



Board of Equalization - IC§63-602 Questionnaire

Complete the questions below. If a question is not applicable to your organization, please write “N/A” in the space provided. When complete, you may submit it along with any supplemental documentation you wish the Board of Equalization to take into consideration of your property tax exemption request.

1. Is any portion of the property for which you seek an exemption leased to or used by another person or entity other than the property owner? YES NO
2. Will the property be used for business or commercial use? YES NO
3. If any portion of the property is leased to or used by another person, organization or business, for either non-profit or commercial purpose(s), please provide the following:
 - a. What business or commercial purpose(s) occurs on the property?
 - b. The total square footage of the property (structure) and total acreage.
 - c. The total square footage of the property used for business or commercial purposes.
 - d. The amount of revenue derived on an annual basis from such business or commercial use.
 - e. The total number of days over the past year that the property was used for business or commercial purposes.
 - f. If multiple people or organizations used a portion of the property for business or commercial purposes, please provide a schedule separately detailing the information requested in items a through e above for each such person or organization.
4. Is your organization supported by donations? YES NO
5. What is the total amount of donations received on an annual basis?
\$621,125 in fiscal year ending 2024.
6. What is the percent of the donations as compared to total revenue?
2%

7. Please list all sources of revenue for your organization?

Patient service revenue, 340B pharmacy revenue, incentive income, and interest income.

8. Does the income your organization receives produce a profit? YES NO

9. What are your organizations revenues as compared to expenses?

Total revenues: 33,723,598 Total Expenses: 33,634,043 Difference: 89,555

10. Are the recipients of your organizations revenue required to pay? YES NO

11. What is the fee charged? Is it the same fee for all recipients?

The fee depends on the services rendered.

12. What if the recipient cannot pay for the services? Are services still provided?

Emergency services are always rendered regardless of ability to pay.
We have a generous financial assistance program for patients in need.

13. If your organization did not provide your service, would the recipients require government assistance? YES NO, but they would need to leave the valley for medical services.

14. Does your organization receive money from federal, state or local government sources?

YES NO

If so, how much as compared to total revenue? (include any grant monies)

50%

15. Is the property used exclusively for non-profit educational purposes? YES NO

16. If you provide educational services, please describe these services in detail.

N/A

17. How does the community at large benefit from your organization's services?

Teton Valley Hospital is a nonprofit, thirteen bed critical access facility. TVHC offers a continuum of care including inpatient hospital services, outpatient services as well as outpatient clinics in the cities of Victor and Driggs. TVHC has a generous financial assistance policy to ensure that a patient's ability to pay is not a barrier to getting medically necessary care. In addition to these services, TVHC is active in the community, contributing to and assisting with various community groups and activities. TVHC performs a Community Health Needs assessment every three years to understand and address the health needs of our community.