See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

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 By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 COLCHESTER AVENUE
Suite

City or town, state or province, country, and ZIP or foreign postal code
BURLINGTON, VT 05401

D Employer identification number
03-0219309

E Telephone number
(802) 847-5959

G Gross receipts $ 1,283,781,086

F Name and address of principal officer
JOHN R BRUMSTED MD
111 COLCHESTER AVENUE
BURLINGTON, VT 05401

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 uvmhealth org/medcenter

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile VT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITY WE SERVE BY INTEGRATING PATIENT CARE, EDUCATION, AND RESEARCH in a caring environment

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	7,600
6	Total number of volunteers (estimate if necessary)	**6**	740
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	17,114,645	8,029,266
9	Program service revenue (Part VIII, line 2g)	1,044,484,567	1,066,520,056
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,965,384	8,088,405
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	600,849	227,749
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,094,165,445	1,082,865,476
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	932,897	1,238,554
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)	600,518,966	625,606,095
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,905,590		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	406,198,183	393,891,624
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,007,650,046	1,020,736,273
19	Revenue less expenses Subtract line 18 from line 12	86,515,399	62,129,203

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	1,155,937,299	1,228,572,190
21	Total liabilities (Part X, line 26)	579,936,411	574,540,108
22	Net assets or fund balances Subtract line 21 from line 20	576,000,888	654,032,082

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: 2015-08-14

▶ RICHARD VINCENT VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GWEN SPENCER				P00641463
Firm's name ▶ PricewaterhouseCoopers LLP			Firm's EIN ▶	
Firm's address ▶ 125 High Street Boston, MA 02110			Phone no (802) 847-5959	

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

SEE SCHEDULE O

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 $ 232,266,324 including grants of $ 340,954) (Revenue $ 293,595,892)

INPATIENT SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

4b (Code) (Expenses $ 359,107,580 including grants of $ 527,150) (Revenue $ 453,929,386)

OUTPATIENT SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

4c (Code) (Expenses $ 252,359,217 including grants of $ 370,450) (Revenue $ 318,994,282)

PROFESSIONAL SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 843,733,121

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax 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	402		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,600		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ BD See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
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**	Yes	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶ RICHARD VINCENT 111 COLCHESTER AVENUE
BURLINGTON, VT 05401 (802) 847-2089

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								8,303,639	231,037	618,877

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 ▶ 379

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
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**		No

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
CUMBERLAND CONSULTING GROUP LLC, 720 COOL SPRINGS BLVD SUITE 550 FRANKLIN TN 37067	CONSULTING SERVICES	2,557,878
MORRIS SWITZER ENVIRONMENTS FOR HLT, 185 TALCOTT ROAD SUITE 100 WILLISTON VT 054952039	ARCHITECTURAL SVCS	2,111,747
FARRINGTON CONSTRUCTION CO, 4788 SPEAR STREET SHELBURNE VT 05482	CONSTRUCTION	2,060,451
DINSE KNAPP MCANDREW, 209 BATTERY STREET BURLINGTON VT 054020988	LEGAL SERVICES	1,189,113
PAUL FRANK COLLINS, ONE CHURCH STREET BURLINGTON VT 05401	LEGAL SERVICES	1,188,005

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 ▶ 42

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	199,291			
	d	Related organizations . . .	1d	185,187			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,644,788			
	g	Noncash contributions included in lines 1a-1f $		737,385			
	h	**Total.** Add lines 1a-1f . . . . . ▶			8,029,266		
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	900099		997,931,068	997,931,068	
	b	PATIENT SERVICES - PHARMACY	446110		23,025,947	23,025,947	
	c	PREMIUM REVENUE	900099		5,148,626	5,148,626	
	d	CAFETERIA	900099		5,402,812	5,402,812	
	e	MEANINGFUL USE PRGRM	900099		5,160,716	5,160,716	
	f	All other program service revenue			29,850,887	29,850,887	
	g	**Total.** Add lines 2a–2f . . . . . ▶			1,066,520,056		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			1,112,165		1,112,165
	4	Income from investment of tax-exempt bond proceeds . . ▶			0		
	5	Royalties . . . . . ▶			0		

		(i) Real	(ii) Personal				
6a	Gross rents	1,253,920					
b	Less rental expenses	1,039,997					
c	Rental income or (loss)	213,923	0				
d	Net rental income or (loss) . . . . . ▶				213,923		213,923

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	205,705,816	1,107,233				
b	Less cost or other basis and sales expenses	198,967,743	869,066				
c	Gain or (loss)	6,738,073	238,167				
d	Net gain or (loss) . . . . . ▶				6,976,240		6,976,240

8a	Gross income from fundraising events (not including $ 199,291 of contributions reported on line 1c) See Part IV, line 18 . .	a	52,630				
b	Less direct expenses . . .	b	38,804				
c	Net income or (loss) from fundraising events . . ▶				13,826		13,826
9a	Gross income from gaming activities See Part IV, line 19 . . .	a					
b	Less direct expenses . . .	b					
c	Net income or (loss) from gaming activities . . ▶				0		
10a	Gross sales of inventory, less returns and allowances .	a					
b	Less cost of goods sold . .	b					
c	Net income or (loss) from sales of inventory . . ▶				0		

Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . ▶		0			
12	**Total revenue.** See Instructions . . . . . ▶		1,082,865,476	1,066,520,056		8,316,154

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 governments and organizations in the United States See Part IV, line 21	1,133,737	1,133,737		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	104,817	104,817		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,845,840		8,845,840	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	635,938	635,938		
7 Other salaries and wages	487,601,454	410,298,769	76,530,883	771,802
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,353,587	29,656,569	3,649,179	47,839
9 Other employee benefits	63,464,828	53,843,026	9,493,732	128,070
10 Payroll taxes	31,704,448	27,788,444	3,865,999	50,005
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,236,653		1,236,653	
c Accounting	1,066,859		1,066,859	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,525,747	25,623,377	20,529,291	373,079
12 Advertising and promotion	1,007,519	1,007,519		
13 Office expenses	150,770,854	148,734,164	1,986,414	50,276
14 Information technology	16,024,948	13,800,409	2,194,428	30,111
15 Royalties . .	0			
16 Occupancy	20,943,941	17,973,725	2,905,777	64,439
17 Travel	3,521,176	1,831,994	1,660,262	28,920
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,647,034	3,099,366	513,732	33,936
20 Interest	16,342,597	7,979,701	8,338,752	24,144
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	48,642,811	24,601,742	23,969,406	71,663
23 Insurance	15,434,437	13,894,762	1,521,081	18,594
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CONTRACT MAINTENANCE	11,909,507	8,819,235	3,081,860	8,412
b ACADEMIC SUPPORT	10,117,086	10,117,086		
c RECRUITMENT	6,571,188	536,906	6,034,282	
d AFFILIATION COMMITMENT PAYMENT	15,218,455	15,218,455		
e All other expenses	24,910,812	27,033,380	-2,326,868	204,300
25 **Total functional expenses.** Add lines 1 through 24e	1,020,736,273	843,733,121	175,097,562	1,905,590
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		4,989,792	1	36,710,598
	2	Savings and temporary cash investments		190,117,971	2	180,722,536
	3	Pledges and grants receivable, net		685,049	3	353,572
	4	Accounts receivable, net		114,333,071	4	157,341,940
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		3,514,166	7	4,879,067
	8	Inventories for sale or use		21,499,579	8	21,972,253
	9	Prepaid expenses and deferred charges		45,041,331	9	28,220,789
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 902,264,589			
	b	Less accumulated depreciation	10b 491,991,332	414,044,789	10c	410,273,257
	11	Investments—publicly traded securities		329,633,313	11	353,303,779
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		19,609,321	13	22,638,421
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		12,468,917	15	12,155,978
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,155,937,299	16	1,228,572,190
Liabilities	17	Accounts payable and accrued expenses		139,096,374	17	150,106,751
	18	Grants payable		8,799,352	18	9,265,943
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		291,609,354	20	286,047,036
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		95,979,362	23	91,144,392
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		44,451,969	25	37,975,986
	26	**Total liabilities.** Add lines 17 through 25		579,936,411	26	574,540,108
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		526,667,474	27	596,635,643
	28	Temporarily restricted net assets		22,659,404	28	29,570,934
	29	Permanently restricted net assets		26,674,010	29	27,825,505
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		576,000,888	33	654,032,082
	34	Total liabilities and net assets/fund balances		1,155,937,299	34	1,228,572,190

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,082,865,476
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,020,736,273
3	Revenue less expenses Subtract line 2 from line 1	3	62,129,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	576,000,888
5	Net unrealized gains (losses) on investments	5	13,020,637
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,881,354
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	654,032,082

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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR JOHN BRUMSTED PRESIDENT & CEO	45 0 5 0	X		X				1,732,782	0	135,311
DR RUTH UPHOLD TRUSTEE	2 0 1 0	X								
DR PAUL DANIELSON TRUSTEE	2 0 3 0	X								
A DONALD GILBERT Jr TRUSTEE (UNTIL 1/14)	2 0 2 0	X								
STEPHEN MARSH TRUSTEE	2 0 2 0	X								
DR PHILIP MEAD TRUSTEE	2 0 2 0	X								
DR FREDERICK C MORIN III TRUSTEE	2 0 2 0	X								
JOHN NEUHAUSER PHD TRUSTEE	2 0 2 0	X								
JOHN POWELL Chair	2 0 2 0	X		X						
PATRICIA PRELOCK PHD TRUSTEE	2 0	X								
RUSSELL TRACY PHD SECRETARY(UNTIL 12/13)/TRUSTEE	2 0 2 0	X		X						
ERIC MILLER ESQ TRUSTEE (AS OF 1/14)	2 0	X								
TIMOTHY DAVIS TRUSTEE	2 0 1 0	X								
DR MARK PHILLIPPE TRUSTEE (UNTIL 10/13)	2 0 33 0	X						0	116,987	12,017
KATHLEEN SCOTTIE GINN Vice Chair	2 0 2 0	X		X						
LAWRENCE DESHAW TRUSTEE	2 0 2 0	X								
ALLIE STICKNEY Trustee	2 0	X								
LARRY SUDBAY TTEE(UNT 12/13)SEC(AS OF 1/14)	2 0	X		X						
ROGER DESHAIES CFO/TREASURER (UNTIL 11/13)	47 0 3 0			X				941,262	0	43,348
SOPHIA HOLDER INTERIM CFO (12/13-6/14)	50 0			X				316,449	0	42,293
RICHARD VINCENT INTERIM CFO (AS OF 6/14)	48 0 2 0			X				216,459	0	35,169
SANDRA FELIS RN PTNT CARE SVCS - CHIEF NURSING	49 0 1 0				X			730,084	0	48,921
SPENCER KNAPP GENERAL COUNSEL	48 0 2 0				X			774,706	0	40,586
DR HOWARD M SCHAPIRO INTER PRES/CEO UVMMG(UNT12/13)	47 0 3 0				X			475,339	114,050	35,595
DR CLAUDE DESCHAMPS PRES/CEO OF UVMMG (AS OF 1/14)	47 0 3 0				X					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR PAUL TAHERI FMR PRES/CEO UVMMG(UNTIL 1/13)					X			185,792	0	6,604
CHARLES PODESTA CIO	50 0					X		593,121	0	44,214
PAUL MACUGA CHIEF HR OFFICER	50 0					X		566,604	0	45,376
THERESA ALBERGHINI DIPALMA SVP OF MRKTING & EXT RELATION	50 0					X		572,978	0	43,676
TODD B MOORE SVP ACCOUNTABLE CARE & REV STG	50 0					X		571,992	0	40,260
DR STEPHEN M LEFFLER CHIEF MEDICAL OFFICER	48 0 2 0					X		626,071	0	45,507

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

SCHEDULE A (Form 990 or 990EZ)

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

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 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

Name of the organization	Employer identification number
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC	03-0219309

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

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

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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 to 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		50,896
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		70,916
j	Total Add lines 1c through 1i			121,812
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
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 expenditure 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
LOBBYING ACTIVITY	SCHEDULE C, PART II-B THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC REGULARLY MONITORS THE WORK OF THE VERMONT STATE LEGISLATURE TO IDENTIFY ISSUES THAT DIRECTLY AFFECT THE ORGANIZATION AND PERIODICALLY WORKS DIRECTLY WITH STATE LEGISLATORS TO ADVOCATE ON PARTICULAR ISSUES STAFF EXPENDITURES ASSOCIATED WITH THESE ACTIVITIES ARE REPORTED TO THE STATE THREE TIMES A YEAR AS REQUIRED BY VERMONT LOBBYIST DISCLOSURE LAWS STAFF ALSO WORK DIRECTLY WITH OUR CONGRESSIONAL DELEGATION (TWO SENATORS AND ONE REPRESENTATIVE) ON SPECIFIC PIECES OF LEGISLATION THAT IMPACT THE ORGANIZATION THESE EXPENSES ARE REPORTED ON LINE G THE ORGANIZATION ALSO BELONGS TO MEMBER ORGANIZATIONS (INCLUDING THE AMERICAN HOSPITAL ASSOCIATION, THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS, AND THE VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS) THAT IN TURN HAVE LOBBYING EXPENSES THE PORTION OF DUES ASSOCIATED WITH THOSE ACTIVITIES IS REPORTED ON LINE I

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that 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" to Form 990, Part IV, line 7.

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

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

		Held at the End of the 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 in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in 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 are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? ☐ 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" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	29,313,869	27,880,258	24,729,696	24,040,705	22,798,137
b	Contributions	116,616	104,141	131,962	117,726	81,914
c	Net investment earnings, gains, and losses	2,340,710	1,836,478	3,368,995	903,730	1,255,349
d	Grants or scholarships	0	0	0	0	0
e	Other expenditures for facilities and programs	647,827	507,008	350,395	332,465	94,695
f	Administrative expenses	0	0	0	0	0
g	End of year balance	31,123,368	29,313,869	27,880,258	24,729,696	24,040,705

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 ▶ 52 030 %
- c Temporarily restricted endowment ▶ 47 970 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 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' to 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		10,474,988		10,474,988
b Buildings		545,231,845	229,902,740	315,329,105
c Leasehold improvements		42,370,709	36,131,388	6,239,321
d Equipment		282,402,680	216,729,909	65,672,771
e Other		21,784,367	9,227,295	12,557,072
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				410,273,257

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ESTIMATED 3RD PARTY SETTLEMENT	10,391,994
SWAP LIABILITY	10,143,536
PENSION OBLIGATION	13,455,708
ASSET RETIREMENT OBLIGATION	1,339,699
LT FICA TAX PAYABLE	2,645,049
DUE TO VMCIC	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	37,975,986

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to 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 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' to 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

Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4 THE FUNDS, AND ALL NET EARNINGS IN ADDITION THERETO, ARE HELD TO BENEFIT CHARITY, EDUCATION, RESEARCH AND CHILDREN'S PROGRAMS
SCHEDULE D, PART X, LINE 2, FIN 48 (ASC 740)	THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR FLETCHER ALLEN PARTNERS ("FAP"), NOW KNOWN AS THE UNIVERSITY OF VERMONT HEALTH NETWORK THE FOOTNOTE STATES FAP ACCOUNTS FOR RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC 740 NO PROVISION FOR UNCERTAIN TAX POSITIONS IS RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean			Program Services	SELF-INSURANCE	10,795,034
(2)	Central America and the Caribbean			Investments		17,370,381
(3)						
(4)						
(5)						
3a	Sub-total					28,165,415
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					28,165,415

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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 non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a 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 ten 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Tournament (event type)	(b) Event #2 Marathon Team (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	219,860	32,061		251,921
	2 Less Contributions	171,395	27,896		199,291
	3 Gross income (line 1 minus line 2)	48,465	4,165		52,630
Direct Expenses	4 Cash prizes	441			441
	5 Noncash prizes	2,200			2,200
	6 Rent/facility costs	19,100			19,100
	7 Food and beverages	7,261			7,261
	8 Entertainment				
	9 Other direct expenses	4,461	5,341		9,802
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(38,804)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				13,826

Part III **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash 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 operates gaming activities _____

a Is the organization licensed to operate 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 operate 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 operated 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 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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART II, LINE 11	THE NET INCOME AMOUNT FROM FUNDRAISING EVENTS IS NET OF CHARITABLE CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,257,657		6,257,657	0 610 %
b Medicaid (from Worksheet 3, column a)		47,281	210,262,758	116,514,808	93,747,950	9 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		1,228	2,914,988	2,234,435	680,553	0 070 %
d **Total** Financial Assistance and Means-Tested Government Programs		48,509	219,435,403	118,749,243	100,686,160	9 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,485,264		3,485,264	0 340 %
f Health professions education (from Worksheet 5)			70,875,413	33,322,756	37,552,657	3 680 %
g Subsidized health services (from Worksheet 6)			14,411,628	7,795,066	6,616,562	0 650 %
h Research (from Worksheet 7)			650,738	650,738		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,275,761		1,275,761	0 120 %
j **Total.** Other Benefits			90,698,804	41,768,560	48,930,244	4 790 %
k **Total.** Add lines 7d and 7j		48,509	310,134,207	160,517,803	149,616,404	14 650 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	26,933,990		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,142,653		
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	219,476,388
6	Enter Medicare allowable costs of care relating to payments on line 5	6	251,812,988
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-32,336,600
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group University of Vermont Medical Center

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	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 Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.uvmhealth.org/medcenter			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	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)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, 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		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	11	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
16 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			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third 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?	17		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 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?	**21**		No
If "Yes," explain in Part VI			
22 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?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

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? 6

	Name and address	Type of Facility (describe)
1	CHITTENDEN COUNTY DIALYSIS CENTER 35 JOY DRIVE SOUTH BURLINGTON,VT 05403	DIALYSIS
2	RUTLAND DIALYSIS 160 ALLEN STREET RUTLAND,VT 05701	DIALYSIS
3	BERLIN DIALYSIS 130 FISHER ROAD BERLIN,VT 05602	DIALYSIS
4	UROLOGY - ST ALBANS DIALYSIS - STE 7&8 6 CREST ROAD ST ALBANS,VT 05478	MEDICAL OFFICE
5	MCHV DIALYSIS CENTER 111 COLCHESTER AVE BURLINGTON,VT 05401	DIALYSIS
6	NORTH COUNTRY DIALYSIS 189 PROUTY DR NEWPORT,VT 05855	DIALYSIS
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	TO QUALIFY FOR FINANCIAL ASSISTANCE, AN ELIGIBLE PATIENT MUST PASS BOTH AN INCOME AND ASSETS TEST INCOME IS SET AT A MAXIMUM OF 400% FPLG AND THE ASSETS TEST IS SET AT 400% OF THE VT MEDICAID ASSISTANCE RESOURCE MAXIMUM-HOUSEHOLD, PUBLISHED BY THE VERMONT DEPARTMENT OF CHILDREN & FAMILIES WHEN ASSETS EXCEED THE 400%, THE APPLICATION IS DENIED IF THEY DO NOT EXCEED, ASSISTANCE IS GRANTED BASED UPON THE PATIENTS' INCOME FPLG SCHEDULE H, PART I, LINE 7G FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014 THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC (UVM MEDICAL CENTER) INCLUDED PHYSICIAN CLINIC EXPENSES IN SUBSIDIZED HEALTH SERVICES UVM MEDICAL CENTER PHYSICIANS INCURRED $3,071,388 OF COSTS ASSOCIATED WITH PROVIDING PSYCHIATRY SERVICES

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	THE PROVISION FOR BAD DEBT INCLUDED ON FORM 990, PART IX, LINE 25 BUT SUBTRACTED FOR PURPOSE OF CALCULATING THE AMOUNT REPORTED ON LINE 7(F) IS $0 ALL PATIENT RELATED BAD DEBT IS SHOWN AS A DEDUCTION FROM PATIENT REVENUE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	UVM MEDICAL CENTER UTILIZED THE ALLIANCE FOR DECISION SUPPORT COST ACCOUNTING SYSTEM TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE ON LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS, INCLUDING, BUT NOT LIMITED TO, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED AND SELF PAY THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS ALSO UTILIZED FOR SOME OF THE FIGURES REPORTED IN THE TABLE ON LINE 7 APPROXIMATELY $58 4M OF OUR MEDICAID EXPENSE IS THE UNIVERSITY OF VERMONT MEDICAL CENTER'S ANNUAL MEDICAID PROVIDER TAX, ASSESSED ON VERMONT ACUTE CARE HOSPITALS BY THE STATE OF VERMONT THE TAX ASSESSMENT IS CALCULATED AS 6% OF A HOSPITAL'S BASE YEAR NET PATIENT CARE REVENUE

