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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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

C Name of organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

Doing business as

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

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 $ 1,553,990,603

F Name and address of principal officer
STEPHEN M LEFFLER
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 COMMUNITIES 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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	8,412
6	Total number of volunteers (estimate if necessary)	**6**	742
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	126,757
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,087,521	9,835,116
9	Program service revenue (Part VIII, line 2g)	1,258,237,129	1,400,109,690
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,492,775	23,024,649
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	779,943	630,956
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,319,597,368	1,433,600,411
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,147,207	2,136,248
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)	736,307,511	784,784,478
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,641,671		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	447,342,540	573,692,393
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,192,797,258	1,360,613,119
19	Revenue less expenses Subtract line 18 from line 12	126,800,110	72,987,292

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,580,807,001	1,676,785,691
21	Total liabilities (Part X, line 26)	687,181,192	705,751,679
22	Net assets or fund balances Subtract line 21 from line 20	893,625,809	971,034,012

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: 2019-08-14

RICHARD VINCENT SVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PAUL J TANIS	Preparer's signature: PAUL J TANIS	Date	Check ☐ if self-employed — PTIN: P01441612
Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324
Firm's address ▶ 101 SEAPORT BLVD BOSTON, MA 02210			Phone no (617) 530-5000

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 $ 347,561,624 including grants of $ 676,860) (Revenue $ 443,617,969)
See Additional Data

4b (Code) (Expenses $ 497,380,615 including grants of $ 968,625) (Revenue $ 634,842,753)
See Additional Data

4c (Code) (Expenses $ 252,002,501 including grants of $ 490,763) (Revenue $ 321,648,968)
See Additional Data

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

4e **Total program service expenses** ▶ 1,096,944,740

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	Yes	
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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 "Yes," 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**		No
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**	537		
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**	8,412		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **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	19		
	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	16		
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 , VT

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, address, and telephone number of the person who possesses the organization's books and records ▶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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								15,423,792	595,399	1,488,671

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 ▶ 569

			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**	Yes	
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
THE WHITING-TURNER CONTRACTING COMPANY PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	45,134,079
CROSS COUNTRY STAFFING INC PO BOX 404674 ATLANTA, GA 303844674	TRAVELING NURSING SERVICES	15,607,425
CUMBERLAND CONSULTING GROUP LLC 720 COOL SPRINGS BLVD FRANKLIN, TN 37067	HEALTHCARE CONSULTING SERVICES	10,362,093
FARRINGTON CONSTRUCTION CO 4788 SPEAR STREET SHELBURNE, VT 05482	CONSTRUCTION	4,198,745
MAYO MEDICAL LABORATORIES INC PO BOX 9146 MINNEAPOLIS, MN 554809146	LABORATORY SERVICES	2,806,951

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 ▶ 181

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 815,732			
	d Related organizations	1d 211,268			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,808,116			
	g Noncash contributions included in lines 1a-1f $ 3,350,434				
	h Total. Add lines 1a-1f . . . . . ▶	9,835,116			
Program Service Revenue		Business Code			
	2a PATIENT SERVICES	900099	1,136,263,674	1,136,263,674	
	b ~~FIXED PROSPECTIVE PAYMENTS~~	900099	116,287,643	116,287,643	
	c ~~PATIENT SERVICES - PHARMACY~~	446110	74,116,798	74,116,798	
	d ~~ALL OTHER PROGRAM SERVICES~~	900099	59,890,635	59,890,635	
	e ~~INSTITUTIONAL SERVICES REVENUE~~	900099	7,046,995	7,046,995	
	f All other program service revenue		6,503,945	6,503,945	
	g Total. Add lines 2a–2f . . . . ▶	1,400,109,690			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	15,851,476		126,757	15,724,719
	4 Income from investment of tax-exempt bond proceeds ▶	192,996			192,996
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	1,110,515			
	b Less rental expenses	557,262			
	c Rental income or (loss)	553,253			
	d Net rental income or (loss) . . . . . ▶	553,253			553,253
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	124,158,076	2,273,665		
	b Less cost or other basis and sales expenses	117,797,932	1,653,632		
	c Gain or (loss)	6,360,144	620,033		
	d Net gain or (loss) . . . . . ▶	6,980,177			6,980,177
	8a Gross income from fundraising events (not including $ 815,732 of contributions reported on line 1c) See Part IV, line 18 . . . . a	137,030			
	b Less direct expenses . . . b	381,366			
	c Net income or (loss) from fundraising events . . ▶	-244,336			-244,336
	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 . . ▶				
	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 . . ▶				
	Miscellaneous Revenue	Business Code			
	11a ARBITRAGE REBATE	900099	322,039		322,039
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	322,039			
	12 Total revenue. See Instructions . . . . . ▶	1,433,600,411	1,400,109,690	126,757	23,528,848

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,803,109	1,803,109		
2 Grants and other assistance to domestic individuals See Part IV, line 22	333,139	333,139		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	15,575,955		15,575,955	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	18,088	18,088		
7 Other salaries and wages	598,719,528	499,985,555	97,617,093	1,116,880
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,556,068	36,165,049	4,328,463	62,556
9 Other employee benefits	91,529,626	75,448,363	15,853,599	227,664
10 Payroll taxes	38,385,213	33,243,060	5,075,313	66,840
11 Fees for services (non-employees)				
a Management				
b Legal	4,003,862		4,003,862	
c Accounting	1,049,658		1,049,658	
d Lobbying	72,000		72,000	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	964,833		964,833	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,914,375	32,722,690	33,998,963	1,192,722
12 Advertising and promotion	1,358,682	13,755	1,344,927	
13 Office expenses	216,133,961	208,665,013	7,395,173	73,775
14 Information technology	28,098,175	1,654,159	26,444,002	14
15 Royalties				
16 Occupancy	23,090,359	15,225,870	7,645,445	219,044
17 Travel	4,758,267	1,971,224	2,734,885	52,158
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,445,621	5,276,085	163,569	5,967
20 Interest	13,668,325	10,125,779	3,539,577	2,969
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,241,703	37,971,195	11,259,875	10,633
23 Insurance	16,894,267	15,248,474	1,623,621	22,172
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 PROVIDER TAX	69,819,963	69,819,963		
b AFFILIATION COMMITMENT	16,354,681	16,354,681	0	0
c CONTRACT MAINTENANCE	15,564,602	10,981,925	4,579,862	2,815
d ACADEMIC SUPPORT PAYMEN	14,094,364	5,119,698	8,974,666	
e All other expenses	25,164,695	18,797,866	4,781,367	1,585,462
25 **Total functional expenses.** Add lines 1 through 24e	1,360,613,119	1,096,944,740	259,026,708	4,641,671
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	47,288,788	1	1,069,737
	2	Savings and temporary cash investments	117,117,747	2	159,307,965
	3	Pledges and grants receivable, net	4,517,909	3	4,798,255
	4	Accounts receivable, net	155,876,730	4	178,766,185
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	17,576,706	7	21,528,121
	8	Inventories for sale or use	26,344,361	8	29,746,764
	9	Prepaid expenses and deferred charges	25,602,156	9	27,015,215
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,253,915,068			
	b	Less accumulated depreciation — 10b: 669,198,065	496,895,665	10c	584,717,003
	11	Investments—publicly traded securities	593,566,996	11	
	12	Investments—other securities See Part IV, line 11		12	613,999,002
	13	Investments—program-related See Part IV, line 11	38,668,611	13	43,231,979
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	57,351,332	15	12,605,465
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,580,807,001	16	1,676,785,691
Liabilities	17	Accounts payable and accrued expenses	155,913,165	17	169,194,737
	18	Grants payable	6,421,967	18	6,259,830
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	352,589,120	20	358,702,500
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	138,639,365	23	132,419,823
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	33,617,575	25	39,174,789
	26	**Total liabilities.** Add lines 17 through 25	687,181,192	26	705,751,679
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	823,710,374	27	895,731,915
	28	Temporarily restricted net assets	40,282,077	28	44,932,538
	29	Permanently restricted net assets	29,633,358	29	30,369,559
		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	893,625,809	33	971,034,012
	34	Total liabilities and net assets/fund balances	1,580,807,001	34	1,676,785,691

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	1,433,600,411
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,360,613,119
3	Revenue less expenses Subtract line 2 from line 1	3	72,987,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	893,625,809
5	Net unrealized gains (losses) on investments	5	6,256,276
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	-1,835,365
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	971,034,012

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

Form 990 (2017)

Form 990, Part III, Line 4a:

INPATIENT SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

Form 990, Part III, Line 4b:

OUTPATIENT SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

Form 990, Part III, Line 4c:

PROFESSIONAL SERVICES FOR MORE INFORMATION, SEE SCHEDULE O

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 CEO	8 00 42 00	X		X				1,813,087	0	213,890
KATHLEEN SCOTTIE EMERY-GINN CHAIR (TILL 1/18)TRUSTEE	2 00 2 00	X		X				0	0	0
DR PAUL DANIELSON TRUSTEE (TIL 12/17)	2 00 2 00	X						0	0	0
TIMOTHY DAVIS SECRETARY	2 00 2 00	X		X				0	0	0
DR FREDERICK C MORIN III TRUSTEE (TIL 9/18)	2 00 2 00	X						0	0	0
JOHN NEUHAUSER PHD TRUSTEE	2 00 0 00	X						0	0	0
PATRICIA PRELOCK PHD TRUSTEE	2 00 0 00	X						0	0	0
ALLIE STICKNEY VICE CHR(TIL 12/17) CHR(AS OF 1/18)	2 00 2 00	X		X				0	0	0
PATRICIA DONEHOWER TRUSTEE/VICE CHAIR (AS OF 1/18)	2 00 0 00	X		X				0	0	0
DR VIRGINIA HOOD TRUSTEE	2 00 33 00	X						0	153,668	19,394

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 MARTIN LEWINTER TRUSTEE	2 00 33 00	X						0	105,731	20,289
GRETCHEN MORSE TRUSTEE	2 00 2 00	X						0	0	0
DR RUTH UPHOLD TRUSTEE (TIL 12/17)	2 00 0 00	X						0	0	0
JOHN DWYER TRUSTEE	2 00 0 00	X						0	0	0
JAMES FOSTER TRUSTEE	2 00 1 00	X						0	0	0
KERIN STACKPOLE TRUSTEE	2 00 0 00	X						0	0	0
THOMAS LITTLE TRUSTEE	2 00 0 00	X						0	0	0
JOHN EVANS PHD TRUSTEE (AS OF 1/18)	2 00 0 00	X						0	0	0
DR JOSEPH HAGAN TRUSTEE (AS OF 1/18)	2 00 0 00	X						0	0	0
GLEN WRIGHT TRUSTEE	2 00 0 00	X						0	0	0

