** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 30, 2018

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

C Name of organization: Porter Hospital, Inc.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 115 Porter Drive | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Middlebury, VT 05753

D Employer identification number: 03-0181058

E Telephone number: 802-388-4701

G Gross receipts $ 86,534,784.

F Name and address of principal officer: Fred Kniffin
same as C above

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.portermedical.org

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

L Year of formation: 1925 **M** State of legal domicile: VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Critical Access Hospital

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	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	685
6	Total number of volunteers (estimate if necessary)	6	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	330.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,694.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	437,310.	215,329.
	9	Program service revenue (Part VIII, line 2g)	83,995,081.	85,712,310.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	549,852.	423,320.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,511.	141,033.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,013,754.	86,491,992.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,110.	11,270.
	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)	44,078,674.	47,259,430.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	34,663,963.	33,955,342.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,749,747.	81,226,042.
	19	Revenue less expenses. Subtract line 18 from line 12	6,264,007.	5,265,950.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	63,551,465.	68,612,130.
	21	Total liabilities (Part X, line 26)	29,225,438.	29,338,221.
	22	Net assets or fund balances. Subtract line 21 from line 20	34,326,027.	39,273,909.

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

▶ Jennifer Bertrand, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Barbara J. McGuan, CPA	Barbara J. McGuan, C	08/09/19		P00219457

Firm's name ▶ Berry Dunn McNeil & Parker, LLC | Firm's EIN ▶ 01-0523282

Firm's address ▶ P.O. Box 1100
Portland, ME 04104-1100 | Phone no. (207) 775-2387

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 [X]

1 Briefly describe the organization's mission:
The mission of Porter Medical Center and its subsidiary companies is to improve the health of our community, one patient at a time.

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 [X] 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 [X] 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 $ 75,126,414. including grants of $ 11,270.) (Revenue $ 85,712,310.)
Porter Hospital, Inc. ("Porter") operates a not-for profit critical access hospital with patient care services including emergency room, maternity and medical/surgical inpatient and outpatient care, and ancillary services including rehabilitation, laboratory testing, and diagnostic imaging services. As a critical access hospital, Porter staffs a total of 25 beds. Of the 25 beds, six beds are located in the maternity unit, and the remaining beds are located on the Medical/Surgical unit. Porter recorded approximately 6,260 inpatient days during the year. Emergency Room visits totaled 12,588 for the year. Surgeries for the year totaled 3,553. Support services for both inpatients and outpatients include but are not limited to laboratory, Diagnostic Imaging services, cardiac services, and rehabilitation

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

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

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

4e Total program service expenses ▶ 75,126,414.

See Schedule O for Continuation(s)

Part IV Checklist of Required Schedules

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

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	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	152		
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	X	
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	685		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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 line 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 ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process 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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[ ] Own website [ ] Another's website [X] 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: ▶