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINES 2 AND 3	THE AMOUNT OF BAD DEBT REPORTED ON PART III, LINE 2 REPRESENTS THE TOTAL PROVISION FOR BAD DEBT ON THE INCOME STATEMENT DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE NETTED AGAINST THE TOTAL GROSS CHARGES WHEN DETERMINING BAD DEBT EXPENSE THE $1,142,653 REFLECTS THE ADJUSTED BAD DEBT EXPENSE FOR ALL PATIENTS WHO SUBMITTED AN INITIAL APPLICATION, HOWEVER, UPON FOLLOW-UP DID NOT RESPOND TO REQUESTS FOR ADDITIONAL INFORMATION OR SUPPORTING DOCUMENTATION UVM Medical Center HAS A DATABASE WHICH TRACKS ALL APPLICATIONS AND THEIR STATUS, A QUERY EXTRACTED ALL INCOMPLETE/NON RESPONSIVE ARCHIVED APPLICATIONS PROVIDING A LIST OF PATIENTS & DEPENDENTS SUBSEQUENTLY, A QUERY OF ASSOCIATED PATIENT SERVICES FROM 10/1/13 - 9/30/14 FOR "SELF PAY" AND COLLECTION ACCOUNTS WAS EXTRACTED FROM THE BILLING SYSTEM UVM MEDICAL CENTER'S FINANCIAL STATEMENTS INCLUDE A FOOTNOTE DESCRIBING BAD DEBT EXPENSE RECEIVABLES ARE REPORTED NET OF AN ALLOWANCE FOR DOUBTFUL ACCOUNTS THE PROVISION FOR PATIENT RELATED BAD DEBTS IS REPORTED AS A DEDUCTION FROM GROSS REVENUE THIS EXPENSE IS DETERMINED AS A PERCENTAGE OF GROSS PATIENT SERVICE REVENUE BASED ON ACTUAL WRITE-OFF HISTORY, REVIEWED ON A QUARTERLY BASIS AND ADJUSTED ON A SEMI-ANNUAL BASIS SCHEDULE H, PART III, LINE 4 THE ORGANIZATION'S BAD DEBT EXPENSE IS ADDRESSED ON PAGES 39-40, IN FOOTNOTE 16 OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	THE AMOUNT REPORTED IN PART III, LINE 6, MEDICARE ALLOWABLE COSTS OF CARE, IS DERIVED FROM UVM MEDICAL CENTER'S FYE 9/30/14 MEDICARE COST REPORT, WORKSHEET D-1, COMPUTATION OF INPATIENT OPERATING COSTS, WORKSHEET E PART B, CALCULATION OF OUTPATIENT SETTLEMENT, AND WORKSHEET I-4, COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS WHILE UVM MEDICAL CENTER HAS HISTORICALLY FOLLOWED THE CATHOLIC HOSPITAL ASSOCIATION'S GUIDANCE AND HAS NOT CONSIDERED ANY MEDICARE SHORTFALL (REPORTED IN PART III, LINE 7) AS A COMMUNITY BENEFIT, IT IS LIKELY THAT SOME PORTION OF MEDICARE PATIENTS WOULD HAVE QUALIFIED FOR CHARITY CARE UNDER OUR POLICIES IN THE ABSENCE OF MEDICARE COVERAGE, SUCH THAT SHORTFALLS ASSOCIATED WITH THOSE PATIENTS WOULD OTHERWISE HAVE BEEN INCLUDED IN OUR COMMUNITY BENEFITS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PURSUANT TO THE SELF-PAY COLLECTION PROCESS POLICY SHOULD A PATIENT EXPRESS FINANCIAL HARDSHIP AND/OR IF THE PATIENT'S ACCOUNT BALANCE WOULD LIKELY QUALIFY FOR CATASTROPHIC ASSISTANCE, THE CUSTOMER SERVICE ACCOUNT RESOLUTION REPRESENTATIVE WILL PROVIDE PATIENTS WITH INFORMATION REGARDING THE UVM MEDICAL CENTER PATIENT ASSISTANCE PROGRAM PATIENTS EXPRESSING INTEREST IN THE PROGRAM WILL BE DIRECTED TO THE UVM Medical Center WEBSITE FOR A DOWNLOADABLE APPLICATION OR AN APPLICATION WILL BE SENT VIA THE US MAIL IN ADDITION, HIGH DOLLAR ACCOUNTS ARE MONITORED WEEKLY AND SCREENED FOR POSSIBLE PATIENT ASSISTANCE WHEN DIRECT CONTACT VIA THE PHONE CANNOT BE ESTABLISHED, THOSE ACCOUNTS WHERE BALANCES ARE HIGH, HAVE INTERMITTENT PAYMENT OR EMPLOYMENT HISTORY ARE FLAGGED AS POTENTIAL CATASTROPHIC QUALIFIERS THESE PATIENTS WILL BE SENT AN APPLICATION VIA CERTIFIED MAIL, INVITING THEM TO APPLY FOR ASSISTANCE SCHEDULE H, PART VI, LINE 2 THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC (FORMERLY KNOWN AS FLETCHER ALLEN HEALTH CARE, INC) has a long history of conducting needs assessments to gauge the health care and related needs of the communities, including the creation of a chartered community benefit committee in October 2011 and a community health needs assessment committee during fiscal year 2013 The community benefit committee is the successor to a community benefit advisory group comprised exclusively of THE ORGANIZATION'S staff This newer committee includes six members from across the organization, six members from the community based Vermont Health Foundation, and is chaired by THE ORGANIZATION's Chief Medical Officer In FY13, THE ORGANIZATION finalized ITS community health needs assessment and accompanying implementation plan This document was the culmination of work over the two previous years to obtain input from the community around its needs and priorities (See Schedule H, Part V, Line 3 disclosures for information on how the organization completed this task) The governing body of the Board of Trustees over this area formally accepted and adopted the Community Health Needs Assessment and accompanying implementation plan in the latter part of 2013

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE UVM MEDICAL CENTER UTILIZES A VARIETY OF METHODS TO INFORM, EDUCATE AND ASSIST PATIENTS IN IDENTIFYING PAYMENT SOURCES, INCLUDING STATE / FEDERAL PROGRAMS AS WELL AS OUR PATIENT ASSISTANCE PROGRAM EDUCATE & INFORM -THE UVM Medical Center PATIENT ASSISTANCE (CHARITY) PROGRAM IS REFERENCED ON THE UVM MEDICAL CENTER PUBLIC WEBSITE, ALONG WITH GUIDELINES, CRITERIA, FREQUENTLY ASKED QUESTIONS, A COPY OF OUR POLICY/PLAIN LANGUAGE SUMMARY AND A DOWNLOADABLE APPLICATION ALL PATIENTS ARE INVITED TO APPLY PATIENTS WHO WOULD NOT NORMALLY QUALIFY MAY BE CONSIDERED DUE TO SPECIAL CIRCUMSTANCES -OUR PATIENT ASSISTANCE PROGRAM IS REFERENCED ON ALL OF OUR UVM Medical Center PATIENT STATEMENTS, ALONG WITH TELEPHONE NUMBERS FOR ASSISTANCE IN THE APPLICATION PROCESS -PAMPHLETS REGARDING OUR HEALTH ASSISTANCE PROGRAMS ARE AVAILABLE IN THE PUBLIC WAITING ROOMS AND REGISTRATION OFFICE WITH FOLLOW-UP DIRECTIONS TO OUR COMMUNITY OUTREACH CASE MANAGERS AND COORDINATORS -VERBAL COMMUNICATION REGARDING THE PROGRAMS IS PROVIDED TO PATIENTS DURING THE PRE-REGISTRATION PROCESS IF UNINSURED OR IF INSURED PATIENTS EXPRESS HARDSHIP, AT THE POINT OF ARRIVAL AND AT THE POINT OF DISCHARGE IN THE EMERGENCY DEPARTMENT AT THE TIME OF REGISTRATION CHECK-IN A COPY OF THE PLAIN LANGUAGE POLICY SUMMARY IS PROVIDED TO ALL PATIENTS WHO ARE UNINSURED, OR HAVE OR WILL HAVE A BALANCE A FULL COPY OF THE POLICY IS AVAILABLE UPON REQUEST ALONG WITH A COPY OF THE APPLICATION APPLICATIONS FOR BOTH MEDICAID AND CHARITY ARE AVAILABLE TO EACH REGISTRAR AND ARE ROUTINELY PROVIDED TO PATIENTS DURING THE INTERVIEW AND/OR PATIENTS ARE DIRECTED TO OUR PATIENT FINANCIAL COUNSELORS AND CUSTOMER SERVICE REPRESENTATIVES FOR APPLICATION ASSISTANCE -WITHIN THE PHYSICIAN CLINICS, PLAIN LANGUAGE POLICY SUMMARIES ARE DISTRIBUTED TO ALL UNINSURED AND UNDERINSURED AND THE FULL POLICY WITH APPLICATIONS ARE AVAILABLE FOR PATIENTS UPON REQUEST APPLICATIONS ARE AVAILABLE FOR PATIENTS AND FOLLOW-UP REFERRALS ARE PROVIDED DIRECTLY TO THE CUSTOMER SERVICE DEPARTMENT -PATIENT CALLS TO THE CUSTOMER SERVICE CENTER REGARDING BILLS, PAYMENTS, BUDGET PLANS, ETC WILL INCLUDE EDUCATION AND, WHEN NECESSARY, COUNSELING FOR PATIENTS REGARDING BOTH STATE AND FEDERAL OPTIONS AS WELL AS THE UVM MEDICAL CENTER CHARITY PROGRAM APPLICATIONS FOR ASSISTANCE WITH ALL PROGRAMS ARE MAILED TO PATIENTS UPON REQUEST APPLICATION ASSISTANCE -ALL INPATIENTS AND OUTPATIENT PROCEDURES ARE FINANCIALLY SCREENED TO IDENTIFY THE UNDERINSURED OR UNINSURED PATIENT POPULATION PRIOR TO SERVICE, CONCURRENT WITH SERVICE AND POST SERVICE, OUR PATIENT FINANCIAL COUNSELORS WILL CALL AND/OR MEET WITH PATIENTS AND FAMILIES TO EDUCATE THEM ON THE AVAILABLE PROGRAMS AND WHERE APPLICABLE, ASSIST IN THE APPLICATION PROCESS THIS INCLUDES STATE AND FEDERAL AID APPLICATIONS AND THE UVM MEDICAL CENTER CHARITY APPLICATION PROCESS -OUR FINANCIAL COUNSELORS/ADVOCATES HAVE BEEN CERTIFIED AS ASSISTERS IN THE STATE OF VT AND WILL ADDITIONALLY AID PATIENTS IN THE APPLICATION PROCESS FOR HEALTH EXHANGE INSURANCE, MEDICAID AND THE FINANCIAL ASSISTANCE PROGRAMS COUNSELORS WILL ADDITIONALLY MEET WITH PATIENTS AT THE BEDSIDE TO HELP COMPLETE THE APPLICATIONS, PROVIDE DETAILS ON SUPPORTING DOCUMENTATION NEEDS AND FACILITATE AND EXPEDITE THE REVIEW PROCESS UNTIL A NOTICE OF DECISION HAS BEEN RECEIVED -OUR COMMUNITY HEALTH IMPROVEMENT OFFICE PROVIDES EDUCATION AND APPLICATION ASSISTANCE FOR A VARIETY OF PROGRAMS, INCLUDING THE STATE AND FEDERAL MEDICAID APPLICATION PROCESS, THE PATIENT ASSISTANCE PROGRAM APPLICATION (CHARITY) AS WELL AS ASSIST WITH FINANCIAL ASSISTANCE TO PATIENTS FOR PHARMACEUTICALS PROCESSES HAVE BEEN ESTABLISHED TO REFER URGENT CARE AND EMERGENCY DEPARTMENT PATIENTS TO THE PROGRAM, WHERE CASE MANAGERS ASSIST IN BOTH THE APPLICATION PROCESS AND COMMUNITY RESOURCE NEEDS IDENTIFICATION ADDITIONALLY, THE CASE MANAGERS RECEIVE AND REVIEW REPORTS FOR THE UNINSURED EMERGENCY PATIENTS WHO HAVE FREQUENTED THE EMERGENCY DEPARTMENT MORE THAN 1 TIME PER MONTH THE MANAGERS WILL THEN REACH OUT TO THE PATIENTS, SEEKING TO ASSIST PATIENTS IN IDENTIFYING FINANCIAL SPONSORSHIP

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION UVM MEDICAL CENTER IS BOTH A COMMUNITY HOSPITAL AND, IN PARTNERSHIP WITH THE UNIVERSITY OF VERMONT, THE STATE'S ONLY ACADEMIC MEDICAL CENTER IN ITS COMMUNITY HOSPITAL ROLE, UVM MEDICAL CENTER SERVES APPROXIMATELY 167,500 RESIDENTS IN CHITTENDEN AND GRAND ISLE COUNTIES AND PROVIDES PRIMARY CARE SERVICES AT ELEVEN VERMONT SITES THE ORGANIZATION ALSO OFFERS FREE TO THE COMMUNITY A WIDE RANGE OF HEALTH, PREVENTION AND WELLNESS PROGRAMS, ALL OF WHICH HELP TO LIMIT THE NEED FOR MORE EXPENSIVE ACUTE CARE AS A REGIONAL REFERRAL CENTER, UVM MEDICAL CENTER PROVIDES ADVANCED-LEVEL CARE TO A POPULATION OF APPROXIMATELY ONE MILLION PEOPLE THROUGHOUT VERMONT AND NORTHERN NEW YORK UVM MEDICAL CENTER EXTENDS BEYOND ITS FOUR MAIN CAMPUSES IN THE BURLINGTON AREA TO INCLUDE MORE THAN 30 PATIENT CARE SITES AND 100 OUTREACH CLINICS, PROGRAMS AND SERVICES THROUGHOUT THE REGION

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH UVM MEDICAL CENTER IS GOVERNED BY A BOARD OF COMMUNITY VOLUNTEERS FROM OUR SERVICE AREA, INCLUDING OUR PRIMARY, SECONDARY AND TERTIARY REFERRAL REGION THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT AND NOT DIRECTLY AFFILIATED WITH THE ORGANIZATION UVM MEDICAL CENTER'S MEDICAL STAFF IS AN "OPEN STAFF" MODEL WITH MEMBERSHIP GOVERNED BY THE MEDICAL STAFF'S BY-LAWS, AND INCLUDES APPROXIMATELY 600 EMPLOYED PHYSICIANS AND 150 COMMUNITY-BASED PHYSICIANS AS A NON-PROFIT, ANY SURPLUS FUNDS GENERATED BY UVM MEDICAL CENTER ARE RE-INVESTED IN OUR ORGANIZATION TO SUPPORT OUR MISSION PLEASE SEE SCHEDULE O FOR A MORE DETAILED DESCRIPTION OF UVM MEDICAL CENTER'S ROLE IN OUR REGIONAL HEALTH CARE SYSTEM AND OUR COMMUNITY BENEFIT ACTIVITIES

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM AS OF OCTOBER 1, 2011, THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC (UVM MEDICAL CENTER) AND THE UNIVERSITY OF VERMONT HEALTH NETWORK - CENTRAL VERMONT MEDICAL CENTER, INC (UVM HEALTH NETWORK - CENTRAL VERMONT MEDICAL CENTER), BECAME MEMBERS OF THE UNIVERSITY OF VERMONT HEALTH NETWORK, (UVM HEALTH NETWORK), AN INTEGRATED SYSTEM OF CARE SERVING THE COMMUNITIES OF VERMONT AND NORTHERN NEW YORK ON JANUARY 1, 2013 UVM HEALTH NETWORK ALSO BECAME THE SOLE MEMBER OF COMMUNITY PROVIDERS, INC UVM HEALTH NETWORK IS CARRYING OUT CENTRALIZED ACTIVITIES FOR THE BENEFIT OF PATIENTS OF ALL THREE PARTNER ORGANIZATIONS, INCLUDING IMPROVING ACCESS TO LOCAL CARE, COST SAVINGS THROUGH GREATER JOINT PURCHASING POWER, ENHANCING INFORMATION TECHNOLOGY, INCREASING ACADEMIC OPPORTUNITIES FOR PHYSICIANS, ENGAGING IN REGIONAL STRATEGIC PLANNING, AND PARTICIPATING IN JOINT QUALITY AND CLINICAL INITIATIVES COLLABORATIVE EFFORTS - UVM MEDICAL CENTER REGULARLY PARTNERS WITH OTHER ORGANIZATIONS AND PROVIDERS TO HELP MEET THE NEEDS OF OUR COMMUNITY THIS INCLUDES WORKING WITH OTHER ORGANIZED SYSTEMS OF CARE (LIKE HOME HEALTH AGENCIES, OTHER VERMONT HOSPITALS, AND PHYSICIAN PRACTICES), AS WELL AS COMMUNITY-BASED ORGANIZATIONS WHOSE MISSIONS ARE SIMILAR TO OURS FOR EXAMPLE, UVM MEDICAL CENTER COLLABORATES WITH COMMUNITY PARTNERS TO REGULARLY ASSESS COMMUNITY AND HEALTH CARE NEEDS, WHICH HELPS GUIDE OUR ORGANIZATION'S PRIORITIES PLEASE READ FORM 990 PART III NARRATIVE IN SCHEDULE O FOR ADDITIONAL INFORMATION ON THE UVM MEDICAL CENTER'S INTERACTIONS IN AND WITH ITS COMMUNITY SCHEDULE H, PART VI, LINE 7 THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC FILES A COMMUNITY BENEFIT REPORT WITH THE STATE OF VERMONT

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 14

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Nursing Scholarships	19	65,250			
(2) Allied Health Scholarships	7	31,267			
(3) ENDOWMENT SCHOLARSHIPS	8	8,300			

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	UNIVERSITY OF VERMONT MEDICAL CENTER, INC (UVM MEDICAL CENTER) REQUIRES ITS GRANTEES TO PROVIDE SEMI-ANNUAL AND FINAL REPORTS WITH PERCENTAGES COMPLETE AND RESULTS FOR EACH OF THE GRANTS AWARDED SCHOLARSHIP MONITORING THE ORGANIZATION REQUIRES STRICT APPLICATION AND APPROVAL CRITERIA FOR SCHOLARSHIP RECIPIENTS TO MAINTAIN THE INTEGRITY OF EACH RESPECTIVE AWARD NURSING SCHOLARSHIPS NURSING SCHOOL ASSISTANCE IS AWARDED TO APPLICANTS IN ORDER FOR THEM TO OBTAIN A DEGREE IN NURSING FOR THE APPLICANT TO QUALIFY FOR THE SCHOLARSHIP, HE/SHE MUST AGREE THAT THEY WILL USE IT TO HELP FURTHER UVM MEDICAL CENTER'S CHARITABLE STATUS THIS IS DONE BY HAVING THE APPLICANT COMMIT TO TWO YEARS OF SERVICE AT THE ORGANIZATION AFTER SUCCESSFUL COMPLETION OF THE DEGREE PROGRAM IN ADDITION, A WRITTEN PROPOSAL STATING HOW ATTAINMENT OF THE DEGREE WILL BENEFIT NURSING AT THE ORGANIZATION IS REQUIRED ALLIED HEALTH SCHOLARSHIPS ALLIED HEALTH SCHOLARSHIPS ARE AWARDED TO SUPPORT THE CAREER DEVELOPMENT OF UVM MEDICAL CENTER'S EMPLOYEES IN POSITION CATEGORIES WHERE CURRENT AND PROJECTED SHORTAGES EXIST FOR THE APPLICANT TO QUALIFY FOR THE SCHOLARSHIP, HE OR SHE MUST BE AN EMPLOYEE OF UVM MEDICAL CENTER FOR ONE YEAR OR MORE, COMPLETE AN APPLICATION AND WRITTEN ESSAY, HAVE A HISTORY OF SOLID JOB PERFORMANCE, BE ACCEPTED INTO AN APPROVED ACADEMIC PROGRAM, AND PROVIDE TWO LETTERS OF RECOMMENDATION ONCE THE SCHOLARSHIP IS AWARDED, RECIPIENTS MUST SIGN AN AGREEMENT TO WORK FOR UVM MEDICAL CENTER FOR A MINIMUM OF THREE YEARS UPON GRADUATION, TAKE A MINIMUM OF SIX CREDIT HOURS EACH SEMESTER, MAINTAIN HIGH GRADES, AND WORK A MINIMUM OF 20 HOURS PER WEEK SCHOLARSHIPS FROM THE NURSING EDUCATION ENDOWMENT FUND AND THE MARY FLETCHER HOSPITAL SCHOOL OF NURSING ALUMNI FUND ASSISTANCE FROM THE NURSING EDUCATION ENDOWMENT FUND IS AWARDED TO ELIGIBLE APPLICANTS GOING INTO THE NURSING FIELD APPLICANTS MUST BE EMPLOYED AT LEAST TWO YEARS AT UVM MEDICAL CENTER, WORK AT LEAST 40 HOURS PER PAY PERIOD, BE ENROLLED IN A NURSING CERTIFICATE, DEGREE OR DOCTORATE PROGRAM, AND NO CURRENT DISCIPLINARY ACTION IN THEIR FILE DECISION TO APPROVE FUNDING IS BASED ON THE APPLICANT'S COMPLETED APPLICATION FORM, TWO LETTERS OF RECOMMENDATION, AND COMMITMENT TO TWO YEARS OF SERVICE AT UVM MEDICAL CENTER AFTER SUCCESSFUL COMPLETION OF THE DEGREE PROGRAM ASSISTANCE FROM THE MARY FLETCHER HOSPITAL SCHOOL OF NURSING ALUMNI FUND IS ALSO AWARDED TO ELIGIBLE APPLICANTS GOING INTO THE NURSING FIELD APPLICANTS MUST BE ENROLLED IN EITHER A FORMAL OR CONTINUING EDUCATION PROGRAM RELATED TO SOME ASPECT OF HEALTH CARE (FOR EXAMPLE, HOLISTIC NURSING, CHILD-BIRTH EDUCATION, CHEMICAL DEPENDENCY, NURSE PRACTITIONER) IN ADDITION, APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS BE EMPLOYED BY UVM MEDICAL CENTER FOR AT LEAST ONE YEAR, AND PROVIDE A COMPLETED APPLICATION FORM, RESUME, WRITTEN ESSAY AND TWO LETTERS OF RECOMMENDATION

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society 30 Speen St Framingham, MA 01701	05-0271570	501(C)(3)	15,000				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Health Center of Burlington 617 Riverside Ave Burlington, VT 05401	23-7182584	501(c)(3)	200,000				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Burlington School District 150 Colchester Ave Burlington, VT 05401	03-6000410	Other Gov't	15,000				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Chittenden County 412 Farrell St Suite 200 S Burlington, VT 05403	03-0217229	501(C)(3)	129,500				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOWARD CENTER for Human Svc 208 FLYNN AVE BURLINGTON,VT 05401	03-0179433	501(c)(3)	148,762				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cathedral Square Corporation 412 FARRELL ST Ste100 S BURLINGTON,VT 05403	03-0264362	501(C)(3)	50,000				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER BURLINGTON YMCA 266 COLLEGE ST BURLINGTON,VT 05401	03-0185810	501(C)(3)	9,000				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VERMONT YOUTH CONSERVATION CORPS INC 1949 E MAIN ST RICHMOND,VT 05477	03-0328834	501(C)(3)	18,020				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UVM College of Medicine ObGyn 89 Beaumont Ave BURLINGTON,VT 05401	03-0179440	501(c)(3)	25,000				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VERMONT Ethics Network Inc 61 Elm St Montpelier, VT 05602	03-0336174	501(c)(3)	14,000				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Visiting Nurses Association 1110 Prim Rd Colchester, VT 05446	03-0179603	501(c)(3)	53,710				Community Health Impr

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Area Health Education Center 1 So Prospect St Burlington, VT 05401	03-0179440	501(c)(3)	260,000				Community Health Improv

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City of Winooski 27 West Allen St Winooski, VT 05404	03-6000782	Other Gov't	10,860				Community Health Improv

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Parks Foundation of Burlington 645 Pine St Ste B Burlington, VT 05401	46-2836897	501(c)(3)	150,000				Community Health Improv