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			
RICHARD J VINCENT SVP/CFO	48 00 2 00			X				558,103	0	50,605
EILEEN WHALEN PRESIDENT AND COO	44 00 6 00			X				1,032,809	0	45,462
DR HOWARD M SCHAPIRO NETWORK CHIEF CLIN INTEGRA	10 00 40 00				X			696,608	0	55,784
SPENCER KNAPP NETWORK GENERAL COUNSEL	8 00 42 00				X			691,159	0	45,083
DR CLAUDE DESCHAMPS PRES/CEO OF UVMHN MG	10 00 40 00				X			672,588	0	30,275
TODD KEATING NETWORK CFO	8 00 42 00				X			925,390	0	28,597
THERESA ALBERGHINI DIPALMA NETWORK SVP EXTERNAL RELAT	13 00 37 00				X			535,316	0	46,270
KEVIN P MCATEER CHIEF DEVELOPMENT OFFICER	25 00 25 00				X			400,438	0	41,408
DOUGLAS A GENTILE NETWORK CHIEF MEDICAL INFO	25 00 25 00				X			470,685	0	45,988
LISA L GOODRICH VP MEDICAL GROUP OPERATION	50 00 0 00				X			408,917	0	49,998

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			
ANNA T NOONAN NETWORK VP QUALITY & OP EF	0 00 50 00				X			191,724	282,587	73,067
MARC STANISLAS NETWORK VP TREASURY &FINAN	13 00 37 00				X			344,522	0	47,605
CHARLES M MICELI NETWORK CHIEF SUPPLY CHAIN	13 00 37 00				X			353,473	0	48,219
LAURIE A GUNN VP HUMAN RESOURCES	50 00 0 00				X			408,627	0	49,877
JOHN GRIECO NETWORK CTO AND VP	8 00 42 00				X			365,203	0	35,169
JERALD NOVAK NETWORK CHIEF PEOPLE OFFICER	8 00 42 00				X			415,661	0	21,215
JEFFREY WASSERMAN EXECUTIVE DIRECTOR UVMHN MG	5 00 45 00				X			487,617	0	46,358
DAWN LEBARON VP HOSPITAL SERVICES	50 00 0 00				X			343,445	0	35,429
ADAM P BUCKLEY NETWORK CIO	13 00 37 00				X			667,962	0	45,337
DR STEPHEN M LEFFLER NETWORK SVP CQO/CPHO	22 00 28 00				X			766,705	0	50,035

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			
TODD B MOORE SVP ACCOUNTABLE CARE & REV	0 00 50 00				X			612,424	0	49,958
MARY KATE FITZPATRICK CHIEF NURSING OFFICER	50 00 0 00				X			472,593	0	37,833
CHRISTINA OLIVER VP CLINICAL SERVICES	50 00 0 00					X		326,186	0	49,645
DR ERIN M TSAI PHYSICIAN RADIOLOGY	0 00 45 00					X		340,077	53,413	33,089
DR ANDRE B GILBERT PHYSICIAN ANESTHESIA	45 00 0 00					X		305,359	0	43,886
DR RICHARD B WATSON PHYSICIAN ANESTHESIA	45 00 0 00					X		305,435	0	49,022
RAY KELLER DIRECTOR MEDICAL INFORMATICS	40 00 0 00					X		295,661	0	25,875
JULIE MORSE VP NURSING	50 00 0 00						X	216,018	0	54,009

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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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 03-0219309

Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227004279

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and 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" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE UNIVERSITY OF VERMONT MEDICAL CENTER	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
2					
3					
4					
5					
6					

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		1,134
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		125,763
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		197,903
j	Total Add lines 1c through 1i			324,800
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, lines 1 and 2 (see instructions), 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 AND OTHERS TO ADVOCATE ON PARTICULAR ISSUES STAFF EXPENDITURES ASSOCIATED WITH THESE ACTIVITIES ARE REPORTED TO THE STATE SEVERAL 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, THE CHILDREN'S HOSPITAL ASSOCIATION, THE VERMONT ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS, HEALTHCARE ASSOCIATION OF NEW YORK STATE, LAKE CHAMPLAIN REGIONAL CHAMBER OF COMMERCE, AND THE VT CHAMBER OF COMMERCE) THAT IN TURN HAVE LOBBYING ACTIVITIES THE PORTION OF DUES ASSOCIATED WITH THOSE LOBBYING ACTIVITIES IS REPORTED ON LINE I, AS IS THE PORTION OF LOBBYING COSTS INCLUDED IN DUES FOR INDIVIDUAL PHYSICIAN MEMBERSHIPS IN THE VERMONT MEDICAL SOCIETY ALONG WITH FEES PAID TO THE LOBBYING FIRM OF NECRASON
SCHEDULE C, PART II-B, LINE 1D	THE ORGANIZATION ALSO OCCASIONALLY PERFORMS MAILINGS TO MEMBERS, LEGISLATORS, AND THE PUBLIC

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

Employer identification number
03-0219309

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

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	36,335,521	33,195,064	32,294,841	31,123,368	29,313,869
b Contributions	214,155	280,146	394,821	1,336,464	116,616
c Net investment earnings, gains, and losses	3,203,413	3,368,944	1,703,483	429,034	2,340,710
d Grants or scholarships					
e Other expenditures for facilities and programs	1,391,822	508,633	1,198,081	594,025	647,827
f Administrative expenses					
g End of year balance	38,361,267	36,335,521	33,195,064	32,294,841	31,123,368

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 ▶ 47 800 %
- c Temporarily restricted endowment ▶ 52 200 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,638,851		24,638,851
b Buildings		628,879,944	307,883,102	320,996,842
c Leasehold improvements		61,760,321	43,836,104	17,924,217
d Equipment		375,747,874	307,652,587	68,095,287
e Other		162,888,078	9,826,272	153,061,806
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				584,717,003

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN HEALTH NETWORK INVESTMENT POOL	613,999,002	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	613,999,002	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED 3RD PARTY SETTLEMENT	18,096,920
SWAP LIABILITY	7,991,123
ASSET RETIREMENT OBLIGATION	1,883,240
POST RETIREMENT HEALTH BENEFIT	4,246,884
ESTIMATED CLAIMS	6,956,622
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	39,174,789

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' on Form 990, Part IV, line 12a.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC IS INCLUDED IN THE CONSOLIDATED FINANCIAL S TATEMENTS FOR THE UNIVERSITY OF VERMONT HEALTH NETWORK ("UVM HEALTH NETWORK") THE FINANCI AL STATEMENT FOOTNOTE STATES UVM HEALTH NETWORK ACCOUNTS FOR RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) 740 INCOME TAXES, WHICH ADDRESSES HOW TO ACCOUNT FOR AND REPORT THE EFFECTS OF TAXES BASED ON INCOME NO PROVISION FOR UNCERTAIN TAX POSITIONS IS RECORDED IN THE ACCOMPANYING CONSOLIDA TED FINANCIAL STATEMENTS

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			49,386,530
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			49,386,530

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 separately 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, do not file with Form 990)*	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

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).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 03-0219309

Name: THE UNIVERSITY OF VERMONT MEDICAL CENTER

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SELF INSURANCE	11,005,081
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		38,381,449

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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" on 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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

Employer identification number
03-0219309

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of 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" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue		(a) Event #1 BIG CHANGE ROUNDUP (event type)	(b) Event #2 GALA (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	364,042	588,720		952,762
	2 Less Contributions	358,807	456,925		815,732
	3 Gross income (line 1 minus line 2)	5,235	131,795		137,030
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	0		
	6 Rent/facility costs	0	55,853		55,853
	7 Food and beverages	0	102,508		102,508
	8 Entertainment	0	146,309		146,309
	9 Other direct expenses	0	76,696		76,696
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				381,366
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-244,336

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter 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 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: 93493227004279

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's 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	Yes	
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		No
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)			13,211,804	1,032,578	12,179,226	0 900 %
b Medicaid (from Worksheet 3, column a)		45,517	243,577,134	103,261,060	140,316,074	10 310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		2,284	11,048,575	6,353,425	4,695,150	0 350 %
d **Total** Financial Assistance and Means-Tested Government Programs		47,801	267,837,513	110,647,063	157,190,450	11 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,442,419		4,442,419	0 330 %
f Health professions education (from Worksheet 5)			82,825,684	39,638,875	43,186,809	3 170 %
g Subsidized health services (from Worksheet 6)			29,855,159	26,024,137	3,831,022	0 280 %
h Research (from Worksheet 7)			113,329	175,581	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,178,137		2,178,137	0 160 %
j **Total.** Other Benefits			119,414,728	65,838,593	53,638,387	3 940 %
k **Total.** Add lines 7d and 7j		47,801	387,252,241	176,485,656	210,828,837	15 500 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

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	29,823,649		
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	791,276		
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	253,931,207		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	310,881,941		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-56,950,734		
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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 letter of facility reporting group UNIVERSITY OF VERMONT MEDICAL CENTER

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTPS //WWW UVMHEALTH ORG/MEDCENTER/DOCUMENTS/ABOUT-US/CHNA PDF			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW UVMHEALTH ORG/MEDCENTER/DOCUMENTS/ABOUT-US/IMPLEMENTATION-STRATEGY PDF			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

UNIVERSITY OF VERMONT MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) HTTPS //UVMHEALTH ORG/MEDCENTER/PAGES/PATIENTS-AND-VISITORS/BILLING-INSURAN			
b	☑ The FAP application form was widely available on a website (list url) HTTPS //UVMHEALTH ORG/MEDCENTER/DOCUMENTS/PFAP_APPLICATION_REVISED_MAR_9_20			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTPS //WWW UVMHEALTH ORG/MEDCENTER/DOCUMENTS/PFAP_SUMMARY_052015 PDF			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

UNIVERSITY OF VERMONT MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	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 Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

