or (loss) 7c	163,673.					
	d Net gain or (loss)			163,673.			163,673.
	8a Gross income from fundraising events (not including $ 19,280. of contributions reported on line 1c). See Part IV, line 18	8a	2,632.				
	b Less: direct expenses	8b	3,516.				
	c Net income or (loss) from fundraising events			-884.			-884.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a EMPLOYEE RETENTION CREDIT	900099		1,134,332.	1,134,332.		
	b CAFETERIA REVENUE	900099		519,526.	519,526.		
	c						
	d All other revenue	900099					
	e **Total.** Add lines 11a-11d			1,653,858.			
	12 **Total revenue.** See instructions			131982625.	130006103.	0.	1036626.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,300.	13,300.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	592,782.		592,782.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	74,075,539.	52,572,358.	21,503,181.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,257,973.	1,827,645.	430,328.	
9 Other employee benefits	9,292,860.	5,554,003.	3,738,857.	
10 Payroll taxes	4,468,597.	3,449,306.	1,019,291.	
11 Fees for services (nonemployees):				
a Management				
b Legal	80,532.		80,532.	
c Accounting	151,352.		151,352.	
d Lobbying	20,136.		20,136.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,200.		2,200.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,967,452.	8,651,309.	1,316,143.	
12 Advertising and promotion				
13 Office expenses	199,435.	37,551.	161,884.	
14 Information technology	127,291.	360.	126,931.	
15 Royalties				
16 Occupancy	1,523,076.	237,968.	1,285,108.	
17 Travel	637,076.	590,349.	46,727.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	76,644.	76,644.		
20 Interest	887,411.		887,411.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,182,090.	2,085,983.	1,096,107.	
23 Insurance	1,026,918.		1,026,918.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & PHAR	15,836,379.	15,668,915.	167,464.	
b BAD DEBT EXPENSE	6,163,774.	6,163,774.		
c PROVIDER TAX	1,247,210.	1,247,210.		
d SMALL EQUIPMENT	642,109.	549,131.	92,978.	
e All other expenses	2,962,879.	849,283.	2,113,596.	
25 **Total functional expenses.** Add lines 1 through 24e	135,435,015.	99,575,089.	35,859,926.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	5,531,921.	1	6,073,136.
	2	Savings and temporary cash investments	2,551,049.	2	2,324,567.
	3	Pledges and grants receivable, net		3	69,750.
	4	Accounts receivable, net	11,036,176.	4	13,563,578.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,198,516.	8	1,434,535.
	9	Prepaid expenses and deferred charges	3,665,468.	9	1,869,672.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 65,314,042.			
	b	Less: accumulated depreciation — 10b: 36,710,592.	30,733,748.	10c	28,603,450.
	11	Investments - publicly traded securities	4,492,282.	11	4,950,114.
	12	Investments - other securities. See Part IV, line 11	16,283.	12	17,283.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,146,646.	15	2,143,773.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	67,372,089.	16	61,049,858.
Liabilities	17	Accounts payable and accrued expenses	8,060,339.	17	7,761,439.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	25,732,848.	23	23,681,622.
	24	Unsecured notes and loans payable to unrelated third parties		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	29,552,078.	25	28,604,209.
	26	**Total liabilities.** Add lines 17 through 25	63,345,265.	26	60,047,270.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,202,812.	27	-584,447.
	28	Net assets with donor restrictions	824,012.	28	1,587,035.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,026,824.	32	1,002,588.
	33	Total liabilities and net assets/fund balances	67,372,089.	33	61,049,858.

Form **990** (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,982,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	135,435,015.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,452,390.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,026,824.
5	Net unrealized gains (losses) on investments	5	830,342.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-402,188.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,002,588.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
ALICE HYDE MEDICAL CENTER

Employer identification number
15-0346515

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
ALICE HYDE MEDICAL CENTER	15-0346515

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		20,136.
j Total. Add lines 1c through 1i			20,136.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:
AHMC PAYS ANNUAL MEMBERSHIP FEES TO ORGANIZATIONS THAT KNOWINGLY DEVOTE RESOURCES TO LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ALICE HYDE MEDICAL CENTER

Employer identification number
15-0346515

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

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

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,240,229.	995,509.	897,940.	1,122,767.	949,748.
b Contributions					
c Net investment earnings, gains, and losses	125,931.	244,720.	97,569.	-224,827.	173,019.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,366,160.	1,240,229.	995,509.	897,940.	1,122,767.

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

a Board designated or quasi-endowment _____ %
b Permanent endowment 13.4645 %
c Term endowment 86.5355 %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,721,459.		4,721,459.
b Buildings		43,366,765.	23,795,545.	19,571,220.
c Leasehold improvements				
d Equipment		16,639,080.	12,437,805.	4,201,275.
e Other		586,738.	477,242.	109,496.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				28,603,450.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	15,191,052.
(3) ARO/WORKER'S COMP RESERVE	1,255,064.
(4) OPERATING LEASE RIGHT-OF-USE-OBLIGATIONS	868,724.
(5) ESTIMATED 3RD PARTY PAYOR SETTLEMENTS	11,289,369.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	28,604,209.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:
THE FUNDS, AND ALL NET EARNINGS IN ADDITION THERETO, ARE HELD TO BENEFIT CHARITY, EDUCATION, RESEARCH, AND CHILDREN'S PROGRAMS.

PART X, LINE 2:
ALICE HYDE MEDICAL CENTER IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE UNIVERSITY OF VERMONT HEALTH NETWORK. PAGE 17 OF THE CONSOLIDATED FINANCIAL STATEMENTS CONTAIN A FOOTNOTE INDICATING THAT NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN RECORDED.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ALICE HYDE MEDICAL CENTER

Employer identification number

15-0346515

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of nongovernment grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	21,912.			21,912.
	2 Less: Contributions	19,280.			19,280.
	3 Gross income (line 1 minus line 2)	2,632.			2,632.
Direct Expenses	4 Cash prizes	250.			250.
	5 Noncash prizes	933.			933.
	6 Rent/facility costs	250.			250.
	7 Food and beverages				
	8 Entertainment	495.			495.
	9 Other direct expenses	1,588.			1,588.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,516.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-884.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming 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 $ _____

c If "Yes," enter the 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
ALICE HYDE MEDICAL CENTER

Employer identification number
15-0346515

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 250 %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a		X
b If "Yes," did the organization make it available to the public?	6b		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			1959606.	-861,609.	2821215.	2.18%
b Medicaid (from Worksheet 3, column a)			27371462.	7488490.	19882972.	15.38%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			29331068.	6626881.	22704187.	17.56%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			352,559.		352,559.	.27%
f Health professions education (from Worksheet 5)			776,803.		776,803.	.60%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			48,717.		48,717.	.04%
j **Total.** Other benefits			1178079.		1178079.	.91%
k **Total.** Add lines 7d and 7j			30509147.	6626881.	23882266.	18.47%

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

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

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 6,163,774.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 96,972.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5 25,583,929.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 28,533,526.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -2,949,597.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ALICE HYDE MEDICAL CENTER 133 PARK STREET MALONE, NY 12953 WWW.ALICEHYDE.COM 1624000H	X	X			X		X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: ALICE HYDE MEDICAL CENTER

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE PART V, SECTION C			
b [X] Other website (list url): SEE PART V, SECTION C			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: SEE PART V, SECTION C			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: ALICE HYDE MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 250 % for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: ALICE HYDE MEDICAL CENTER

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☐ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: ALICE HYDE MEDICAL CENTER

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

Part V **Facility Information** *(continued)*

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

ALICE HYDE MEDICAL CENTER:
PART V, SECTION B, LINE 5: TO HELP INFORM A COLLABORATIVE APPROACH TO IMPROVING COMMUNITY HEALTH, THE ADIRONDACK RURAL HEALTH NETWORK (ARHN) SOUGHT TO IDENTIFY PRIORITIES, FACTORS AND RESOURCES THAT INFLUENCE THE HEALTH OF RESIDENTS OF THE ADIRONDACK REGION (CLINTON, ESSEX, FRANKLIN, FULTON, HAMILTON, WARREN AND WASHINGTON COUNTIES).

ARHN SURVEYED STAKEHOLDERS IN THE SEVEN-COUNTY SERVICE AREA, TO PROVIDE THE CHA COMMITTEE WITH INPUT ON REGIONAL HEALTH CARE NEEDS AND PRIORITIES. STAKEHOLDERS INCLUDED PROFESSIONALS FROM HEALTH CARE, SOCIAL SERVICES, EDUCATIONAL, AND GOVERNMENTAL INSTITUTIONS AS WELL AS COMMUNITY MEMBERS.