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ 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 in 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PERSONAL SERVICE COMPENSATION	SCHEDULE J, PART I, QUESTIONS 1A, 1B & 2 THE FOLLOWING INDIVIDUALS RECEIVED COMPENSATION OF $1,400 TO COVER TAX PREPARATION AND FINANCIAL ADVISORY SERVICES TODD B MOORE DR STEPHEN M LEFFLER ROGER DESHAIES SANDRA FELIS, R N DR JOHN BRUMSTED SPENCER KNAPP CHARLES PODESTA PAUL MACUGA THERESA ALBERGHINI DIPALMA HOWARD SHAPIRO SOPHIA HOLDER WHILE THERE IS NO ORGANIZATION-WIDE WRITTEN POLICY REGARDING PAYMENT OF THE EXPENSE DESCRIBED ABOVE, THE AMOUNT IS INCLUDED IN THE RESPECTIVE INDIVIDUAL'S EMPLOYMENT CONTRACT WHICH IS DETERMINED THROUGH ANNUAL REVIEW (AS DISCUSSED IN SCHEDULE O) PERSONAL SERVICE COMPENSATION IS A FLAT AMOUNT INCLUDED IN THE INDIVIDUAL'S RESPECTIVE FORM W-2 AS TAXABLE INCOME NO REIMBURSEMENT IS MADE UNDER AN ACCOUNTABLE PLAN, THEREFORE, SUBSTANTIATION OF EXPENSE IS UNNECESSARY SCHEDULE J, PART I, QUESTION 4A ROGER DESHAIES SEPARATED FROM SERVICE ON NOVEMBER 29, 2013 IN ACCORDANCE WITH THE SEPARATION AGREEMENT, HE IS ENTITLED TO 18 MONTHS OF ADDITIONAL COMPENSATION IN CALENDAR YEAR 2013, HE RECEIVED $35,918 UNDER THE SEPARATION AGREEMENT SCHEDULE J, PART I, QUESTION 4B Certain listed individuals participated in the UVM MEDICAL CENTER Executive Benefit Plan under which participants are credited a Benefit Allowance equal to a specified percentage of base pay Under the plan, participants may elect to have the amount of the benefit allowance deferred to a capital accumulation account subject to section 457 (f) No amounts were deferred to or paid from a capital accumulation account in calendar 2013 During Calendar year 2012, University of Vermont Medical Center, INC (UVM MEDICAL CENTER) entered into a Supplemental Retirement Benefit Plan (SRP) with President Brumsted Under the SRP, UVM MEDICAL CENTER makes annual deferrals equal to 10% of the president's base salary for each year through the plan year ending September 30, 2015 This amount is included in Schedule J, Part II, Column C Amounts deferred are subject to forfeiture if certain conditions are not met NON-FIXED PAYMENTS SCHEDULE J, PART I, QUESTION 7 UVM Medical Center PAID A LUMP-SUM INCENTIVE AWARD TO UPPER MANAGEMENT (DIRECTORS, VICE PRESIDENTS, PHYSICIAN CHAIRS AND SENIOR EXECUTIVES) THROUGH ITS ANNUAL SHORT-TERM INCENTIVE (STI) PLAN AS THE PLAN'S ORGANIZATIONAL PERFORMANCE MEASURES WERE MET THE MEASURES WERE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THESE MEASURES INCLUDED FINANCIAL QUALITY, OPERATIONAL AND HUMAN RESOURCES RELATED METRICS CERTAIN SENIOR EXECUTIVES PARTICIPATED IN A LONG-TERM INCENTIVE (LTI) PLAN IN CALENDAR 2013 THE PLAN COVERED FISCAL YEARS 2011 THROUGH 2013 THE PLAN WAS STRUCTURED TO HELP UVM MEDICAL CENTER RETAIN THESE KEY EXECUTIVES OVER THE LONG TERM BY PROVIDING MEANINGFUL INCENTIVES AND REWARDS FOR SUSTAINED SUCCESS OVER THE THREE-YEAR PERIOD, AND AWARDS ARE BASED ON SATISFACTION OF SPECIFIED PERFORMANCE CRITERIA DURING FY14, THE LONG TERM INCENTIVE PROGRAM WAS ENDED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS FINAL PAYOUTS OF THIS PROGRAM WERE MADE IN DECEMBER 2013

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROGER DESHAIES CFO/TREASURER (UNTIL 11/13)	(I) (II)	427,380 0	404,534	109,348	22,500 0	20,848 0	984,610 0	0 0
SANDRA FELIS RN PTNT CARE SVCS - CHIEF NURSING	(I) (II)	363,437 0	292,872	73,775	22,500 0	26,421 0	779,005 0	0 0
DR JOHN BRUMSTED PRESIDENT & CEO	(I) (II)	790,219 0	815,101	127,462	109,050 0	26,261 0	1,868,093 0	0 0
SPENCER KNAPP GENERAL COUNSEL	(I) (II)	390,708 0	317,635	66,363	22,500 0	18,086 0	815,292 0	0 0
CHARLES PODESTA CIO	(I) (II)	309,098 0	253,247	30,776	17,000 0	27,214 0	637,335 0	0 0
PAUL MACUGA CHIEF HR OFFICER	(I) (II)	295,560 0	240,744	30,300	22,950 0	22,426 0	611,980 0	0 0
THERESA ALBERGHINI DIPALMA SVP OF MRKTING & EXT RELATION	(I) (II)	287,710 0	236,501	48,767	22,502 0	21,174 0	616,654 0	0 0
TODD B MOORE SVP ACCOUNTABLE CARE & REV STG	(I) (II)	321,437 0	208,988	41,567	17,850 0	22,410 0	612,252 0	0 0
DR STEPHEN M LEFFLER CHIEF MEDICAL OFFICER	(I) (II)	349,859 0	230,384	45,828	22,562 0	22,945 0	671,578 0	0 0
DR HOWARD M SCHAPIRO INTER PRES/CEO UVMMG (UNT12/13)	(I) (II)	321,410 58,363	101,512	52,417 55,687	23,411 8,000	3,216 968	501,966 123,018	0 0
SOPHIA HOLDER INTERIM CFO (12/13-6/14)	(I) (II)	259,079 0	41,404	15,966	17,850 0	24,443 0	358,742 0	0 0
DR PAUL TAHERI FMR PRES/CEO UVMMG (UNTIL 1/13)	(I) (II)	47,235 0		138,557	3,364 0	3,240 0	192,396 0	0 0
RICHARD VINCENT INTERIM CFO (AS OF 6/14)	(I) (II)	180,664 0	31,520 0	4,275 0	14,018 0	21,151 0	251,628 0	0 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	VEHBFA Series 2008A & 2004B	23-7154467	924166CJ8	05-21-2008	215,386,067	Refund Bonds Issued 4/15/2004		X		X		X
B	VEHBFA Series 2007A	23-7154467	924166AQ4	01-25-2007	56,375,337	Construct Health Care Facilities		X		X		X
C	VEHBFA Series 2004A	23-7154467	9241606Q2	04-15-2004	49,543,132	Refund Bond Issued 1993		X		X		X
D	VEHBFA Series 2013A	23-7154467		03-05-2013	29,500,000	Refund Bond Issued 2000		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	16,837,422	584,557	18,160,521	487,500
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	215,386,067	58,762,986	51,669,192	29,500,000
4	Gross proceeds in reserve funds	15,030,513	5,651,417	5,628,075	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,708,089	895,983	451,483	263,962
8	Credit enhancement from proceeds	24,978	0	2,248,338	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	50,000,000	0	0
11	Other spent proceeds	213,653,000	0	42,070,447	29,236,038
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005	2005	1985	2005

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	CITIBANK		0		0			
c	Term of hedge		20 2						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
SCHEDULE K, PART I, LINES A AND B	THE VEHBFA SERIES 2008A BOND REISSUED THE VEHBFA SERIES 2004B BOND THE VEHBFA SERIES 2007A BOND WAS ISSUED TO REIMBURSE THE UNIVERSITY OF VERMONT MEDICAL CENTER INC 'S (UVM MEDICAL CENTER'S) CONSTRUCTION COSTS INCURRED FOR THE AMBULATORY CARE CENTER WITHIN 18 MONTHS OF THE DATE OF ISSUE SCHEDULE K, PART II, LINE 3 FOR BONDS A AND B THE GROSS PROCEEDS DIFFER FROM THE ISSUE PRICE DUE TO EARNINGS SCHEDULE K, PART III, LINES 4-6 THE PRIVATE BUSINESS USE PERCENTAGE FOR UVM MEDICAL CENTER HAS BEEN PRESENTED AT 0% THE TAX CERTIFICATE AND AGREEMENT FILED WITH FORMS 8038 FOR THE ISSUANCES LISTED IN COLUMNS A AND B INDICATE THAT AN EQUITY CONTRIBUTION WILL BE MADE AS A PORTION OF THE FUNDING FOR THE PROJECT THE LANGUAGE DICTATES THAT THE EQUITY CONTRIBUTION WILL BE APPLIED TO PRIVATE USE PORTION OF THE PROJECT UVM MEDICAL CENTER EQUITY CONTRIBUTION REPRESENTS APPROXIMATELY 33% OF THE TOTAL CONSTRUCTION COST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 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. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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

2 Enter the amount of tax incurred by 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
Total		▶ $										

Part III Grants or Assistance Benefitting 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

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV (1) RELATIONSHIP DONALD GILBERT, TRUSTEE, IS THE PRESIDENT AND CEO OF VERMONT GAS SYSTEMS, WHICH IS THE ORGANIZATION'S NATURAL GAS PROVIDER (3) RELATIONSHIP TODD KEATING, ROGER DESHAIES (UNTIL 4/14), SANDRA FELIS, R N , DR HOWARD M SCHAPIRO, AND DR JOHN BRUMSTED SERVE AS OFFICERS OF VMC INDEMNITY COMPANY DR PAUL DANIELSON, CLAUDE DESCHAMPS, AND STEPHEN LEFFLER SERVE AS DIRECTORS OF VMC INDEMNITY COMPANY, THE UNIVERSITY OF VERMONT MEDICAL CENTER, inc 'S (uvm medical center'S) CAPTIVE INSURANCE COMPANY (4) RELATIONSHIP LARRY SUDBAY, TRUSTEE, IS THE PRESIDENT AND CEO OF SYMQUEST GROUP, WHICH IS THE ORGANIZATION'S COPIER SERVICE PROVIDER (5) RELATIONSHIP JANET C SCHAPIRO, WIFE OF UVMMG INTERIM PRESIDENT & CEO HOWARD M SCHAPIRO, RECEIVED WAGES FROM uvm MEDICAL CENTER (6) RELATIONSHIP MARIA MCCLELLAN, SISTER IN LAW OF uvm MEDICAL CENTER PRESIDENT/CEO JOHN BRUMSTED, RECEIVED WAGES FROM uvm MEDICAL CENTER (7) RELATIONSHIP MARJORIE D MANGHAM, SISTER OF TRUSTEE TIMOTHY DAVIS, RECEIVED WAGES FROM uvm MEDICAL CENTER (8) RELATIONSHIP THE SPOUSE OF KEY EMPLOYEE SPENCER KNAPP WAS A SHAREHOLDER/DIRECTOR OF DINSE KNAPP & MCANDREW, AND RETIRED IN 2014

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) VERMONT GAS SYSTEMS	SEE PART V	1,273,992	NATURAL GAS		No
(2) R ALLEN MEAD	SON OF TRUSTEE MEAD	188,362	WAGES		No
(3) VMC INDEMNITY COMPANY LTD	SEE PART V	3,607,038	INSURANCE PREMIUMS		No
(4) SYMQUEST GROUP	SEE PART V	881,344	COPIER SERVICE		No
(5) JANET C SCHAPIRO	SEE PART V	244,490	WAGES		No
(6) MARIA MCCLELLAN	SEE PART V	124,649	WAGES		No
(7) MARJORIE D MANGHAM	SEE PART V	93,455	WAGES		No
(8) DINSE KNAPP MCANDREW	SEE PART V	1,189,113	LEGAL SERVICES		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1		
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		108	COST
5 Clothing and household goods	X		4,143	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	723,153	SALE PRICE LESS FEES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	4	773	COST
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CERTIFICATES)	X	38	9,208	COST
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Return Reference	Explanation
Schedule M, Part I, Column B	University of Vermont Medical Center, INC (uvm medical center) is reporting the total number of contributions
Schedule M, Part I, Line 33	uvm Medical Center does not record revenue for SOME gifts-in-kind until they are sold Therefore, revenue for these gifts is not included on Form 990, Part VIII, Line 1

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493229025685

SCHEDULE O
(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

Return Reference	Explanation
FORM 990, NAME CHANGE	THE ORGANIZATION FORMALLY CHANGED ITS NAME IN NOVEMBER 2014 TO THE UNIVERSITY OF VERMONT MEDICAL CENTER, inc THE ORGANIZATION WAS FORMERLY KNOWN AS FLETCHER ALLEN HEALTH CARE. NUMBER OF VOLUNTEERS FORM 990, PART I, QUESTION 6 THE TOTAL NUMBER OF VOLUNTEERS INCLUDES NON-COMPENSATED MEMBERS OF THE BOARD OF TRUSTEES IN ADDITION, VOLUNTEERS WORK IN OVER 50 DEPARTMENTS TO SUPPORT THE WORK OF EMPLOYEES TO MEET PATIENT NEEDS AND ENHANCE THE PATIENT EXPERIENCE AT THE UNIVERSITY OF VERMONT MEDICAL CENTER, inc (UVM MEDICAL CENTER)

Return Reference	Explanation	
	COMMUNITY BENEFIT REPORT	FORM 990, PART III UVM MEDICAL CENTER IS BOTH A COMMUNITY HOSPITAL AND, IN PARTNERSHIP WIT H THE UNIVERSITY OF VERMONT, THE STATE'S ONLY ACADEMIC MEDICAL CENTER IT IS OUR MISSION T O IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE BY INTEGRATING PATIENT CARE , EDUCATION AND RESEARCH IN A CARING ENVIRONMENT IN ITS COMMUNITY HOSPITAL ROLE, UVM MEDI CAL CENTER SERVES APPROXIMATELY 167,500 RESIDENTS IN CHITTENDEN AND GRAND ISLE COUNTIES AN D PROVIDES PRIMARY CARE SERVICES AT ELEVEN VERMONT SITES THE ORGANIZATION ALSO OFFERS FRE E TO THE COMMUNITY A WIDE RANGE OF HEALTH, PREVENTION AND WELLNESS PROGRAMS, ALL OF WHICH HELP TO LIMIT THE NEED FOR MORE EXPENSIVE ACUTE CARE THROUGH A VITAL PARTNERSHIP, UVM MED ICAL CENTER, THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE AND THE UNIVERSITY OF VERMONT C OLLEGE OF NURSING AND HEALTH SCIENCES FORM VERMONT'S ACADEMIC MEDICAL CENTER - ONE OF ONLY APPROXIMATELY 130 SUCH CENTERS IN THE COUNTRY TOGETHER, THESE INSTITUTIONS ARE COMMITTED TO HELPING IMPROVE OUR REGION'S QUALITY OF LIFE WITH INNOVATIONS IN MEDICINE AND HEALTH C ARE THAT ARISE FROM NEW KNOWLEDGE AND DISCOVERY THROUGH ITS ALLIANCE WITH THE UNIVERSITY OF VERMONT, UVM MEDICAL CENTER IS ABLE TO PROVIDE THE BEST PATIENT CARE POSSIBLE BY BRINGI NG MEDICAL EDUCATION AND RESEARCH TO THE BEDSIDE, THE DOCTOR'S OFFICE AND INTO THE COMMUNI TY AS A REGIONAL REFERRAL CENTER, UVM MEDICAL CENTER PROVIDES ADVANCED-LEVEL CARE TO A PO PULATION OF APPROXIMATELY ONE MILLION PEOPLE THROUGHOUT VERMONT AND NORTHERN NEW YORK THE MEDICAL CENTER EXTENDS BEYOND ITS THREE MAIN CAMPUSES IN THE BURLINGTON AREA TO INCLUDE M ORE THAN 30 PATIENT CARE SITES AND 100 OUTREACH CLINICS, PROGRAMS AND SERVICES THROUGHOUT THE REGION EACH OF THESE RESPONSIBILITIES IS EQUALLY IMPORTANT IN FULFILLING UVM MEDICAL CENTER'S MISSION 1 PATIENT CARE - SERVING A POPULATION OF APPROXIMATELY ONE MILLION THRO UGHOUT VERMONT AND NORTHERN NEW YORK, UVM MEDICAL CENTER PROVIDES A FULL RANGE OF SERVICES COVERING EVERY MAJOR AREA OF MEDICINE THE MEDICAL CENTER AVERAGES MORE THAN A MILLION PA TIENT VISITS EACH YEAR, INCLUDING INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT AND PHYSICIA N OFFICE VISITS UVM MEDICAL CENTER IS AT THE LEADING EDGE OF HEALTH CARE INNOVATIONS, INC LUDING HAVING IMPLEMENTED A SYSTEM-WIDE ELECTRONIC HEALTH RECORD THAT SUPPORTS IMPROVED HE ALTH CARE FOR OUR COMMUNITIES AND SERVING AS ONE OF THE FIRST TWO PILOT SITES FOR THE VERM ONT BLUEPRINT FOR HEALTH, A STATEWIDE PUBLIC/PRIVATE PARTNERSHIP FOCUSED ON ENSURING THAT ALL VERMONTERS HAVE ACCESS TO PRIMARY CARE SERVICES USING THE "PATIENT-CENTERED MEDICAL HO ME" CARE DELIVERY MODEL IN LINE WITH THE BLUEPRINT, UVM MEDICAL CENTER HAS IMPLEMENTED A COMMUNITY HEALTH TEAM TO SERVE ALL OF OUR PRIMARY CARE PRACTICES, ALL OF WHICH HAVE BEEN R ECOGNIZED BY THE NATIONAL COMMITTEE ON QUALITY ASSURANCE AS PATIENT-CENTERED MEDICAL HOMES 2 EDUCATION - AS AN ACADEMIC MEDICAL CENTER, WE HAVE THE SPECIAL RESPONSIBILITY OF EDUC ATING THE NEXT GENERATION OF DOCTORS, NURSES AND ALLIED HEALTH PROFESSIONALS THE VAST MAJ ORITY OF UVM MEDICAL CENTER DOCTORS NOT ONLY TAKE CARE OF PATIENTS, THEY ALSO TEACH MEDICA L STUDENTS THROUGH THEIR POSITIONS AS MEMBERS OF THE UNIVERSITY OF VERMONT COLLEGE OF MEDI CINE FACULTY A NUMBER OF UVM MEDICAL CENTER NURSES AND ALLIED HEALTH PROFESSIONALS ALSO T EACH AT THE UNIVERSITY OF VERMONT COLLEGE OF NURSING AND HEALTH SCIENCES UVM MEDICAL CENT ER SERVES AS THE CLINICAL TRAINING SITE FOR THE APPROXIMATELY 465 MEDICAL STUDENTS AND 891 NURSING AND ALLIED HEALTH STUDENTS WHO ATTEND THE UNIVERSITY OF VERMONT ADDITIONALLY, UV M MEDICAL CENTER IS THE TRAINING SITE FOR APPROXIMATELY 252 RESIDENTS - PHYSICIANS WHO HAV E GRADUATED FROM MEDICAL SCHOOL AND ARE COMPLETING THE ADDITIONAL CLINICAL TRAINING REQUIR ED FOR THEIR AREA OF CARE PATIENTS BENEFIT FROM HAVING RESIDENTS, MEDICAL STUDENTS AND NU RSING AND ALLIED HEALTH STUDENTS AS PART OF THEIR CARE TEAM IN COLLABORATION WITH THE UNI VERSITY OF VERMONT, UVM MEDICAL CENTER CONTINUES TO USE THE DEVELOPMENT OF A SIMULATION CE NTER THAT INCLUDES 9,000 SQUARE FEET OF TEACHING SPACE WITH FULLY-FUNCTIONING HOSPITAL ROO MS AND HIGH-TECH MANNEQUINS THAT SIMULATE ALL KINDS OF DISEASES AND INJURIES THE SIMULATI ON CENTER ALSO HAS HANDS-ON LABS FOR SKILL-BUILDING AS WELL AS A VIRTUAL REALITY TRAINER T HAT IMPROVES ON OLD TEACHING METHODS IN ADDITION TO BEING USED TO TRAIN FUTURE DOCTORS AN D NURSES, THE NEW FACILITY IS OPEN TO ALL VERMONT MEDICAL PROFESSIONALS, INCLUDING EMERGEN CY MEDICAL TECHNICIANS AND VERMONT NATIONAL GUARD MEDICS 3 RESEARCH - A CORE MISSION OF THE ACADEMIC MEDICAL CENTER IS TO ADVANCE MEDICAL KNOWLEDGE THROUGH RESEARCH, SO IN ADDITI ON TO TEACHING AND TRAINING, MANY OF OUR PHYSICIANS, NURSES AND OTHER PROVIDERS ENGAGE IN BIOMEDICAL RESEARCH, SEEKING NEW CURES AND MORE EFFECTIVE TREATMENTS THERE ARE OVER 1,000 ACTIVE CLINICAL TRIALS AT THE UNIVERSITY OF VERMONT AND UVM MEDICAL CENTER CLINICAL TRIA LS ARE RESEARCH STUDIES CONDUCTED USING VOLUNTEERS

Return Reference	Explanation	
	COMMUNITY BENEFIT REPORT	EACH STUDY ANSWERS SCIENTIFIC QUESTIONS AND TRIES TO FIND BETTER WAYS TO PREVENT, SCREEN FOR, DIAGNOSE, OR TREAT A DISEASE. THIS ACTIVE RESEARCH PROGRAM HAS A DIRECT BENEFIT TO P ATIENTS AT UVM MEDICAL CENTER, WHO HAVE ACCESS TO THE LATEST TREATMENTS AND TECHNOLOGY AND WHO ARE CARED FOR BY SOME OF THE LEADING EXPERTS IN THEIR FIELD. THE ACADEMIC MEDICAL CEN TER IS ALSO ACTIVELY ENGAGED IN POPULATION-BASED HEALTH RESEARCH, INCLUDING EVALUATING VER MONT BLUEPRINT FOR HEALTH PILOT PROJECTS INVOLVING THE DEVELOPMENT AND IMPACT OF PATIENT-C ENTERED MEDICAL HOMES WITHIN THE STATE. 4 COMMUNITY BENEFIT - IN ADDITION TO DELIVERING H EALTH CARE, EDUCATING HEALTH CARE PROFESSIONALS, AND RESEARCHING NEW KNOWLEDGE, UVM MEDICA L CENTER ALSO LIVES ITS MISSION - TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES I T SERVES - BY REACHING OUT TO HELP PEOPLE TAKE CARE OF THEIR HEALTH. THESE EFFORTS INCLUDE, BUT ARE NOT LIMITED TO: COMMUNITY WELLNESS AND EDUCATION - UVM MEDICAL CENTER OFFERS NUM EROUS FREE HEALTH EDUCATION CLASSES, IN WHICH HEALTH PROFESSIONALS PROVIDE INFORMATION ON A VARIETY OF TOPICS. MANY OTHER HEALTH AND WELLNESS PROGRAMS OFFERED THROUGHOUT THE YEAR S ERVE AS A VALUABLE RESOURCE TO OUR COMMUNITY, RANGING FROM CHILD PASSENGER CAR SEAT SAFETY CHECKS TO FREE BLOOD PRESSURE SCREENINGS, TOBACCO CESSATION CLASSES, AND WORKSHOPS FOR SE NIORS. FRY MOYER COMMUNITY HEALTH RESOURCE CENTER - PATIENTS, FAMILIES AND THE PUBLIC ARE M ORE INTERESTED THAN EVER IN GAINING ACCESS TO THE LATEST HEALTH INFORMATION AVAILABLE. THE FRY MOYER COMMUNITY HEALTH RESOURCE CENTER AT UVM MEDICAL CENTER OFFERS THE COMMUNITY EASY , FREE, GUIDED ACCESS TO THE BEST INFORMATION ABOUT HEALTH AND MEDICINE. COLLABORATIVE EFF ORTS - UVM MEDICAL CENTER REGULARLY PARTNERS WITH OTHER ORGANIZATIONS AND PROVIDERS TO HEL P MEET THE NEEDS OF OUR COMMUNITY. THIS INCLUDES WORKING WITH OTHER ORGANIZED SYSTEMS OF C ARE (LIKE HOME HEALTH AGENCIES, OTHER VERMONT HOSPITALS, AND PHYSICIAN PRACTICES), AS WELL AS COMMUNITY-BASED ORGANIZATIONS WHOSE MISSIONS ARE SIMILAR TO OURS. FOR EXAMPLE, UVM MED ICAL CENTER COLLABORATES WITH COMMUNITY PARTNERS TO REGULARLY ASSESS COMMUNITY AND HEALTH CARE NEEDS, WHICH HELPS GUIDE OUR ORGANIZATION'S PRIORITIES