UNIVERSITY OF VERMONT MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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	1 - UVM MEDICAL CENTER DIALYSIS S BURLINGTON 35 JOY DRIVE SOUTH BURLINGTON, VT 05403	DIALYSIS
2	2 - UVM MEDICAL CENTER DIALYSIS RUTLAND 160 ALLEN STREET RUTLAND, VT 05701	DIALYSIS
3	3 - UVM MEDICAL CENTER DIALYSIS BERLIN 130 FISHER ROAD BERLIN, VT 05602	DIALYSIS
4	4 - UVM MEDICAL CENTER DIALYSIS ST ALBANS 7-8 CREST ROAD ST ALBANS, VT 05478	DIALYSIS
5	5 - UVM MEDICAL CENTER DIALYSIS BURLINGTON 111 COLCHESTER AVE BURLINGTON, VT 05401	DIALYSIS
6	6 - UVM MEDICAL CENTER DIALYSIS NEWPORT 189 PROUTY DRIVE 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 VERMONT MEDICAID ASSISTANCE RESOURCE MAXIMUM-HOUSEHOLD, PUBLISHED BY THE VERMONT DEPARTMENT OF CHILDREN & FAMILIES WHEN ASSETS EXCEED 400%, THE APPLICATION IS DENIED IF THEY DO NOT EXCEED, ASSISTANCE IS GRANTED BASED UPON THE PATIENT'S INCOME FPLG
PART I, LN 7 COL(F)	THE PROVISION FOR BAD DEBT INCLUDED ON FORM 990, PART IX, LINE 25 BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE AMOUNT REPORTED ON LINE 7(F) IS $0 ALL PATIENT RELATED BAD DEBT IS SHOWN AS A DEDUCTION FROM PATIENT REVENUE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	UVM MEDICAL CENTER UTILIZED THE AXIOM 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 THE UNIVERSITY OF VERMONT MEDICAL CENTER'S ANNUAL MEDICAID PROVIDER TAX IS 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
PART III, LINE 2	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 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 $791,296 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 10/1/17-9/30/18 FOR "SELF-PAY AND COLLECTION ACCOUNTS WAS EXTRACTED FROM THE BILLING SYSTEM UVM MEDICAL CENTER ATTEMPTS TO ENSURE THAT CONSPICUOUS DISPLAY OF OUR FINANCIAL ASSISTANCE POLICY APPEARS THROUGHOUT OUR FACILITY
PART III, LINE 4	THE ORGANIZATION'S BAD DEBT EXPENSE IS ADDRESSED ON PAGES 46-47, IN FOOTNOTE 19 OF ITS MOST RECENT AUDITED FINANCIAL STATEMENTS

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Form and Line Reference	Explanation
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 9/30/18 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
PART III, LINE 9B	THE UVM MEDICAL CENTER CREDIT AND COLLECTIONS POLICY IS DETACHED IN TERMS OF WHETHER PATIENTS QUALIFY FOR ASSISTANCE INVOICES OF PATIENTS WHO DO QUALIFY OR ARE KNOWN TO QUALIFY WILL NOT AGE TO COLLECTIONS BALANCES THAT REMAIN UNPAID AFTER THE APPROPRIATE DISCOUNT HAS BEEN ADJUSTED WILL AGE TO COLLECTIONS AN EXTENSION OF UP TO 120 DAYS CAN BE GRANTED IN THE COLLECTION AGENCY WINDOW WHEN PATIENTS APPLY AND ARE APPROVED FOR ASSISTANCE WITHIN THE APPLICATION WINDOW THE COLLECTION PROCESS IN PLACE AT UVM MEDICAL CENTER INCLUDES GENERATION OF MONTHLY STATEMENTS, FOLLOWED BY A PRE-COLLECTION LETTER OVER THE COURSE OF 120 DAYS IN THE CASE OF UNDELIVERABLE MAIL, EFFORTS WILL BE MADE TO REACH THE PATIENT BY TELEPHONE IF A NEW BILLING ADDRESS IS OBTAINED, THE 120 DAY WINDOW WILL BEGIN AGAIN IF NO CONTACT CAN BE MADE AND PAYMENT IS NOT RECEIVED WITHIN THE REVISED 120 DAY WINDOW, THE ACCOUNT WILL BE REFERRED TO A COLLECTION AGENCY IF CONTACT IS MADE, THE PATIENT WILL BE OFFERED A BUDGET PLAN ALL STATEMENTS, LETTERS AND CONTACT WILL INCLUDE THE FACT THAT FINANCIAL ASSISTANCE IS AVAILABLE

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Form and Line Reference	Explanation
SCHEDULE H PART V	IN ADDITION TO THE FACILITIES OPERATED BY THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC (UVM MEDICAL CENTER) LISTED IN SECTION A AND SECTION D, UVM MEDICAL CENTER OPERATES 30 ADDITIONAL CLINIC SITES AROUND ITS SERVICE AREA EACH OF THESE SITES IS COVERED UNDER THE UVM MEDICAL CENTER HOSPITAL LICENSE ALL LISTED OR NON-LISTED FACILITIES OPERATED BY UVM MEDICAL CENTER OR ITS SUBSIDIARIES FOLLOW ALL OF THE SAME POLICIES AND PROCEDURES AS THE UVM MEDICAL CENTER
PART VI, LINE 2	NEEDS ASSESSMENT UVM HEALTH NETWORK AND UVM MEDICAL CENTER WORK DILIGENTLY TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THE CREATION OF THE NETWORK STRATEGIC PLAN INCLUDES COMMUNITY AS ONE OF THREE PILLARS GATHERING INFORMATION FOR THIS PILLAR INVOLVES QUERYING KEY LEADERS AND BOARD MEMBERS OF EACH OF OUR ORGANIZATIONS REGARDING THE MOST PRESSING NEEDS THEY HAVE BECOME AWARE OF IN THE COURSE OF THEIR WORK INFORMATION MAY COME FROM CIRCUMSTANCES ENCOUNTERED, KNOWLEDGE OF THE STATE OF THE COMMUNITY, WORK WITH LOCAL AND STATE OFFICIALS, AND THE EFFORTS OF LOCAL AGENCIES, TO NAME A FEW THE KNOWLEDGE GAINED FROM THIS PROCESS IS USED TO CREATE THE NETWORK'S STRATEGIC PLAN WHICH THEN IS FURTHER REFINED FOR THE MEDICAL CENTER SPECIFICALLY THE STRATEGIC PLAN BECOMES THE BACKDROP AGAINST WHICH ALL WORK FOR THE NEXT YEAR IS ASSESSED

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Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE UVM MEDICAL CENTERUTILIZES A VARIETY OF METHODS TO INFORM, EDUCATE AND ASSIST PATIENTS INIDENTIFYING PAYMENT SOURCES, INCLUDING STATE / FEDERAL PROGRAMS AS WELLAS OUR PATIENT ASSISTANCE PROGRAM INFORM & EDUCATE PATIENT EDUCATION IS PROVIDED ACROSS THE CONTINUUM OF CARE PATIENTBENEFIT ADVISORS, FINANCIAL ADVOCATES, REGISTRARS, CASE MANAGERS, SOCIALWORKERS AND CUSTOMER SERVICE REPRESENTATIVES ACTIVELY INFORM AND EDUCATE PATIENTS ON THE PROGRAM, GUIDELINES, REQUIREMENTS FROM - PRE-ARRIVAL SCREENING/REGISTRATION TO POINT OF SALE EDUCATION ATREGISTRATION- AT THE BEDSIDE OF AN INPATIENT OR OBSERVATION PATIENT- AFTER DISCHARGE WITH CONTINUED FOLLOW-UP BY FINANCIAL ADVOCATES AND- DURING THE SELF-PAY BILLING FOLLOW-UP PROCESS PATIENTS ARE INFORMED OF THE PROGRAM, APPLICATIONS AND ASSISTANCE WITHCOMPLETION ARE PROVIDED WITH FINANCIAL ADVOCATES ALSO PROVIDING EDUCATIONAND ASSISTANCE FOR MEDICAID AND HEALTH INFORMATION EXCHANGE PROGRAMS,ALONG WITH ASSISTANCE IN APPLYING FOR THE UVM MEDICAL CENTER FINANCIALASSISTANCE PROGRAM PATIENTS ARE ROUTINELY REFERRED TO ADVOCATES ANDADVISORS IN ADVANCE OF SERVICE WITH ADVOCATES ACTIVELY ASSISTING PATIENTSWHO ARE ADMITTED TO THE ORGANIZATION URGENTLY OR EMERGENTLY POLICIES,SUMMARIES AND APPLICATIONS ARE AVAILABLE AT ALL REGISTRATION LOCATIONS,THEY ARE REFERENCED IN ALL INTERVIEW PROCESSES AND FURTHER AVAILABLE INTHE WAITING AREAS OUR ORGANIZATIONAL WEBSITES PROVIDE EDUCATION, APPLICATIONS, POLICIES, SUMMARIES, FAQ DOCUMENTS ALONG WITH CONTACTINFORMATION AS A PASSIVE MEANS OF COMMUNICATION IN ADDITION TO THE ACTIVEEDUCATION REFERENCED PREVIOUSLY OUR BILLING STATEMENTS REFLECTFINANCIAL ASSISTANCE HELP AND OUR COMMUNITY BENEFIT TEAM EDUCATE WITHINTHE COMMUNITY ON OUR PROGRAMS APPLICATIONS AND INFORMATION AREADDITIONALLY AVAILABLE IN THE LOCAL COMMUNITY HEALTH CENTERS ASSIST -ALL INPATIENT AND OUTPATIENT PROCEDURES ARE FINANCIALLY SCREENED TOIDENTIFY THE UNDERINSURED OR UNINSURED PATIENT POPULATION PRIOR TOSERVICE, CONCURRENT WITH SERVICE AND POST SERVICE, OUR PATIENT FINANCIALCOUNSELORS WILL CALL AND/OR MEET WITH PATIENTS AND FAMILIES TO EDUCATETHEM ON THE AVAILABLE PROGRAMS AND WHERE APPLICABLE, ASSIST IN THEAPPLICATION PROCESS THIS INCLUDES STATE AND FEDERAL AID APPLICATIONS ANDTHE UVM MEDICAL CENTER CHARITY APPLICATION PROCESS - OUR FINANCIAL COUNSELORS/ADVOCATES HAVE BEEN CERTIFIED AS ASSISTERS INTHE STATE OF VT AND WILL ADDITIONALLY AID PATIENTS IN THE APPLICATIONPROCESS FOR HEALTH EXCHANGE INSURANCE, MEDICAID AND THE FINANCIAL ASSISTANCE PROGRAMS COUNSELORS WILL ADDITIONALLY MEET WITH PATIENTS ATTHE BEDSIDE TO HELP COMPLETE THE APPLICATIONS, PROVIDE DETAILS ONSUPPORTING DOCUMENTATION NEEDS AND FACILITATE AND EXPEDITE THE REVIEWPROCESS 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
PART VI, LINE 4	COMMUNITY INFORMATION UVM MEDICAL CENTER IS BOTH A COMMUNITY HOSPITALAND, IN PARTNERSHIP WITH THE UNIVERSITY OF VERMONT, THE STATE'S ONLYACADEMIC MEDICAL CENTER IN ITS COMMUNITY HOSPITAL ROLE, UVM MEDICALCENTER SERVES APPROXIMATELY 168,000 RESIDENTS IN CHITTENDEN AND GRANDISLE COUNTIES AND PROVIDES PRIMARY CARE SERVICES AT ELEVEN VERMONT SITES THE ORGANIZATION ALSO OFFERS FREE TO THE COMMUNITY A WIDE RANGE OFHEALTH, PREVENTION AND WELLNESS PROGRAMS, ALL OF WHICH HELP TO LIMIT THENEED FOR MORE EXPENSIVE ACUTE CARE AS A REGIONAL REFERRAL CENTER, UVMMEDICAL CENTER PROVIDES ADVANCED-LEVEL CARE TO A POPULATION OFAPPROXIMATELY ONE MILLION PEOPLE THROUGHOUT VERMONT AND NORTHERN NEWYORK UVM MEDICAL CENTER EXTENDS BEYOND ITS FOUR MAIN CAMPUSES IN THEBURLINGTON AREA TO INCLUDE MORE THAN 30 PATIENT CARE SITES AND OVER 100OUTREACH CLINICS, PROGRAMS AND SERVICES THROUGHOUT THE REGION