ALICE HYDE MEDICAL CENTER ENGAGED ESSENTIAL CLINICAL STAFF AS PART OF AN INTERNAL PRIORITIZATION COMMITTEE TO ASSESS AND IDENTIFY THE KEY CRITICAL AREAS FOR TARGETED FOCUS AS DETERMINED BY THE 2022 COMMUNITY STAKEHOLDER SURVEY, AND IN SUPPORT OF THE NEW YORK STATE PREVENTION AGENDA. IN ADDITION TO THE VARIETY OF COMMUNITY AND REGIONAL RESOURCES AVAILABLE, ALICE HYDE MEDICAL CENTER (15-0346515) ASSESSED DATA AND PROGRAMS FROM ITS OUTPATIENT PRIMARY CARE PRACTICES, THE EMERGENCY DEPARTMENT AND OTHER KEY HOSPITAL DEPARTMENTS TO FURTHER IDENTIFY AREAS OF FOCUS AND AVAILABLE ASSETS.

LEAD STAFF FROM FRANKLIN COUNTY PUBLIC HEALTH, THE UNIVERSITY OF VERMONT HEALTH NETWORK ALICE HYDE MEDICAL CENTER AND ADIRONDACK HEALTH WORKED WITH PARTNERS TO COLLECT ACTIVITIES AND INTERVENTIONS IN SUPPORT OF THE NEW YORK STATE PREVENTION AGENDA. DETERMINATION OF SPECIFIC INTERVENTIONS RELATED TO EACH PRIORITY AREA WAS BASED ON ALIGNMENT WITH THE SPECIFIC GOALS AND OBJECTIVES EACH AGENCY IS COMMITTED TO; OTHER POPULATION HEALTH BASED INITIATIVES OCCURRING WITHIN THE ORGANIZATION; AND ORGANIZATIONAL ABILITY TO MAKE A SUSTAINED IMPACT WITH THE INTERVENTION.

ALICE HYDE MEDICAL CENTER:
PART V, SECTION B, LINE 6A: ADIRONDACK HEALTH - ADIRONDACK MEDICAL CENTER

ALICE HYDE MEDICAL CENTER:
PART V, SECTION B, LINE 6B: FRANKLIN COUNTY HEALTH DEPARTMENT - PUBLIC HEALTH UNIT

ALICE HYDE MEDICAL CENTER:
PART V, SECTION B, LINE 11: ALICE HYDE MEDICAL CENTER IDENTIFIED TWO NYS PREVENTION AGENDA PRIORITY AREAS FOR THE 2022-2024 COMMUNITY SERVICE PLAN CYCLE: (1) PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS AND (2) PREVENT CHRONIC DISEASE. FROM THESE TWO PRIORITY AREAS, ALICE HYDE MEDICAL CENTER DEVELOPED A COMPREHENSIVE ACTION PLAN IN RELATION TO ALICE HYDE MEDICAL CENTER.

THE TWO PRIORITIES' SELECTED FOCUS AREAS, GOALS, OBJECTIVES, AND INTERVENTIONS, AS FOLLOWS:

PROMOTE WELL BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS: PROMOTE

Part V **Facility Information** *(continued)*

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

WELL BEING

ACTION PLAN:
INVESTIGATE AND IMPLEMENT COMMUNITY PARTNERSHIPS FOR EXPANDED PRIMARY CARE OFFERINGS IN THE MALONE COMMUNITY TO IMPROVE ACCESS TO CARE. ACHIEVE GERIATRIC EMERGENCY DEPARTMENT (GEDA) ACCREDITATION IN 2022 TO SUPPORT THE NEEDS OF OUR AGING POPULATION. DEVELOP AND PLAN FOR AN ENHANCED/MODERNIZED/REIMAGINED HOSPITAL CAMPUS THROUGH NYS TRANSFORMATION IV GRANT FUNDING. CONTINUE THE ED PEER NAVIGATOR PROGRAM IMPLEMENTED IN AHMC EMERGENCY DEPARTMENT TO PROVIDE ACCESS TO AND COORDINATION OF COMMUNITY BASED RESOURCES FOR PATIENTS FREQUENTING THE ED, WHO NEED ADDITIONAL SERVICES TO MANAGE THEIR HEALTH AND WELL-BEING.

PROMOTE WELL BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS: MENTAL AND SUBSTANCE USE DISORDER PREVENTION

ACTION PLAN:
BUILD SUPPORT SYSTEMS TO CARE FOR OPIOID USERS OR AT RISK OF AN OVERDOSE. INTEGRATE TRAUMA INFORMED APPROACHES IN TRAINING STAFF AND IMPLEMENTING PROGRAM AND POLICY. STRENGTHENING RESOURCES FOR FAMILIES AND CAREGIVERS. CONTINUED COORDINATION/COLLABORATION BETWEEN AHMC ED AND THE CITIZEN ADVOCATES' CRISIS INTERVENTION CENTER TO ENSURE PATIENTS PRESENTING TO THE AHMC ED RECEIVE THE APPROPRIATE LEVEL OF CARE. CREATION OF FULLY TRAINED AHMC CISM TEAM (CRITICAL INCIDENT STRESS MANAGEMENT TEAM) IN 2022 TO SUPPORT STAFF, PATIENTS AND FAMILIES EXPERIENCING CRISIS EVENTS. UTILIZE THE EXPERTISE OF THE UVMHN COMMUNICATIONS AND ENGAGEMENT STRATEGIES TEAM TO EDUCATE PROVIDERS, STAFF AND THE BROADER COMMUNITY ON MENTAL AND SUBSTANCE USE DISORDERS AND PREVENTION/EARLY INTERVENTION STRATEGIES.

PREVENT CHRONIC DISEASE: HEALTHY EATING AND FOOD SECURITY

ACTION PLAN:
ESTABLISHMENT AND CONTINUED ENHANCEMENT OF EMPLOYEE WELLNESS COMMITTEE (EWC) TO PROMOTE HEALTH AND WELL-BEING FOR ALL EMPLOYEES. COLLABORATE WITH JCEO FOR ONSITE MOBILE FOOD MARKET PROVIDING ACCESS TO HEALTHY FRUITS AND VEGETABLES WEEKLY DURING THE GROWING SEASON. PARTNER WITH LOCAL ORCHARD FOR ONSITE ACCESS TO LOCAL APPLES, HONEY, AND OTHER NATURALLY GROWN PRODUCTS. UTILIZE THE EXPERTISE OF THE UMVHN COMMUNICATION AND ENGAGEMENT STRATEGIES TO CREATE AND PROMOTE MEDIA PIECES SPOTLIGHTING AND EDUCATING STAFF, PATIENTS AND THE COMMUNITY ABOUT THE HEALTH BENEFITS ASSOCIATED WITH HEALTHY EATING.

PREVENT CHRONIC DISEASE: PHYSICAL ACTIVITY

ACTION PLAN:
IMPLEMENT A COMBINATION OF WORKSITE-BASED PHYSICAL ACTIVITY POLICIES, PROGRAMS, OR BEST PRACTICES THROUGH MULTI-COMPONENT WORKSITE PHYSICAL ACTIVITY AND/OR NUTRITION PROGRAMS; ENVIRONMENTAL SUPPORTS OR PROMPTS TO ENCOURAGE WALKING AND/OR TAKING THE STAIRS; OR STRUCTURED WALKING-BASED PROGRAMS FOCUSING ON OVERALL PHYSICAL ACTIVITY THAT INCLUDE GOAL-SETTING, ACTIVITY MONITORING, SOCIAL SUPPORT, COUNSELING, AND HEALTH PROMOTION AND INFORMATION MESSAGING. IMPLEMENT AND/OR PROMOTE A COMBINATION OF COMMUNITY WALKING, WHEELING, OR BIKING PROGRAMS.

Part V **Facility Information** *(continued)*

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

AHMC SPONSORED EVENTS, PROGRAMS AND ENVIRONMENTS THAT SUPPORT THE PROMOTION OF WORKSITE PHYSICAL ACTIVITY AND HEALTHY BEHAVIOR. INVESTIGATE THE ABILITY TO CREATE EMPLOYEE FITNESS CENTER ON CAMPUS.

PREVENT CHRONIC DISEASE: TOBACCO PREVENTION

ACTION PLAN:
IMPLEMENT WORKFLOW TO ENSURE ALL PRIMARY CARE PATIENTS ARE SCREENED AND TRACKED FOR TOBACCO USE (ALL FORMS) AND REFERRED FOR INTERVENTION SERVICES WITH ONSITE CTCS OR NYS QUITLINE.