Return Reference	Explanation
OUR COMMUNITY BENEFITS FALL INTO FOUR GENERAL CATEGORIES	*DIRECT FINANCIAL ASSISTANCE TO PATIENTS THIS REPRESENTS FREE CARE GIVEN TO PATIENTS WHO QUALIFY UNDER UVM MEDICAL CENTER'S "PATIENT ASSISTANCE PROGRAM" POLICY THAT POLICY OFFERS FREE CARE TO PATIENTS UNDER 200% OF THE FEDERAL POVERTY LEVEL (FPL), WITH PATIENTS BETWEEN 200% AND 400% FPL PAYING A SLIDING-SCALE DEDUCTIBLE ONLY FOR FY 2014, WE CALCULATED THIS AMOUNT AT APPROXIMATELY $6 3 MILLION IN ACTUAL COSTS (NOT CHARGES)(SEE SCHEDULE H, LINE 7A, COLUMN E) *SUBSIDIZED PROGRAMS THESE INCLUDE RESEARCH ACTIVITIES AND EDUCATION AND TRAINING PROGRAMS FOR HEALTH PROFESSIONALS THAT ARE NOT FULLY REIMBURSED THROUGH OTHER MEANS, AS WELL AS SUBSIDIES TO SUPPORT HEALTH SERVICES THAT BENEFIT OUR COMMUNITY, INCLUDING THE UNINSURED AND LOW-INCOME INDIVIDUALS THOSE SERVICES INCLUDE MENTAL HEALTH SERVICES, EMERGENCY SERVICES AND CRITICAL CARE TRANSPORTATION SERVICES FOR FY 2014, WE CALCULATED THESE SUBSIDIES AT APPROXIMATELY $6 6 MILLION IN COMMUNITY BENEFIT (SEE SCHEDULE H, LINE 7G, COLUMN E) *COMMUNITY PROGRAMS AND DIRECT GRANTS THESE INCLUDE, FOR EXAMPLE, COMMUNITY HEALTH SERVICES (HEALTH EDUCATION CLASSES, SUPPORT GROUPS, SCREENING SERVICES, FREE CLINICS, ETC), FINANCIAL CONTRIBUTIONS AND IN-KIND DONATIONS (CASH DONATIONS, GRANTS, IN-KIND SUPPORT SUCH AS MEETING ROOMS, PARKING VOUCHERS, ETC), COMMUNITY-BUILDING AND LEADERSHIP ACTIVITIES (INCLUDING ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT, ECONOMIC DEVELOPMENT, AND ENVIRONMENTAL IMPROVEMENTS), AND COMMUNITY BENEFIT OPERATIONS (INCLUDING COSTS ASSOCIATED WITH OUR OFFICE OF COMMUNITY HEALTH IMPROVEMENT, COMMUNITY NEEDS ASSESSMENTS, ETC) FOR FY 2014, WE CALCULATED THE VALUE OF THESE COMMUNITY PROGRAMS AND GRANTS AT $4 8 MILLION (SEE SCHEDULE H, LINE 7E AND 7I, COLUMN E) *MEDICAID AND OTHER PUBLIC PROGRAM UNDERPAYMENTS THESE INCLUDE UNDERPAYMENTS FROM VERMONT'S MEDICAID PROGRAM AS WELL AS SEVERAL SMALLER PUBLIC PROGRAMS (FOR EXAMPLE, LADIES FIRST) THESE DO NOT INCLUDE ANY UNDERPAYMENTS BY MEDICARE FOR FY 2014, WE CALCULATED THIS AMOUNT AT $93 7 MILLION (SEE SCHEDULE H, LINE 7B, COLUMN E) OUR TOTAL NET COMMUNITY BENEFIT SPENDING IN FY 2014 WAS $149 6 MILLION THIS REPRESENTS APPROXIMATELY 14 65% OF UVM MEDICAL CENTER'S TOTAL PROGRAM SERVICE EXPENSE IN FY 2014 (SEE SCHEDULE H, LINE 7K, COLUMN F) ORGANIZATION'S MISSION FORM 990, PART III, QUESTION 1 ACADEMIC MEDICAL CENTER AND COMMUNITY HOSPITAL MISSION TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE BY INTEGRATING PATIENT CARE, EDUCATION, AND RESEARCH IN A CARING ENVIRONMENT VISION UVM MEDICAL CENTER IS COMMITTED TO THE DEVELOPMENT OF AN INTEGRATED DELIVERY SYSTEM WHICH PROVIDES HIGH VALUE HEALTH CARE TO THE COMMUNITIES WE SERVE AND ENHANCES OUR ACADEMIC MISSION STATEMENT OF VALUES *WE RESPECT THE DIGNITY OF ALL INDIVIDUALS AND ARE RESPONSIVE TO THEIR PHYSICAL, EMOTIONAL, SPIRITUAL AND SOCIAL NEEDS AND CULTURAL DIVERSITY *WE ARE JUST AND PRUDENT STEWARDS OF LIMITED NATURAL AND FINANCIAL RESOURCES *WE FOSTER A CLIMATE WHICH ENCOURAGES BOTH THOSE RECEIVING AND PROVIDING CARE TO MAKE RESPONSIBLE CHOICES *WE STRIVE FOR EXCELLENCE IN QUALITY AND CARE AND SEEK TO CONTINUOUSLY LEARN AND IMPROVE *WE ACKNOWLEDGE A PARTNERSHIP WITH THE COMMUNITY TO ENSURE THE BEST POSSIBLE CARE AT THE RIGHT TIME, IN THE RIGHT PLACE, AND BY THE RIGHT PROVIDER *WE ARE CARING AND COMPASSIONATE TO EACH OTHER AND TO THOSE WE SERVE *WE COMMUNICATE OPENLY AND HONESTLY WITH THE COMMUNITY WE SERVE

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, QUESTION 4A-4D THE UNIVERSITY OF VERMONT MEDICAL CENTER, inc (UVM MEDICAL CENTER) IS A TERTIARY CARE TEACHING HOSPITAL THAT, IN AFFILIATION WITH THE UNIVERSITY OF VERMONT, SERVES AS VERMONT'S ONLY ACADEMIC MEDICAL CENTER AS ARTICULATED IN OUR MISSION STATEMENT, OUR FOCUS IS ON IMPROVING THE HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE BY INTEGRATING PATIENT CARE, EDUCATION, AND RESEARCH IN A CARING ENVIRONMENT THESE EFFORTS ARE RECOGNIZED IN OUR 501(C)(3) STATUS AS A CHARITABLE AND EDUCATIONAL ORGANIZATION AS A CHARITABLE ORGANIZATION, THE PROMOTION OF HEALTH THROUGH OUR ACADEMIC MISSION - HEALTH CARE DELIVERY, RESEARCH AND EDUCATION - IS OUR PRIMARY WORK IN ADDITION TO THE COMMUNITY BENEFITS WE PROVIDE, UVM MEDICAL CENTER OFFERS THE BROAD RANGE AND SCOPE OF SERVICES NECESSARY TO ACHIEVE THAT GOAL THIS INCLUDES A FULL-TIME EMERGENCY DEPARTMENT THAT IS CERTIFIED AS A LEVEL 1 TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS, AS WELL AS NON-EMERGENCY SERVICES, ALL OF WHICH ARE AVAILABLE TO ALL PATIENTS REGARDLESS OF INSURANCE STATUS OR ABILITY TO PAY, AN OPEN MEDICAL STAFF THAT INCLUDES APPROXIMATELY 580 PHYSICIANS EMPLOYED BY UVM MEDICAL CENTER'S FACULTY PRACTICE (THE UNIVERSITY OF VERMONT MEDICAL GROUP), AS WELL AS ABOUT 150 COMMUNITY PHYSICIANS, AND AN INDEPENDENT BOARD OF TRUSTEES THAT REPRESENTS OUR COMMUNITY AS A WHOLE IN TERMS OF PROGRAM SERVICES, UVM MEDICAL CENTER'S THREE LARGEST PROGRAMS (BY EXPENSES AND REVENUES) ARE OUR ACTUAL HEALTH CARE DELIVERY SERVICES, AS FOLLOWS INPATIENT CARE SERVICES PROVIDED TO THOSE PATIENTS WHO REQUIRE ACUTE-CARE SERVICES IN A HOSPITAL SETTING THESE SERVICES INCLUDE, FOR EXAMPLE, OUR LABOR AND DELIVERY UNIT, NURSING UNITS FOR GENERAL MEDICAL AND SURGICAL ISSUES, AND OUR INTENSIVE CARE UNITS (INCLUDING A PEDIATRIC ICU, A NEONATAL ICU, A SURGICAL ICU AND A MEDICAL ICU) OUTPATIENT CARE SERVICES PROVIDED TO THOSE PATIENTS WHO REQUIRE CARE, ON A WALK-IN BASIS, EITHER IN THE HOSPITAL OR IN ONE OF OUR MANY CLINIC SETTINGS THESE INCLUDE ROUTINE PHYSICIAN VISITS, LABORATORY TESTS, CLINIC VISITS, EMERGENCY ROOM VISITS, AND MEDICAL EQUIPMENT AND SUPPLIES PROFESSIONAL SERVICES SERVICES DELIVERED BY MEMBERS OF THE UVM MEDICAL GROUP, OUR EMPLOYED GROUP OF PHYSICIANS IN ADDITION TO THESE ACCOMPLISHMENTS, PROGRAM SERVICE REVENUES ARE EARNED FROM AND PROGRAM SERVICE EXPENSES ARE SPENT ON VARIOUS OTHER IMPORTANT ACTIVITIES RELATED TO THE ORGANIZATION'S TAX EXEMPT PURPOSE

Return Reference	Explanation
BUSINESS RELATIONSHIPS	FORM 990, PART VI, QUESTION 2 DR JOHN BRUMSTED, PRESIDENT AND CEO OF THE UNIVERSITY OF VERMONT MEDICAL CENTER, inc (UVM MEDICAL CENTER), SERVES AS THE CHAIR OF THE BOARD OF DIRECTORS OF VERMONT MANAGED CARE INDEMNITY COMPANY (VMCIC), UVM MEDICAL CENTER'S CAPTIVE INSURANCE COMPANY DOMICILED IN BERMUDA, AND PRESIDENT OF THE UNIVERSITY OF VERMONT HEALTH VENTURES (UVM HEALTH VENTURES) ROGER DESHAIES, AS CFO AND TREASURER OF UVM MEDICAL CENTER, SERVED AS THE TREASURER AND SECRETARY OF UVM HEALTH VENTURES AND THE TREASURER OF VMCIC UNTIL 4/14 DR HOWARD SCHAPIRO, INTERIM PRESIDENT AND CEO OF THE UVM MEDICAL GROUP UNTIL 12/13, ALSO SERVED AS THE VICE PRESIDENT FOR UVM HEALTH VENTURES SANDRA FELIS, SR VP OF PATIENT CARE SERVICES/CHIEF NURSING OFFICER, ALSO SERVES AS THE VP OF VMCIC DR PAUL DANIELSON, TRUSTEE, ALSO SERVES AS A DIRECTOR AT VMCIC DR HOWARD M SCHAPIRO, INTERIM PRESIDENT & CEO OF UVMMG UNTIL 12/13, ALSO SERVED AS A DIRECTOR AT VMCIC CLAUDE DESCHAMPS AND STEPHEN LEFFLER SERVE AS DIRECTORS OF VMCIC DR HOWARD M SHAPIRO, INTERIM PRESIDENT & CEO OF UVMMG UNTIL 12/13 AND TIMOTHY DAVIS, TRUSTEE, HAVE A BUSINESS RELATIONSHIP ORGANIZATION MEMBER FORM 990, PART VI, LINES 6 & 7 THE UNIVERSITY OF VERMONT HEALTH NETWORK, inc (UVM HEALTH NETWORK) HAS POWERS TO ELECT UVM MEDICAL CENTER'S BOARD OF TRUSTEES AND TO APPROVE SIGNIFICANT CORPORATE ACTIONS, INCLUDING ANNUAL OPERATING AND CAPITAL BUDGETS, STRATEGIC PLANS, THE APPOINTMENT OF THE CEP, THE INCURRENCE OF LONG-TERM INDEBTEDNESS, AND AMENDMENTS TO UVM MEDICAL CENTER'S BYLAWS AND ARTICLES OF ORGANIZATION UVM HEALTH NETWORK IS A VERMONT NON-PROFIT CORPORATION WHICH HAS BEEN RECOGNIZED BY THE IRS AS A 501(C)(3) ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION

Return Reference	Explanation
FORM 990 REVIEW	FORM 990, PART VI, QUESTION 11B THE UNIVERSITY OF VERMONT MEDICAL CENTER, inc 'S (UVM MEDICAL CENTER'S) FORM 990 IS PREPARED BY A PAID PREPARER AND REVIEWED BY UVM MEDICAL CENTER'S INTERNAL MANAGEMENT FOLLOWING THAT REVIEW, UVM MEDICAL CENTER'S INTERNAL MANAGEMENT PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW AND COMMENT THE COMPLETED FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO THE FORM BEING FILED WITH THE IRS

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12 THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY 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

Return Reference	Explanation
COMPENSATION DETERMINATION POLICY	FORM 990, PART VI, LINE 15A & 15B *UVM MEDICAL CENTER'S COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES HIRES AN EXTERNAL INDEPENDENT CONSULTING FIRM, INTEGRATED HEALTHCARE STRATEGIES, TO ASSIST THE COMMITTEE IN ESTABLISHING THE TOTAL COMPENSATION FOR THE CEO, OFFICERS AND SENIOR MEMBERS OF THE LEADERSHIP TEAM *THE COMPENSATION COMMITTEE, AIDED BY INTEGRATED HEALTHCARE STRATEGIES, HAS ESTABLISHED A COMPENSATION PHILOSOPHY FOR THE ORGANIZATION WHICH DEFINES A PEER GROUP OF ORGANIZATIONS ACROSS THE COUNTRY AND INCLUDES ORGANIZATIONS OF SIMILAR SIZE, SCOPE, AND MANAGEMENT CHALLENGE, IT HAS ALSO ESTABLISHED THE COMPETITIVE LEVEL AT WHICH THE COMMITTEE WANTS TO COMPENSATE UVM MEDICAL CENTER EXECUTIVES COMPARED TO THE PEER GROUP ORGANIZATIONS *THE TOTAL COMPENSATION PLAN FOR THE EXECUTIVE STAFF INCLUDES APPROPRIATE SALARY RANGES FOR BASE SALARY ADMINISTRATION, ANNUAL AND LONG-TERM, PERFORMANCE-BASED INCENTIVE PROGRAMS AND EXECUTIVE LEVEL BENEFITS *DURING FY14, THE LONG TERM INCENTIVE PROGRAM WAS ENDED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FINAL PAYOUTS OF THIS PROGRAM WERE MADE IN DECEMBER 2013 *THE CEO'S TOTAL COMPENSATION IS REVIEWED ANNUALLY, IN CONJUNCTION WITH THE ANNUAL PERFORMANCE EVALUATION, BY THE COMPENSATION COMMITTEE WITH FINAL APPROVAL MADE BY THE BOARD OF TRUSTEES TOTAL COMPENSATION FOR OTHER MEMBERS OF THE EXECUTIVE STAFF IS ESTABLISHED BY THE CEO, WITHIN THE PLANS APPROVED BY THE COMMITTEE, AND REVIEWED BY THE COMPENSATION COMMITTEE ANNUALLY *THE COMMITTEE DETERMINES PERFORMANCE INDICATORS FOR THE INCENTIVE PLANS EACH YEAR IN ADDITION, THE COMMITTEE REVIEWS THE TOTAL COMPENSATION PLAN PERIODICALLY AND MAKES ANY RECOMMENDATIONS FOR CHANGE AS NEEDED ALL DECISIONS OF THE COMMITTEE ARE DOCUMENTED IN MINUTES APPROVED BY THE MEMBERS OF THE COMMITTEE *INTEGRATED HEALTHCARE STRATEGIES BENCHMARKS AND ANALYZES THE TOTAL COMPENSATION FOR THESE EMPLOYEES USING PROPRIETARY HEALTH CARE EXECUTIVE COMPENSATION SURVEYS AND OTHER COMPARATIVE MARKET PAY DATA TO ENSURE THAT THIS COMPENSATION IS COMPETITIVE, EQUITABLE AND MEETS ALL REASONABLENESS STANDARDS DUE TO THE COMPLEXITY OF THIS REVIEW, CALENDAR YEAR ENDS ARE SOMETIMES SPANNED AND THE PROCESS DOES NOT COME TO CLOSURE EACH AND EVERY FISCAL YEAR THE MOST RECENT PROCESS BEGAN IN FY13 AND ENDED IN FY14 *INTEGRATED HEALTHCARE STRATEGIES CONDUCTS REASONABLENESS TESTING TO ENSURE THAT THE COMPENSATION PAID TO THESE EMPLOYEES IS CONSISTENT WITH BOARD POLICIES AND IRS REGULATIONS

Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, QUESTION 19 GOVERNANCE DOCUMENTS CONSIST OF THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS THE ARTICLES OF INCORPORATION ARE FILED WITH THE VERMONT SECRETARY OF STATE AND ARE PUBLICLY AVAILABLE THROUGH THAT OFFICE. THE BYLAWS ARE NOT PUBLICLY POSTED, BUT A COPY WOULD BE FURNISHED TO ANY MEMBER OF THE PUBLIC WHO REQUESTED ONE. THE CONFLICT OF INTEREST POLICY IS NOT PUBLICLY POSTED, BUT A COPY WOULD BE FURNISHED TO ANY MEMBER OF THE PUBLIC WHO REQUESTED ONE. WITH THE ENACTMENT OF VERMONTS ACT 48 IN MAY 2011, THE GREEN MOUNTAIN CARE BOARD (GMCB) BECAME THE REGULATORY BODY OVERSEEING HOSPITALS IN THE STATE OF VERMONT AS A RESULT, THE BUDGET FOR UVM MEDICAL CENTER IS SUBJECT TO REVIEW BY THE GMCB ON AN ANNUAL BASIS ONGOING DISCLOSURE OF OPERATING RESULTS IS ALSO REQUIRED AND UVM MEDICAL CENTER SUBMITS ITS FINANCIAL STATEMENTS REGULARLY THROUGHOUT THE YEAR UVM MEDICAL CENTER ALSO REGULARLY DISCLOSES ITS FINANCIAL RESULTS ON ITS WEBSITE AND SUBMITS PRESS RELEASES RELATING TO PERFORMANCE ON A REGULAR BASIS TO LOCAL NEWS ORGANIZATIONS THE ANNUAL EXTERNAL AUDIT REPORT IS ALSO POSTED ON THE WEB SITE AND IS ATTACHED TO THE CURRENT YEAR'S FORM 990

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 PENSION ADJUSTMENT ($634,000) NET ASSETS RELEASED FROM RESTRICTIONS $2,480,972 CHANGE IN VALUE OF BENEFICIAL TRUSTS $1,034,878 ---------- TOTAL OTHER CHANGES IN NET ASSETS $2,881,850

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229025685

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

Employer identification number
03-0219309

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
(1) THE UNIV OF VT MED CTR SKILLED NURSING 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0219309	HOLDING CO	VT	561,000	4,918,000	UVMMC
(2) THE UNIV OF VT HEALTH NTWK SPEC CARE TRA 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0219309	AMBULANCE SVC	VT	669,000	3,702,000	UVMMC
(3) THE UNIV OF VT MED CTR EXEC SERVICES 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0219309	EXEC STAFFING	VT	224,000	0	UVMMC
(4) 116 REALTY LLC 111 COLCHESTER AVENUE BURLINGTON, VT 05401 46-1594847	REALTY	VT	105,000	15,000	UVMMC

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) No
See Additional Data Table							

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
(1) OneCare Vermont Accountable Care Organiz 111 Colchester Avenue Burlington, VT 05401 45-5399218	Accountable CARE	VT	NA	RELATED		25,000		No		Yes		50 000 %
(2) ADIRONDACK ACO LLC 75 BEEKMAN STREET PLATTSBURGH, NY 12901 46-2840926	ACCOUNTABLE CARE	NY	NA	N/A								50 000 %
(3) OBNET SERVICES LLC ONE MEDICAL CENTER DR LEBANON, NH 03756 04-3746287	HEALTH RESEARCH	NH	NA	RELATED	22,928			No		Yes		52 068 %

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
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization 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	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART IV, LINE 6	UNIVERSITY OF VERMONT MEDICAL CENTER, INC (UVM MEDICAL CENTER) HAS BENEFICIAL INTEREST IN 4 OF THESE TRUSTS CVMC HAS BENEFICIAL INTEREST IN 3 OF THESE TRUSTS SCHEDULE R, PART V Uvm Medical Center LEASES AND SHARES FACILITIES, EQUIPMENT, AND OTHER ASSETS WITH ITS RELATED ORGANIZATIONS THE VALUE OF THESE TRANSACTIONS IS INDETERMINABLE

Additional Data

Software ID:
Software Version:
EIN: 03-0219309
Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY OF VERMONT MEDICAL GROUP 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0225105	PHYSICIAN SVC	VT	501(C)(3)	11A-I	uvmmc	Yes	
(1) UNIVERSITY OF VERMONT MEDGROUP-NEW YORK 183 PARK STREET MALONE, NY 12953 20-3905216	PHYSICIAN SVC	NY	501(C)(3)	3	UVMMG	Yes	
(2) UNIVERSITY OF VERMONT MED CTR FDN INC 111 COLCHESTER AVENUE BURLINGTON, VT 05401 26-3159849	FUNDRAISING	VT	501(C)(3)	11A-I	UVMMC	Yes	
(3) UNIVERSITY OF VERMONT MED CTR AUX INC 111 COLCHESTER AVENUE BURLINGTON, VT 05401 20-8022004	SERVICE	VT	501(C)(3)	11D-III-O	NA		No
(4) UNIVERSITY OF VERMONT HEALTH NETWORK INC 111 COLCHESTER AVENUE BURLINGTON, VT 05401 45-2880726	HOLDING CO	VT	501(C)(3)	11A-I	NA		No
(5) Central Vermont Medical Center 130 Fisher Road BERLIN, VT 05602 22-2547186	HOSPITAL	VT	501(C)(3)	3	UVM HLTH NET	Yes	
(6) University Health Center 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0229931	HOSPITAL	VT	501(C)(3)	11C-III-FI	UVMMG	Yes	
(7) Community Providers Inc 75 Beekman street Plattsburgh, NY 12901 22-2544844	Hlth Svc Coor	NY	501(c)(3)	11A-I	UVM HLTH NET	Yes	
(8) Champlain Valley Physicians Medical Ctr 75 Beekman Street Plattsburgh, NY 12901 14-1338471	Hlth Svc Supp	NY	501(c)(3)	3	CPI	Yes	
(9) Elizabethtown Community Hospital 75 ParK street Elizabethtown, NY 12932 14-1364513	Hospital	NY	501(c)(3)	3	CPI	Yes	
(10) Emergency Medical TraNsport of CVPHInc 7S Beekman Street Plattsburgh, NY 12901 06-1718419	Ambulance Svc	NY	501(c)(3)	11B-II	CPI	Yes	
(11) CVPH Medical Center Foundation 7S Beekman Street Plattsburah, NY 12901 14-1727048	Hlth Svc Supp	NY	501(c)(3)	11B-II	CVPH	Yes	
(12) University Medical Education Associates 89 Beaumont AVENUE Burlington, VT 05405 23-7107832	Educational	VT	501(c)(3)	9	UVMMG	Yes	