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Form and Line Reference	Explanation
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 720 EMPLOYED PHYSICIANS AND 170 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
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 BECAME THE SOLE MEMBER OF COMMUNITY PROVIDERS, INC (CPI), THE SOLE MEMBER OF CENTRAL VERMONT PHYSICIANS HOSPITAL (CVPH), ELIZABETHTOWN COMMUNITY HOSPITAL (ECH) AND ALICE HYDE MEDICAL CENTER (AHMC) ON APRIL 1, 2017, UVM HEALTH NETWORK BECAME THE SOLE MEMBER OF PORTER MEDICAL CENTER, INC ON JANUARY 1, 2018 UVM HEALTH NETWORK ALSO BECAME THE SOLE MEMBER OF UVM HEALTH NETWORK HOME HEALTH & HOSPICE UVM HEALTH NETWORK IS CARRYING OUT CENTRALIZED ACTIVITIES FOR THE BENEFIT OF PATIENTS OF ALL 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, AND 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

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Form and Line Reference	Explanation
PART VI , LINE 7	THE UNIVERSITY OF VERMONT MEDICAL, 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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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**
1	UNIVERSITY OF VERMONT MEDICAL CENTER 111 COLCHESTER AVE BURLINGTON, VT 05401 WWW UVMHEALTH ORG 860	X	X	X	X		X	X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINES 5 AND 6B	UVM MEDICAL CENTER TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY WE SERVE IN MANY DIFFERENT WAYS THE 2016 ASSESSMENT WAS PLANNED IN COLLABORATION WITH THE FOLLOWING COMMUNITY PARTNERS CHITTENDEN COUNTY REGIONAL PLANNING COMMISSION, COMMUNITY HEALTH CENTERS OF VERMONT, HOWARD CENTER, ONECARE VERMONT, UNITED WAY OF NORTHEAST VERMONT, VERMONT DEPARTMENT OF HEALTH, AND THE VISITING NURSE ASSOCIATION OF CHITTENDEN AND GRAND ISLE COUNTIES A COMMUNITY SURVEY WAS ADMINISTERED ONLINE DURING THE TWO YEAR PERIOD PRIOR TO ITS PUBLICATION 1,556 SURVEYS WERE COMPLETED BY ADULT RESIDENTS OF CHITTENDEN AND GRAND ISLE COUNTIES PAPER SURVEYS WERE DISTRIBUTED WITH TRANSLATED SURVEYS MADE AVAILABLE AT SIX ESL CLASSES IN COLLABORATION WITH THE VERMONT REFUGEE RESETTLEMENT PROGRAM INTERVIEWS WITH TWENTY SEVEN COMMUNITY LEADERS WERE COMPLETED LEADERS WERE ASKED QUESTIONS ABOUT THEIR VISION FOR A HEALTHY COMMUNITY, ASSETS AND CHALLENGES IN THEIR COMMUNITY, AND BARRIERS TO HEALTH LEADERS WERE SELECTED BASED ON VARIOUS AGE GROUPS SERVED (SENIORS, CHILDREN, FAMILIES), AS WELL AS A MIX OF SUBJECT AREAS (LOW-INCOME, REFUGEES, MENTAL HEALTH, SUBSTANCE ABUSE) LEADERS REPRESENTED LOCAL AND STATE GOVERNMENT (AGENCY OF HUMAN SERVICES, DEPARTMENT OF HEALTH, DISTRICT ATTORNEY AND MAYOR OF BURLINGTON), YOUTH ORGANIZATIONS (BOYS & GIRLS CLUB, KIDSAFE COLLABORATIVE, SPECTRUM YOUTH), HEALTH CARE PROVIDERS (UVM MEDICAL CENTER, COMMUNITY HEALTH CENTERS OF BURLINGTON), SENIOR ORGANIZATIONS (C I D E R , AGE WELL), HOUSING AND HOMELESSNESS (CHAMPLAIN HOUSING TRUST, COTS), LGBTQ COMMUNITY (PRIDE CENTER OF VERMONT), MENTAL HEALTH AND SUBSTANCE ABUSE (HOWARD CENTER, NORTHWESTERN COUNSELING), AND BUSINESS (CHAMBER OF COMMERCE) ADDITIONALLY, A COMMUNITY BREAKFAST WAS HELD WITH 92 COMMUNITY LEADERS ATTENDING FOR IN-DEPTH DISCUSSIONS ON COMMUNITY NEEDS IN ADDITION, A FOCUS GROUP OF 15 COMMUNITY MEMBERS, PRIMARILY WITH LOWER INCOME LEVELS, WAS CONVENED
PART V, SECTION B, LINE 3J	APPENDIX K OF THE 2016 CHNA DESCRIBES IN DETAIL A NUMBER OF ONGOING PROGRAMS AND ONE TIME FUNDING THAT HAS OCCURRED AS A RESULT OF THE 2013 CHNA PROCESS SIGNIFICANT INVESTMENT HAS OCCURRED, AND ALTHOUGH IT TAKES TIME TO EVALUATE WHETHER OR NOT ACTIONS ARE MOVING THE NEEDLE ON ISSUES, THE ORGANIZATION FIRMLY BELIEVES THAT THE ACTIONS TAKEN AND FUNDING PROVIDED HAVE HAD A POSITIVE IMPACT ON THE COMMUNITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 11	UVM MEDICAL CENTER'S 2016 CHNA IMPLEMENTATION STRATEGY PRIORITIZED THE FOLLOWING NINE COMMUNITY NEEDS ACCESS TO HEALTHY FOOD, AFFORDABLE HOUSING, CHRONIC CONDITIONS, EARLY CHILDHOOD AND FAMILY SUPPORTS, HEALTHY AGING, MENTAL HEALTH, ORAL HEALTH, REMOVING BARRIERS TO CARE, AND SUBSTANCE ABUSE NEEDS ARE BEING ADDRESSED THROUGH A HOSPITAL-WIDE INTERNAL COMMITTEE, FUNDING TO EXTERNAL ORGANIZATONS ENGAGED IN SELECTED PRIORITY NEEDS, COLLABORATION ON COMMUNITY-WIDE COALITIONS AND INITIATIVES, ONGOING PROGRAMS THAT ADDRESS NEEDS, AND INTERNAL STRATEGIC ALIGNMENT TWO COMMUNITY NEEDS WERE IDENTIFIED IN THE 2016 ASSESSMENT THAT WERE NOT INCLUDED IN THE IMPLEMENTATION STRATEGY, ECONOMIC OPPORTUNITIES AND SEXUALLY TRANSMITTED INFECTIONS AND TEEN BIRTHS ALTHOUGH UVM MEDICAL CENTER'S ROLE AS A MAJOR ECONOMIC ENGINE WITHIN THE COMMUNITY IS ACKNOWLEDGED, THE STEERING COMMITTEE DECIDED THAT THE MEDICAL CENTER COULD MORE EFFECTIVELY LEAD THE FOCUS ON OTHER HEALTH-RELATED IDENTIFIED NEEDS AS FOR STIS AND TEEN BIRTHS, THE GROUP AGREED THAT ALTHOUGH THE TREND IS MOVING IN A NEGATIVE DIRECTION, IT REPRESENTS A SMALL PERCENTAGE OF THE POPULATION AND OTHERS IN THE COMMUNITY ARE ADDRESSING THIS NEED
PART V, PART B, LINE 15E	WHILE THE ASSISTANCE POLICY DOES NOT PROVIDE A LIST OF "EXTERNAL" CONTACT INFORMATION FOR NON UVM MEDICAL CENTER PARTIES OR AGENCIES WHO MAY ASSIST PATIENTS IN THE APPLICATION PROCESS, APPLICATION COMPLETION AID IS WELL PUBLISHED WITH MULTIPLE INTERNAL, ORGANIZATIONAL AND UVM MEDICAL CENTER COMMUNITY HEALTH ASSISTANCE TEAM MEMBERS AVAILABLE TO ASSIST OUR PATIENTS IT IS ALSO IMPORTANT TO NOTE, PATIENTS ARE REVIEWED IN ADVANCE OF SERVICE FOR POTENTIAL HARDSHIP, THE UNINSURED AND UNDERINSURED PATIENTS WHO ARE IDENTIFIED ARE ACTIVELY COUNSELED WITH HELP FOR GOVERNMENT AND EXCHANGE PROGRAMS AS WELL AS ASSISTANCE IN THE UVM MEDICAL CENTER FINANCIAL ASSISTANCE PROGRAM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 16J	IN ADDITION TO POSTING OUR GUIDELINES AND PLAIN LANGUAGE SUMMARY ONLINE, AT THE TIME OF SERVICE, REGISTRATION AND CHECK-IN STAFF PROVIDE A COPY OF THE PLAIN LANGUAGE SUMMARY TO ALL PATIENTS WHO HAVE OR WILL HAVE A BALANCE AND TO THOSE WHO EXPRESS FINANCIAL HARDSHIP ADDITIONALLY, PLAIN LANGUAGE SUMMARIES ALONG WITH RACK CARDS REFERENCING OUR ASSISTANCE PROGRAM ARE PLACED IN ALL REGISTRATION WAITING ROOMS FROM REGISTRATION, PATIENTS ARE ROUTINELY REFERRED TO OUR FINANCIAL ADVOCACY DEPARTMENT OR COMMUNITY HEALTH IMPROVEMENT BOTH AREAS PROVIDE KNOWLEDGE AND ASSISTANCE IN THE APPLICATION PROCESS FOR CHARITY AND OTHER APPLICABLE FUNDING SOURCES ADVOCATES ACTIVELY EDUCATE ALL INPATIENT, OBSERVATION AND OUTPATIENT INVASIVE SERVICE PATIENTS OF OUR PROGRAM, PRIOR TO OR CONCURRENT WITH THE PATIENTS' STAY, SUBSEQUENTLY AIDING IN THE APPLICATION PROCESS FOR STATE AID AND UVM MEDICAL CENTER'S FINANCIAL PROGRAM

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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," on 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

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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 Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 27

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING SCHOLARSHIPS	26	94,250			
(2) ALLIED HEALTH SCHOLARSHIPS	6	26,500			
(3) ENDOWMENT SCHOLARSHIPS	7	11,125			
(4) SOCIAL WORK INDIGENT NON-CASH	141		201,264	FMV	
(4)					
(5)					
(6)					
(7)					