Jennifer Bertrand - 802-388-8878
115 Porter Drive, Middlebury, VT 05753

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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Kristofer Anderson, M.D.	40.00									
Director	2.00	X						374,707.	0.	21,607.
(2) Judson Bartlett	1.00									
Director	2.00	X						0.	0.	0.
(3) John Brumsted, M.D.	2.00									
CEO UVM Health Network	48.00	X						0.	1,813,087.	213,890.
(4) Anne Collins	1.00									
Director	2.00	X						0.	0.	0.
(5) Sivan Cotel	1.00									
Vice-Chair	2.00	X		X				0.	0.	0.
(6) Matthew Curran	1.00									
Director	2.00	X						0.	0.	0.
(7) Kim Downs-Burns	1.00									
Director	2.00	X						0.	0.	0.
(8) Richard Foote	1.00									
Director	2.00	X						0.	0.	0.
(9) Lewis Holmes, M.D.	40.00									
Director	2.00	X						165,274.	0.	4,942.
(10) Stephen Koller, M.D.	1.00									
Director	2.00	X						0.	0.	0.
(11) Linn Larson, M.D.	1.00									
Interim Secretary	2.00	X		X				0.	0.	0.
(12) Maureen McLaughlin	3.00									
Chairperson	2.00	X		X				0.	0.	0.
(13) Cheryl Mullins	1.00									
Director	2.00	X						0.	0.	0.
(14) Linda Schiffer	1.00									
Director	2.00	X						0.	0.	0.
(15) Steve Terry	1.00									
Director	2.00	X						0.	0.	0.
(16) Bill Townsend	1.00									
Interim Treasurer	2.00	X		X				0.	0.	0.
(17) Peter DeGraff	1.00									
Past Director	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) Jim Keyes	1.00									
Past Treasurer	2.00	X		X				0.	0.	0.
(19) Kate McIntosh	1.00									
Past Director	2.00	X						0.	0.	0.
(20) Fred Kniffin, M.D.	40.00									
CEO	2.00			X				5,337.	396,382.	32,114.
(21) Jennifer Bertrand	40.00									
CFO	2.00			X				0.	211,584.	6,308.
(22) Eric Benz, M.D.	40.00									
Orthopedic Surgeon						X		614,069.	0.	13,500.
(23) Benjamin Rosenberg, M.D.	40.00									
Orthopedic Surgeon						X		594,726.	0.	13,500.
(24) Gavin Noble, M.D.	40.00									
MD Cardiology						X		496,746.	0.	40,413.
(25) Amanda Young, M.D.	40.00									
Medical Director/ED Physician						X		347,734.	0.	37,560.
(26) Mario Capparuccini, M.D.	40.00									
MD Hospitalist						X		280,871.	0.	28,960.
1b Sub-total ▶								2,879,464.	2,421,053.	412,794.
c Total from continuation sheets to Part VII, Section A ▶								0.	479,134.	0.
d Total (add lines 1b and 1c) ▶								2,879,464.	2,900,187.	412,794.

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 ▶ 66

		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	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Alliance Healthcare Services, Inc. 100 Bayview Circle, Newport Beach, CA 92660	Radiology Services	462,203.
Phillips Healthcare Informatics P.O. Box 403831, Atlanta, GA 30384-3831	Radiology Equipment Service Agreement	373,634.
Medical Information Tech, Inc. 1 Meditech Circle, Westwood, MA 02090	IT Support Services	354,473.
Marcam Associates P.O. Box 60, Rochester, NH 03866-0060	Collection Services	337,055.
University of VT TSP/IMF P.O. Box 1902, Burlington, VT 05402	Lab Services	310,397.

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 ▶ 14

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) James Daily Former CEO	0.00						X	0.	374,371.	0.
(28) Lynn Boggs Former CEO	0.00						X	0.	104,763.	0.
Total to Part VII, Section A, line 1c									479,134.	

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	215,329.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		215,329.			
		Business Code				
Program Service Revenue	2 a Patient Revenue	621110	167,523,165.	167,523,165.		
	b Miscellaneous Revenue	621110	13,925,923.	13,696,809.	330.	228,784.
	c Pharmacy Sales	621110	3,101,529.			3,101,529.
	d Provision for Bad Debt	621110	-4,231,055.	-4,231,055.		
	e Contractual/Charity Care Adj.	621110	-94,607,252.	-94,607,252.		
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		85,712,310.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		458,822.			458,822.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents	148,323.				
	b Less: rental expenses	7,290.				
	c Rental income or (loss)	141,033.				
	d Net rental income or (loss) ▶		141,033.			141,033.
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses	35,502.				
	c Gain or (loss)	-35,502.				
	d Net gain or (loss) ▶		-35,502.			-35,502.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10 a 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**				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 **Total revenue.** See instructions. ▶		86,491,992.	82,381,667.	330.	3,894,666.

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 [X]