Form 990, Schedule R, Part IV - 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	No
UNIV OF VT MED CTR HLTH VENT INC 111 COLCHESTER AVENUE BURLINGTON, VT 05401 04-3380045	HOLDING COMPANY	VT	UVMMC	C CORP	30,477,758	25,200,483	100 000 %	Yes	
VMC INDEMNITY COMPANY LTD	CAPTIVE INSURANCE	BD	UVMMC	C CORP	11,211,206	44,436,125	100 000 %	Yes	
VERMONT MANAGED CARE 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0333056	MANAGED CARE	VT	UVMMCHV	C CORP				Yes	
CHARITABLE REMAINDER TRUST (3)	SUPPORT	VT	UVMMCCVMC	TRUST				Yes	
PERPETUAL TRUST (4)	SUPPORT	VT	UVMMC	TRUST				Yes	
CHARITABLE IRREVOCABLE TRUST (7)	SUPPORT	VT	UVMCCVMC	TRUST				Yes	
CHAMPLAIN VALLEY HEALTH NETWORK 75 BEEKMAN STREET PLATTSBURGH, NY 12901 16-1586102	ADMIN SERVICE	NY	NA	C CORP				Yes	
MEDIQUEST INC PO BOX 1656 PLATTSBURGH, NY 12901 14-1663061	MED OFFICE Lease	NY	NA	C CORP				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CENTRAL VERMONT MEDICAL CENTER	A	375,492	FMV
CENTRAL VERMONT MEDICAL CENTER	I,K,L	1,387,748	FMV
THE UNIV OF VT MEDICAL - NEW YORK	L	95,473	COST
THE UNIV OF VT MEDICAL - NEW YORK	P	102,196	COST
UNIVERSITY OF VERMONT MEDICAL GROUP	P	132,594,932	FMV
VMC INDEMNITY COMPANY	R,Q	10,795,034	FMV
UNIVERSITY HEALTH CENTER	C	1,261,560	COST
VERMONT MANAGED CAREINC	M,P	158,942	COST
VERMONT MANAGED CAREINC	Q	13,329,411	COST
VERMONT MANAGED CAREINC	S	4,630,661	COST
UMEA	Q	10,117,086	COST

Fletcher Allen Partners, Inc. and Subsidiaries

Consolidated Financial Statements
September 30, 2014 and 2013

Fletcher Allen Partners, Inc. and Subsidiaries
Index
September 30, 2014 and 2013

pwc

Independent Auditor's Report

To the Board of Trustees of
Fletcher Allen Partners, Inc and Subsidiaries

We have audited the accompanying consolidated financial statements of Fletcher Allen Partners, Inc and Subsidiaries ("the Organization"), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets and of cash flows for the years then ended

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits We did not audit the financial statements of Community Providers, Inc and Affiliates ("Community Providers, Inc "), a subsidiary whose sole member is Fletcher Allen Partners, Inc , which statements reflect total assets constituting 16% of consolidated total assets at September 30, 2013 and total revenues constituting 16% of consolidated total revenues for the year then ended The financial statements of Community Providers, Inc as of and for the year ended September 30, 2013 were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for Community Providers, Inc is based solely on the report of the other auditors We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, we consider internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

pwc

Opinion

In our opinion, based on our audits and the report of the other auditors with respect to the consolidated financial statements as of and for the year ended September 30, 2013, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Fletcher Allen Partners, Inc and Subsidiaries at September 30, 2014 and 2013, and the results of their operations, their changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies and is not a required part of the consolidated financial statements Accordingly, we do not express an opinion on the financial position and results of operations of the individual companies

PricewaterhouseCoopers LLP

December 23, 2014

Fletcher Allen Partners, Inc. and Subsidiaries
Consolidated Balance Sheets
September 30, 2014 and 2013

(in thousands)	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 268,216	$ 248,852
Patient and other trade accounts receivable - net of allowance for doubtful accounts of $38,300 and $34,150, respectively	202,182	175,792
Inventories	29,766	29,654
Current portion of assets whose use is limited or restricted	27,876	20,845
Receivables from third-party payers	4,329	4,951
Prepaid, other current assets, and short-term investments	37,187	55,831
Total current assets	569,556	535,925
Assets whose use is limited or restricted		
Board-designated assets	349,054	317,715
Assets held by trustee under bond indenture agreements	28,405	26,013
Restricted assets	28,422	39,006
Donor-restricted assets for specific purposes	33,538	28,708
Donor-restricted assets for permanent endowment	31,373	29,775
Total assets whose use is limited or restricted	470,792	441,217
Property and equipment, net	599,973	608,519
Other	32,531	28,909
Total assets	$ 1,672,852	$ 1,614,570
Liabilities and net assets		
Current liabilities		
Current installments of long-term debt	$ 28,233	$ 27,688
Accounts payable	36,386	35,611
Accrued expenses and other liabilities	60,463	71,680
Accrued payroll and related benefits	96,219	90,903
Third-party payer settlements	16,441	20,926
Incurred but not reported claims	24,073	30,711
Total current liabilities	261,815	277,519
Long-term liabilities		
Long-term debt - net of current installments	450,114	470,721
Malpractice and workers' compensation claims net of current portion	32,459	29,463
Pension and other postretirement benefit obligations	70,663	66,300
Other	30,671	25,027
Total long-term liabilities	583,907	591,511
Total liabilities	845,722	869,030
Commitments and contingent liabilities		
Net assets		
Unrestricted	755,263	681,708
Temporarily restricted	38,873	32,500
Permanently restricted	32,994	31,332
Total net assets	827,130	745,540
	$ 1,672,852	$ 1,614,570

The accompanying notes are an integral part of these consolidated financial statements

Fletcher Allen Partners, Inc. and Subsidiaries
Consolidated Statements of Operations
Years Ended September 30, 2014 and 2013

(in thousands)	2014	2013
Unrestricted revenue and other support		
Net patient service revenue	$ 1,455,153	$ 1,285,667
Less Provision for bad debts	(42,386)	(37,524)
Net patient service revenue after provision for bad debts	1,412,767	1,248,143
Enhanced Medicaid Graduate Medical Education revenues-Hospital	11,461	18,582
Enhanced Medicaid Graduate Medical Education revenues-Professional	18,818	48,639
Net patient service revenue after provision for bad debts and enhanced Medicaid Graduate Medical Education revenues	1,443,046	1,315,364
Premium revenue	42,925	120,303
Other revenue	81,580	66,963
Total unrestricted revenue and other support	1,567,551	1,502,630
Expenses		
Salaries, payroll taxes, and fringe benefits	929,559	845,394
Supplies and other	399,380	389,719
Purchased services	58,501	59,844
Depreciation and amortization	76,654	70,338
Interest expense	21,184	21,332
Underwriting expenses	9,902	12,025
Medical claims	12,350	60,197
Total expenses	1,507,530	1,458,849
Income from operations	60,021	43,781
Nonoperating gains (losses)		
Investment income	15,277	38,297
Loss on interest rate swap agreements	(2,058)	9,450
Loss on the extinguishment of debt	-	(1,142)
Contribution revenue from acquisition	-	45,479
Other	2,189	6,498
Total nonoperating gains	15,408	98,582
Excess of revenue over expenses	75,429	142,363
Net change in unrealized gains on investments	15,417	(20,805)
Net assets released from restrictions for capital purchases	3,281	7,195
Pension related adjustments	(19,238)	52,581
Other adjustments	(1,334)	-
Increase in unrestricted net assets	$ 73,555	$ 181,334

The accompanying notes are an integral part of these consolidated financial statements

Fletcher Allen Partners, Inc. and Subsidiaries
Statements of Changes in Net Assets
Years Ended September 30, 2014 and 2013

(in thousands)	2014	2013
Unrestricted net assets		
Excess of revenue over expenses	$ 75,429	$ 142,363
Net change in unrealized gains on investments	15,417	(20,805)
Net assets released from restrictions for capital purchases	3,281	7,195
Pension related adjustments	(19,238)	52,581
Other adjustments	(1,334)	-
Increase in unrestricted net assets	73,555	181,334
Temporarily restricted net assets		
Gifts, grants, and bequests	9,390	9,773
Investment income	339	192
Net change in unrealized gains on investments	(281)	1,197
Net realized gains on investments	3,149	1,728
Net assets released from restrictions used in operations	(2,372)	(2,209)
Net assets released from restrictions used for nonoperating purposes	(188)	(1,150)
Net assets released from restrictions used for capital purchases	(3,281)	(7,195)
Transfer of net assets	(383)	(29)
Contribution of temporarily restricted net assets	-	2,954
Increase in temporarily restricted net assets	6,373	5,261
Permanently restricted net assets		
Gifts, grants, and bequests	63	75
Change in beneficial interest in perpetual trusts	1,216	506
Transfer of net assets	383	29
Contribution of permanently restricted net assets	-	1,557
Increase in permanently restricted net assets	1,662	2,167
Increase in net assets	81,590	188,762
Net assets		
Beginning of year	745,540	556,778
End of year	$ 827,130	$ 745,540

The accompanying notes are an integral part of these consolidated financial statements

Fletcher Allen Partners, Inc. and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended September 30, 2014 and 2013

(in thousands)	2014	2013
Cash flows from operating activities		
Increase in net assets	$ 81,590	$ 188,762
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	76,654	70,338
Contribution revenue from acquisition	-	(49,990)
Provision for bad debts	42,386	37,524
Contributions and investment income restricted for long-term use	(3,104)	(5,478)
Pension related adjustments	19,238	(52,581)
Loss on extinguishment of debt	-	1,142
Gain on disposal of property and equipment	(2,396)	(264)
Loss (gain) on interest rate swap agreements	2,058	(9,450)
Realized and unrealized gains on investments	(29,649)	(13,301)
Undistributed (gains) losses of affiliated companies	(1,638)	1,293
Change in beneficial interest in perpetual trusts	(1,216)	(506)
Changes in operating assets and liabilities		
Increase in patient and other accounts receivable	(68,776)	(39,878)
Decrease (increase) in other current and noncurrent assets	6,142	(3,584)
Decrease in estimated receivables from third-party payers	622	1,189
(Decrease) increase in accounts payable and accrued expenses	(10,999)	17,249
Increase in accrued payroll and related expenses	5,316	5,658
Decrease in other current and noncurrent liabilities	(56)	(8,668)
Decrease in estimated settlements with third-party settlements	(4,485)	(6,434)
Decrease in pension and other postretirement benefit obligations	(14,875)	(10,559)
Net cash provided by operating activities	96,812	122,462
Cash flows from investing activities		
Acquisitions of property and equipment	(65,180)	(85,247)
Proceeds from sale of property and equipment	2,770	1,399
Purchase of investments	(232,403)	(295,904)
Proceeds from sale of investments	226,478	314,003
Proceeds from sale of affiliated company	-	397
Cash received through acquisition	-	30,073
Net cash used in investing activities	(68,335)	(35,279)
Cash flows from financing activities		
Contributions and investment income restricted for long-term use	3,104	5,478
Proceeds of debt issuance	9,903	36,419
Payment of long-term debt	(23,005)	(53,843)
Borrowings on line of credit	17,770	-
Repayments on line of credit	(16,885)	-
Debt issuance costs	-	(250)
Net cash used in financing activities	(9,113)	(12,196)
Net increase in cash and cash equivalents	19,364	74,987
Cash and cash equivalents		
Beginning of year	248,852	173,865
End of year	$ 268,216	$ 248,852
Supplemental cash flow information		
Cash paid during the year for interest	$ 19,668	$ 21,233
Capital expenditures included in accounts payable	5,322	4,765
Increase in fair value of assets acquired	-	2,634
Assets acquired under capital lease	2,165	-
Noncash increase in other current assets and long term debt associated with debt issuance	-	9,903

The accompanying notes are an integral part of these consolidated financial statements

1. Organization

Fletcher Allen Partners, Inc ("FAP"), established as of October 1, 2011, is a non-profit, tax-exempt Vermont corporation and the sole corporate member of Fletcher Allen Health Care, Inc , Central Vermont Medical Center, Inc , and Community Providers, Inc FAP became the sole corporate member of Fletcher Allen Health Care, Inc and Central Vermont Medical Center, Inc on October 1, 2011, and Community Providers, Inc on January 1, 2013 FAP's purpose is to establish an integrated regional health care system for the development of a highly coordinated health care network to improve the quality, increase the efficiencies, and lower the costs of health care delivery in the regions it serves

Fletcher Allen Health Care, Inc ("FAHC") is a tertiary care teaching hospital that, in affiliation with The University of Vermont ("UVM"), serves as Vermont's academic medical center As a regional referral center, FAHC provides advanced level care throughout Vermont and Northern New York, with a full time emergency department which is also certified as a Level 1 Trauma Center It is FAHC's mission to improve the health of the people in the communities that it serves by integrating patient care, education, and research in a caring environment As a charitable organization, FAHC lives its mission through a number of community benefit programs, many done in collaborative partnership with other community based organizations These include, but are not limited to, community wellness programs, education, direct grants, free access to a community health resource center, direct financial assistance to patients, and other subsidized programs

FAHC is the sole member of the following subsidiaries Fletcher Allen Health Ventures, Inc ("FAHV"), University of Vermont Medical Group ("UVM Medical Group"), Fletcher Allen Coordinated Transport, LLC ("FACT"), Fletcher Allen Skilled Nursing Care, LLC ("FASN"), Fletcher Allen Health Care Foundation, Inc ("FAHC Foundation"), Fletcher Allen Executive Services, LLC ("FAES"), and VMC Indemnity Company Ltd ("VMCIC") Vermont Managed Care, Inc ("VMC") is a wholly owned subsidiary of FAHV The following entities are partly owned or controlled by FAHC Medical Education Center Condominium Association, Inc , OB Net Services, LLC, Copley Woodlands, Inc , Fletcher Allen Medical Group, PLLC ("FAMG"), OneCare Vermont Accountable Care Organization, LLC ("OCV"), and Adirondack Accountable Care Organization, LLC ("ADK ACO")

Central Vermont Medical Center, Inc ("CVMC") provides health care services under three distinct business units Central Vermont Hospital, Woodridge Rehabilitation and Nursing ("Woodridge"), and Central Vermont Medical Group Practice CVMC works collaboratively to meet the needs and improve the health of the residents of central Vermont CVMC's hospital provides 24-hour emergency care and has a full spectrum of inpatient and outpatient services

Community Providers, Inc ("CPI") is incorporated as a not-for-profit corporation under the laws of the state of New York CPI's primary purpose is to develop and coordinate a community and regionally focused healthcare system that provides appropriate, cost-effective care, emphasizing wellness and prevention, and promising both public and patient education

CPI includes Champlain Valley Physician Hospital Medical Center ("CVPH"), Mediquest Corp ("Mediquest"), Emergency Medical Transport of CVPH, Inc ("EMT"), Champlain Valley Health Network, Inc ("CVHN"), and Elizabethtown Community Hospital ("ECH") CVPH is the sole member of the CVPH Medical Center Foundation, Champlain Valley Open MRI, LLC, and Valcour Imaging, Inc , and is a partner with FAHC in ADK ACO

On November 12, 2014, FAP changed its name to The University of Vermont Health Network ("UVM Health Network") The UVM Health Network name better reflects the connection to The University of Vermont College of Medicine and College of Nursing and Health Sciences, and reminds those in its service delivery areas that nationally recognized health care is available right in their communities As a result of this branding campaign, FAHC became The University of Vermont Medical Center, and the other hospitals in the network were branded as The UVM Health Network, with their traditional hospital names remaining in place Other subsidiaries within the FAHC structure were renamed to reflect The University of Vermont Medical Center changes

2. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements have been prepared on the accrual basis of accounting and include the accounts of FAP and its subsidiaries for which it serves as the sole corporate member All significant intercompany balances and transactions have been eliminated in consolidation The assets of members of the consolidated group may not be available to meet the obligations of another member of the group

Reclassifications

Certain amounts for the year ended September 30, 2013 have been reclassified to conform to the current year presentation

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Significant estimates include the allowances for doubtful accounts and contractual allowances, receivables and accruals for estimated settlements with third-party payers, contingencies, self-insurance program liabilities, accrued medical claims, pension and postretirement costs, and the valuation of investments and interest rate swaps Actual results could differ from those estimates

Cash and Cash Equivalents

Cash and cash equivalents include all highly liquid investments with maturities of three months or less when purchased, excluding amounts classified as assets whose use is limited or restricted

Most of FAP's banking activity, including cash and cash equivalents, is maintained with multiple regional banks and from time to time cash deposits exceed federal insurance limits It is FAP's policy to monitor these banks' financial strength on an ongoing basis

Inventories

Inventories are stated using the lesser of average cost or fair value

Prepaid and Other Current Assets

Prepaid and other current assets include miscellaneous nonpatient receivables and prepaid expenses primarily related to software maintenance and other contracts The carrying value of prepaid and other current assets is reviewed if the facts and circumstances suggest that it may be impaired

Assets Whose Use is Limited or Restricted
Assets whose use is limited or restricted primarily include board-designated assets, assets held by trustees under indenture agreements, donor-restricted assets, and restricted assets which are held for insurance-related liabilities Board-designated assets may be used at the Board's discretion A significant portion of the assets are made up of investments

Investments and Investment Income
Investments in equity securities and mutual funds with readily determinable fair market values, common collective trusts, hedge funds and all investments in debt securities are recorded at fair value Investment income or loss (including realized gains and losses on investments, interest, and dividends), to the extent not capitalized, is included in nonoperating gains (losses), unless the income or gain (loss) is restricted by donor or law Realized gains or losses on the sale of investments are determined by use of average costs Unrealized gains and losses on investments carried at fair value are excluded from the excess of revenue over expenses and reported as an increase or decrease in net assets Declines in fair value that are judged to be other-than-temporary are reported as realized losses

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements

FAP reviews its investments to identify those for which fair value is below cost FAP then makes a determination as to whether the investment should be considered other-than-temporarily impaired FAP recognized $828,000 and $1,047,000 in losses related to declines in value that were other-than-temporary in nature in the years ended September 30, 2014 and 2013, respectively

Property and Equipment
Property and equipment acquisitions are recorded at cost or, in the case of gifts, at fair market value at the date of the gift Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method Equipment under capital lease obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the consolidated financial statements

Depreciation is calculated using the following estimated useful lives

Land improvements	2 - 25 years
Buildings and improvements	5 - 40 years
Fixed equipment	5 - 20 years
Major moveable equipment	2 - 20 years
Automobiles	4 - 15 years
Building service equipment	5 - 30 years
Leasehold improvements	2 - 30 years

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support and are excluded from the excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long these long-lived assets must be maintained, expiration of donor restrictions is reported when the donated or acquired long-lived assets are placed in service

Impairment of Long-Lived Assets
Long-lived assets to be held and used are reviewed for impairment whenever circumstances indicate that the carrying amount of an asset may not be recoverable Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value, less costs to sell

Costs of Borrowing
Interest cost incurred on borrowed funds during the period of construction of capital assets, net of investment income on borrowed assets held by trustees, is capitalized as a component of the cost of acquiring those assets Approximately $411,000 and $358,000 of interest was capitalized during the years ended September 30, 2014 and 2013, respectively Net deferred financing costs totaled $11,063,000 and $11,735,000 at September 30, 2014 and 2013, respectively Such amounts are reported within other assets and are amortized over the period the related obligations are outstanding using the effective interest method Accumulated amortization of deferred financing costs totaled $6,461,000 and $5,789,000 at September 30, 2014 and 2013, respectively

Temporarily and Permanently Restricted Net Assets
Temporarily restricted net assets are those whose use by FAP has been limited by donors or law to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by FAP in perpetuity

Consolidated Statement of Operations
For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as unrestricted revenue and other support and expenses Peripheral or incidental transactions are reported as nonoperating gains (losses)

Excess of Revenue Over Expenses
The consolidated statements of operations include the excess of revenue over expenses Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, primarily include unrealized gains and losses on investments (other than those on which other-than-temporary losses are recognized), contributions of long-lived assets (including assets acquired using contributions restricted by donors for acquiring such assets), and pension related adjustments

Net Patient Service Revenue
Net patient service revenue is reported at the estimated net realizable amounts due from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers Under the terms of various agreements, regulations, and statutes, certain elements of third-party reimbursement are subject to negotiation, audit, and/or final determination by the third-party payers In addition, laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Differences between amounts previously estimated for retroactive adjustments and amounts subsequently determined to be recoverable or payable are included in net patient service revenue in the year that such amounts become known Changes in prior-year estimates increased net patient service revenue by approximately $2,377,000 and $3,202,000 in the years ended September 30, 2014 and 2013, respectively

FAP has agreements with third-party payers that provide for payments to FAP at amounts different from its established rates A summary of the payment arrangements with major third-party payers follows

Medicare
Inpatient acute-care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Inpatient rehabilitation services are paid based on a prospective per discharge methodology These rates vary according to a patient classification system based upon services provided, the patient's level of functionality and other factors Outpatient services are paid based upon a prospective standard rate for procedures performed or services rendered FAP is reimbursed for cost-reimbursable items at tentative rates, with final settlement determined after submission of annual cost reports by FAP and audits thereof by the Medicare Audit Contractor ("MAC") Medicare reimbursement for professional billings is determined by a standard fee schedule that is determined by the Centers for Medicare and Medicaid Services of the U S Department of Health and Human Services The percentage of net patient service revenue derived from the Medicare program was approximately 31% in each of the years ended September 30, 2014 and 2013

Medicaid
Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge As with Medicare, reimbursement is based on a diagnosis-related group ("DRG") system that is based on clinical, diagnostic, and other factors For inpatient rehabilitation and neonatal cases, additional reimbursement is paid through a per diem add-on In Vermont additional reimbursement for inpatient psychiatric cases, reimbursement is based on a per diem rate calculation, including adjustments for diagnostic factors and length of stay Outpatient services rendered to Medicaid beneficiaries are paid based upon a prospective standard rate Certain laboratory, mammography, therapy, and dialysis services are paid on a fee schedule Medicaid reimbursement for professional services is determined by a standard fee schedule The Medicaid program accounts for approximately 12% and 11% of FAP's net revenue for the years ended September 30, 2014 and 2013, respectively

Managed Care and Commercial Insurers
Services rendered to patients with commercial insurance are generally reimbursed at standard charges, less a negotiated discount or according to DRG or negotiated fee schedules Approximately 49% and 44% of FAP's net revenues were derived from contracted insurers in the years ended September 30, 2014 and 2013, respectively Approximately 8% and 9% of FAP's net revenues were derived from noncontracted insurers in the years ended September 30, 2014 and 2013, respectively

VMC has agreements with various Health Maintenance Organizations ("HMO") to provide medical services to subscribing participants Under these agreements, VMC receives monthly capitation payments based on the number of each HMO's participants regardless of services actually performed These revenues are subsequently disbursed to participating providers based on both discounted fee for service schedules and predetermined payment rates Participating providers share a limited degree of risk through a set withhold that is only paid if cost and utilization targets are met In April of 2014, VMC operations shifted from actively managing monthly capitation payments to providing contract run-out services for its last two payer partnerships The final settlement of the last two contracts will occur in fiscal year 2015