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
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 OF AWARD GOALS COMPLETED AS OF THE REPORT DATE
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 TO 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 HAVE 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
SOCIAL WORK INDIGENT NON-CASH	SOCIAL WORK INDIGENT NON-CASH ASSISTANCE CONSISTS OF PHARMACEUTICALS, CREMATION SERVICES, MEDICAL SUPPLIES, ETC

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 STREET FRAMINGHAM, MA 01701	13-1788491	501(C)(3)	51,500				COMMUNITY HEALTH IMPROVEMENT
ANEW PLACE PO BOX 1481 BURLINGTON, VT 05401	03-0287599	501(C)(3)	50,000				COMMUNITY HEALTH IMPROVEMENT

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AREA HEALTH EDUCATION CENTER 1 SO PROSPECT ST BURLINGTON, VT 05401	03-0179440	501(C)(3)	260,000				COMMUNITY HEALTH IMPROVEMENT
BUILDING BRIGHT FUTURES 600 BLAIR PARK RD WILLISTON, VT 05495	45-2392293	501(C)(3)	30,000				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 HOUSING AUTHORITY 65 MAIN STREET BURLINGTON, VT 05401	03-0216305	OTHER GOV'T	54,500				COMMUNITY HEALTH IMPROVEMENT
CARDINAL HEALTH TEAM HEART 3763 COLLECTIONS CENTER DR CHICAGO, IL 60693	36-4095186	501(C)(3)	9,926				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTER FOR HEALTH AND LEARNING 28 VERNON ST SUITE 319 BRATTLEBORO, VT 05301	03-0351024	501(C)(3)	41,000				COMMUNITY HEALTH IMPROVEMENT
COMMUNITY HEALTH CENTERS OF BURLINGTON 617 RIVERSIDE AVENUE BURLINGTON, VT 05401	23-7182584	501(C)(3)	202,500				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL 75 BEEKMAN ST PLATTSBURGH, NY 12903	14-1727048	501(C)(3)	27,500				COMMUNITY HEALTH IMPROVEMENT
GOTCHA BIKE LLC 7 RADCLIFFE ST STE 200 CHARLESTON, SC 29403	81-4355435	501(C)(3)	20,000				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
HITCHCOCK FOUNDATION ONE MEDICAL CENTER DR LEBANON, NH 03756	02-0222139	501(C)(3)	12,500				COMMUNITY HEALTH IMPROVEMENT
HOWARD CENTER 208 FLYNN AVENUE BURLINGTON, VT 05401	03-0179433	501(C)(3)	130,000				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY ROAD QUEENSBURY, NY 12804	14-1628237	501(C)(3)	50,000				COMMUNITY HEALTH IMPROVEMENT
HUNGER FREE VERMONT 33 EASTWOOD DRIVE 100 SO BURL, VT 05403	03-0336357	501(C)(3)	100,000				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
KIDSAFE COLLABORATIVE 45 KILBURN STREET BURLINGTON, VT 05401	03-0303867	501(C)(3)	19,750				COMMUNITY HEALTH IMPROVEMENT
KING STREET YOUTH CENTER PO BOX 1615 BURLINGTON, VT 05401	23-7236312	501(C)(3)	18,000				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
LUND FAMILY CENTER 76 GLEN RD BURLINGTON, VT 05401	03-0179434	501(C)(3)	52,500				COMMUNITY HEALTH IMPROVEMENT
NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW KECK 830 WASHINGTON, DC 20001	53-0196932	501(C)(3)	15,000				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SALVATION FARMS INC PO BOX 1174 MORRISVILLE, VT 05661	45-2954564	501(C)(3)	45,000				COMMUNITY HEALTH IMPROVEMENT
SPECTRUM YOUTH AND FAMILY SERVICES 31 ELMWOOD AVE BURLINGTON, VT 05401	03-0253232	501(C)(3)	22,000				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 STREET SO BURL, VT 05403	03-0217229	501(C)(3)	325,000				COMMUNITY HEALTH IMPROVEMENT
UVM FOUNDATION 411 MAIN STREET BURLINGTON, VT 05401	45-1556038	501(C)(3)	50,250				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 CHAMBER FOUNDATION PO BOX 37 MONTPELIER, VT 05601	03-0335635	501(C)(3)	20,000				COMMUNITY HEALTH IMPROVEMENT
VERMONT YOUTH CONSERVATION CORPS 1949 EAST MAIN STREET RICHMOND, VT 05477	03-0328834	501(C)(3)	35,800				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 NURSE ASSOCIATION 1110 PRIM ROAD COLCHESTER, VT 05446	03-0179603	501(C)(3)	38,500				COMMUNITY HEALTH IMPROVEMENT
VT ETHICS NETWORK 61 ELM STREET MONTPELIER, VT 05602	03-0336174	501(C)(3)	35,000				COMMUNITY HEALTH IMPROVEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
WINOOSKI SCHOOL DISTRICT 60 NORMAN STREET WINOOSKI, VT 05404	03-6000783	501(C)(3)	13,460				COMMUNITY HEALTH IMPROVEMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227004279

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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 in column (B) reported as deferred on 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
SCHEDULE J, PART I, QUESTION 1A	PERSONAL SERVICE COMPENSATION CERTAIN UVM MEDICAL CENTER OFFICERS AND KEY EMPLOYEES RECEIVED COMPENSATION OF $1,400 TO COVER TAX PREPARATION AND FINANCIAL ADVISORY SERVICES WHILE THERE IS NO ORGANIZATION-WIDE WRITTEN POLICY REGARDING PAYMENT, 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
COMPENSATION DETERMINATION	SCHEDULE J, PART I, QUESTION 3 THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC ("UVM MEDICAL CENTER") RELIED ON UNIVERSITY OF VERMONT HEALTH NETWORK ("UVM HEALTH NETWORK"), THE PARENT ORGANIZATION OF UVM MEDICAL CENTER, TO ESTABLISH SENIOR VICE PRESIDENT COMPENSATION UVM HEALTH NETWORK UTILIZED THE FOLLOWING METHODS TO ESTABLISH COMPENSATION - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, QUESTION 4B	DURING CALENDAR YEAR 2015, THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC ENTERED INTO A SUPPLEMENTAL RETIREMENT BENEFIT PLAN (SRP) WITH CHIEF EXECUTIVE OFFICER BRUMSTED UNDER THE TERMS OF THE SRP, UVM MEDICAL CENTER MAKES ANNUAL CREDITS EQUAL TO 15% OF THE CEO'S BASE SALARY FOR EACH YEAR THROUGH THE PLAN YEAR ENDING SEPTEMBER 30, 2019 THE AMOUNT DEFERRED FOR CALENDAR YEAR 2017 IS REPORTED ON SCHEDULE J, PART II, COLUMN C AMOUNTS DEFERRED REMAIN 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 VARIABLE PAY 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, POPULATION HEALTH & QUALITY, AND OPERATIONAL RELATED METRICS

Additional Data

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DR JOHN BRUMSTED CEO	(I)	1,023,959	613,889	175,239	186,643	27,247	2,026,977	0
	(II)	0	0	0	0	0	0	0
1DR VIRGINIA HOOD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	143,968	0	9,700	17,532	1,862	173,062	0
2RICHARD J VINCENT SVP/CFO	(I)	377,713	122,616	57,774	24,300	26,305	608,708	0
	(II)	0	0	0	0	0	0	0
3EILEEN WHALEN PRESIDENT AND COO	(I)	643,318	290,078	99,413	24,300	21,162	1,078,271	0
	(II)	0	0	0	0	0	0	0
4DR HOWARD M SCHAPIRO NETWORK CHIEF CLIN INTEGRA	(I)	411,531	216,262	68,815	32,400	23,384	752,392	0
	(II)	0	0	0	0	0	0	0
5SPENCER KNAPP NETWORK GENERAL COUNSEL	(I)	433,110	181,357	76,692	24,300	20,783	736,242	0
	(II)	0	0	0	0	0	0	0
6DR CLAUDE DESCHAMPS PRES/CEO OF UVMHN MG	(I)	372,739	238,292	61,557	24,300	5,975	702,863	0
	(II)	0	0	0	0	0	0	0
7TODD KEATING NETWORK CFO	(I)	568,728	270,066	86,596	23,430	5,167	953,987	0
	(II)	0	0	0	0	0	0	0
8 THERESA ALBERGHINI DIPALMA NETWORK SVP EXTERNAL RELAT	(I)	337,282	142,354	55,680	24,300	21,970	581,586	0
	(II)	0	0	0	0	0	0	0
9KEVIN P MCATEER CHIEF DEVELOPMENT OFFICER	(I)	298,883	53,104	48,451	18,900	22,508	441,846	0
	(II)	0	0	0	0	0	0	0
10DOUGLAS A GENTILE NETWORK CHIEF MEDICAL INFO	(I)	372,510	87,993	10,182	24,300	21,688	516,673	0
	(II)	0	0	0	0	0	0	0
11LISA L GOODRICH VP MEDICAL GROUP OPERATION	(I)	320,020	82,518	6,379	24,300	25,698	458,915	0
	(II)	0	0	0	0	0	0	0
12ANNA T NOONAN NETWORK VP QUALITY & OP EF	(I)	164,576	0	27,148	20,314	20,912	232,950	0
	(II)	144,211	135,376	3,000	17,654	14,187	314,428	0
13MARC STANISLAS NETWORK VP TREASURY &FINAN	(I)	250,341	76,153	18,028	22,944	24,661	392,127	0
	(II)	0	0	0	0	0	0	0
14CHARLES M MICELI NETWORK CHIEF SUPPLY CHAIN	(I)	277,982	67,195	8,296	24,300	23,919	401,692	0
	(II)	0	0	0	0	0	0	0
15LAURIE A GUNN VP HUMAN RESOURCES	(I)	276,933	71,608	60,086	24,300	25,577	458,504	0
	(II)	0	0	0	0	0	0	0
16JOHN GRIECO NETWORK CTO AND VP	(I)	271,992	52,680	40,531	10,015	25,154	400,372	0
	(II)	0	0	0	0	0	0	0
17JERALD NOVAK NETWORK CHIEF PEOPLE OFFICER	(I)	236,707	100,600	78,354	4,119	17,096	436,876	0
	(II)	0	0	0	0	0	0	0
18JEFFREY WASSERMAN EXECUTIVE DIRECTOR UVMHN MG	(I)	338,218	106,095	43,304	24,300	22,058	533,975	0
	(II)	0	0	0	0	0	0	0
19DAWN LEBARON VP HOSPITAL SERVICES	(I)	239,050	61,733	42,662	24,300	11,129	378,874	0
	(II)	0	0	0	0	0	0	0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21ADAM P BUCKLEY NETWORK CIO	(I)	424,654	178,559	64,749	18,900	26,437	713,299	0
	(II)	0	0	0	0	0	0	0
1DR STEPHEN M LEFFLER NETWORK SVP CQO/CPHO	(I)	494,931	177,771	94,003	24,300	25,735	816,740	0
	(II)	0	0	0	0	0	0	0
2TODD B MOORE SVP ACCOUNTABLE CARE & REV	(I)	388,957	162,928	60,539	23,700	26,258	662,382	0
	(II)	0	0	0	0	0	0	0
3MARY KATE FITZPATRICK CHIEF NURSING OFFICER	(I)	319,662	102,815	50,116	18,900	18,933	510,426	0
	(II)	0	0	0	0	0	0	0
4CHRISTINA OLIVER VP CLINICAL SERVICES	(I)	252,018	66,761	7,407	30,413	19,232	375,831	0
	(II)	0	0	0	0	0	0	0
5DR ERIN M TSAI PHYSICIAN RADIOLOGY	(I)	332,445	0	7,632	18,900	10,933	369,910	0
	(II)	49,872	0	3,541	0	3,256	56,669	0
6DR ANDRE B GILBERT PHYSICIAN ANESTHESIA	(I)	277,895	0	27,464	18,900	24,986	349,245	0
	(II)	0	0	0	0	0	0	0
7DR RICHARD B WATSON PHYSICIAN ANESTHESIA	(I)	278,159	0	27,276	24,300	24,722	354,457	0
	(II)	0	0	0	0	0	0	0
8RAY KELLER DIRECTOR MEDICAL INFORMATICS	(I)	260,135	29,252	6,274	23,571	2,304	321,536	0
	(II)	0	0	0	0	0	0	0
9JULIE MORSE VP NURSING	(I)	178,085	26,126	11,807	23,755	30,254	270,027	0
	(II)	0	0	0	0	0	0	0