UTILIZE AHMC COMMUNICATIONS AND ENGAGEMENT STRATEGIES DIVISION TO CREATE CONTENT TO PROMOTE AND EDUCATE SMOKERS ABOUT THE BENEFITS OF EVIDENCE-BASED QUITTING APPROACHES PROMOTE THE GREAT AMERICAN SMOKEOUT INITIATIVE WORK WITH PRIMARY CARE LEADERSHIP AND PROVIDERS TO PROMOTE THE DELIVERY OF EVIDENCE-BASED CESSATION SERVICES BY HEALTH CARE PROVIDERS TO PATIENTS.

WORK WITH PRIMARY CARE LEADERSHIP AND PROVIDERS TO PROMOTE THE DELIVERY OF EVIDENCE-BASED CESSATION SERVICES BY HEALTH CARE PROVIDERS TO PATIENTS, INCLUDING ACCESS TO CERTIFIED TOBACCO CESSATION SPECIALISTS AS NEEDED AND ALSO COLLABORATE WITH NORTH COUNTRY HEALTHY HEART NETWORK TO CREATE AND PROVIDE EDUCATION OPPORTUNITIES AND TOBACCO CESSATION INTERVENTION MATERIALS FOR HEALTH CARE PROVIDERS AND PATIENTS.

PREVENT CHRONIC DISEASE - CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT

ACTION PLAN:
WORK WITH HEALTH CARE PROVIDERS/CLINICS TO PUT SYSTEMS IN PLACE FOR PATIENT AND PROVIDER SCREENING REMINDERS (E.G., LETTER, POSTCARDS, EMAILS, RECORDED PHONE MESSAGES, ELECTRONIC HEALTH RECORDS [EHR] ALERTS). PROMOTE THE USE OF HEALTH INFORMATION TECHNOLOGY FOR: MEASUREMENT, REGISTRY DEVELOPMENT, PATIENT ALERTS, BI-DIRECTIONAL REFERRALS, REPORTING. EXPAND ACCESS TO EVIDENCE-BASED SELF-MANAGEMENT INTERVENTIONS FOR INDIVIDUALS WITH CHRONIC DISEASE (ARTHRITIS, ASTHMA, CARDIOVASCULAR DISEASE, DIABETES, PREDIABETES, AND OBESITY) WHOSE CONDITION(S) IS NOT WELL-CONTROLLED WITH GUIDELINES-BASED MEDICAL MANAGEMENT ALONE.

CONTINUE TO OPTIMIZE THE EPIC EMR SYSTEM TO ENHANCE PATIENT CARE DELIVERY, MEASUREMENT AND REPORTING. UTILIZE THE EPIC EMR REMINDER SYSTEM IN PRIMARY CARE TO ENSURE COMPLETION OF ANNUAL PATIENT SCREENINGS, INCLUDING MANAGEMENT OF PATIENT ALERTS AND REMINDERS. IMPLEMENT CANCER SCREENING PARTNERSHIP OPPORTUNITIES INCLUDING EDUCATION FOR PROVIDERS. CONTINUE TO DELIVER THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM TO EXISTING PATIENTS (INPATIENTS AS IDENTIFIED) TO EDUCATE PATIENTS ON BEST PRACTICE STRATEGIES FOR MANAGING THEIR CHRONIC CONDITION SPECIFICALLY WITH THE FOCUS ON CHF, COPD AND DIABETES, WITH THE GOAL OF REDUCING AVOIDABLE READMISSIONS AND IMPROVING THE HEALTH OF OUR PATIENT POPULATION LIVING WITH CHRONIC DISEASE.

ALICE HYDE MEDICAL CENTER'S PRIMARY SERVICE AREA IS IDENTIFIED AS THE THIRTEEN NORTHERN NEW YORK TOWNSHIPS OF: BOMBAY 12914, BRUSHTON 12916, BURKE 12917, CHATEAUGAY 12920, CHURUBUSCO 12923, CONSTABLE 12926, DICKINSON CENTER 12930, LYON MOUNTAIN 12955, MALONE 12953, MOIRA 12957,

Part V **Facility Information** *(continued)*

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

NORTH BANGOR 12966, OWLS HEAD 12969, AND ST. REGIS FALLS 12980. ALICE HYDE MEDICAL CENTER'S SECONDARY SERVICE AREA IS IDENTIFIED AS THE EIGHT TOWNSHIPS IN THE NORTHWEST PORTION OF THE FRANKLIN COUNTY BORDER INTO ST. LAWRENCE COUNTY, INCLUDING BRASHER FALLS 13613, CHASE MILLS 13621, HOGANSBURG 13655, MADRID 13660, MASSENA 13662, NORFOLK 13667, NORTH LAWRENCE 12967, AND WINTHROP 13697. THESE TWO SERVICE AREAS COMPRISE 95% OF AHMC'S PATIENT ORIGIN AS OF THE LATEST AVAILABLE DATA.

PART V, LINE 7A, HOSPITAL FACILITY'S WEBSITE:
HTTP://WWW.UVMHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT
PROGRESS REPORTS AVAILABLE FOR 2023 AND 2024 AT THIS WEBSITE

PART V, LINE 7B, OTHER WEBSITES FOR CHNA REPORT:
HTTPS://AHIHEALTH.ORG/RESOURCE/REGIONAL-HEALTH-ASSESSMENT-REPORTS/
HTTPS://WWW.FRANKLINCOUNTYNY.GOV/DEPARTMENTS/HUMAN_SERVICES/PUBLIC_HEALTH/DOCUMENTS

PART V, LINE 10A, MOST RECENTLY ADOPTED IMPLEMENTATION STARTEGY'S WEBSITE:
HTTP://WWW.UVMHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT

RESULTS:

FOCUS AREAS:
PROMOTE WELL-BEING AND PREVENT MENTAL HEALTH AND SUBSTANCE USE DISORDERS
- PROMOTE WELL-BEING
- MENTAL AND SUBSTANCE USE DISORDERS PREVENTION

PREVENT CHRONIC DISEASE
- HEALTH EATING AND FOOD SECURITY
- PHYSICAL ACTIVITY
- TOBACCO PREVENTION
- PREVENTION AND CARE MANAGEMENT

2023:
(1) BEGAN PARTNERSHIP WITH HUDSON HEADWATERS TO EXPAND ACCESS TO NEEDED PRIMARY CARE SERVICES IN THE GREATER MALONE SERVICE AREA
(2) OPENED HOSPITAL FITNESS CENTER FOR EMPLOYEES, WITH 47% ENROLLMENT TO DATE
(3) COLLABORATED WITH COMMUNITY CONNECTIONS OF FRANKLIN COUNTY TO HELP CONNECT ED VISITORS WITH VITAL COMMUNITY RESOURCES ADDRESSING SOCIAL DETERMINANTS OF HEALTH NEEDS FOR AHMC PATIENTS
(4) EARNED BRONZE STATUS AS GERIATRIC EMERGENCY DEPARTMENT ACCREDIATION (GEDA); THE GOAL IS GOLD STATUS BY 2026
(5) SIMULATOR TRAINING OF EMPLOYEES IN OUR MANNEQUIN LAB (MALE, PREGNANT FEMALE, BABY)
(6) MENTAL HEALTH INTERVENTION TEAM COMPRISED OF MULTIPLE PROFESSIONAL DISCIPLINES
(7) ALICE HYDE PROVIDED COMMUNITY BENEFIT INVESTMENTS IN THE GREATER MALONE COMMUNITY, SPECIFICALLY TO INCREASE OPPORTUNITIES FOR NAVIGATION TO SOCIAL SUPPORTIVE SERVICES PROVIDED BY COMMUNITY CONNECTIONS OF FRANKLIN COUNTY, FRANKLIN COUNTY OFFICE FOR THE AGING, AND NORTH COUNTRY HEALTHY HEART NETWORK