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,270.	11,270.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	566,530.	566,530.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	36,204,276.	33,001,324.	3,202,952.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,765,720.	1,610,197.	155,523.	
9 Other employee benefits	6,320,849.	5,769,162.	551,687.	
10 Payroll taxes	2,402,055.	2,192,671.	209,384.	
11 Fees for services (non-employees):				
a Management	4,105,552.	3,747,676.	357,876.	
b Legal	71,071.	64,876.	6,195.	
c Accounting	79,893.	72,929.	6,964.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,428,985.	7,694,241.	734,744.	
12 Advertising and promotion	98,322.	89,751.	8,571.	
13 Office expenses	1,884,842.	1,720,543.	164,299.	
14 Information technology	262,103.	239,256.	22,847.	
15 Royalties				
16 Occupancy	2,729,861.	2,491,902.	237,959.	
17 Travel	90,704.	82,797.	7,907.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78,717.	71,855.	6,862.	
20 Interest	344,602.	272,956.	71,646.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,858,521.	2,585,978.	272,543.	
23 Insurance	936,910.	855,241.	81,669.	
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 Medical Supplies	7,281,911.	7,281,911.		
b Medicare Provider Tax	4,703,348.	4,703,348.		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	81,226,042.	75,126,414.	6,099,628.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	10,217.	1	25,871.
	2	Savings and temporary cash investments	18,708,675.	2	21,098,934.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,962,468.	4	13,763,918.
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	19,283.	7	640.
	8	Inventories for sale or use	1,543,327.	8	1,759,415.
	9	Prepaid expenses and deferred charges	1,439,577.	9	693,937.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 54,583,196.			
	b	Less: accumulated depreciation — 10b 35,605,751.	19,087,180.	10c	18,977,445.
	11	Investments - publicly traded securities	5,928,256.	11	6,245,194.
	12	Investments - other securities. See Part IV, line 11	3,685,568.	12	3,683,951.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,166,914.	15	2,362,825.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	63,551,465.	16	68,612,130.
Liabilities	17	Accounts payable and accrued expenses	8,700,628.	17	9,611,130.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	11,642,410.	20	11,136,923.
	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	491,659.	23	201,633.
	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	8,390,741.	25	8,388,535.
	26	**Total liabilities.** Add lines 17 through 25	29,225,438.	26	29,338,221.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	30,264,647.	27	35,158,179.
	28	Temporarily restricted net assets	375,811.	28	314,097.
	29	Permanently restricted net assets	3,685,569.	29	3,801,633.
		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	34,326,027.	33	39,273,909.
	34	Total liabilities and net assets/fund balances	63,551,465.	34	68,612,130.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	86,491,992.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,226,042.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,265,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,326,027.
5	Net unrealized gains (losses) on investments	5	
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	-318,068.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,273,909.

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 [X] 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Porter Hospital, Inc.

Employer identification number 03-0181058

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 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box 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	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 732021 10-06-17 **Schedule A (Form 990 or 990-EZ) 2017**

09160809 757052 140061.AA-10 2017.06000 Porter Hospital, Inc. 14006141

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 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 from 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 in line 12 on 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 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 yea* **(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):			
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. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result 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			

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Name of the organization	**Employer identification number**
Porter Hospital, Inc.	03-0181058

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.**

Name of organization	Employer identification number
Porter Hospital, Inc.	03-0181058

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 91,716.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Porter Hospital, Inc.	03-0181058

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
Porter Hospital, Inc.	03-0181058

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.**

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

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 organization	Employer identification number
Porter Hospital, Inc.	03-0181058

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

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

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

5 Enter the names, addresses and 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

LHA

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		15,329.
j Total. Add lines 1c through 1i			15,329.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part II-B, Line 1, Lobbying Activities:

The Organization pays dues to various associations, a portion of which is attributable to lobbying expenses.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization Porter Hospital, Inc.

Employer identification number 03-0181058

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 a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 on 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	3,685,569.	3,445,391.	3,549,614.	3,603,171.	3,423,515.
b Contributions					
c Net investment earnings, gains, and losses	116,064.	240,178.	-104,223.	-53,557.	179,656.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,801,633.	3,685,569.	3,445,391.	3,549,614.	3,603,171.

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ .00 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		27,278,646.	15,158,365.	12,120,281.
c Leasehold improvements				
d Equipment		25,003,796.	19,091,798.	5,911,998.
e Other		2,300,754.	1,355,588.	945,166.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				18,977,445.

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		
(B) Trusts	3,683,951.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,683,951.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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	
(2) Estimated Third Party Settlements	2,774,391.
(3) Deferred Compensation	1,204,646.
(4) Due to Affiliate	829,566.
(5) Liability for Pension Benefits	3,579,932.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	8,388,535.

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.