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	VEHBFA SERIES 2008A & SERIES 2004B	23-7154467	924166CJ8	05-21-2008	215,386,067	REFUND BONDS ISSUED 4/15/2004		X		X		X
B	VEHBFA SERIES 2016A	23-7154467	924166HJ3	02-03-2016	203,831,137	REFUND BONDS ISSUED 4/15/04,1/25/07		X		X		X
C	VEHBFA SERIES 2015A	23-7154467	000000000	01-08-2015	23,840,000	REFUND BONDS ISSUED 4/15/2004		X		X		X
D	VEHBFA SERIES 2013A	23-7154467	000000000	03-05-2013	29,500,000	REFUND BONDS ISSUED 2000		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	22,981,067	6,785,000	6,145,000	1,787,500
2	Amount of bonds legally defeased	137,700,000			
3	Total proceeds of issue	215,386,067	203,852,365	23,840,000	29,500,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	8,880,529	1,915,049	183,840	263,962
8	Credit enhancement from proceeds	24,978			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		5,893,332		
11	Other spent proceeds	213,225,000	250,340,345	23,656,160	29,236,038
12	Other unspent proceeds				
13	Year of substantial completion	2005	2005	1985	2005

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 ▶								
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?								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?				X		X		X
b	Exception to rebate?				X	X		X	
c	No rebate due?			X			X		X
	If "Yes" to 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							
c	Term of hedge	1410 0000000000 %							
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								
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
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME VEHBFA SERIES 2016A DATE THE REBATE COMPUTATION WAS PERFORMED 02/03/2018 ISSUER NAME VEHBFA SERIES 2016B DATE THE REBATE COMPUTATION WAS PERFORMED 07/28/2018

Return Reference	Explanation
PARTS I & II DIFFERENCE IN ISSUE PRICE AND PROCEEDS	BOND SERIES 2016A ISSUE PRICE $203,831,137 DIFFERS FROM PART II TOTAL PROCEEDS $203,852,365 AS A RESULT OF INVESTMENT EARNINGS BOND SERIES 2016B ISSUE PRICE $101,572,833 DIFFERS FROM PART II TOTAL PROCEEDS $101,844,192 AS A RESULT OF INVESTMENT EARNINGS

Return Reference	Explanation
PART III, LINES 4-6	2016A ISSUANCE THE 2016A BONDS WERE OBTAINED TO REFUND BOTH THE 2004B AND 2007A BOND ISSUANCES REFUNDING ESCROWS WERE SET UP INDIVIDUALLY THE 2007A SERIES BONDS WERE COMPLETELY PAID OFF IN FY17 THE 2004B SERIES WERE COMPLETELY PAID OFF IN FY18 2016B ISSUANCE EQUITY IS PRESENT IN THE PROJECT AND IS FIRST DIRECTED TO PRIVATE BUSINESS USE

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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 2016B	23-7154467	924166JA0	07-28-2016	101,572,833	CONSTRUCTION INPATIENT BED TOWER		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	101,844,192			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	7,305,877			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	366,636			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	94,136,912			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		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						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		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 ▶								
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						
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						
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?								
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						

Part IV Arbitrage

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

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						
b	Name of provider								
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

Employer identification number
03-0219309

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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 Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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) MARIA MCCLELLAN	FAMILY MEMBER OF OFFICER AND TRUSTEE	120,566	WAGES FROM UVM MEDICAL CENTER		No
(1) BRIGITTE BARRETTE	FAMILY MEMBER OF KEY EMPLOYEE	35,203	WAGES FROM UVM MEDICAL CENTER		No

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
(3) SUBSTANTIAL DONOR	SUBSTANTIAL DONOR	718,417	ELECTRICAL		No
(1) SUBSTANTIAL DONOR	SUBSTANTIAL DONOR	401,918	ARCHITECTURE		No

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
(5) SUBSTANTIAL DONOR	SUBSTANTIAL DONOR	11,392,890	DATA CENTER		No
(1) SUBSTANTIAL DONOR	SUBSTANTIAL DONOR	769,452	RENT		No

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**
(7) SUBSTANTIAL DONOR	SUBSTANTIAL DONOR	4,112,723	CONSTRUCTION		No
(1) SUBSTANTIAL DONOR	SUBSTANTIAL DONOR	216,793	LEGAL		No

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**
(9) SUBSTANTIAL DONOR	SUBSTANTIAL DONOR	3,028,932	RENT		No
(1) SUBSTANTIAL DONOR	SUBSTANTIAL DONOR	57,007,811	CONSTRUCTION		No

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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

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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	5	0	
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		40	COST
5	Clothing and household goods	X		6,918	COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	33	581,150	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	X	2	2,755,032	APPRAISED VALUE
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GIFT CERTIFICATES)	X	37	7,294	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: 2

		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 nonstandard 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
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 1 WORKS OF ART UVM MEDICAL CENTER MAINTAINS A COLLECTION OF ART THAT THEY ROTATE THROUGHOUT THE ORGANIZATION'S FACILITIES THE PURPOSE OF HANGING THE ART IS TO BRIGHTEN UP THE HEALTH SERVICE FACILITY AND CREATE A POSITIVE, UPLIFTING ENVIRONMENT IN ACCORDANCE WITH ACCOUNTING PRINCIPLES, UVM MEDICAL CENTER DOES NOT VALUE THIS COLLECTION IN ITS FINANCIAL STATEMENTS
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

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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 990-EZ 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

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Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

Employer identification number
03-0219309

990 Schedule O, Supplemental Information

Return Reference	Explanation
NUMBER OF VOLUNTEERS	FORM 990, PART I, LINE 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)

990 Schedule O, Supplemental Information

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 168,000 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 68 OUTREACH CLINICS, PROGRAMS AND SERVICES THROUGHOUT T HE REGION EACH OF THESE RESPONSIBILITIES IS EQUALLY IMPORTANT IN FULFILLING UVM MEDICAL C ENTER'S MISSION 1 PATIENT CARE - SERVING A POPULATION OF APPROXIMATELY ONE MILLION THROU GHOUT 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 PAT IENT VISITS EACH YEAR, INCLUDING INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT AND PHYSICIAN OFFICE VISITS UVM MEDICAL CENTER IS AT THE LEADING EDGE OF HEALTH CARE INNOVATIONS, INCL UDING HAVING IMPLEMENTED A SYSTEM-WIDE ELECTRONIC HEALTH RECORD THAT SUPPORTS IMPROVED HEA LTH CARE FOR OUR COMMUNITIES AND SERVING AS ONE OF THE FIRST TWO PILOT SITES FOR THE VERMO NT BLUEPRINT FOR HEALTH, A STATEWIDE PUBLIC/PRIVATE PARTNERSHIP FOCUSED ON ENSURING THAT A LL VERMONTERS HAVE ACCESS TO PRIMARY CARE SERVICES USING THE "PATIENT-CENTERED MEDICAL HOM E" CARE DELIVERY MODEL IN LINE WITH THE BLUEPRINT, UVM MEDICAL CENTER HAS IMPLEMENTED A C OMMUNITY HEALTH TEAM TO SERVE ALL OF OUR PRIMARY CARE PRACTICES, ALL OF WHICH HAVE BEEN RE COGNIZED 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 EDUCA TING THE NEXT GENERATION OF DO