Part V **Facility Information** *(continued)*

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

2024:
(1) HUDSON HEADWATERS HEALTH NETWORK BEGAN SEEING PATIENTS IN RENTED SPACE FROM ALICE HYDE UNTIL THEIR 15,000 SQ FT BUILDING ON OUR CAMPUS IS COMPLETE, WHICH IS PROJECTED FOR DECEMBER 2025
(2) CONTINUED WORK WITH OUR ED PEER NAVIGATOR PROGRAM TO PROVIDE SOCIAL SUPPORT SERVICES TO PATIENTS ENTERING THE EMERGENCY DEPARTMENT AS IDENTIFIED THROUGH SDOH SCREENING MECHANISMS (TRANSPORTATION, FOOD, HOUSING, HEAT, HEALTH INSURANCE ENROLLMENT, ETC). A CRISIS CLINICIAN HAS BEEN ADDED TO THE ED STAFFING MODEL TO CONNECT PATIENTS IN NEED WITH CRITICALLY IMPORTANT SERVICES.
(3) 28 TRAININGS FOR A TOTAL OF 615 INDIVIDUALS WERE COMPLETED IN THE SIMULATION LAB FOR ACLS, EKG TRAINING, PATIENT ROUNDING, IMMINENT BIRTH SITUATION, MOCK CODE AND EMS SKILLS. THE TRAININGS WERE AVAILABLE TO COMMUNITY HEALTH AGENCY STAFF AND INTERNAL HOSPITAL STAFF.
(4) IN RESPONSE TO THE UPTICK IN VIOLENT SITUATIONS IN THE HEALTHCARE ENVIRONMENT, MENTAL HEALTH TRAINING CONTINUES TO BE A PRIORITY FOR STAFF AT ALICE HYDE. AHMC HAS IMPLEMENTED THE RIES TRAINING PROGRAM (RESPONDING TO INTENSE EMOTIONAL SITUATIONS) TO PROVIDE A SAFER ENVIRONMENT FOR EMPLOYEES, PATIENTS AND FAMILIES. 123 EMPLOYEES (17.7%) WERE TRAINED IN DE-ESCALATION TECHNIQUES AND PROVIDED NECESSARY SKILLS FOR RESPONDING TO NON-VIOLENT AND VIOLENT HEALTHCARE INCIDENCES.
(5) AHMC BECOMES CRITICAL ACCESS HOSPITAL WITH SWING BED PROGRAM, PROVIDING AN AVENUE FOR PATIENTS TO TRANSITION FROM ACUTE INPATIENT CARE TO SKILLED NURSING AND/OR REHABILITATIVE CARE WITHOUT LEAVING THE HOSPITAL TO ENSURE A SEAMLESS RECOVERY AND TRANSITION HOME.
(6) ALL PATIENTS ARE SCREENED AND TRACKED FOR TOBACCO USE AND REFERRED FOR INTERVENTION SERVICES DURING ANNUAL PHYSICAL APPOINTMENT
(7) AHMC IS CURRENTLY IMPLEMENTING A NUMBER OF HIGH VALUE CARE INITIATIVES IN THE PRIMARY CARE PRACTICES. TRACKING AND TRENDING OF DIABETES HBA1C POOR CONTROL, INCREASING COLORECTAL SCREENING RATES AND BREAST CANCER SCREENING RATES, HYPERTENSION BLOOD PRESSURE CONTROL, DEPRESSION SCREENING AND FOLLOW UP, AND MEDICARE ANNUAL WELLNESS VISITS. SUBSTANTIAL PROGRESS IS BEING MADE WITH THESE MEASURES, AND THE GOAL IS TO IDENTIFY CARE GAPS AND IMPROVE THE HEALTH AND WELL-BEING OF OUR PATIENTS.

FUTURE PLANS:
ALICE HYDE WILL CONTINUE TO PARTNER WITH THE ADIRONDACK RURAL HEALTH NETWORK OF THE ADIRONDACK HEALTH INSTITUTE (AHI-ARHN) AND FRANKLIN COUNTY PARTNERS TO IMPLEMENT THE 2025-2027 CHNA AND CHIP. OUR PATH FORWARD WILL ALIGN WITH THE NEW YORK STATE PREVENTION AGENDA, AND ADDRESS RESULTS OF COUNTY HEALTH INDICATORS FOR FRANKLIN COUNTY RESIDENTS IN ORDER TO IMPROVE HEALTH STATUS AND ADDRESS DISPARITIES IDENTIFIED. THIS WORK IS SET TO KICK OFF MARCH 1, 2025. AHMC WILL FINALIZE ITS PARTNERSHIP WITH HUDSON HEADWATERS AS THEY COMPLETE CONSTRUCTION OF THEIR NEW BUILDING NEAR ALICE HYDE'S CAMPUS. ALICE HYDE WILL CONTINUE TO WORK ON AGE FRIENDLY STRATEGIES OF CARE AND CONTINUE PARTNERING WITH THE CHRONIC DISEASE CARE COORDINATION NETWORK TO ENHANCE CHRONIC DISEASE PREVENTION STRATEGIES AND PROVIDE FREE HEALTH IMPROVEMENT PROGRAMS FOR OUR PATIENTS AND COMMUNITY. AHMC WILL WORK TO MEET AND/OR EXCEED BENCHMARKS IDENTIFIED FOR CANCER SCREENING RATES, ANNUAL WELLNESS VISITS AND A1C THRESHOLD RATES OF THE PATIENTS IN AHMC PRIMARY CARE PANELS IN 2025. A NUMBER OF HIGH VALUE CARE INITIATIVES

Part V **Facility Information** *(continued)*

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

WILL BE IMPLEMENTED IN 2025-2027 WITH THE GOAL OF IDENTIFYING CARE GAPS TO IMPROVE THE HEALTH AND WELLBEING OF OUR PATIENTS. AHMC WILL PARTNER WITH COMMUNITY AGENCIES TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH OF OUR PATIENT POPULATION, WITH A FOCUS ON HEALTH EQUITY, INCREASING CHRONIC DISEASE SELF-MANAGEMENT, REDUCING HEALTH DISPARITIES AND INCREASING OUR APTITUDE IN YOUTH AND ADULT MENTAL HEALTH INTERVENTION STRATEGIES AND WELLBEING TRAINING.

PART V, LINE 16A, FAP WEBSITE
HTTPS://WWW.UVMHEALTH.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

PART V, LINE 16B, FAP APPLICATION WEBSITE:
HTTPS://WWW.UVMHEALTH.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 20A:
ALICE HYDE MEDICAL CENTER DOES NOT PURSUE LEGAL ACTION IN ORDER TO COLLECT A DEBT, INCLUDING NOT SELLING DEBT INFORMATION TO ANOTHER PARTY FOR COLLECTIONS, REPORTING TO INDIVIDUAL CREDIT AGENCIES REGARDING PAYMENT STATUS, NOR DOES ALICE HYDE MEDICAL CENTER REFUSE TREATMENT FOR PAST DEBT OBLIGATIONS.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 13

Name and address	Type of facility (describe)
1 THE ALICE CENTER 45 SIXTH STREET MALONE, NY 12953	SKILLED NURSING FACILITY
2 REDDY CANCER TREATMENT CENTER 23 FOURTH STREET, STE 1 & 2 MALONE, NY 12953	HEMATOLOGY AND ONCOLOGY TREATMENT
3 HASTINGS HEMODIALYSIS UNIT 20 FOURTH STREET MALONE, NY 12901	OUTPATIENT DIALYSIS
4 BESSETT HEALTH CENTER 6087 STATE ROUTE 11 CHATEAUGAY, NY 12920	PRIMARY CARE CLINIC
5 DWYER HEALTH CENTER 969 STATE ROUTE 11 MORIA, NY 12957	PRIMARY CARE CLINIC
6 LEROUX HEALTH CENTER 577 COUNTY ROUTE 1 FORT COVINGTON, NY 12937	PRIMARY CARE CLINIC
7 TOWER HEALTH CENTER 76 NORTH MAIN STREET SAINT REGIS FALLS, NY 12980	PRIMARY CARE CLINIC
8 ALICE HYDE WALK-IN CLINIC 134 PARK STREET MALONE, NY 12953	URGENT CARE
9 DENTAL CARE CENTER 134 PARK STREET MALONE, NY 12953	DENTAL CARE
10 ALICE HYDE MEDICAL PRACTICES 15 FOURTH STREET MALONE, NY 12953	PRIMARY CARE CLINIC

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 13

Name and address	Type of facility (describe)
11 OBSTETRICS, MIDWIFERY AND GYNECOLOGY 16 THIRD STREET, STE C MALONE, NY 12953	OBSTETRICS, MIDWIFERY AND GYNECOLOGY
12 ALICE HYDE PEDIATRICS 20 FOURTH STREET, STE 2 MALONE, NY 12953	PEDIATRICS
13 PAIN MANAGEMENT CLINIC 187 PARK STREET, STE 2 MALONE, NY 12953	PAIN MANAGEMENT, ORTHOPEDICS

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:
UTILIZED IS WORKSHEETS FOR SCHEDULE H AND RATIO OF COST TO CHARGES.

PART I, LINE 7, COLUMN (F):
THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 6,163,774.

PART III, LINE 2:
OUR BAD DEBT METHODOLOGY IS BASED ON HISTORICAL AMOUNTS WHICH WERE TYPICALLY, 3.2% OF NET REVENUE.

PART III, LINE 3:
WE USE THE BAD DEBT EXPENSE AND ALLOCATE BASED ON THE ACTUAL WRITE-OFFS. FY2024 MARKS THE SECOND FULL YEAR OF A NEW ELECTRONIC HEALTH RECORD THAT HELPED REFINE THE METHODOLOGY.