Part V, line 4:

Income from endowments supports the Organization's mission by providing funds for charity care and additionally offsets a portion of the Organization's operating expenses.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Porter Hospital, Inc.

Employer identification number 03-0181058

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	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☒ 350% ☐ 400% ☐ Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's 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	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a		X
b	If "Yes," did the organization make it available to the public?	6b		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			674,637.		674,637.	.83%
b Medicaid (from Worksheet 3, column a)			12,077,325.	9,269,082.	2,808,243.	3.46%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			12,751,962.	9,269,082.	3,482,880.	4.29%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			701,363.	474,126.	227,237.	.28%
f Health professions education (from Worksheet 5)			286,476.		286,476.	.35%
g Subsidized health services (from Worksheet 6)			1,272,891.		1,272,891.	1.57%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,270.		11,270.	.01%
j **Total.** Other Benefits			2,272,000.	474,126.	1,797,874.	2.21%
k **Total.** Add lines 7d and 7j			15,023,962.	9,743,208.	5,280,754.	6.50%

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 Healthcare Financial Management Association Statement No. 15?	1		X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,944,386.		
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			
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	16,346,551.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	17,669,241.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,322,690.

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

		Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

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

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Porter Hospital, Inc. 115 Porter Drive Middlebury, VT 05753 www.portermedical.org 883	X	X			X		X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Porter Hospital, Inc.

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		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 17			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): See Part V, Section C for CHNA link.			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): See Part V, Section C for Implementation Plan link.			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X	
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	X	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ 50,000.			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Porter Hospital, Inc.

			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	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 350 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): See Part V, Page 8			
b	[X] The FAP application form was widely available on a website (list url): See Part V, Page 8			
c	[X] A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Porter Hospital, Inc.

		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	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) 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	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group Porter Hospital, Inc.

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

Porter Hospital, Inc.:

Part V, Section B, Line 5: A Steering Committee comprised of the Community Health Action Team, the Addison County Integrating Family Services and Building Bright Futures recruited member organizations to represent the community. Additionally, in the Spring of 2018 a community survey was launched to assess the top health and social needs of our community. 594 Addison County residents completed the survey. A list of the member organizations can be found below.

-University of Vermont Health Network-Porter Medical Center

-Counseling Service of Addison County

-Addison County Home Health & Hospice

-Elderly Services

-Agency of Human Services

-United Way of Addison County

-Parent Child Center

-Mountain Health Center

-OneCare VT

-Vermont Blueprint for Health - Middlebury

-Addison County Building Bright Futures

-Department of Children and Families- Middlebury District, Family and Economic Services

-Vermont Department of Health - Middlebury District Office

-Addison County Community Trust

-Middlebury College

-Addison County Regional Planning Commission

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.

-Addison County School Districts (3) School Representative

Porter Hospital, Inc.:

Part V, Section B, Line 11: Please see attached Community Health Needs Assessment & Implementation Plan. The Hospital's CHNA & Implementation Plan can also be accessed via the Hospital's website - http://www.portermedical.org/2018%20CHNA%20draft%203.pdf

Porter Hospital, Inc.

Part V, line 16a, FAP website:

http://portermedical.org/patient_financial_information.html

Porter Hospital, Inc.

Part V, line 16b, FAP Application website:

http://portermedical.org/patient_financial_information.html

Porter Hospital, Inc.

Part V, line 16c, FAP Plain Language Summary website:

http://portermedical.org/patient_financial_information.html

Porter Hospital, Inc.:

Part V, Section B, Line 24: The organization will initially bill a patient not having insurance the organizations standard and customary charges. An FAP-eligible patient will receive an adjusted bill reflective

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.

of the amounts generally billed to patients having Medicare coverage and will also be awarded financial assistance based on the patients eligibility and will receive discounts ranging from 0% to 100% of the charge depending upon financial need.

Part V, Section B, Line 12a

Although we completed our CHNA within the stipulated timeframe, we did not however meet the full requirements for the timing of board approval and posting to our website. Board approval was required by 9-30-18, final approval of the CHNA was obtained on November 7, 2018. Additionally, a secondary stipulation under the 501r guidelines requires the CHNA to be made "Widely available to the public" by 9-30-18, which our website serves to fulfill this purpose. However, the 2018 CHNA was not posted to our website until November 1, 2018. In July 2019, the Form 4720 was filed and the related penalty was paid.