Enhanced Medicaid Graduate Medical Education Revenues (Hospital and Professional)
Under an Amendment to the Vermont State Medicaid Plan TN#11-019 (the "State Plan Amendment"), FAHC received increased Vermont Medicaid payments to support graduate medical education ("GME") beginning in fiscal year 2013 The State Plan Amendment was approved by the Centers for Medicare and Medicaid Services in May 2013 with an effective date of July 1, 2011, the date of submission by the State's Department of Vermont Health Access The State Plan Amendment provided for enhanced Medicaid payments of GME through two funding mechanisms (1) payments to "qualified teaching hospitals" and (2) payments to "qualified teaching physicians " Under the definitions contained in the State Plan Amendment, FAHC is a qualified teaching hospital and physicians employed by UVM Medical Group are qualified teaching physicians

The nonfederal source of these payments was provided by payments from the University of Vermont ("UVM") from its governmental appropriations from the State of Vermont ("the State") UVM has entered into a contract with the State to provide annual amounts during the State's fiscal year as the nonfederal share of GME payments for that year FAHC expects that UVM will enter into similar contracts for subsequent years, though there is no assurance of this FAHC entered into a contract with the State, by which FAHC agrees to assess and monitor program benefits to Medicaid beneficiaries and to report to the State annually on its performance on certain quality measures and improvement focus areas for Medicaid beneficiaries pertaining to FAHC's GME programs, and the State agrees to provide GME payments to FAHC during the State fiscal year FAHC expects to enter into similar contracts with the State for future years, but these are subject to continued funding by UVM of the nonfederal source The State, FAHC and UVM have also entered into a Memorandum of Understanding ("MOU"), dated June 10, 2013 that describes the State Plan Amendment and these funding arrangements

FAHC received GME funding from the State under the State Plan Amendment totaling $30 3 million for the fiscal year ending September 30, 2014 The $30 3 million includes reimbursement to FAHC as a qualified teaching hospital in an amount of $11 5 million and reimbursement to the UVM Medical Group as qualified teaching physicians in an amount of $18 8 million In 2013, FAHC received GME funding from the State under the State Plan Amendment totaling $67 2 million, which included retroactive amounts back to the effective date of July 1, 2011 Under the MOU, both UVM and the State retain the right to discontinue GME payments at any time in the future

Premium Revenue
VMC has agreements with various insurers to provide medical services through its provider network to subscribing participants Under these agreements, VMC receives monthly capitation payments based on the number of each insurer's participants, regardless of services actually performed by VMC's network of providers The remaining two payer contracts under these agreements ended by the second quarter of fiscal year 2014 No additional payer contracts are anticipated in the near future under the VMC risk-arrangement model

Other Revenue
Other revenue consists primarily of research revenue, non-patient related contract revenues, sales of pharmaceuticals and related products, cafeteria sales, meaningful use revenue under governmental Electronic Health Records Incentive programs, parking garage income, net assets released from restrictions used for operations, and rental income

Research Grants and Contracts
Revenue related to research grants and contracts is recognized as the related costs are incurred Research grants and contracts are accounted for as exchange transactions Amounts received in advance of incurring the related expenditures are recorded as unexpended research grants and are included within accrued expenses Amounts expended in advance of the receipt of funding are included within patient and other trade accounts receivable

Reserves for Outstanding Losses and Loss-Related Expenses for Malpractice and Workers' Compensation Claims
The liabilities for outstanding losses and loss-related expenses and the related provision for losses and loss-related expenses include estimates for malpractice losses incurred but not reported, losses pending settlement, as well as for workers' compensation claims and underwriting expenses Such liabilities are necessarily based on estimates and, while management believes the amounts provided are adequate, the ultimate liabilities may be in excess of or less than the amounts provided As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The methods for making such estimates and the resulting liabilities are actuarially reviewed on an annual basis and any adjustments required are reflected in current operations

Income Taxes
FAP, FAHC, CVMC, UVM Medical Group, FAMG, FAHC Foundation, CVPH, EMT, ECH and CPI are incorporated and recognized by the Internal Revenue Service ("IRS") as tax-exempt under Section 501(c)(3) of the Internal Revenue Code (the "Code") Accordingly, the IRS has determined that FAP, FAHC, CVMC, UVM Medical Group, FAMG, FAHC Foundation, CVPH, EMT, ECH and CPI are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code FACT, FAES and FASN are single-member limited liability corporations As such, for tax purposes, FACT, FAES, and FASN are treated as divisions of FAHC OCV is a limited liability company taxed as a partnership Earnings and losses are passed through to the owners, both of which are tax-exempt, and are treated in the same manner for tax purposes No provision for federal income taxes has been recorded in the accompanying consolidated financial statements for these organizations

FAHV, VMC, Mediquest and CVHN are for-profit subsidiaries subject to federal and state taxation The tax provisions and related tax assets and liabilities for these entities are not material to the consolidated financial statements

FAP accounts for recognition and measurement of uncertain tax positions in accordance with ASC 740 No provision for uncertain tax positions is recorded in the accompanying consolidated financial statements

VMCIC is currently not a taxable entity under the provisions of the territory of Bermuda and, accordingly, no provision for taxes has been recorded by VMCIC In the event that such taxes are levied, VMCIC has received an undertaking from the Bermuda Government exempting it from all such taxes until March 31, 2035

Asset Retirement Obligations
FAP recognizes a liability for the fair value of a conditional asset retirement obligation if the fair value of the liability can be reasonably estimated Uncertainty about the timing and/or method of settlement of a conditional asset retirement obligation is factored into the measurement of the liability when sufficient information exists The types of asset retirement obligations that FAP considers are those for which it has a legal obligation to perform an asset retirement activity, however, the timing and/or method of settling the obligation are conditional on a future event that may or may not be within its control The fair value of a liability for the legal obligation associated with an asset retirement is recorded in the period in which the obligation is incurred When the liability is initially recorded, the cost of the asset retirement is capitalized

The estimated future undiscounted value of the asset retirement obligation is approximately $3,103,000 and $2,796,000 at September 30, 2014 and 2013, respectively, substantially all of which relates to the estimated costs to remove asbestos that is contained within FAP's facilities The initial asset retirement obligation was calculated using a discount rate of 4 5%-6 0% The recorded asset retirement obligation at September 30, 2014 and 2013 was approximately $1,665,000 and $1,616,000, respectively

Defined Benefit Pension and Other Postretirement Benefit Plans
FAP recognizes the overfunded or underfunded status of its defined benefit pension and other postretirement benefit plans (collectively, "postretirement benefit plans") in the balance sheet Changes in the funded status of the plans are reported in the year in which the changes occur as a change in unrestricted net assets presented below the excess of revenue over expenses in the consolidated statements of operations and changes in net assets

Fair Value Measurements
Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (also referred to as an "exit price") A fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability In determining fair value, the use of various valuation approaches, including market, income, and cost approaches, is permitted

GAAP establishes a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumption about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy)

FAP uses the following fair value hierarchy to present its fair value disclosures

Level 1 Quoted (unadjusted) prices for identical assets or liabilities in active markets Active markets are those in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis

Level 2 Other observable inputs, either directly or indirectly, including

- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates)
- Inputs that are derived principally from or corroborated by other observable market data

Level 3 Unobservable inputs that cannot be corroborated by observable market data

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value

Mutual Funds
The fair values of mutual funds are based on quoted market prices for identical assets in active markets

Money Market Funds
The fair values of money market funds are based on quoted market prices

Bonds and Notes
The estimated fair values of debt securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices The marketable debt securities classified as Level 2 were classified as such due to the usage of observable market prices for similar securities that are traded in less active markets or when observable market prices for identical securities are not available Marketable debt instruments are priced using nonbinding market consensus prices that are corroborated with observable market data, quoted market prices for similar instruments, or pricing models, such as a discounted cash flow model, with all significant inputs derived from or corroborated with observable market data These Level 2 debt securities primarily include corporate bonds, notes and other debt securities

Common Collective Trusts and Hedge Funds
The estimated fair values of common collective trusts and hedge funds are determined based upon the net asset value ("NAV") provided by the fund managers and assessed for reasonableness by management Such information is generally based on the pro-rata interest in the net assets of the underlying investments within the fund There are no unfunded commitments or liquidity restrictions related to these common collective trusts at September 30, 2014 FAP is able to redeem its investment in hedge funds on a calendar quarter basis after providing 90 days notice

Beneficial Interest in Perpetual Trusts
The estimated fair values of FAP's beneficial interests in perpetual trusts are determined based upon information provided by the trustees and assessed for reasonableness by management Such information is generally based on the pro-rata interest in the net assets of the underlying investments within the trust, which approximates fair value

Interest Rate Swap Agreements
Interest rate swap agreements are valued at the present value of the estimated series of cash flows resulting from the exchange of fixed rate payments for floating rate payments from the counterparty over the remaining life of the contract from the balance sheet date Each floating rate payment is calculated based on forward market rates at the valuation date for each respective payment date The valuation based on the estimated series of cash flows is obtained from third parties and assessed by management for reasonableness Because the inputs used to value the contract can generally be corroborated by market data, the fair value is categorized as Level 2

3. Charity Care and Community Service

FAP provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because FAP does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue

The amount of charges foregone for services and supplies furnished under FAP's charity care policy aggregated approximately $27,777,000 and $36,666,000 for the years ended September 30, 2014 and 2013, respectively

Approximately $10,763,000 and $15,215,000 of FAP's total expenses for the years ended September 30, 2014 and 2013 arose from providing services to charity patients The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients The ratio of cost to charges is calculated based on FAP's total expenses divided by gross patient service revenue For the years ended September 30, 2014 and 2013, respectively, FAP used $250,000 and $240,000 in charitable endowment earnings to help defray the costs of indigent care

4. Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted at September 30, 2014 and 2013 consisted of the following

(in thousands)	2014	2013
Equities	$ 14,450	$ 13,323
Mutual funds	88,687	79,044
Money market funds	21,153	21,900
Bonds and notes	39,861	37,536
Common collective trusts		
Bond funds	130,588	137,619
U S treasury obligation funds	38,507	37,634
International equity funds	68,149	53,127
Domestic equity funds	29,805	25,121
Commodity funds	23,155	26,448
Real estate funds	27,672	14,908
Total common collective trusts	317,876	294,857
Beneficial interest in perpetual trusts	14,072	12,856
Hedge funds	2,569	2,416
Real estate	-	130
	498,668	462,062
Less Current portion	(27,876)	(20,845)
	$ 470,792	$ 441,217

Investment income and gains (losses) for the years ended September 30, 2014 and 2013 consisted of the following

(in thousands)	2014	2013
Nonoperating gains (losses)		
Investment income	$ 3,913	$ 7,116
Net realized gains on investments	11,364	31,181
Investment income recorded in nonoperating gains (losses)	15,277	38,297
Net change in unrealized gains on investments	15,417	(20,805)
Changes in temporarily restricted net assets		
Investment income	339	192
Net change in unrealized gains on investments	(281)	1,197
Net realized gains on investments	3,149	1,728
	3,207	3,117
Changes in permanently restricted net assets		
Change in beneficial interest in perpetual trusts	1,216	506
	$ 35,117	$ 21,115

FAP recognized $828,000 and $1,047,000 in losses related to declines in value that were other-than-temporary in nature during the years ended September 30, 2014 and 2013, respectively

The cost and estimated fair value of securities classified as available-for-sale by the organization, which excludes beneficial interest in perpetual trusts of $14,072,000 and $12,856,000, and includes short-term investments of $6,205,000 and $5,568,000 as of September 30, 2014 and 2013, respectively, and long-term investments of $4,222,000 and $4,002,000 as of September 30, 2014 and 2013, respectively, is as follows

	2014		
(in thousands)	Cost	Gross Unrealized Gains	Estimated Fair Value
Mutual funds	$ 80,845	$ 11,788	$ 92,633
Equities	16,531	2,364	18,895
Real estate	192	13	205
Hedge funds	2,597	431	3,028
Money market funds	21,670	131	21,801
Bonds and notes	40,546	(233)	40,313
Common collective trusts	289,418	28,730	318,148
	$ 451,799	$ 43,224	$ 495,023

	2013		
(in thousands)	Cost	Gross Unrealized Gains	Estimated Fair Value
Mutual funds	$ 73,369	$ 10,077	$ 83,446
Equities	15,298	2,677	17,975
Real estate	129	1	130
Hedge funds	2,142	274	2,416
Money market funds	22,039	-	22,039
Bonds and notes	38,279	(366)	37,913
Common collective trusts	279,813	15,044	294,857
	$ 431,069	$ 27,707	$ 458,776

The following table presents information as of September 30, 2014 and 2013, about FAP's financial assets and liabilities that are measured at fair value on a recurring basis

	2014			
(in thousands)	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Fair Value
Mutual funds	$ 92,633	$ -	$ -	$ 92,633
Equities	18,895	-	-	18,895
Money market funds	21,801	-	-	21,801
Hedge funds	-	459	2,569	3,028
Bonds and notes	30,468	9,845	-	40,313
Common collective trusts	-	318,148	-	318,148
Beneficial interest in perpetual trusts	-	-	14,072	14,072
Real estate	-	205	-	205
	$ 163,797	$ 328,657	$ 16,641	$ 509,095
Interest rate swap agreements	$ -	$ 19,120	$ -	$ 19,120

	2013			
(in thousands)	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Fair Value
Mutual funds	$ 82,693	$ 753	$ -	$ 83,446
Equities	17,975	-	-	17,975
Money market funds	22,039	-	-	22,039
Hedge funds	-	-	2,416	2,416
Bonds and notes	12,476	25,437	-	37,913
Common collective trusts	-	294,857	-	294,857
Beneficial interest in perpetual trusts	-	-	12,856	12,856
Real estate	-	130	-	130
	$ 135,183	$ 321,177	$ 15,272	$ 471,632
Interest rate swap agreements	$ -	$ 17,062	$ -	$ 17,062

The table above has been revised from the previous presentation in FAP's consolidated financial statements to correctly present $2,257,000 of equities, money market funds, bonds and notes, and real estate investments previously disclosed as Level 1 or Level 2 investments to Level 3 beneficial interest in perpetual trusts as of September 30, 2013 The table has also been revised to correctly present $19,409,000 of mutual funds previously disclosed as Level 2 investments to Level 1 investments as of September 30, 2013 FAP has concluded that these revisions do not have a material impact to the prior period financial statements

A roll forward of Level 3 fair value measurements (defined above) for the years ended September 30, 2014 and 2013, is as follows

	2014		
(in thousands)	**Beneficial Interest in Perpetual Trusts**	**Hedge Funds**	**Total Level 3 Assets**
Beginning of year	$ 12,856	$ 2,416	$ 15,272
Purchases	-	-	-
Sales	-	-	-
Unrealized gains	1,216	153	1,369
Unrealized losses	-	-	-
End of the year	$ 14,072	$ 2,569	$ 16,641
Increase in fair value of Level 3 investments held at September 30, included in the statement of changes in net assets	$ 1,216	$ 153	$ 1,369

	2013		
(in thousands)	**Beneficial Interest in Perpetual Trusts**	**Hedge Funds**	**Total Level 3 Assets**
Beginning of year	$ 12,350	$ 2,229	$ 14,579
Purchases	-	-	-
Sales	-	-	-
Unrealized gains	506	187	693
Unrealized losses	-	-	-
End of the year	$ 12,856	$ 2,416	$ 15,272
Increase in fair value of Level 3 investments held at September 30, included in the statement of changes in net assets	$ 506	$ 187	$ 693

5. Property and Equipment

A summary of property and equipment at September 30, 2014 and 2013 is as follows

(in thousands)	2014	2013
Land	$ 20,461	$ 20,234
Land improvements	17,125	17,062
Leasehold improvements	45,786	44,204
Buildings	694,424	664,949
Equipment, furniture, and fixtures	414,939	383,061
	1,192,735	1,129,510
Less Accumulated depreciation	(608,611)	(538,876)
	584,124	590,634
Construction–in–progress	15,849	17,885
	$ 599,973	$ 608,519

FAP wrote off approximately $3,035,000 and $3,266,000 in gross property and equipment in the years ended September 30, 2014 and 2013, respectively FAP received $2,770,000 and $1,399,000 in proceeds for these assets for the years ended September 30, 2014 and 2013, respectively, and recorded a gain on disposal of property and equipment of $2,396,000 and $264,000 in the years ended September 30, 2014 and 2013, respectively These gains are included in supplies and other expense At September 30, 2014 and 2013, FAP had commitments to purchase approximately $19,397,000 and $4,765,000, respectively, of property and equipment

FAP recorded depreciation expense of $76,074,000 and $69,672,000 for the years ended September 30, 2014 and 2013, respectively

6. Long-Term Debt

Long-term debt at September 30, 2014 and 2013 consisted of the following

(in thousands)	2014	2013
Vermont Educational and Health Buildings Financing Agency		
Hospital Revenue Bonds		
Series 2009A loan, fixed rate (5 08% to 7 23%), payable through 2024	$ 10,999	$ 11,841
Series 2008A Bonds, variable rate (0 04% at September 30, 2014), payable through 2030	54,705	54,705
Series 2007A Bonds, fixed rate (4 00% to 4 75%), payable through 2037 (including unamortized premium of $86 and $90 at September 30, 2014 and 2013, respectively)	55,791	55,945
Series 2004B Bonds, fixed rate (4 00% to 5 50%), payable through 2035 (including unamortized premium of $119 and $125 at September 30, 2014 and 2013, respectively)	143,843	147,100
Series 2004A Bonds, fixed rate (3 00% to 5 00%), payable through 2025 (including unamortized premium of $903 and $1,000 at September 30, 2014 and 2013, respectively)	31,383	33,535
Series 2013A Bonds, fixed rate (2 597%) payable through 2027	29,012	29,337
Series 1996 loan, fixed rate (4 23%), payable through 2021	8,683	9,889
County of Clinton Industrial Development Agency		
Hospital Revenue Bonds		
Series 2006A & 2006B Bonds, variable rate (3 65% at September 30, 2014), payable through 2017	4,115	5,375
Series 2007B Bonds, variable rate (0 11% at September 30, 2014), payable through 2042	11,395	11,595
Essex County Capital Resource Corporation		
Hospital Revenue Bonds		
Series 2011 Bonds, variable rate (1 67% at September 30, 2014), payable through 2032	5,590	5,810
Other long-term debt		
Series 2002A Key Bank Bonds, variable rate (1 65% at September 30, 2014), payable through 2024	5,950	6,450
Series 2007A Key Bank Bonds, variable rate (4 10% at September 30, 2014), payable through 2042	17,895	18,195
Associates in Radiology of Plattsburg, LLC Note Payable, fixed rate (3 00%), payable through 2017	3,334	4,218
Community Bank Loan Payable, fixed rate (3 50%), payable through 2017	15,944	16,555
Capital lease, fixed rate (0 30% to 19 51%), payable through 2020	8,489	10,940
KeyBank loan, variable rate (2 00% at September 30, 2014), payable through 2023	4,885	5,000
KeyBank loan, fixed rate (3 49%), payable through 2023	48,310	51,870
People's United loan, fixed rate (2 67%) payable through 2028	9,446	9,903
Other debt	8,578	10,146
	478,347	498,409
Less Current portion	(28,233)	(27,688)
Long–term debt	$ 450,114	$ 470,721

Obligated Group

Fletcher Allen Health Care and Central Vermont Medical Center presently are the sole members of the Fletcher Allen Obligated Group ("FA Obligated Group")

The Master Trust Indenture contains provisions permitting the addition, withdrawal or consolidation of members of the Obligated Group under certain conditions The Master Trust Indenture constitutes joint and several obligations of the members of the Obligated Group

An obligated group does not exist for the CPI entities

Revenue Bonds
On May 21, 2008, FAHC converted the Series 2004B auction rate bonds from 35-day variable-rate bonds to fixed-rate bonds through a mandatory tender of the bonds as provided for under the original bond agreement The tender was financed through the reissuance of $160,525,000 of Series 2004B bonds as tax-exempt fixed-rate bonds, and a payment of $2,700,000 from FAHC's debt service reserve funds The Series 2004B bonds require FAHC to maintain a debt service reserve fund As of September 30, 2014 and 2013, the reserve fund balances were approximately $15,031,000 and $14,497,000, respectively

Also on May 21, 2008, FAHC in connection with the Vermont Educational and Health Buildings Financing Agency (the "Agency"), issued $54,705,000 of tax-exempt variable-rate hospital revenue bonds ("Series 2008A"), the proceeds of which were used to refund its Series 2000B bonds in the amount of $50,000,000, pay an early termination payment in the amount of $3,128,000 on a related interest rate swap, and pay issuance costs in the amount of $1,577,000 The Series 2008A bonds are collateralized by an irrevocable letter of credit from a bank in the amount of $55,334,000 (covers principal of $54,705,000 and interest of $629,000), which expires in 2016 The interest rate on the Series 2008A bonds is set weekly Series 2008A bondholders have the option to put the bonds back to FAHC Such bonds would be subject to remarketing efforts by FAHC's remarketing agent To the extent that such remarketing efforts were unsuccessful, the nonmarketable bonds would be purchased from the proceeds of the letter of credit Monthly payments of principal on the letter of credit borrowings would commence on the first calendar day of the first month that commences more than one year after the borrowing Repayment in full of the letter of credit would be required by the earlier of four years from the date of the borrowing under the letter of credit or the stated expiration date, currently, April 30, 2016

In conjunction with these transactions, the notional amount of the original swap agreement covering the 2004B bonds was reduced from $135,000,000 to $55,190,000 and transferred to the 2008A bonds in exchange for the payment of $3,128,000

FAHC and certain of its subsidiaries are obligated under various other revenue bonds, capital leases, and notes payable Various trustee-held funds are required under the terms of the loan agreements Under one of the loan agreements, a reserve fund is required only upon the failure to meet certain financial ratios As of September 30, 2014 and 2013, no funding has been required under this agreement

FAHC has granted a mortgage on substantially all of its property and an interest in its gross receipts, as defined in connection with the issuance of its long-term debt

Series 1996 Bond Refinancing
In November 2011, the Series 1996 Bonds were redeemed with the proceeds of a term loan made to CVMC by People's United Bank in the amount of $11,600,000 The term loan has a fixed rate of interest of 4 23% and matures November 1, 2021 Interest payments are made monthly and principal payments in the amount of $582,000 are made semi-annually each May and November, beginning May 1, 2012 and ending on November 1, 2021 The term loan is collateralized with assets, mortgage, and all other collateral securing repayment of the Obligation as defined in the Master Trust Indenture of the Obligated Group

Series 2002A Bonds
The Series 2002A bonds are bank qualified bonds held by Key Bank, payable in annual installments ranging from $500,000 to $700,000, plus interest at one month LIBOR times 0 6501 plus 153 basis points (1 65% at September 30, 2014) through July 2024

Series 2006A & 2006B Bonds
The Series 2006A and 2006B bonds are County of Clinton Industrial Development Agency, Variable Rate Demand Civic Facility Revenue Bonds, Series 2006A (tax-exempt) of $12,650,000 and Series 2006B (taxable) of $100,000, payable in annual installments ranging from $1,210,000 to $1,430,000 plus interest Interest is payable semi-annually at a variable rate reset weekly by a remarketing agent (3 65% at September 30, 2014) from July 1, 2007 through July 1, 2017 The bonds are collateralized by a direct-pay letter of credit with a bank aggregating the outstanding principal amount plus 35 days interest at an assumed rate of 8% per annum for the term of the bonds