PART III, LINE 4:
SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE. BAD DEBT EXPENSE FOR THE YEARS ENDED SEPTEMBER 30, 2025, AND 2024, WAS NOT SIGNIFICANT. THE ORGANIZATION'S BAD DEBT EXPENSE IS ADDRESSED ON PAGE 21 IN FOOTNOTE 4 OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:
THE MEDICARE BENEFICIARIES WHO ALICE HYDE PROVIDES SERVICES TO ARE PART OF OUR COMMUNITY OF MALONE, NEW YORK, AND THEREFORE, SHOULD BE TREATED AS A COMMUNITY BENEFIT. THE SOURCE FOR THE COST METHODOLOGY IS THE 2025 MEDICARE COST REPORT.
THE MEDICAL CENTER EXPERIENCED A SHORTFALL IN MEDICARE REVENUE OVER COSTS. DESPITE THIS SHORTFALL, THE MEDICAL CENTER CONTINUES TO PROVIDE QUALITY CARE TO THE COMMUNITY OF MALONE, NEW YORK.

PART III, LINE 9B:
THE CENTER PROVIDES CARE TO CLIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. THE CENTER'S POLICY IS NOT TO PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE; THEREFORE, THESE AMOUNTS ARE NOT REPORTED IN NET

Part VI **Supplemental Information** *(Continuation)*

OPERATING REVENUES OR IN PROVISIONS FOR DOUBTFUL ACCOUNTS.

PART VI, LINE 3:
THE ALICE HYDE MEDICAL CENTER (AHMC) BELIEVES THAT FEAR OF A MEDICAL BILL SHOULD NOT PRECLUDE A RESIDENT OF ITS COMMUNITY FROM SEEKING OR OBTAINING ESSENTIAL HEALTH CARE SERVICES. TO HELP THOSE WHO ARE UNINSURED, AHMC PARTNERS WITH VARIOUS ORGANIZATIONS, INCLUDING THE FRANKLIN COUNTY DEPARTMENT OF SOCIAL SERVICES, PUBLIC HEALTH, FIDELIS, AND EXCELLUS, TO ENSURE ACCURATE INFORMATION AND RESOURCES ARE AVAILABLE THROUGHOUT THE COMMUNITY, INCLUDING A FACILITATED ENROLLMENT PROGRAM FOR ITS UNINSURED.

THIS PROGRAM ASSISTS THE INDIVIDUAL IN APPLYING FOR STATE SPONSORED HEALTH INSURANCE, INCLUDING MEDICAID AND CHILD HEALTH PLUS. THE GOAL OF THIS INITIATIVE IS TO PROVIDE CONVENIENT LOCATION FOR PATIENTS AND COMMUNITY MEMBERS TO ACCESS THE PROGRAM AND TO PROVIDE ASSISTANCE IN COMPLETING HEALTH INSURANCE APPLICATIONS. THESE GOALS ARE MET THROUGH A PARTNERSHIP BETWEEN AHMC AND ADIRONDACK HEALTH INSTITUTE. AHMC HAS AN EMPLOYEE DEDICATED TO FINANCIAL COUNSELING AND ASSISTANCE.

PART VI, LINE 4:
ALICE HYDE MEDICAL CENTER (AHMC) PRIMARILY SERVES TOWNS, VILLAGES, AND THE NATIVE AMERICAN RESERVATION IN FRANKLIN COUNTY. AHMC'S PRIMARY SERVICE AREA COVERS THE FOLLOWING TOWNS (BY ZIP CODE) - MALONE (12953), NORTH BANGOR (12966), CHATEAUGAY (12920), CONSTABLE (12926), BRUSHTON (12916), MOIRA (12957), BURKE (12917), FORT COVINGTON (12937), HOGANSBURG (13655), SAINT REGIS FALLS (12980), BOMBAY (12914), OWLS HEAD (12969), DICKINSON CENTER (12930). THE SECONDARY SERVICE AREAS SERVED BY AHMC INCLUDE CHURUBUSCO (12923), ELLENBURG CENTER (12934), NORTH LAWRENCE (12967), LYON MOUNTAIN (12955), NICHOLVILLE (12965). IN ADDITION, AHMC PROVIDES SERVICES TO THE INMATE POPULATION FOR THE FRANKLIN COUNTY JAIL AND THE CLINTON, FRANKLIN, UPSTATE, BAREHILL AND ALTONA CORRECTIONAL FACILITIES.

PART VI, LINE 5:
ALICE HYDE MEDICAL CENTER IDENTIFIED TWO NYS PREVENTION AGENDA PRIORITY AREAS FOR THE 2022-2024 COMMUNITY SERVICE PLAN CYCLE: (1) PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS AND (2) PREVENT CHRONIC DISEASE. FROM THESE TWO PRIORITY AREAS, ALICE HYDE MEDICAL CENTER DEVELOPED A COMPREHENSIVE ACTION PLAN IN RELATION TO ALICE HYDE MEDICAL CENTER.
THE TWO PRIORITIES' SELECTED FOCUS AREAS, GOALS, OBJECTIVES, AND INTERVENTIONS, AS FOLLOWS:

PROMOTE WELL BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS: PROMOTE WELL BEING

ACTION PLAN:
INVESTIGATE AND IMPLEMENT COMMUNITY PARTNERSHIPS FOR EXPANDED PRIMARY CARE OFFERINGS IN THE MALONE COMMUNITY TO IMPROVE ACCESS TO CARE. ACHIEVE GERIATRIC EMERGENCY DEPARTMENT (GEDA) ACCREDITATION IN 2022 TO SUPPORT THE NEEDS OF OUR AGING POPULATION. DEVELOP AND PLAN FOR AN ENHANCED/MODERNIZED/REIMAGINED HOSPITAL CAMPUS THROUGH NYS TRANSFORMATION IV GRANT FUNDING. CONTINUE THE ED PEER NAVIGATOR PROGRAM IMPLEMENTED IN AHMC EMERGENCY DEPARTMENT TO PROVIDE ACCESS TO AND COORDINATION OF COMMUNITY BASED RESOURCES FOR PATIENTS FREQUENTING THE ED, WHO NEED ADDITIONAL SERVICES TO MANAGE THEIR HEALTH AND WELL-BEING.

Part VI **Supplemental Information** *(Continuation)*

PROMOTE WELL BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS: MENTAL AND SUBSTANCE USE DISORDER PREVENTION

ACTION PLAN:
BUILD SUPPORT SYSTEMS TO CARE FOR OPIOID USERS OR AT RISK OF AN OVERDOSE. INTEGRATE TRAUMA INFORMED APPROACHES IN TRAINING STAFF AND IMPLEMENTING PROGRAM AND POLICY. STRENGTHENING RESOURCES FOR FAMILIES AND CAREGIVERS. CONTINUED COORDINATION/COLLABORATION BETWEEN AHMC ED AND THE CITIZEN ADVOCATES' CRISIS INTERVENTION CENTER TO ENSURE PATIENTS PRESENTING TO THE AHMC ED RECEIVE THE APPROPRIATE LEVEL OF CARE. CREATION OF FULLY TRAINED AHMC CISM TEAM (CRITICAL INCIDENT STRESS MANAGEMENT TEAM) IN 2022 TO SUPPORT STAFF, PATIENTS AND FAMILIES EXPERIENCING CRISIS EVENTS. UTILIZE THE EXPERTISE OF THE UVMHN COMMUNICATIONS AND ENGAGEMENT STRATEGIES TEAM TO EDUCATE PROVIDERS, STAFF AND THE BROADER COMMUNITY ON MENTAL AND SUBSTANCE USE DISORDERS AND PREVENTION/EARLY INTERVENTION STRATEGIES.

PREVENT CHRONIC DISEASE: HEALTHY EATING AND FOOD SECURITY

ACTION PLAN:
ESTABLISHMENT AND CONTINUED ENHANCEMENT OF EMPLOYEE WELLNESS COMMITTEE (EWC) TO PROMOTE HEALTH AND WELL-BEING FOR ALL EMPLOYEES. COLLABORATE WITH JCEO FOR ONSITE MOBILE FOOD MARKET PROVIDING ACCESS TO HEALTHY FRUITS AND VEGETABLES WEEKLY DURING THE GROWING SEASON.

PARTNER WITH LOCAL ORCHARD FOR ONSITE ACCESS TO LOCAL APPLES, HONEY, AND OTHER NATURALLY GROWN PRODUCTS

UTILIZE THE EXPERTISE OF THE UMVHN COMMUNICATION AND ENGAGEMENT STRATEGIES TO CREATE AND PROMOTE MEDIA PIECES SPOTLIGHTING AND EDUCATING STAFF, PATIENTS AND THE COMMUNITY ABOUT THE HEALTH BENEFITS ASSOCIATED WITH HEALTHY EATING.