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Return Reference	Explanation
COMMUNITY BENEFIT REPORT	CTORS, NURSES AND ALLIED HEALTH PROFESSIONALS THE VAST MAJORITY OF UVM MEDICAL CENTER DOC TORS NOT ONLY TAKE CARE OF PATIENTS, THEY ALSO TEACH MEDICAL STUDENTS THROUGH THEIR POSITI ONS AS MEMBERS OF THE UNIVERSITY OF VERMONT COLLEGE OF MEDICINE FACULTY A NUMBER OF UVM M EDICAL CENTER NURSES AND ALLIED HEALTH PROFESSIONALS ALSO TEACH AT THE UNIVERSITY OF VERMO NT COLLEGE OF NURSING AND HEALTH SCIENCES UVM MEDICAL CENTER SERVES AS THE CLINICAL TRAIN ING SITE FOR THE APPROXIMATELY 465 MEDICAL STUDENTS AND 1,200 NURSING AND ALLIED HEALTH ST UDENTS WHO ATTEND THE UNIVERSITY OF VERMONT ADDITIONALLY, UVM MEDICAL CENTER IS THE TRAIN ING SITE FOR APPROXIMATELY 330 RESIDENTS AND FELLOWS PATIENTS BENEFIT FROM HAVING RESIDEN TS, MEDICAL STUDENTS AND NURSING AND ALLIED HEALTH STUDENTS AS PART OF THEIR CARE TEAM IN COLLABORATION WITH THE UNIVERSITY OF VERMONT, UVM MEDICAL CENTER CONTINUES TO USE THE DEV ELOPMENT OF A SIMULATION CENTER THAT INCLUDES 9,000 SQUARE FEET OF TEACHING SPACE WITH FUL LY-FUNCTIONING HOSPITAL ROOMS AND HIGH-TECH MANNEQUINS THAT SIMULATE ALL KINDS OF DISEASES AND INJURIES THE SIMULATION CENTER ALSO HAS HANDS-ON LABS FOR SKILL-BUILDING AS WELL AS A VIRTUAL REALITY TRAINER THAT IMPROVES ON OLD TEACHING METHODS IN ADDITION TO BEING USED TO TRAIN FUTURE DOCTORS AND NURSES, THE NEW FACILITY IS OPEN TO ALL VERMONT MEDICAL PROFE SSIONALS, INCLUDING EMERGENCY MEDICAL TECHNICIANS AND VERMONT NATIONAL GUARD MEDICS 3 RE SEARCH - A CORE MISSION OF THE ACADEMIC MEDICAL CENTER IS TO ADVANCE MEDICAL KNOWLEDGE THR OUGH RESEARCH, SO IN ADDITION TO TEACHING AND TRAINING, MANY OF OUR PHYSICIANS, NURSES AND OTHER PROVIDERS ENGAGE IN BIOMEDICAL RESEARCH, SEEKING NEW CURES AND MORE EFFECTIVE TREAT MENTS THERE ARE OVER 1,000 ACTIVE CLINICAL TRIALS AT THE UNIVERSITY OF VERMONT AND UVM ME DICAL CENTER CLINICAL TRIALS ARE RESEARCH STUDIES CONDUCTED USING VOLUNTEERS EACH STUDY ANSWERS SCIENTIFIC QUESTIONS AND TRIES TO FIND BETTER WAYS TO PREVENT, SCREEN FOR, DIAGNOS E, OR TREAT A DISEASE THIS ACTIVE RESEARCH PROGRAM HAS A DIRECT BENEFIT TO PATIENTS AT UV M MEDICAL CENTER, WHO HAVE ACCESS TO THE LATEST TREATMENTS AND TECHNOLOGY AND WHO ARE CARE D FOR BY SOME OF THE LEADING EXPERTS IN THEIR FIELD THE ACADEMIC MEDICAL CENTER IS ALSO A CTIVELY ENGAGED IN POPULATION-BASED HEALTH RESEARCH, INCLUDING EVALUATING VERMONT BLUEPRIN T FOR HEALTH PILOT PROJECTS INVOLVING THE DEVELOPMENT AND IMPACT OF PATIENT-CENTERED MEDIC AL HOMES WITHIN THE STATE 4 COMMUNITY BENEFIT - IN ADDITION TO DELIVERING HEALTH CARE, E DUCATING HEALTH CARE PROFESSIONALS, AND RESEARCHING NEW KNOWLEDGE, UVM MEDICAL CENTER ALSO LIVES ITS MISSION - TO IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES IT 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 NUMEROUS FREE HE ALTH EDUCATION CLASSES, IN WHICH HEALTH PROFESSIONALS PROVIDE INFORMATION ON A VARIETY OF TOPICS MANY OTHER HEALTH AND

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Return Reference	Explanation
COMMUNITY BENEFIT REPORT	WELLNESS PROGRAMS OFFERED THROUGHOUT THE YEAR SERVE AS A VALUABLE RESOURCE TO OUR COMMUNIT Y, RANGING FROM CHILD PASSENGER CAR SEAT SAFETY CHECKS TO FREE BLOOD PRESSURE SCREENINGS, TOBACCO CESSATION CLASSES, AND WORKSHOPS FOR SENIORS FRYMOYER COMMUNITY HEALTH RESOURCE C ENTER - PATIENTS, FAMILIES AND THE PUBLIC ARE MORE INTERESTED THAN EVER IN GAINING ACCESS TO THE LATEST HEALTH INFORMATION AVAILABLE THE FRYMOYER COMMUNITY HEALTH RESOURCE CENTER AT UVM MEDICAL CENTER OFFERS THE COMMUNITY EASY, FREE, GUIDED ACCESS TO THE BEST INFORMATI ON ABOUT HEALTH AND MEDICINE COLLABORATIVE EFFORTS - UVM MEDICAL CENTER REGULARLY PARTNER S WITH OTHER ORGANIZATIONS AND PROVIDERS TO HELP MEET THE NEEDS OF OUR COMMUNITY THIS INC LUDES WORKING WITH OTHER ORGANIZED SYSTEMS OF CARE (SUCH AS HOME HEALTH AGENCIES, OTHER VE RMONT 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 ORGANI ZATION'S PRIORITIES

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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 2018, WE CALCULATED THIS AMOUNT AT APPROXIMATELY $12 1 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 2018, WE CALCULATED THESE SUBSIDIES AT APPROXIMATELY $3 8 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 2018, WE CALCULATED THE VALUE OF THESE COMMUNITY PROGRAMS AND GRANTS AT $6 6 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 2018, WE CALCULATED THIS AMOUNT AT $140 MILLION (SEE SCHEDULE H, LINE 7B, COLUMN E) OUR TOTAL NET COMMUNITY BENEFIT SPENDING IN FY 2018 WAS $211 MILLION THIS REPRESENTS APPROXIMATELY 15 5% OF UVM MEDICAL CENTER'S TOTAL PROGRAM SERVICE EXPENSE IN FY 2018 (SEE SCHEDULE H, LINE 7K, COLUMN F)

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Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 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 WORKING TOGETHER, WE IMPROVE PEOPLE'S LIVES 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

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Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A-4C 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 670 PHYSICIANS EMPLOYED BY UVM MEDICAL CENTER'S FACULTY PRACTICE (THE UNIVERSITY OF VERMONT MEDICAL GROUP), AS WELL AS ABOUT 160 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 SERVICES 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 SERVICES 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

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS SERVED AT VERMONT MANAGED CARE INDEMNITY COMPANY, A RELATED ORGANIZATION DR JOHN BRUMSTED, DR PAUL DANIELSON, STEPHEN LEFFLER, DR CLAUDE DESCHAMPS, EILEEN WHALEN, TODD KEATING, DR HOWARD SCHAPIRO, AND ANNA T NOONAN THE FOLLOWING INDIVIDUALS SERVED AT THE UNIVERSITY OF VERMONT HEALTH VENTURES, A RELATED ORGANIZATION DR JOHN BRUMSTED, TODD KEATING, AND DR HOWARD SCHAPIRO TRUSTEES MARTIN LEWINTER AND VIRGINIA HOOD ARE EMPLOYEES OF UVMHN MEDICAL GROUP, A RELATED ORGANIZATION, AT WHICH RICHARD VINCENT IS AN OFFICER, AND DR CLAUDE DESCHAMPS IS AN OFFICER AND DIRECTOR THE FOLLOWING INDIVIDUALS HAVE A WORKING RELATIONSHIP AT THE UVM HEALTH NETWORK OFFICERS BRUMSTED AND WHALEN SERVE AS OFFICERS OF THE HEALTH NETWORK AND SERVE ON THE NETWORK LEADERSHIP COUNCIL (NLC), OFFICERS BRUMSTED AND EMERY-GINN BOTH SERVE AS OFFICERS ON THE HEALTH NETWORK BOARD, KEY EMPLOYEES BUCKLEY, DESCHAMPS, KEATING, KNAPP, MOORE, SCHAPIRO AND ALBERGHINI DIPALMA SERVE AS KEY EMPLOYEES OF THE HEALTH NETWORK AND ITS NLC

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE UNIVERSITY OF VERMONT HEALTH NETWORK INC (UVM HEALTH NETWORK) IS THE SOLE MEMBER OF THE ORGANIZATION

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	UVM HEALTH NETWORK HAS POWERS TO ELECT UVM MEDICAL CENTER'S BOARD OF TRUSTEES

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	UVM HEALTH NETWORK HAS THE POWER TO APPROVE SIGNIFICANT CORPORATE ACTIONS, INCLUDING ANNUAL OPERATING AND CAPITAL BUDGETS, STRATEGIC PLANS, THE APPOINTMENT OF THE CEO, THE INCURRENCE OF LONG-TERM INDEBTEDNESS, 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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE UNIVERSITY OF VERMONT MEDICAL CENTER, INC 'S (UVM MEDICAL CENTER'S) FORM 990 IS PREPARED BY UVM MEDICAL CENTER STAFF AND REVIEWED BY PRICEWATERHOUSECOOPERS (PWC) FOLLOWING PWC'S REVIEW, THE RETURN IS REVIEWED BY UVM MEDICAL CENTER'S SENIOR LEADERSHIP FINALLY, UVM MEDICAL CENTER'S 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 OF THE UVM MEDICAL CENTER BOARD OF TRUSTEES PRIOR TO THE FORM BEING FILED WITH THE IRS

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE UVM HEALTH NETWORK'S CONFLICT OF INTEREST POLICY, WHICH IT HAS ADOPTED IN ACCORDANCE WITH THE POLICY, TRUSTEES, OFFICERS, KEY EMPLOYEES AND PHYSICIANS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE AND CERTIFICATION UPON HIRING, AT LEAST ANNUALLY, PRIOR TO PARTICIPATING IN ANY DECISION THAT MAY BE AFFECTED BY A PERSONAL INTEREST, AND WHENEVER A POTENTIALLY CONFLICTING INTEREST FIRST ARISES CONFLICT OF INTEREST DISCLOSURES AND CERTIFICATIONS MAY BE MADE ONLINE OR IN WRITING AND ARE REGULARLY REVIEWED BY THE GENERAL COUNSEL THE CONFLICT OF INTEREST POLICY IS ENFORCED BY THE OFFICE OF GENERAL COUNSEL AND OVERSEEN BY A FIVE-PERSON CONFLICT OF INTEREST COMMITTEE THE GENERAL COUNSEL REPORTS AT LEAST QUARTERLY ON CONFLICT OF INTEREST ISSUES TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES CONFLICTS OF INTEREST ARE MANAGED IN ACCORDANCE WITH THE POLICY, WHICH PROVIDES FOR A VARIETY OF REMEDIES TO ADDRESS CONFLICTS OF INTEREST IN ADDITION, "DISQUALIFIED PERSONS", CONSISTING OF TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE SUBJECT TO SPECIAL PROCEDURES TO COMPLY WITH THE INTERMEDIATE SANCTION RULES, AS OUTLINED IN THE CONFLICT OF INTEREST POLICY REMEDIES TO ADDRESS CONFLICTS OF INTEREST MAY INCLUDE THE FOLLOWING RECUSAL FROM DECISION MAKING, DISCLOSURE TO APPROPRIATE PARTIES, COMMITTEE PARTICIPATION LIMITS AND REQUESTED DIVESTITURE AN APPEALS PROCESS EXISTS SHOULD THE INDIVIDUAL REQUEST A SECONDARY REVIEW BE PERFORMED