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? 10

Name and address	Type of Facility (describe)
1 UVMHN-PMC Orthopedics 1436 Exchange Street Middlebury, VT 05753	Physician Clinic
2 UVMHN-PMC Primary Care-Middlebury 82 Catamount Park Middlebury, VT 05753	Family Physician Clinic
3 UVMHN-PMC Primary Care-Vergennes 10 North Street Vergennes, VT 05491	Family Physician Clinic
4 UVMHN-PMC Pediatric Primary Care 1330 Exchange Street, #201 Middlebury, VT 05753	Physician Clinic
5 UVMHN-PMC Primary Care-Brandon 61 Court Drive Brandon, VT 05733	Family Physician Clinic
6 UVMHN-PMC Ear, Nose & Throat 1330 Exchange Street, #202 Middlebury, VT 05753	Physician Clinic
7 UVMHN-PMC Primary Care-Bristol 61 Pine Street Bristol, VT 05443	Physician Clinic
8 UVMHN-PMC Cardiology 115 Porter Drive Middlebury, VT 05753	Physician Clinic
9 UVMHN-PMC Podiatry 76 Court Street Middlebury, VT 05753	Physician Clinic
10 UVMHN-PMC Women's Health 116 Porter Drive Middlebury, VT 05753	Physician Clinic

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.

Part I, Line 6a:

An annual report to the Community was prepared by Porter Medical Center, the parent corporation of Porter of Porter Hospital, Inc.

Part I, Line 7:

The Organization used a cost-to-charge ratio as its methodology for calculating amounts on Lines 7a & 7b. An actual costing methodology was used to calculate the amounts on lines 7f & 7i.

Part III, Line 2:

The Organization used the cost-to-charge ratio as its costing methodology to calculate bad debt expense at cost.

Part III, Line 4:

Accounts receivable are reduced by an allowance for doubtful accounts. UVM Health Network analyzes its past history for patients with self-pay balances, either after third party insurance payment (deductible and co-pay balances) or those without insurance. UVM Health Network records

Part VI Supplemental Information *(Continuation)*

and allowance for doubtful accounts in the period of service based on past experience of patients unwilling to pay a portion of their bill for which they are financially responsible.

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

The Organization used the Medicare Cost Report to report Medicare allowable costs of care related to the payments on Schedule H, Part III, Section B. Medicare, Line 6.

Part III, Line 9b:

Porter Hospital, Inc. recognizes that it has a responsibility to provide care to all patients regardless of their ability to pay and make available financial assistance for those patients that have been identified as financially needy through written documentation. Information regarding financial assistance is made available upon request.

Part VI, Line 2:

Please see attached Community Health Needs Assessment & Implementation Plan. The Hospital's CHNA & Implementation Plan can also be accessed via the Hospital's website - www.portermedical.org.

Part VI, Line 3:

Porter Hospital's Financial Assistance Program is posted on the Porter Medical Center Web Site. In addition, a brochure about your rights and

Part VI Supplemental Information *(Continuation)*

responsibilities as a patient is available to all patients. The brochure states that the patient has the right to receive the most appropriate medical treatment available regardless of ability to pay and receive information about financial assistance, and this language is also posted in all patient registration areas.

Part VI, Line 4:

Porter Hospital, Inc. is the major provider of health care in Addison County, Vermont. Porter Hospital, Inc. also provides services to residents of northern Rutland County, Vermont, Essex County, New York and elsewhere in this region.

Part VI, Line 5:

Porter Hospital, Inc. provides rent free clinic space and vouchers for no-cost ancillary services to the local Open Door Clinic in its role as a catalyst in the delivery of health care services to its entire community.

Porter Hospital, Inc. offers free and low cost community education programs on health care topics including memory loss, dementia, breast cancer screening, basic diabetes, CPR, smoking cessation, parenting, prenatal exercise and breast feeding.

A majority of the governing body is comprised of persons who reside in its service area and who are neither employees nor contractors of Porter Hospital, Inc. nor family members thereof. Medical staff privileges are extended to all qualified physicians in the community.