PREVENT CHRONIC DISEASE PHYSICAL ACTIVITY

ACTION PLAN:

IMPLEMENT A COMBINATION OF WORKSITE-BASED PHYSICAL ACTIVITY POLICIES, PROGRAMS, OR BEST PRACTICES THROUGH MULTI-COMPONENT WORKSITE PHYSICAL ACTIVITY AND/OR NUTRITION PROGRAMS; ENVIRONMENTAL SUPPORTS OR PROMPTS TO ENCOURAGE WALKING AND/OR TAKING THE STAIRS; OR STRUCTURED WALKING-BASED PROGRAMS FOCUSING ON OVERALL PHYSICAL ACTIVITY THAT INCLUDE GOAL-SETTING, ACTIVITY MONITORING, SOCIAL SUPPORT, COUNSELING, AND HEALTH PROMOTION AND INFORMATION MESSAGING. IMPLEMENT AND/OR PROMOTE A COMBINATION OF COMMUNITY WALKING, WHEELING, OR BIKING PROGRAMS.

AHMC SPONSORED EVENTS, PROGRAMS AND ENVIRONMENTS THAT SUPPORT THE PROMOTION OF WORKSITE PHYSICAL ACTIVITY AND HEALTHY BEHAVIOR. INVESTIGATE THE ABILITY TO CREATE EMPLOYEE FITNESS CENTER ON CAMPUS.

PREVENT CHRONIC DISEASE TOBACCO PREVENTION

ACTION PLAN:
IMPLEMENT WORKFLOW TO ENSURE ALL PRIMARY CARE PATIENTS ARE SCREENED AND TRACKED FOR TOBACCO USE (ALL FORMS) AND REFERRED FOR INTERVENTION SERVICES WITH ONSITE CTCS OR NYS QUITLINE.

Part VI **Supplemental Information** *(Continuation)*

UTILIZE AHMC COMMUNICATIONS AND ENGAGEMENT STRATEGIES DIVISION TO CREATE CONTENT TO PROMOTE AND EDUCATE SMOKERS ABOUT THE BENEFITS OF EVIDENCE-BASED QUITTING APPROACHES

PROMOTE THE GREAT AMERICAN SMOKEOUT INITIATIVE

WORK WITH PRIMARY CARE LEADERSHIP AND PROVIDERS TO PROMOTE THE DELIVERY OF EVIDENCE-BASED CESSATION SERVICES BY HEALTH CARE PROVIDERS TO PATIENTS, INCLUDING ACCESS TO CERTIFIED TOBACCO CESSATION SPECIALISTS AS NEEDED AND ALSO COLLABORATE WITH NORTH COUNTRY HEALTHY HEART NETWORK TO CREATE AND PROVIDE EDUCATION OPPORTUNITIES AND TOBACCO CESSATION INTERVENTION MATERIALS FOR HEALTH CARE PROVIDERS AND PATIENTS.

PREVENT CHRONIC DISEASE - CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT

ACTION PLAN:
WORK WITH HEALTH CARE PROVIDERS/CLINICS TO PUT SYSTEMS IN PLACE FOR PATIENT AND PROVIDER SCREENING REMINDERS (E.G., LETTER, POSTCARDS, EMAILS, RECORDED PHONE MESSAGES, ELECTRONIC HEALTH RECORDS [EHR] ALERTS). PROMOTE THE USE OF HEALTH INFORMATION TECHNOLOGY FOR: MEASUREMENT, REGISTRY DEVELOPMENT, PATIENT ALERTS, BI-DIRECTIONAL REFERRALS, REPORTING. EXPAND ACCESS TO EVIDENCE-BASED SELF-MANAGEMENT INTERVENTIONS FOR INDIVIDUALS WITH CHRONIC DISEASE (ARTHRITIS, ASTHMA, CARDIOVASCULAR DISEASE, DIABETES, PREDIABETES, AND OBESITY) WHOSE CONDITION(S) IS NOT WELL-CONTROLLED WITH GUIDELINES-BASED MEDICAL MANAGEMENT ALONE.

CONTINUE TO OPTIMIZE THE EPIC EMR SYSTEM TO ENHANCE PATIENT CARE DELIVERY, MEASUREMENT AND REPORTING. UTILIZE THE EPIC EMR REMINDER SYSTEM IN PRIMARY CARE TO ENSURE COMPLETION OF ANNUAL PATIENT SCREENINGS, INCLUDING MANAGEMENT OF PATIENT ALERTS AND REMINDERS. IMPLEMENT CANCER SCREENING PARTNERSHIP OPPORTUNITIES INCLUDING EDUCATION FOR PROVIDERS. CONTINUE TO DELIVER THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM TO EXISTING PATIENTS (INPATIENTS AS IDENTIFIED) TO EDUCATE PATIENTS ON BEST PRACTICE STRATEGIES FOR MANAGING THEIR CHRONIC CONDITION SPECIFICALLY WITH THE FOCUS ON CHF, COPD AND DIABETES, WITH THE GOAL OF REDUCING AVOIDABLE READMISSIONS AND IMPROVING THE HEALTH OF OUR PATIENT POPULATION LIVING WITH CHRONIC DISEASE.

ALICE HYDE MEDICAL CENTER'S PRIMARY SERVICE AREA IS IDENTIFIED AS THE THIRTEEN NORTHERN NEW YORK TOWNSHIPS OF: BOMBAY 12914, BRUSHTON 12916, BURKE 12917, CHATEAUGAY 12920, CHURUBUSCO 12923, CONSTABLE 12926, DICKINSON CENTER 12930, LYON MOUNTAIN 12955, MALONE 12953, MOIRA 12957, NORTH BANGOR 12966, OWLS HEAD 12969, AND ST. REGIS FALLS 12980. ALICE HYDE MEDICAL CENTER'S SECONDARY SERVICE AREA IS IDENTIFIED AS THE EIGHT TOWNSHIPS IN THE NORTHWEST PORTION OF THE FRANKLIN COUNTY BORDER INTO ST. LAWRENCE COUNTY, INCLUDING BRASHER FALLS 13613, CHASE MILLS 13621, HOGANSBURG 13655, MADRID 13660, MASSENA 13662, NORFOLK 13667, NORTH LAWRENCE 12967, AND WINTHROP 13697. THESE TWO SERVICE AREAS COMPRISE 95% OF AHMC'S PATIENT ORIGIN AS OF THE LATEST AVAILABLE DATA.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
NY

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ALICE HYDE MEDICAL CENTER

Employer identification number
15-0346515

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER - 75 BEEKMAN STREET - PLATTSBURGH, NY 12901	14-1338471	3	13,300.	0.			FUNDING SUPPORT

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ALICE HYDE MEDICAL CENTER

Employer identification number

15-0346515

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE LEBEAU	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AHMC/CVPH	(ii)	537,948.	160,216.	31,123.	94,579.	39,063.	862,929.	0.
(2) DR. RAMSEY HERRINGTON	(i)	0.	0.	0.	0.	0.	0.	0.
MG PRESIDENT & CEO (AS OF 7/25)	(ii)	461,293.	174,675.	67,618.	31,050.	42,582.	777,218.	0.
(3) DR. JASON SANDERS	(i)	0.	0.	0.	0.	0.	0.	0.
UVMMG PRESIDENT & CEO (TIL 3/2025)	(ii)	426,547.	214,352.	10,083.	61,575.	38,609.	751,166.	0.
(4) DR. LISA MARK	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF MEDICAL OFFICER	(ii)	443,184.	79,754.	2,346.	20,700.	32,554.	578,538.	0.
(5) LISA L GOODRICH	(i)	0.	0.	0.	0.	0.	0.	0.
FMR VP MED GROUP NTWK DEPTS (TIL3/20	(ii)	386,183.	82,435.	8,498.	41,400.	35,218.	553,734.	0.
(6) MATEJ KOLLAR	(i)	0.	0.	0.	0.	0.	0.	0.
VP/CFO	(ii)	293,228.	58,290.	23,741.	17,241.	36,186.	428,686.	0.
(7) MARINA MEDVED	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	333,473.	0.	32,442.	20,700.	6,226.	392,841.	0.
(8) DEBRA PIERCEY	(i)	295,111.	0.	4,157.	0.	11,382.	310,650.	0.
ANESTHETIST NURSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WENDY FRANK	(i)	247,581.	0.	3,572.	7,345.	15,112.	273,610.	0.
NURSE PRACTITIONER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MATT JONES	(i)	204,794.	35,179.	4,576.	6,332.	12,354.	263,235.	0.
CVPH AVP(TIL 5/2025)/FORMER AHMC COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DUYEN NGUYEN	(i)	240,767.	0.	975.	7,258.	10,798.	259,798.	0.
DENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) EMILY CAMPBELL	(i)	191,802.	26,331.	3,879.	5,899.	5,743.	233,654.	0.
AVP PATIENT & PEOPLE	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SUSAN BIONDOLILLO	(i)	176,613.	23,843.	17,540.	5,578.	885.	224,459.	0.
INTERIM VP, LT CARE OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KRISTEN ELLIS-WOOD	(i)	156,394.	22,411.	5,362.	5,980.	29,833.	219,980.	0.
AVP OF SUPPORT & PROFESSIONAL SERVIC	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:
ALICE HYDE MEDICAL CENTER RELIED ON THE UNIVERSITY OF VERMONT HEALTH NETWORK ("UVM HEALTH NETWORK"), THE PARENT ORGANIZATION, TO ESTABLISH SENIOR EXECUTIVE COMPENSATION.