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	UVM MEDICAL CENTER DELEGATES THE SETTING OF EXECUTIVE COMPENSATION TO THE UVM HEALTH NETWORK COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE, UNDER PRINCIPLES DESCRIBED IN ITS CHARTER THE HEALTH NETWORK HAS ADOPTED A COMPENSATION PHILOSOPHY WHICH PROVIDES A FRAMEWORK FOR SETTING COMPENSATION FOR THE EXECUTIVES OF UVM HEALTH NETWORK, ITS AFFILIATED HOSPITALS, AND ITS MEDICAL GROUP THE PARAMETERS OF THIS PHILOSOPHY INCLUDE UTILIZING APPROPRIATE NATIONAL AND REGIONAL PEER GROUPS SALARIES ARE TARGETED AT THE 50TH PERCENTILE OF THE NATIONAL PEER GROUP, WITH PERFORMANCE BASED VARIABLE PAY OPPORTUNITIES TO ACHIEVE UP TO THE 65TH PERCENTILE, DEPENDING ON ORGANIZATION AND INDIVIDUAL RESULTS COMPENSATION LEVELS ARE APPROVED BY THE NETWORK COMPENSATION COMMITTEE FOR THE UVM HEALTH NETWORK/DIRECT REPORTS AND THE AFFILIATE HOSPITAL CEOS CALCULATIONS ARE PERFORMED USING THE SAME PHILOSPHY FOR THE THIRD TIER OF LEADERSHIP, WITH THE EXCEPTION THAT THE LOCAL BOARDS APPROVE COMPENSATION FOR ALL NON-CEO POSITIONS ALL ACTIONS TAKEN REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED BY THE APPROPRIATE ORGANIZATION THIS REVIEW IS PERFORMED ANNUALLY

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 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 VERMONT'S 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 OF THE UVM HEALTH NETWORK IS ALSO POSTED ON THE WEB SITE AND IS ATTACHED TO THE CURRENT YEAR'S FORM 990

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER OF NET ASSETS -823,932 PENSION ADJUSTMENT 129,000 ASSETS RELEASED FROM RESTRICTIONS -305,477 CHANGE IN PERPETUAL TRUSTS 416,759 TRANSFER OF ASSETS- UVMMG NY -781,529 ELIMINATIONS AND OTHER -470,186

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227004279

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE UNIVERSITY OF VERMONT MEDICAL CENTER

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) UVM MEDICAL CTR SKILLED NURSING 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0219309	HOLDING COMPANY	VT	0	3,542,000	UVMMC
(2) UVMHN SPECIALTY CARE TRNSPT 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0219309	AMBULANCE SVC	VT	770,000	1,686,000	UVMMC
(3) UVM MEDICAL CTR EXEC SERVICES 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0219309	EXEC STAFFING	VT	0	0	UVMMC
(4) 116 REALTY LLC 111 COLCHESTER AVENUE BURLINGTON, VT 05401 46-1594847	REALTY	VT	-15,000	0	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.

See Additional Data Table

(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

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) Disproprtionate 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 ACO 111 COLCHESTER AVE BURLINGTON, VT 05401 45-5399218	ACCOUNTABLE CARE	VT	N/A	RELATED	6,346,352	7,838,768		No		Yes		50 000 %
(2) ADIRONDACK ACO LLC 75 BEEKMAN STREET PLATTSBURGH, NY 12901 46-2840926	ACCOUNTABLE CARE	NY	N/A	N/A				No		Yes		

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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
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		No
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

See Additional Data Table

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

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 5	UNIVERSITY OF VERMONT MEDICAL CENTER, INC (UVM MEDICAL CENTER) HAS BENEFICIAL INTEREST IN 4 OF THESE TRUSTS CENTRAL VERMONT MEDICAL CENTER (CVMC) HAS BENEFICIAL INTEREST IN 3 OF THESE TRUSTS

Return Reference	Explanation
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

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
111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0225105	PHYSICIAN SVC	VT	501(C)(3)	12A-I	UVMHN	Yes	
70 CONSTABLE STREET MALONE, NY 12953 20-3905216	PHYSICIAN SVC	NY	501(C)(3)	3	UVMHNMG	Yes	
111 COLCHESTER AVENUE BURLINGTON, VT 05401 26-3159849	FUNDRAISING	VT	501(C)(3)	12A-I	UVMMC	Yes	
111 COLCHESTER AVENUE BURLINGTON, VT 05401 20-8022004	SERVICE	VT	501(C)(3)	12C-III-FI	N/A		No
111 COLCHESTER AVENUE BURLINGTON, VT 05401 45-2880726	HOLDING COMPANY	VT	501(C)(3)	12A-I	N/A		No
130 FISHER ROAD BERLIN, VT 05602 22-2547186	HOSPITAL	VT	501(C)(3)	3	UVMHN	Yes	
111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0229931	HOSPITAL	VT	501(C)(3)	12C-III-FI	UVMHNMG	Yes	
75 BEEKMAN STREET PLATTSBURGH, NY 12901 22-2544844	HEALTH SVC COOR	NY	501(C)(3)	12A-I	UVMHN	Yes	
75 BEEKMAN STREET PLATTSBURGH, NY 12901 14-1338471	HOSPITAL	NY	501(C)(3)	3	UVMHN	Yes	
75 PARK STREET ELIZABETHTOWN, NY 12932 14-1364513	HOSPITAL	NY	501(C)(3)	3	UVMHN	Yes	
75 BEEKMAN STREET PLATTSBURGH, NY 12901 06-1718419	AMBULANCE SVC	NY	501(C)(3)	12B-II	CPI	Yes	
75 BEEKMAN STREET PLATTSBURGH, NY 12901 14-1727048	HEALTH SVC COOR	NY	501(C)(3)	12B-II	CVPH	Yes	
89 BEUMONT AVENUE BURLINGTON, VT 05405 23-7107832	EDUCATIONAL	VT	501(C)(3)	10	UVMHNMG	Yes	
133 PARK STREET MALONE, NY 12953 15-0346515	HOSPITAL	NY	501(C)(3)	3	UVMHN	Yes	
115 PORTER DRIVE MIDDLEBURY, VT 05753 03-0310862	SUPPORTING ORG	VT	501(C)(3)	12-BII	UVMHN	Yes	
37 PORTER DRIVE MIDDLEBURY, VT 05753 03-0306549	NURSING HOME	VT	501(C)(3)	3	PMC	Yes	
37 PORTER DRIVE MIDDLEBURY, VT 05753 23-7363227	SUPPORTING ORG	VT	501(C)(3)	12-B,II	PMC	Yes	
37 PORTER DRIVE MIDDLEBURY, VT 05753 03-0181058	HOSPITAL	VT	501(C)(3)	3	PMC	Yes	
1110 PRIM ROAD COLCHESTER, VT 05446 03-0179603	HOME HEALTHCARE	VT	501(C)(3)	10	UVMHN	Yes	
75 BEEKMAN STREET PLATTSBURGH, NY 12901 27-3785445	PHYSICIAN SVC	NY	501(C)(3)	12A-I	CVPH	Yes	

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
95 ST PAUL ST BURLINGTON, VT 05401 83-1102018	INSURANCE	VT	501(C)(3)	12A-I	UVMHN	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
VMC INDEMNITY COMPANY LTD PO BOX HM 3103 25 CHURCH STREET HAMILTON HM FX BD	CAPTIVE INSURANCE	BD	UVMMC	C	13,792,885	35,925,791	100 000 %	Yes	
UVM HEALTH NETWORK CREDENTIALING & ENROLLMENT 111 COLCHESTER AVENUE BURLINGTON, VT 05401 03-0333056	ADMIN SERVICE	VT	UVMHN VENTURES	C				Yes	
CHARITABLE REMAINDER TRUST (5)	SUPPORT	VT	UVMMCCVMC	T				Yes	
PERPETUAL TRUST (4)	SUPPORT	VT	UVMMC	T				Yes	
CHARITABLE IRREVOCABLE TRUST (7)	SUPPORT	VT	UVMMCCVMC	T				Yes	
CHAMPLAIN VALLEY HEALTH NETWORK 75 BEEKMAN STREET PLATTSBURGH, NY 12901 16-1586102	ADMIN SERVICE	NY	N/A	C				Yes	
MEDIQUEST INC PO BOX 1656 PLATTSBURGH, NY 12901 14-1663061	MED OFFICE LEASE	NY	N/A	C				Yes	
UVMHN VENTURES INC 111 COLCHESTER AVENUE BURLINGTON, VT 05401 04-3380045	HOLDING COMPANY	VT	N/A	C				Yes	
YANKEE MEDICAL INC 276 NORTH AVENUE BURLINGTON, VT 05401 03-0225363	HOME MEDICAL EQUIPMENT	VT	N/A	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
UNIVERSITY OF VERMONT MEDICAL GROUP	P	196,914,671	FMV
VMC INDEMNITY COMPANY	R	11,005,081	FMV
UNIVERSITY HEALTH CENTER	C	913,044	COST
UNIVERSITY MEDICAL EDUCATION ASSOCIATES	Q	14,094,364	COST
UNIVERSITY OF VERMONT HEALTH NETWORK HEALTH VENTURES	Q	69,576	FMV
UNIVERSITY OF VERMONT HEALTH NETWORK HOME HEALTH AND HOSPICE	O	336,206	FMV
UNIVERSITY OF VERMONT HEALTH NETWORK HOME HEALTH AND HOSPICE	P	83,691	FMV
PORTER MEDICAL CENTER INC	L	455,696	FMV
PORTER MEDICAL CENTER INC	O	178,969	FMV
PORTER MEDICAL CENTER INC	P	265,949	FMV
PORTER MEDICAL CENTER INC	Q	1,033,830	FMV
ALICE HYDE MEDICAL CENTER	L	96,086	FMV
ALICE HYDE MEDICAL CENTER	P	224,437	FMV
ALICE HYDE MEDICAL CENTER	Q	1,284,528	FMV
CENTRAL VERMONT MEDICAL CENTER	A	389,779	FMV
CENTRAL VERMONT MEDICAL CENTER	I	199,026	FMV
CENTRAL VERMONT MEDICAL CENTER	L	481,692	FMV
CENTRAL VERMONT MEDICAL CENTER	M	203,376	FMV
CENTRAL VERMONT MEDICAL CENTER	O	2,989,715	FMV
CENTRAL VERMONT MEDICAL CENTER	P	514,388	FMV
CENTRAL VERMONT MEDICAL CENTER	Q	3,370,398	FMV
CENTRAL VERMONT MEDICAL CENTER	R	73,880	FMV
CENTRAL VERMONT MEDICAL CENTER	S	792,542	FMV
ELIZABETHTOWN COMMUNITY HOSPITAL	O	117,734	FMV
ELIZABETHTOWN COMMUNITY HOSPITAL	Q	460,667	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ELIZABETHTOWN COMMUNITY HOSPITAL	R	1,157,938	FMV
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	I	958,157	FMV
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	L	463,761	FMV
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	M	3,706,824	FMV
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	O	294,851	FMV
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	P	843,030	FMV
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	Q	4,910,950	FMV
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL	R	20,939,243	FMV
UVM HEALTH NETWORK VENTURES	A	126,391	FMV