Series 2007A Bonds
The Series 2007A bonds are bank qualified bonds held by Key Bank, payable in annual installments ranging from $285,000 to $1,125,000, plus interest at one month LIBOR times 0 6501 plus 153 basis points (4 10% at September 30, 2014) through July 2042

Series 2007B Bonds
The Series 2007B bonds are County of Clinton Industrial Development Agency, Variable Rate Demand Civic Facility Revenue Bonds, Series 2007B (tax-exempt), payable in annual installments ranging from $150,000 to $700,000, plus interest at one month LIBOR times 0 68 (0 11% at September 30, 2014) through July 2042 The bonds are collateralized by a direct-pay letter of credit with a bank aggregating the outstanding principal amount plus 35 days interest at an assumed rate of 8% per annum for the term of the bonds

Series 2011 Bonds
On December 1, 2011, ECH issued Essex County Capital Resource Corporation Revenue Bonds, Series 2011 in the amount of $6,160,000 The Series 2011 bonds were purchased by Key Bank, N A under a bond purchase agreement As part of the agreement, the Series 2011 bonds are subject to mandatory redemption and are subject to optional tender by the bank for purchase by ECH at a price equal to the principal plus accrued and unpaid interest beginning on June 1, 2017 The Series 2011 bonds are collateralized by a mortgage that Key Bank holds with ECH The Series 2011 bonds carry a variable interest rate of 65% of 1-month LIBOR plus 155 basis points (1 67% at September 30, 2014) due in quarterly installments through March 1, 2032

Series 2013A Bonds
The 2000A Bonds were partially refunded in 2011 The remaining $32,550,000 balance of the initial aggregate principal amount of the Series 2000A Bonds with maturities between December 2025 and December 2027 were refunded in March 2013 and replaced with a tax-exempt direct bank private placement with TD Bank (the 2013A bonds), in the aggregate principal amount of $29,500,000 with a final maturity date in December 2027 Bond issuance costs of $250,000 are recorded as deferred financing costs, net and will be amortized over the life of the loan The 2013 refunding resulted in a loss on extinguishment of debt of $1,142,000

People's United Loan
On September 30, 2013, FAHC entered into a mortgage for property ("Holly Court") in the amount of $9,903,000 The mortgage is payable through September 2028, and bears interest at a variable rate equal to one month LIBOR plus 105 basis points (1 21% at September 30, 2014) Concurrent with the issuance of the Holly Court mortgage payable, an interest rate swap was entered into whereby FAHC pays a fixed rate of 2 67% and receives a variable rate of one month LIBOR

Scheduled Maturities of Long-Term Debt
As of September 30, 2014, scheduled maturities of long-term debt, not including a net unamortized premium of $1,108,000 for the next five years and thereafter are as follows

(in thousands)

Years Ending September 30,	
2015	$ 28,233
2016	21,021
2017	20,945
2018	31,078
2019	16,950
Thereafter	359,012
	$ 477,239

Loan Covenants
Under the terms of the master indenture agreement, the FA Obligated Group is required to meet certain covenant requirements, as are CVPH and ECH for their respective long-term debt In addition, the indenture provides for restrictions on, among other things, additional indebtedness and dispositions of property of the FA Obligated Group

Letter of Credit
The 2008A letter of credit was not drawn upon as of September 30, 2014, and the scheduled maturities of long-term debt assumes the Series 2008A bonds are not put back to the FA Obligated Group If the letter of credit was drawn upon, the repayment would begin one year and one day from the date of the letter of credit being drawn upon The repayment schedule would occur over the remaining three years of the letter of credit term The repayment of principal would be as follows $21,176,000 in year two, $21,176,000 in year three and $12,353,000 in the final year

The 2007B letter of credit was not drawn upon as of September 30, 2014, and the scheduled maturities of long-term debt assumes the Series 2007B bonds are not put back to the borrower If the letter of credit was drawn upon and the bond is not remarketed for 180 days, such bond shall be subject to mandatory redemption on the first business day of each month, commencing with the first such business day of the first full month after the bond redemption commencement date over 60 consecutive months in equal principal amounts plus accrued interest at the bank rate Subsequent to year-end, but prior to the issuance of the financial statements, CVPH's letter of credit was extended through March 2, 2016

The 2006A letter of credit was not drawn upon as of September 30, 2014, and the scheduled maturities of long-term debt assumes the Series 2006A bonds are not put back to the borrower If the letter of credit was drawn upon, the repayment term would continue to follow the original amortization schedule of the bonds to be repaid not later than the scheduled payments described in the original bond agreement

Line of Credit
CVMC has a bank line of credit that exists with a maximum borrowing of $2,000,000 at September 30, 2014 The line matured on May 31, 2014, and bears interest at the Wall Street Journal prime rate adjusted daily with a floor of 3 25%, with advances collateralized by a portion of board designated funds There was no outstanding balance drawn on this line of credit at September 30, 2014

CPI has an uncollateralized line of credit in the amount of $1,000,000 at September 30, 2014 The interest rate is set at a floating rate equal to LIBOR plus 150 basis points (1 63% at September 30, 2014) At September 30, 2014 CPI had borrowings under the line of credit of $1,000,000 This revolving line of credit is interest only payments with accrued interest and principal due upon maturity The maturity date for the line of credit is July 31, 2015

CVPH has an available uncollateralized line of credit in the amount of $4,885,000 at September 30, 2014 The interest rate is set at a floating rate equal to LIBOR plus 150 basis points (2 00% at September 30, 2014) At September 30, 2014, CVPH had borrowings under the line of credit of $4,885,000 The maturity date for the line of credit is July 31, 2015

Long-Term Debt
The estimated fair value of FAP's long-term debt is based on the recently traded value for debt for which a public market exists, and an estimate of the exit price for debt in which no public market exists The estimate of the exit price includes the observable inputs related to the interest rates of comparable U S Treasury securities Such amounts at September 30, 2014 and 2013, are approximately $482,351,000 and $501,679,000, respectively The fair value of debt is considered a level 2 measurement

7. Interest Rate Swap Agreements

For certain variable rate debt, interest rate swap agreements are used to manage interest rate risk and hedge the risk of cash flow volatility The table below details FAP's swap agreements None of the swap agreements require collateral posting Both FAP and the counterparties in the interest rate swap agreements are exposed to credit risk in the event of nonperformance or early termination of the agreements In addition, each agreement may be terminated following the occurrence of certain events, at which time FAP or the counterparty may be required to make a termination payment to the other

Swap	Bond Series	Notional Amount 09/30/2014 ($ in 000's)	Notional Amount 09/30/2013 ($ in 000's)	Counterparty	Expiration Date	Pay Fixed	Receive Floating
LIBOR Swap (Series B-1)	2008A	$ 27 595	$ 27 595	Citibank NA	December 1 2034	3 76%	66 5% of LIBOR + 32bps
LIBOR Swap (Series B-2)	2008A	$ 27 595	$ 27 595	Citibank NA	December 1 2034	3 76%	66 5% of LIBOR + 32bps
LIBOR Swap	Holly Court Loan	$ 9 446	$ 9 902	Peoples United Bank	September 30 2028	2 67%	LIBOR + Swap Rate
LIBOR Swap	Series 2006A	$ 4 115	$ 5 375	Key Bank	July 1 2017	3 50%	69 0% of LIBOR
LIBOR Swap	Series 2007B	$ 11 395	$ 11 595	Key Bank	July 1 2042	4 06%	68 0% of LIBOR
LIBOR Swap	Series 2007A	$ 17 895	$ 18 195	Key Bank	July 1 2042	4 00%	65 0% of LIBOR
SIFMA Swap	Series 2011	$ 5 120	$ 5 205	Key Bank	December 1 2021	3 24%	65 0% of LIBOR

The fair value of interest rate swap agreements, all of which are recorded as other long-term liabilities at September 30, is as of follows

(in thousands)	Balance Sheet Location	Fair Value 2014	2013
2008A Swaps	Other long-term liabilities	$ (9,914)	$ (8,566)
Holly Court Loan	Other long-term liabilities	(230)	(155)
2006A Swap	Other long-term liabilities	(224)	(385)
2007B Swap	Other long-term liabilities	(3,130)	(2,789)
2007A Swaps	Other long-term liabilities	(5,016)	(4,499)
2011 Swap	Other long-term liabilities	(606)	(668)
		$ (19,120)	$ (17,062)

The effect of interest rate swap agreements on the consolidated statement of operations and changes in net assets for 2014 and 2013 are as follows

(in thousands)	Location of Gain/(Loss) Recognized in Statement of Operations	Amount of Gain/Loss Recognized in Statement of Operations 2014	2013
1994 Swap	Gain/(Loss) on interest rate swap contracts	$ -	$ 128
2008A Swaps	Gain/(Loss) on interest rate swap contracts	(1,348)	5,648
Holly Swap	Gain/(Loss) on interest rate swap contracts	(75)	(155)
2006A Swap	Gain/(Loss) on interest rate swap contracts	161	166
2007B Swap	Gain/(Loss) on interest rate swap contracts	(341)	1,335
2007A Swaps	Gain/(Loss) on interest rate swap contracts	(517)	2,051
2011 Swap	Gain/(Loss) on interest rate swap contracts	62	277
		$ (2,058)	$ 9,450

8. Operating Leases

FAP has entered into certain operating lease agreements for the rental of building space and equipment Rental expense, inclusive of common area maintenance charges, amounted to $16,239,000 and $15,840,000 for the year ended September 30, 2014 and 2013, respectively

Minimum future lease payments required under noncancelable operating leases at September 30, 2014, were as follows

(in thousands)

Years Ending September 30,	
2015	$ 9,268
2016	8,116
2017	5,995
2018	3,470
2019	1,649
Thereafter	3,317
	$ 31,815

9. Net Assets

Temporarily Restricted Net Assets
At September 30, 2014 and 2013, temporarily restricted net assets are available for the following purposes

(in thousands)	**2014**	**2013**
Indigent care	$ 1,179	$ 1,037
Education and research	13,178	11,791
Children's programs	3,581	3,141
Capital projects	1,951	2,047
Other health care services	17,459	12,604
Long-term care services at Woodridge	1,525	1,880
	$ 38,873	$ 32,500

At September 30, 2014 and 2013, temporarily restricted net assets include approximately $19,573,000 and $17,656,000, respectively, of accumulated gains on permanently restricted net assets, which are subject to board appropriation in accordance with state law

Permanently Restricted Net Assets
At September 30, 2014 and 2013, income earned on permanently restricted net assets is restricted to

(in thousands)	**2014**	**2013**
Indigent care	$ 4,802	$ 4,705
Education and research	7,243	7,094
Other health care services	19,975	18,804
Long-term care services	974	729
	$ 32,994	$ 31,332

Endowment Funds
FAP's endowment consists of approximately 92 funds established for a variety of purposes FAP does not currently have any unrestricted funds designated by the Board of Trustees (the "Board") to function as endowment Accordingly, for the purposes of this disclosure, endowment funds include only donor-restricted endowment funds As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

Interpretation of Relevant Law
FAP has interpreted relevant state laws for the states in which it operates as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Board and expended These state laws allow the Board to appropriate the net appreciation of permanently restricted net assets as is prudent considering FAP's long and short-term needs, present and anticipated financial requirements, and expected total return on its investments, price level trends, and general economic conditions In the years ended September 30, 2014 and 2013, $630,000 and $1,116,000, respectively, was appropriated

As a result of this interpretation, FAP classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present, and (b) the original value of subsequent gifts to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present The remaining portion of the donor-restricted endowment fund is comprised of accumulated gains not required to be maintained in perpetuity These amounts are classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations FAP considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds duration and preservation of the fund, purposes of the donor-restricted endowment funds, general economic conditions, the possible effect of inflation and deflation, and the expected total return from income and the appreciation of investments, other resources of FAP, and the investment policies of FAP

Endowment Net Asset Composition and Changes in Endowment Net Assets
The following is a summary of the endowment net asset composition by type of fund at September 30, 2014 and 2013, and the changes therein for the years then ended

Endowment Net Asset Composition by Type of Fund

	2014		
(in thousands)	Temporarily Restricted	Permanently Restricted	Total
September 30, 2014			
Donor-restricted endowment funds	$ 19,573	$ 21,367	$ 40,940
Total	$ 19,573	$ 21,367	$ 40,940

(in thousands)	2013 Temporarily Restricted	2013 Permanently Restricted	2013 Total
September 30, 2013			
Donor-restricted endowment funds	$ 17,656	$ 20,733	$ 38,389
Total	$ 17,656	$ 20,733	$ 38,389

Changes in Endowment Net Assets

(in thousands)	2014 Temporarily Restricted	2014 Permanently Restricted	2014 Total
Endowment net assets at September 30, 2013	$ 17,656	$ 20,733	$ 38,389
Investment return			
Investment income	697	-	697
Net appreciation	2,480	-	2,480
Total investment return	3,177	-	3,177
Appropriations of endowment assets for expenditure	(630)	-	(630)
Other	(630)	634	4
Endowment net assets at September 30, 2014	$ 19,573	$ 21,367	$ 40,940

(in thousands)	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at September 30, 2012	$ (44)	$ 16,170	$ 19,072	$ 35,198
Acquired endowment net assets at October 1, 2012	-	14	1,557	1,571
Investment return				
Investment income	-	298	-	298
Net appreciation	-	2,422	-	2,422
Total investment return	-	2,720	-	2,720
Appropriations of endowment assets for expenditure	-	(1,116)	-	(1,116)
Adjustment for funds with deficiencies	44	(44)	-	-
Other	-	(88)	104	16
Endowment net assets at September 30, 2013	$ -	$ 17,656	$ 20,733	$ 38,389

Beneficial Interest in Perpetual Trusts

The above amounts exclude FAHC's beneficial interest in perpetual trusts, which are not within management's investment control Such beneficial interests totaled $11,627,000 and $10,599,000 at September 30, 2014 and 2013, respectively

Charitable Remainder Trust

FAP has received an irrevocable charitable remainder trust, for which FAP does not serve as trustee For this trust, FAP recorded its beneficial interest in those assets as contributions revenue and pledges receivable at the present value of the expected future cash inflows Trusts are recorded at the date FAP has been notified of the trust's existence and sufficient information regarding the trust has been accumulated to form the basis for an accrual Changes in the value of these assets are recorded in either temporarily or permanently restricted net assets

Funds With Deficiencies
From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor requires FAP to retain as a fund of perpetual duration There were no deficiencies at September 30, 2014 and 2013

Investment Return Objectives and Spending Policy
FAP has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to the programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for a donor-specified period(s) Under this policy, the endowment assets are invested in a manner to generate returns at least equal to and preferably greater than the consumer price index To satisfy its return objective, FAP targets a diversified asset allocation that provides for a balanced portfolio

10. Malpractice and Other Contingencies

Malpractice and Workers' Compensation
FAHC and CVMC are insured against malpractice losses under a claims-made insurance policy with VMCIC, its wholly owned subsidiary VMCIC has reinsurance with commercial carriers for coverage above a self-insured retainage amount of $5,000,000 per claim for Professional Liability and $2,000,000 per claim for Commercial General Liability, with a $20,000,000 aggregate for Professional Liability and $10,000,000 for Commercial General Liability, with limits on such reinsurance VMCIC provides claims-made coverage to certain affiliates of FAHC for periods prior to the merger that created FAHC

CVPH self-insures for professional and general liability claims A revocable trust has been established for the purpose of setting aside assets based on actuarial funding recommendations The self-insurance liability reserves and the corresponding charges to operating expenses are based on estimates of asserted and currently identifiable unasserted claims, if any, and related legal expenses, and a provision for unknown incidents The professional and general liability reserves are reported at their estimated undiscounted value CVPH maintains excess commercial professional liability insurance policies which provide for self-insured retention limits of $2,000,000 per claim and $4,000,000 in the aggregate per policy year

ECH is insured for malpractice claims under a claims-made policy Coverage under this plan is limited to $2,000,000 per incident and $6,000,000 in the aggregate

FAP, excluding ECH (discussed below), is also self-insured for workers' compensation claims, and maintains an excess insurance policy to limit its exposure on claims up to $1,000,000 per occurrence in the year ended September 30, 2014, with a $25,000,000 aggregate limit

Prior to 2010, ECH provided for workers' compensation insurance through participation in the Healthcare of New York Workers Compensation Trust ("Trust"), a group self-insured trust regulated by the New York State Workers' Compensation Board ("WCB") Participation in the Trust subjects ECH to joint and several liability Should the Trust's assets be insufficient to cover its debts, each Trust member would be subject to a proportional premium assessment to fund the shortage The Trust uses reinsurance agreements to reduce its exposure to large losses on both an individual and aggregate claim basis On December 31, 2011, the Trust was voluntarily terminated ECH has not been notified of any assessment resulting from participation in the Trust In addition, management of ECH monitors the financial stability of the Trust on an ongoing basis in order to mitigate the risk of joint and several liability Effective January 2010, ECH terminated the

agreement with the self-insured trust and is covered under an indemnity plan with an insurance company However, ECH remains liable for any claims during the period they were participating in the Trust, including any future assessments of the Trust

The reserves for outstanding losses at FAHC and CVMC have been discounted at a rate of 2 7% and 2 9% at September 30, 2014 and 2013, resulting in a reduction in the reserve for professional liability of approximately $857,000 and $870,000 at September 30, 2014 and 2013, respectively, and a reduction in the reserve for workers' compensation of approximately $471,000 and $437,000 at September 30, 2014 and 2013, respectively CVPH does not discount their reserve for professional liability, they are booked at nominal value

As a result of changes in estimates of incurred events in prior years, primarily professional liability, the estimate of incurred losses increased by approximately $3,273,000 and $7,394,000 for the years ended September 30, 2014 and 2013, respectively

Employee Health and Dental Insurance
FAHC maintains a self-insurance plan for employee health and dental insurance Under the terms of the plan, employees and their dependents are eligible for participation and, as such, FAHC is responsible for paying claims and third party administrator costs FAHC maintained a stop-loss insurance policy for its medical plan to limit its exposure on non-domestic claims above $550,000 per member per plan year ending December 31, 2014 FAHC and CVMC maintain a self-insured plan for employee dental

Effective January 1, 2013, CVPH became self-insured for employee health insurance Under the terms of the plan, employees and their dependents are eligible for participation and, as such, CVPH is responsible for the administration of the plan and any resultant liability incurred CVPH maintained a specific stop-loss insurance policy to limit its exposure on cumulative claims exceeding $250,000 per member per year during the year ended September 30, 2014 Included in accounts payable and accrued expenses is a health insurance claims reserve of $1,275,000 related to claims incurred but not paid as of September 30, 2014

Other Contingencies
FAP and its subsidiaries are parties in various legal proceedings and potential claims arising in the ordinary course of business In addition, the health care industry as a whole is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations is subject to government review and interpretation, as well as regulatory actions, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services Management does not believe that these matters will have a material adverse effect on FAP's consolidated financial position or results of operations

11. Statutory Capital and Surplus

VMCIC is registered under the Bermuda Insurance Act of 1978 and related regulations (the "Act") and is obligated to comply with various provisions of the Act regarding minimum levels of solvency and liquidity Statutory capital and surplus at September 30, 2014 and 2013, was $15,601,000 and $14,372,000, respectively The required minimum statutory capital at September 30, 2014 and 2013 was $2,599,000 and $2,332,000, respectively In addition, a minimum liquidity ratio must be maintained whereby liquid assets, as defined by the Act, must exceed 75% of defined liabilities The required minimum level of liquid assets was $19,529,000 and $17,511,000 at September 30, 2014 and 2013, respectively The measurement of the required minimum level of liquid assets at September 30, 2014 and 2013 is $40,927,000 and $37,213,000, respectively FAP reports all of VMCIC's investments in marketable securities as restricted assets in the accompanying consolidated balance sheets

12. Pension Plans

Substantially all employees of FAP are covered under various noncontributory defined benefit pension plans, various defined contribution pension plans, or combinations thereof Total expense for these plans consists of the following

	For the Years Ending September 30,	
(in thousands)	**2014**	**2013**
Defined benefit plans	$ 2,230	$ 7,282
Defined contribution plans	31,161	29,803
	$ 33,391	$ 37,085

In addition to providing pension benefits, FAHC sponsors a defined benefit postretirement health care plan for retired employees Substantially all of FAHC's employees who are at least age 55 with 15 years of service and all employees who are eligible for retirement may become eligible for such benefits The postretirement health care plan is contributory with retiree contributions adjusted annually The marginal cost method is used for accounting purposes for postretirement healthcare benefits

The premiums paid by retirees participating in the FAHC postretirement health care plan exceed the cost covered by FAHC Therefore, the projected benefit obligation has been reduced to zero

Information regarding FAP benefit obligations, plan assets, funded status, expected cash flows and net periodic benefit cost follows within this footnote

Benefit Obligations

(in thousands)	2014	2013
Changes in benefit obligations		
Projected benefit obligations - beginning of year	$ (377,958)	$ (278,923)
Effect of affiliation with CPI	-	(139,177)
Service cost	(4,495)	(4,999)
Interest cost	(18,824)	(15,503)
Benefits paid	15,282	13,118
Actuarial loss	(32,509)	46,512
Administrative expenses paid	875	1,014
Projected benefit obligation - end of year	(417,629)	(377,958)
Accumulated benefit obligation	(412,279)	(372,332)
Changes in plan assets		
Fair value of plan assets - beginning of year	311,658	197,341
Effect of affiliation with CPI	-	91,319
Actual gain on plan assets	34,355	22,970
Contributions	17,110	14,160
Benefits paid	(15,282)	(13,118)
Administrative expenses paid	(875)	(1,014)
Fair value of plan assets - end of year	346,966	311,658
Funded status of the plan (long-term)	$ (70,663)	$ (66,300)

Unrestricted net assets at September 30, 2014 and 2013 include unrecognized actuarial losses of $46,482,000 and $27,244,000, respectively, related to the defined benefit plan Of this amount, $1,312,000 and $2,112,000 was recognized in net periodic pension costs in the years ended September 30, 2014 and 2013, respectively The expected amortization of the unrecognized losses to be recognized in net periodic pension costs in the year ended September 30, 2015, is $1,770,000 The reconciliation of the unrecognized actuarial losses for the years ended September 30, 2014 and 2013 is as follows

(in thousands)	2014	2013
Unrecognized actuarial losses - beginning of year	$ 27,244	$ 105,271
Effect of affiliation with CPI	-	(25,459)
Net loss amortized during year	(1,312)	(2,112)
Net Net prior service cost amortized during year	-	-
Net loss during year	20,550	(50,456)
Unrecognized actuarial losses - end of year	$ 46,482	$ 27,244

The cost components of the net periodic benefit cost for the years ended September 30, 2014 and 2013 are as follows

(in thousands)	2014	2013
Service cost	$ 4,495	$ 4,999
Interest cost	18,824	15,503
Expected return on plan assets	(22,401)	(19,026)
Amortization of unrecognized net loss	1,312	2,112
Net periodic benefit cost	$ 2,230	$ 3,588

The assumptions used in accounting for the defined benefit pension plan are as follows