UVM HEALTH NETWORK UTILIZED THE FOLLOWING METHODS TO ESTABLISH COMPENSATION:
- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

PART I, LINE 4B:
THE UNIVERSITY OF VERMONT HEALTH NETWORK, BY AND THROUGH ITS AFFILIATED SUBSIDIARIES, MAINTAINS A SUPPLEMENTAL RETIREMENT BENEFIT PLAN (SRP) UNDER CONTRACTUAL ARRANGEMENTS WITH SEVERAL PERSONS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A. PURSUANT TO THE TERMS OF THE SRP, ANNUAL CREDITS WERE MADE EQUAL TO A FIXED PERCENTAGE OF BASE SALARY. THE FOLLOWING PERSONS PARTICIPATED IN THE SRP IN CALENDAR YEAR 2024, AND THEIR RESPECTIVE FIXED PERCENTAGE IS DESIGNATED IN PARENTHESES: DR. JASON SANDERS (8.68%) AND MICHELLE LEBEAU (10.04%). DEFERRED AMOUNTS VEST ON THE EARLIER OF: (I) JANUARY 1 OF THE THIRD PLAN YEAR AFTER THE PLAN YEAR FOR WHICH THE ACCOUNT WAS CREATED; OR (II) THE PARTICIPANT'S 65TH BIRTHDAY. SRP DISTRIBUTIONS ARE REFLECTED IN SCH J, PART II, COL (B)(III) AND (F).
FOR THE PLANS NOTED ABOVE, AMOUNTS DEFERRED DURING CALENDAR YEAR 2024 ARE INCLUDED ON SCH J, PART II, COL C. AMOUNTS DEFERRED REMAIN SUBJECT TO FOREITURE IF CERTAIN CONDITIONS ARE NOT MET.

PART I, LINE 7:
ALICE HYDE MEDICAL CENTER PAID AWARDS TO CERTAIN MEMBERS OF UPPER MANAGEMENT (DIRECTORS, VICE PRESIDENTS, PHYSICIAN CHAIRS AND SENIOR EXECUTIVES) THROUGH ITS ANNUAL VARIABLE PAY PLAN AS THE PLAN'S PERFORMANCE MEASURES WERE MET. THE MEASURES WERE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THESE MEASURES INCLUDED FINANCIAL, POPULATION HEALTH & QUALITY, AND OPERATIONAL RELATED METRICS.

PART I, LINE 8:
SALARIES AND OTHER FIXED AMOUNTS PAYABLE TO EXECUTIVES SUCH AS OFFICERS AND

Part III **Supplemental Information**

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

CERTAIN KEY EMPLOYEES ARE SET BY CONTRACTS THAT ARE NEGOTIATED AND ENTERED INTO PRIOR TO THE COMMENCEMENT OF EACH EXECUTIVES' EMPLOYMENT. THE TERMS OF SUCH CONTRACTS ARE APPROVED IN ADVANCE BY THE APPROPRIATE COMPENSATION COMMITTEE OR OTHER BOARD-AUTHORIZED BODY, WHICH OBTAINS AND RELIES ON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING SUCH OFFER, AND CONCURRENTLY DOCUMENTS ITS BASIS FOR DETERMINATION.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ALICE HYDE MEDICAL CENTER

Employer identification number
15-0346515

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KRISTIN ELLIS-WOOD	SIBLING OF BOARD ME	239,895.	COMPENSATIO		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: KRISTIN ELLIS-WOOD
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SIBLING OF BOARD MEMBER
(C) AMOUNT OF TRANSACTION $ 239,895.
(D) DESCRIPTION OF TRANSACTION: COMPENSATION
(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ALICE HYDE MEDICAL CENTER

Employer identification number
15-0346515

FORM 990, PART VI, SECTION A, LINE 2:
MICHELLE LEBEAU AND MATEJ KOLLAR WERE EMPLOYED BY CHAMPLAIN VALLEY PHYSICIAN'S HOSPITAL MEDICAL CENTER, A RELATED ORGANIZATION AT WHICH THESE INDIVIDUALS ALSO SERVED AS OFFICERS.

MARINA MEDVED, DR. RAMSEY HERRINGTON, AND DR. LISA MARK EMPLOYED BY THE UNIVERSITY OF VERMONT HEALTH NETWORK MEDICAL GROUP, INC. WHERE DR. RAMSEY HERRINGTON AND DR. JASON SANDERS SERVED AS A TRUSTEE, DIRECTOR, OR OFFICER.

FORM 990, PART VI, SECTION A, LINE 6:
THE UNIVERSITY OF VERMONT HEALTH NETWORK, INC. (UVMHN) IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:
UVM HEALTH NETWORK HAS POWERS TO ELECT ALICE HYDE MEDICAL CENTER'S BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:
UVM HEALTH NETWORK HAS THE POWER TO APPROVE SIGNIFICANT CORPORATE ACTIONS, INCLUDING ANNUAL OPERATING AND CAPITAL BUDGETS, STRATEGIC PLANS, THE APPOINTMENT OF THE CEO, THE INCURRENCE OF LONG-TERM INDEBTEDNESS, AMENDMENTS TO ALICE HYDE MEDICAL CENTER'S BYLAWS AND ARTICLES OF THE ORGANIZATION, AND APPROVAL OF MAJOR FINANCIAL DECISIONS INCLUDING MERGERS, BANKRUPTCIES, AND THE DEVELOPMENT OR TERMINATION OF PROGRAM SERVICES. UVM HEALTH NETWORK IS A NON-PROFIT CORPORATION WHICH HAS BEEN RECOGNIZED BY THE IRS AS A 501(C)(3) ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN INDEPENDENT OUTSIDE ACCOUNTING FIRM. IT IS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE UVM HEALTH NETWORK'S CONFLICT OF INTEREST POLICY, WHICH IT HAS ADOPTED. IN ACCORDANCE WITH THE POLICY, TRUSTEES, OFFICERS, KEY EMPLOYEES AND PHYSICIANS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND CERTIFICATION UPON HIRING, AT LEAST ANNUALLY, PRIOR TO PARTICIPATING IN ANY DECISION THAT MAY BE AFFECTED BY A PERSONAL INTEREST, AND WHENEVER A POTENTIALLY CONFLICTING INTEREST FIRST ARISES.

CONFLICT OF INTEREST DISCLOSURES AND CERTIFICATIONS MAY BE MADE ONLINE OR IN WRITING AND ARE REGULARLY REVIEWED BY THE GENERAL COUNSEL. THE CONFLICT OF INTEREST POLICY IS ENFORCED BY THE OFFICE OF GENERAL COUNSEL AND OVERSEEN BY A FIVE-PERSON CONFLICT OF INTEREST COMMITTEE. THE GENERAL COUNSEL REPORTS AT LEAST QUARTERLY ON CONFLICT OF INTEREST ISSUES TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. CONFLICTS OF INTEREST ARE MANAGED IN ACCORDANCE WITH THE POLICY, WHICH PROVIDES FOR A VARIETY OF REMEDIES TO ADDRESS CONFLICTS OF INTEREST. IN ADDITION, "DISQUALIFIED PERSONS", CONSISTING OF TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE SUBJECT TO SPECIAL PROCEDURES TO COMPLY WITH THE INTERMEDIATE SANCTION RULES, AS OUTLINED IN THE CONFLICT OF INTEREST POLICY. REMEDIES TO ADDRESS CONFLICTS OF INTEREST MAY INCLUDE THE FOLLOWING: RECUSAL FROM DECISION MAKING, DISCLOSURE TO

Name of the organization: ALICE HYDE MEDICAL CENTER
Employer identification number: 15-0346515

APPROPRIATE PARTIES, COMMITTEE PARTICIPATION LIMITS AND REQUESTED DIVESTITURE. AN APPEALS PROCESS EXISTS SHOULD THE INDIVIDUAL REQUEST A SECONDARY REVIEW BE PERFORMED.