Surplus funds are invested in technology, facilities and programs.

Part VI Supplemental Information *(Continuation)*

Part VI, Line 6:

Porter Hospital, Inc. and Helen Porter Nursing Home, Inc. are wholly owned subsidiaries of Porter Medical Center. All corporations are affiliates of the University of Vermont Health Network effective April 2017. Through its subsidiaries, Porter Medical Center provides a continuum of health services including in-patient care, out-patient care, short-term rehabilitation, long-term rehabilitation, long-term care, dementia care, wellness programs and prevention programs.

Part VI, Line 7, List of States Receiving Community Benefit Report:

VT

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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Porter Hospital, Inc.

Employer identification number: 03-0181058

Part I **General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Open Door Clinic 100 Porter Drive Middlebury, VT 05753	03-0359531	501(c)(3)	0.	7,287.	FMV	Use of space on Hospital Campus	Operational Assistance

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

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2017)

732101 11-01-17

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

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

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

Part I, Line 2:

Porter Hospital provides physician office space on campus as well as at one of Porter Hospital's off-site physician practice office to the Open Door Clinic.

Porter Hospital provides this in-kind, non-cash assistance to further the mission of out-reach to the medically needy within the Addison County healthcare community. This support dovetails with the mission of the Blueprint for Health to stabilize chronic health conditions for the most

Part IV Supplemental Information

fragile social-economic population.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Porter Hospital, Inc.

Employer identification number: 03-0181058

Part I Questions Regarding Compensation

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2017

732111 10-17-17

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Kristofer Anderson, M.D.	(i)	342,789.	31,577.	341.	13,500.	8,107.	396,314.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) John Brumsted, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
CEO UVM Health Network	(ii)	1,023,959.	613,889.	175,239.	186,643.	27,247.	2,026,977.	0.
(3) Lewis Holmes, M.D.	(i)	160,994.	3,732.	548.	4,942.	0.	170,216.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Fred Kniffin, M.D.	(i)	5,337.	0.	0.	0.	0.	5,337.	0.
CEO	(ii)	359,721.	0.	36,661.	13,500.	18,614.	428,496.	0.
(5) Jennifer Bertrand	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	190,273.	20,000.	1,311.	6,308.	0.	217,892.	0.
(6) Eric Benz, M.D.	(i)	534,739.	16,631.	62,699.	13,500.	0.	627,569.	0.
Orthopedic Surgeon	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Benjamin Rosenberg, M.D.	(i)	534,739.	16,631.	43,356.	13,500.	0.	608,226.	0.
Orthopedic Surgeon	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Gavin Noble, M.D.	(i)	375,665.	120,666.	415.	13,500.	26,913.	537,159.	0.
MD Cardiology	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Amanda Young, M.D.	(i)	289,626.	0.	58,108.	10,647.	26,913.	385,294.	0.
Medical Director/ED Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Mario Capparuccini, M.D.	(i)	278,914.	0.	1,957.	8,536.	20,424.	309,831.	0.
MD Hospitalist	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) James Daily	(i)	0.	0.	0.	0.	0.	0.	0.
Former CEO	(ii)	0.	0.	374,371.	0.	0.	374,371.	374,371.
(12) Lynn Boggs	(i)	0.	0.	0.	0.	0.	0.	0.
Former CEO	(ii)	0.	0.	104,763.	0.	0.	104,763.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 3:

Porter Medical Center (PMC), a related organization, establishes the compensation for the Organization's CEO. Porter Medical Center uses a variety of resources to establish compensation as follows:

1. Independent compensation consultant
2. Written employment contract
3. Approval by the PMC Board

Part I, Lines 4a-b:

Lynn Boggs, former CEO, received $104,763 for severance compensation.

James Daily, former President/CEO, received a payout of $374,371 from his 457(f) deferred compensation plan.

Part I, Line 7:

Kristofer Anderson, M.D., Lewis Holmes, M.D., Gavin Noble, M.D., Benjamin Rosenber, M.D., and Eric Benz, M.D. received bonuses which were based on

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.

their productivity and quality.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization: Porter Hospital, Inc.