	2014	2013
Weighted-average assumptions used to determine the benefit liability		
Discount rates	4 4% - 4 5%	5 0% - 5 2%
Rates of increase in future compensation levels	3 0% - 3 5%	3 0% - 3 5%
Weighted-average assumptions used to determine expense		
Discount rates	5 0% - 5 2%	4 0% - 4 2%
Rates of increase in future compensation levels	3 0% - 3 5%	3 5% - 3 8%
Expected long-term rate of return on plan assets	6 5% - 7 5%	6 5% - 8 0%

The expected long-term rate of return for the FAP Plans' total assets is based on the expected return of each of its asset categories, weighted based on the median of the allocation for each class Equity securities are expected to return 9% to 11% over the long-term, while cash and fixed income is expected to return between 5% and 6% Based on historical experience, FAP expects that the plans' asset managers will provide a modest (0 5% to 1 0% per annum) premium to their respective market benchmark indices

Plan Assets

FAP's pension plans weighted-average asset allocations as of September 30, 2014 and 2013, by asset category, are as follows

	2014	2013
Asset Category		
Money market	- %	- %
Bonds	17	17
Equities	24	24
Real estate	2	2
Mutual funds	16	16
Common collective trusts	41	41
	100 %	100 %

The following table presents information, as of September 30, 2014 and 2013, about FAHC's pension assets that are measured at fair value on a recurring basis

	2014			
(in thousands)	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Fair Value
Money market	$ 949	$ -	$ -	$ 949
Bonds	46,797	12,027	-	58,824
Equities	78,839	5,377	-	84,216
Mutual funds	61,748	-	-	61,748
Common collective trusts	-	141,229	-	141,229
Total	$ 188,333	$ 158,633	$ -	$ 346,966

	2013			
(in thousands)	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Fair Value
Money market	$ 1,112	$ -	$ -	$ 1,112
Bonds	39,665	13,031	-	52,696
Equities	70,130	4,375	-	74,505
Mutual funds	56,579	-	-	56,579
Common collective trusts	-	126,766	-	126,766
Total	$ 167,486	$ 144,172	$ -	$ 311,658

The investment strategy established for pension plan assets is to meet present and future benefit obligations to all participants and beneficiaries, cover reasonable expenses incurred to provide such benefits, and provide a total return that maximizes the ratio of assets to liabilities by maximizing investment return at the appropriate level of risk

There was no Level 3 activity for the years ended September 30, 2014 and 2013

Cash Flows - Contributions
FAP expects to contribute $15,610,000 to its pension plans in the year ending September 30, 2015

Cash Flows - Estimated Future Benefit Payments
The following benefit payments, which reflect expected future service as appropriate, are expected to be paid

(in thousands)

Years Ending September 30,	
2015	$ 17,648
2016	18,986
2017	20,555
2018	21,923
2019	23,275
2020–2023	132,902

Multiemployer Defined Benefit Plan
CVPH contributes to a multiemployer defined benefit pension plan under the terms of their collective-bargaining agreement that covers its SEIU 1199 union-represented employees Pension expense for the years ended September 30, 2014 and 2013 were approximately $4,886,000 and $3,694,000, respectively, and reflects increased funding requirements as a result of pension underfunding issues CVPH may be liable for its share of unfunded vested benefits, if any, related to the union plan Information from the union plan's administrator is not available to permit CVPH to estimate its share, if any, of unfunded vested benefits

The risk of participating in this multiemployer plan is different from single-employer plans in the following aspects

a Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers

b If a participating employer stops contributing to the plan, the unfunded obligations of the Plan may be borne by the remaining participating employers

c If CVPH chooses to stop participating in the multiemployer plan, CVPH may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability

CVPH's participation in the plan for the year ended September 30, 2014, is outlined in the table below The "EIN/Pension Plan Number" column provides the Employee Identification Number ("EIN") and the three digit plan number, if applicable Unless otherwise noted, the most recent Pension Protection Act ("PPA") zone status available in 2014 is for the plan's year-end at December 31, 2013 The zone status is based on information that CVPH received from the Plan and is certified by the plan's actuary Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented The last column lists the expiration date(s) of the collective-bargaining agreement to which the plan is subject

Pension Fund	EIN/Pension Plan Number	Zone Status Pension Protection Act 9/30/2014	Zone Status Pension Protection Act 12/31/2013	FIP/RP Status Pending/ Implemented	Surcharge Imposed	Expiration Date of Collective-Bargaining Agreement
1199 SEIU Health Care Employees Pension Fund	13-3604862-001	not available	Green	June 26, 2009	No	April 30, 2016

CVPH was not listed on the Plans' Forms 5500 as providing more than 5 percent of the total contributions At the date the consolidated FAP financial statements were issued, Form 5500 was not available

13. Concentrations of Credit Risk

FAP grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements The mix of net receivables from patients and third-party payers at September 30, 2014 and 2013 is as follows

	2014	2013
Medicare	27 %	27 %
Medicaid	8	10
Blue cross	19	17
Other third-party payers	26	25
Patients	20	21
	100 %	100 %

14. Transactions With UVM

FAHC's Affiliation Agreement with UVM was renewed as of June 19, 2014, for a five year term The Affiliation Agreement expresses the shared goals of UVM and FAHC for teaching, clinical care and research, documents the many points of close collaboration between the two organizations, provides the underpinnings for FAHC's status as an academic medical center, and obligates FAHC to provide substantial, annual financial support to UVM The current Affiliation Agreement provides for three components of financial support to UVM (1) payments by FAHC, known as the "commitment," to fund two costs (a) a portion of the salary, benefits and related expenses paid through UVM to physician-faculty who are jointly employed by both UVM and UVM Medical Group and, (b) a portion of the cost of UVM facilities, utilities and other campus operating expenses that are not paid or reimbursed by any form of federal funding, (2) an academic support payment paid by FAHC and, (3) a Dean's Tax paid by UVM Medical Group The amounts of the commitment approximated $36,528,000 and $54,389,000 in the years ended September 30, 2014 and 2013, respectively In addition, FAHC reimburses UVM for equipment rental, research, and certain other administrative expenses through the commitment In addition to the commitment, FAHC made academic support payments to UVM in monthly installments The amount of the academic support payment was $4,972,000 and $4,935,000 in the years ended September 30, 2014 and 2013, respectively Under the Affiliation Agreement, the Dean's Tax is paid to UVM by FAHC in an amount equal to 2 3% of the Medical Group's net patient service revenues exclusive of all Medicaid revenues for that fiscal year The amount of the Dean's Tax approximated $5,146,000 and $4,717,000 in the years ended September 30, 2014 and 2013, respectively

Under the current affiliation agreement, the base payments for the academic support payments increase to $7,500,000 in fiscal year 2015, with an inflationary increase in the years thereafter

15. Functional Expenses

FAP provides general health care services to residents within its geographic location Expenses related to providing these services for the years ended September 30, 2014 and 2013, are as follows

(in thousands)	2014	2013
Education and research	$ 1,951	$ 2,786
Health care services	1,235,262	1,131,565
Management and general	272,042	327,045
Total functional expenses	1,509,255	1,461,396
Less Nonoperating expenses	1,725	2,547
Total operating expenses	$ 1,507,530	$ 1,458,849

16. Allowance for Doubtful Accounts

Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, FAP analyzes its past history and identifies trends for each of its major categories of revenue (inpatient, outpatient, and professional) to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major categories of revenue in evaluating the sufficiency of the allowance for doubtful accounts

Accounts receivable, prior to adjustment for doubtful accounts, is summarized as follows at September 30, 2014 and 2013

(in thousands)	2014	2013
Receivables		
Patients	$ 61,974	$ 55,188
Third-party payers	178,508	154,754
	$ 240,482	$ 209,942

The allowance for doubtful accounts is summarized as follows at September 30, 2014 and 2013

(in thousands)	2014	2013
Allowance for doubtful accounts		
Patients	$ 25,765	$ 24,638
Third-party payers	12,535	9,512
	$ 38,300	$ 34,150

Bad debt expense for nonpatient related accounts receivable is reflected in total operating expenses on the statements of operations Patient related bad debt is reflected as a reduction in patient service revenues on the statements of operations

Net patient service revenue before the provision for bad debts and enhanced Medicaid graduate medical education revenues for the years ended September 30, 2014 and 2013, is summarized as follows

(in thousands)	2014	2013
Net patient service revenue		
Patients	$ 33,913	$ 58,851
Third-party payers	1,421,240	1,226,816
	$ 1,455,153	$ 1,285,667

17. Subsequent Events

FAP has evaluated subsequent events through December 23, 2014, which is the date the consolidated financial statements were issued and has concluded that, there were no such events that require adjustments to the consolidated financial statements or disclosure in the notes to the consolidated financial statements

Other Financial Information

Fletcher Allen Obligated Group
Obligated Group Balance Sheets
September 30, 2014 and 2013

(in thousands)	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 220,185	$ 197,318
Patient and other trade accounts receivable-net of allowance for doubtful accounts of $26,697 and $25,932, respectively	140,625	129,983
Due from related parties	30,827	-
Inventories	24,822	24,120
Estimated receivable from third - party payers	4,329	4,951
Prepaid, other current assets, and short-term investments	18,672	35,450
Total current assets	439,460	391,822
Assets whose use is limited or restricted		
Board-designated assets	328,291	304,174
Assets held by trustee under bond indenture agreements	26,454	25,883
Restricted assets	732	754
Donor restricted assets for specific purposes	32,866	28,008
Donor restricted assets for permanent endowment	31,373	29,775
Total assets whose use is limited or restricted	419,716	388,594
Property and equipment-net	479,437	483,539
Other assets		
Deferred financing costs-net	11,063	11,735
Notes receivable and other assets	6,418	5,017
Investment in affiliated companies	25,658	23,166
Pledges receivable	364	756
Total other assets	43,503	40,674
	$ 1,382,116	$ 1,304,629
Liabilities and Net Assets		
Current liabilities		
Current installments of long-term debt	$ 13,730	$ 14,009
Accounts payable	24,367	23,346
Accrued expenses and other liabilities	58,568	42,184
Accrued payroll and related benefits	79,388	75,394
Third-party payer settlements	13,077	16,778
Due to related parties	-	5,060
Incurred but not reported claims	11,490	15,584
Total current liabilities	200,620	192,355
Long-term liabilities		
Long-term debt-excluding current installments	384,854	398,250
Malpractice and workers' compensation claims	1,827	1,280
Pension and other postretirement benefit obligations	38,276	42,338
Other	15,123	11,049
Total long-term liabilities	440,080	452,917
Total liabilities	640,700	645,272
Commitments and contingent liabilities		
Net assets		
Unrestricted	674,242	600,250
Temporarily restricted	35,801	29,332
Permanently restricted	31,373	29,775
Total net assets	741,416	659,357
Total liabilities and net assets	$ 1,382,116	$ 1,304,629

Fletcher Allen Obligated Group
Obligated Group Statements of Operations
Years Ended September 30, 2014 and 2013

(in thousands)	2014	2013
Unrestricted revenue and other support		
Net patient service revenue	$ 1,152,804	$ 1,093,884
Less Provision for bad debts	(32,800)	(31,376)
Net Patient service revenue after provision for bad debt	1,120,004	1,062,508
Enhanced Medicaid Graduate Medical Education revenues-Hospital	11,461	18,582
Enhanced Medicaid Graduate Medical Education revenues-Professional	18,818	48,639
Net patient service revenue after provision for bad debts and enhanced Medicaid Graduate Medical Education	1,150,283	1,129,729
Premium revenue	12,507	12,792
Other revenue	65,757	55,245
Total unrestricted revenue and other support	1,228,547	1,197,766
Expenses		
Salaries, payroll taxes, and fringe benefits	730,166	700,421
Supplies and other	309,903	325,428
Purchased services	56,564	54,009
Depreciation and amortization	57,776	55,977
Interest expense	17,519	18,384
Total expenses	1,171,928	1,154,219
Income from operations	56,619	43,547
Nonoperating gains (losses)		
Investment income	11,233	34,744
Loss on interest rate swap contracts	(1,423)	5,621
Loss on extinguishment of debt	-	(1,142)
Other	(2,409)	7,623
Total nonoperating gains	7,401	46,846
Excess of revenue over expenses	64,020	90,393
Net change in unrealized losses on investments	15,823	(21,827)
Assets released from restrictions for capital purchases	937	1,461
Pension related adjustments	(6,312)	29,788
Other adjustments	(476)	-
Increase in unrestricted net assets	$ 73,992	$ 99,815

Fletcher Allen Obligated Group
Obligated Group Statements of Changes in Net Assets
Years Ended September 30, 2014 and 2013

(in thousands)	2014	2013
Unrestricted net assets		
Excess of revenues over expenses	$ 64,020	$ 90,393
Net change in unrealized losses on investments	15,823	(21,827)
Assets released from restrictions for capital purchases	937	1,461
Pension-related adjustments	(6,312)	29,788
Other adjustments	(476)	-
Increase in unrestricted net assets	73,992	99,815
Temporarily restricted net assets		
Gifts, grants, and bequests	7,288	4,041
Investment income	139	192
Net unrealized gains (losses) on investments	(281)	1,197
Net realized gains on investments	3,147	1,512
Net assets released from restrictions used in operations	(2,372)	(2,209)
Net assets released from restrictions used for nonoperating purposes	(188)	(1,150)
Net assets released from restrictions used for capital purchases	(937)	(1,461)
Transfer of net assets	(327)	(29)
Increase in temporarily restricted net assets	6,469	2,093
Permanently restricted net assets		
Gifts, grants, and bequests	55	75
Change in beneficial interest in perpetual trusts	1,216	506
Transfer of net assets	327	29
Increase (decrease) in permanently restricted net assets	1,598	610
Increase in net assets	82,059	102,518
Net assets		
Beginning of year	659,357	556,839
End of year	$ 741,416	$ 659,357

Fletcher Allen Obligated Group
Consolidating Balance Sheet
September 30, 2014

(in thousands)	Central Vermont Hospital and Medical Group Practice	Woodridge Rehabilitation and Nursing	Total CVMC	FAHC (Hospital)	Obligated Group Eliminations	Total Fletcher Allen Obligated Group	Community Providers, Inc	Other Entities	Eliminations	Total Fletcher Allen Partners
Assets										
Current assets										
Cash and cash equivalents	$ 5,993	$ 1,302	$ 7,295	$ 212,890	$ -	$ 220,185	$ 27,998	$ 20,033	$ -	$ 268,216
Patient accounts receivable, net	14,333	1,580	15,913	124,712	-	140,625	59,374	2,183	-	202,182
Due from related parties	-	-	-	32,337	(1,510)	30,827	147	2,230	(33,204)	-
Inventories	2,850	-	2,850	21,972	-	24,822	4,944	-	-	29,766
Receivables from third-party payors	-	-	-	4,329	-	4,329	-	-	-	4,329
Current portion of assets whose use is limited or restricted	-	-	-	-	-	-	1,000	26,876	-	27,876
Prepaid, other current assets, and short-term investments	3,280	-	3,280	15,392	-	18,672	9,020	9,495	-	37,187
Total current assets	26,456	2,882	29,338	411,632	(1,510)	439,460	102,483	60,817	(33,204)	569,556
Assets whose use is limited or restricted										
Board-designated assets	38,105	6,897	45,002	283,289	-	328,291	20,765	(2)	-	349,054
Assets held by trustee under bond indenture agreements	-	-	-	26,454	-	26,454	1,951	-	-	28,405
Restricted assets	-	-	-	732	-	732	13,811	13,879	-	28,422
Donor-restricted assets for specific purposes	6,230	-	6,230	26,636	-	32,866	672	-	-	33,538
Donor-restricted assets for permanent endowment	3,547	-	3,547	27,826	-	31,373	-	-	-	31,373
Total assets whose use is limited or restricted	47,882	6,897	54,779	364,937	-	419,716	37,199	13,877	-	470,792
Property and equipment, net	66,140	3,931	70,071	409,366	-	479,437	119,544	992	-	599,973
Other assets										
Deferred financing costs, net	-	-	-	11,063	-	11,063	-	-	-	11,063
Long Term Investments	-	-	-	-	-	-	4,222	-	-	4,222
Notes receivable and other assets	1,539	-	1,539	4,879	-	6,418	4,082	250	-	10,750
Investment in affiliated companies	-	-	-	25,658	-	25,658	-	4,918	(25,100)	5,476
Pledges receivable	10	-	10	354	-	364	656	-	-	1,020
Total other assets	1,549	-	1,549	41,954	-	43,503	8,960	5,168	(25,100)	32,531
Total assets	$ 142,027	$ 13,710	$ 155,737	$ 1,227,889	$ (1,510)	$ 1,382,116	$ 268,186	$ 80,854	$ (58,304)	$ 1,672,852

Fletcher Allen Obligated Group
Consolidating Balance Sheet
September 30, 2014

(in thousands)	Central Vermont Hospital and Medical Group Practice	Woodridge Rehabilitation and Nursing	Total CVMC	FAHC (Hospital)	Obligated Group Eliminations	Total Fletcher Allen Obligated Group	Community Providers, Inc	Other Entities	Eliminations	Total Fletcher Allen Partners
Liabilities and Net Assets										
Current liabilities										
Current installments of long-term debt	$ 2,084	$ 500	$ 2,584	$ 11,146	$ -	$ 13,730	$ 14,503	$ -	$ -	$ 28,233
Accounts payable	4,510	-	4,510	19,857	-	24,367	11,308	711	-	36,386
Accrued expenses and other liabilities	1,499	330	1,829	56,730	9	58,568	1,564	1,107	(776)	60,463
Accrued payroll and related benefits	8,125	616	8,741	70,647	-	79,388	17,148	120	(437)	96,219
Third-party payer settlements	2,685	-	2,685	10,392	-	13,077	3,364	-	-	16,441
Due to related parties	1,519	-	1,519	-	(1,519)	-	7,400	25,702	(33,102)	-
Incurred but not reported claims	-	-	-	11,490	-	11,490	1,275	11,308	-	24,073
Total current liabilities	20,422	1,446	21,868	180,262	(1,510)	200,620	56,562	38,948	(34,315)	261,815
Long-term debt, net of current installments	15,535	3,274	18,809	366,045	-	384,854	65,260	-	-	450,114
Malpractice and workers' compensation claims	1,827	-	1,827	-	-	1,827	13,821	16,811	-	32,459
Pension and other postretirement benefit obligations	24,820	-	24,820	13,456	-	38,276	32,387	-	-	70,663
Other	995	-	995	14,128	-	15,123	15,298	250	-	30,671
Total liabilities	63,599	4,720	68,319	573,891	(1,510)	640,700	183,328	56,009	(34,315)	845,722
Net assets										
Unrestricted	68,651	8,990	77,641	596,601	-	674,242	80,165	7,755	(6,899)	755,263
Temporarily restricted	6,230	-	6,230	29,571	-	35,801	3,072	-	-	38,873
Permanently restricted	3,547	-	3,547	27,826	-	31,373	1,621	17,090	(17,090)	32,994
Total net assets	78,428	8,990	87,418	653,998	-	741,416	84,858	24,845	(23,989)	827,130
Total liabilities and net assets	$ 142,027	$ 13,710	$ 155,737	$ 1,227,889	$ (1,510)	$ 1,382,116	$ 268,186	$ 80,854	$ (58,304)	$ 1,672,852

Fletcher Allen Obligated Group
Consolidating Statement of Operations
Year Ended September 30, 2014

(in thousands)	Central Vermont Hospital and Medical Group Practice	Woodridge Rehabilitation and Nursing	Total CVMC	FAHC (Hospital)	Obligated Group Eliminations	Total Fletcher Allen Obligated Group	Community Providers Inc	Other Entities	Eliminations	Total Fletcher Allen Partners
Unrestricted revenue and other support										
Net patient service revenue	$ 144 316	$ 14 786	$ 159 102	$ 993 702	$ -	$ 1 152 804	$ 317 026	$ 1 866	$ (16 543)	$ 1 455 153
Less Provision for bad debt	(5 793)	(289)	(6 082)	(26 718)	-	(32 800)	(9 607)	21	-	(42 386)
Net patient service revenue after provision for bad debts	138 523	14 497	153 020	966 984	-	1 120 004	307 419	1 887	(16 543)	1 412 767
Enhanced Medicaid Graduate Medical Education revenues - Hospital	-	-	-	11 461	-	11 461	-	-	-	11 461
Enhanced Medicaid Graduate Medical Education revenues - Professional	-	-	-	18 818	-	18 818	-	-	-	18 818
Net patient service revenue after provision for bad debts and enhanced Graduate Medical Education revenues	138 523	14 497	153 020	997 263	-	1 150 283	307 419	1 887	(16 543)	1 443 046
Premium revenue	2 197	-	2 197	10 310	-	12 507	-	30 445	(27)	42 925
Other revenue	8 386	236	8 622	58 054	(919)	65 757	13 923	12 376	(10 476)	81 580
Total unrestricted revenue and other support	149 106	14 733	163 839	1 065 627	(919)	1 228 547	321 342	44 708	(27 046)	1 567 551
Expenses										
Salary payroll taxes and fringe benefits	96 532	11 220	107 752	622 414	-	730 166	194 249	5 039	105	929 559
Supplies and other	28 727	3 224	31 951	278 389	(437)	309 903	99 570	428	(10 521)	399 380
Purchased services	8 297	408	8 705	48 341	(482)	56 564	-	1 997	(60)	58 501
Depreciation and amortization	8 687	694	9 381	48 395	-	57 776	18 592	286	-	76 654
Interest expense	1 030	146	1 176	16 343	-	17 519	3 665	-	-	21 184
Underwriting expenses	-	-	-	-	-	-	-	9 902	-	9 902
Medical claims	-	-	-	-	-	-	-	28 920	(16 570)	12 350
Total expenses	143 273	15 692	158 965	1 013 882	(919)	1 171 928	316 076	46 572	(27 046)	1 507 530
Income (loss) from operations	5 833	(959)	4 874	51 745	-	56 619	5 266	(1 864)	-	60 021
Nonoperating gains (losses)										
Investment income	803	115	918	10 315	-	11 233	3 088	956	-	15 277
Change in fair value of interest rate swap agreements	-	-	-	(1 423)	-	(1 423)	(635)	-	-	(2 058)
Loss on extinguishment of debt	-	-	-	-	-	-	-	-	-	-
Contribution revenue from acquisition	-	-	-	-	-	-	-	-	-	-
Other	2 784	46	2 830	(5 239)	-	(2 409)	2 055	2 543	-	2 189
Total nonoperating gains	3 587	161	3 748	3 653	-	7 401	4 508	3 499	-	15 408
Excess (deficit) of revenue over expenses	9 420	(798)	8 622	55 398	-	64 020	9 774	1 635	-	75 429
Net increase (decrease) in unrealized gains on investments	1 311	32	1 343	14 480	-	15 823	(406)	-	-	15 417
Net assets released from restrictions for capital purchases	650	-	650	287	-	937	2 344	-	-	3 281
Pension related adjustments	(5 678)	-	(5 678)	(634)	-	(6 312)	(12 926)	-	-	(19 238)
Other adjustments	-	-	-	(476)	-	(476)	(858)			(1 334)
Increase (decrease) in unrestricted net assets	$ 5 703	$ (766)	$ 4 937	$ 69 055	$ -	$ 73 992	$ (2 072)	$ 1 635	$ -	$ 73 555