FORM 990, PART VI, SECTION B, LINE 15:
ALICE HYDE MEDICAL CENTER DELEGATES THE SETTING OF EXECUTIVE COMPENSATION TO THE UVM HEALTH NETWORK COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE, UNDER PRINCIPLES DESCRIBED IN ITS CHARTER. THE HEALTH NETWORK HAS ADOPTED A COMPENSATION PHILOSOPHY WHICH PROVIDES A FRAMEWORK FOR SETTING COMPENSATION FOR THE EXECUTIVES OF UVM HEALTH NETWORK, ITS AFFILIATED HOSPITALS, AND ITS MEDICAL GROUP.

THE PARAMETERS OF THIS PHILOSOPHY INCLUDE UTILIZING APPROPRIATE NATIONAL AND REGIONAL PEER GROUPS. SALARIES ARE TARGETED AT THE 50TH PERCENTILE OF THE NATIONAL PEER GROUP, WITH PERFORMANCE BASED VARIABLE PAY OPPORTUNITIES TO ACHIEVE UP TO THE 65TH PERCENTILE, DEPENDING ON ORGANIZATION AND INDIVIDUAL RESULTS.

COMPENSATION LEVELS ARE APPROVED BY THE NETWORK COMPENSATION COMMITTEE FOR THE UVM HEALTH NETWORK/DIRECT REPORTS AND THE AFFILIATE HOSPITAL CEOS. CALCULATIONS ARE PERFORMED USING THE SAME PHILOSPHY FOR THE THIRD TIER OF LEADERSHIP. ALL ACTIONS TAKEN REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED BY THE APPROPRIATE ORGANIZATION. THIS REVIEW IS PERFORMED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 18:
THE COMPLETED FORMS 1023, 990, AND 5500 FOR THE MEDICAL CENTER ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS FOR THE MEDICAL CENTER ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
TRANSFER OF NET ASSETS -402,188.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ALICE HYDE MEDICAL CENTER

Employer identification number
15-0346515

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
UVM HEALTH NETWORK MEDICAL GROUP - 03-0225105, 111 COLCHESTER AVE, BURLINGTON, VT 05401	PHYSICIAN SERVICES	VERMONT	501(C)(3)	LINE 12B, II	UVMHN	X	
UNIV OF VT MED CTR FOUNDATION INC - 26-3159849, 111 COLCHESTER AVE, BURLINGTON, VT 05401	FUNDRAISING	VERMONT	501(C)(3)	LINE 12B, II	UVMMC	X	
UNIV OF VT MED CTR AUXILLIARY INC - 20-8022004, 111 COLCHESTER AVE, BURLINGTON, VT 05401	SERVICE	VERMONT	501(C)(3)	LINE 12D, III-O	NA		X
UNIV OF VT HEALTH NETWORK - 45-2880726 111 COLCHESTER AVE BURLINGTON, VT 05401	HOLDING COMPANY	VERMONT	501(C)(3)	LINE 12B, II	NA		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
CENTRAL VT MEDICAL CENTER - 22-2547186 111 COLCHESTER AVE BURLINGTON, VT 05401	HOSPITAL	VERMONT	501(C)(3)	LINE 3	UVMHN	X	
UNIVERSITY HEALTH CENTER - 03-0229931 111 COLCHESTER AVE BURLINGTON, VT 05401	HOSPITAL	VERMONT	501(C)(3)	LINE 12D, III-O	UVMHNMG	X	
COMMUNITY PROVIDERS INC - 22-2544844 75 BEEKMAN STREET PLATTSBURGH, NY 12901	HLTH SVC COORD	NEW YORK	501(C)(3)	LINE 12B, II	UVMHN	X	
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL - 14-1338471, 75 BEEKMAN STREET, PLATTSBURGH, NY 12901	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	UVMHN	X	
ELIZABETHTOWN COMMUNITY HOSPITAL - 14-1364513, 75 PARK STREET, ELIZABETHTOWN, NY 12901	HOSPITAL	NEW YORK	501(C)(3)	LINE 3	UVMHN	X	
EMERGENCY MEDICAL TRANSPORT OF CVPH, INC - 06-1718419, 75 BEEKMAN STREET, PLATTSBURGH, NY 12901	AMBULANCE SVC	NEW YORK	501(C)(3)	LINE 12C, III-FI	UVMHN	X	
CVPH MEDICAL CENTER FOUNDATION - 14-1727048 75 BEEKMAN STREET PLATTSBURGH, NY 12901	HLTH SVC COORD	NEW YORK	501(C)(3)	LINE 12C, III-FI	CVPH	X	
LAKE CHAMPLAIN PHYSICIAN SERVICES, P.C. - 27-3785445, 75 BEEKMAN STREET, PLATTSBURGH, NY 12901	PHYSICIAN SERVICES	NEW YORK	501(C)(3)	LINE 12B, II	CVPH	X	
UNIVERSITY MEDICAL EDUCATION ASSOCIATES - 23-7107832, 89 BEAUMONT AVENUE, BURLINGTON, VT 05401	EDUCATIONAL	VERMONT	501(C)(3)	LINE 11	UVMHNMG	X	
PORTER MEDICAL CENTER INC - 03-0310862 115 PORTER DRIVE MIDDLEBURY, VT 05753	SUPPORTING ORG	VERMONT	501(C)(3)	LINE 12B, II	UVMHN	X	
HELEN PORTER NURSING HOME - 03-0306549 37 PORTER DRIVE MIDDLEBURY, VT 05753	NURSING HOME	VERMONT	501(C)(3)	LINE 3	PMC	X	
AUXILIARY OF PORTER MEDICAL CENTER - 23-7363227, 37 PORTER DRIVE, MIDDLEBURY, VT 05753	SUPPORTING ORG	VERMONT	501(C)(3)	LINE 12B, II	PMC	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
PORTER HOSPITAL INC - 03-0181058 37 PORTER DRIVE MIDDLEBURY, VT 05753	HOSPITAL	VERMONT	501(C)(3)	LINE 3	PMC	X	
VMC INDEMNITY COMPANY, INC. - 83-1102018 95 ST. PAUL ST. BURLINGTON, VT 05401	INSURANCE	VERMONT	501(C)(3)	LINE 12B, II	UVMHN	X	
UVMHN HOME HEALTH AND HOSPICE - 03-0179603 1110 PRIM ROAD COLCHESTER, VT 05446	HOME HEALTHCARE	VERMONT	501(C)(3)	LINE 11	UVMHN	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
UVM HEALTH VENTURES INC - 04-3380045 111 COLCHESTER AVE BURLINGTON, VT 05401	HOLDING COMPANY	VT	UVMHN	C CORP					X
UVM HEALTH NETWORK CREDENTIALING & ENROLLMENT - 03-0333056, 111 COLCHESTER AVE, BURLINGTON, VT 05401	ADMIN SVC	VT	UVMHN VENTURES	C CORP					X
CHARITABLE REMAINDER TRUST (6)	SUPPORT	VT	UVMMC/CVMC	TRUST					X
PERPETUAL TRUST (10)	SUPPORT	VT	UVMMC	TRUST					X
CHARITABLE IRREVOCABLE TRUST (8)	SUPPORT	VT	UVMMC/CVMC	TRUST					X

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
CHAMPLAIN VALLEY HEALTH NETWORK - 16-1586102 75 BEEKMAN STREET PLATTSBURGH, NY 12901	ADMIN SVC	NY	N/A	C CORP					X
MEDIQUEST, INC - 14-1663061 PO BOX 1656 PLATTSBURGH, NY 12901	MED OFFICE LEASE	NY	N/A	C CORP					X

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC.	P	31,007,792.	FMV
(2)	THE UNIVERSITY OF VERMONT HEALTH NETWORK	P	3,236,584.	FMV
(3)	VMC INDEMNITY COMPANY	M	758,861.	FMV
(4)	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	P	3,211,372.	FMV
(5)	THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC.	I	56,723.	FMV
(6)	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	O	345,048.	FMV

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) UNIVERSITY OF VERMONT HEALTH NETWORK	R	402,187.	FMV
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII **Supplemental Information**

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

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
ALICE HYDE MEDICAL CENTER

Taxpayer identification number (TIN)
15-0346515

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

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
MALONE, NY 12953

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MATEJ KOLLAR, CFO
133 PARK STREET - MALONE, NY 12953

Telephone No. (518) 483-3000 Fax No. _____

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

1 I request an automatic 6-month extension of time until AUGUST 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning OCT 1, 20 24, and ending SEP 30, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25