Employer identification number: 03-0181058

Part I Bond Issues

See Part VI for Column (a) Continuations

	(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) Pooled financing Yes	(i) Pooled financing No
A	Vermont Educational and Health Buildings Financi	23-7154467	None	08/06/15	12,650,000.	Refund 2006 Series A Bonds		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,513,077.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	12,650,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	138,787.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	12,511,213.			
12	Other unspent proceeds				
13	Year of substantial completion	2015			

		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							
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 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						
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 non-governmental 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 isn't available under applicable regulations?		X						

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

Schedule K, Part I, Bond Issues:
(a) Issuer Name: Vermont Educational and Health Buildings Financing Agency

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization: Porter Hospital, Inc.

Employer identification number: 03-0181058

Form 990, Part III, Line 4a, Program Service Accomplishments:

facilities. Imaging includes radiology, nuclear medicine, MRI, ultrasound, and CT Scan. Porter provides free care to patients who meet certain criteria. Foregone charges furnished under Porter's Free care policy amounted to $1,496,307, with a cost of $689,176 for the fiscal year ending 9/30/18. Porter provides a number of community health outreach programs to the general public for free. The programs include but are not limited to diabetes education, breast cancer screening, prenatal classes, breastfeeding classes, and CPR courses. Porter provides clinical office space to the Open Door Clinic. Finally, Porter has partnered with local career center, as well as colleges to provided clinical exposure to their students with goals of developing future healthcare workers for the community.

Form 990, Part VI, Section A, line 6:

Prior to April 1, 2017, Porter Medical Center did have members; however, with the affiliation the University of Vermont Health Network became the sole member of Porter Medical Center.

Form 990, Part VI, Section A, line 7a:

The University of Vermont Health Network, as Porter Medical Center's sole member, has reserve powers that allow the University of Vermont Health Network to refuse the acceptance of new board members appointed by the Porter Medical Center Board of Directors if The University of Vermont Health Network does not agree with the choice of appointments. As a result, the process of appointing members to the governing body is a collaboration

Name of the organization: Porter Hospital, Inc.

Employer identification number: 03-0181058

of the Porter Medical Center Board of Directors and the University of Vermont Health Network.

Form 990, Part VI, Section A, line 7b:

The University of Vermont Health Network has certain reserve powers that require it to approve certain decisions made the Porter Medical Center Board of Directors.

Form 990, Part VI, Section B, line 11b:

The Form 990 is presented the completed Form 990 to the UVMHN/PMC Finance Committee and management and make electronic copy available to all Board Members prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Organization's CFO and Controller are responsible for regularly and consistently monitoring and enforcing compliance with the conflict of interest policy. When bids are solicited to include the business of a Board member, those bids are reviewed by the Board of Directors to assure adherence to the Hospital's lowest bid policy. When an issue comes up to a vote and it is connected, in any way, to the business of a Board member, the member must recuse him/herself from the vote.

Form 990, Part VI, Section B, Line 15a:

The Organization's executive committee reviews comparative data prepared by a consultant prior to referral of compensation to the board of directors. The board of directors review the findings of the consultant and vote to approve the salary of the CEO.

Name of the organization: Porter Hospital, Inc.

Employer identification number: 03-0181058

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part IX, Line 11g, Other Fees:

Purchased Services:

Program service expenses	7,694,241.
Management and general expenses	734,744.
Fundraising expenses	0.
Total expenses	8,428,985.
Total Other Fees on Form 990, Part IX, line 11g, Col A	8,428,985.

Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

Porter Hospital, Inc.

115 Porter Drive

Middlebury, VT 05753

EIN 03-0181058

Porter Hospital, Inc. is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Net Assets to Recognize Funded Status of Pension Plan	1,165,832.
Change in Beneficial Interest in Perpetual Trusts	116,064.
Equity Transfer to Affiliate	-2,450,000.

Name of the organization: Porter Hospital, Inc.

Employer identification number: 03-0181058

Equity Transfer from Affiliate	850,036.
Total to Form 990, Part XI, Line 9	-318,068.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Porter Hospital, Inc.

Employer identification number: 03-0181058

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
Porter Medical Center, Inc. - 03-0310862 37 Porter Drive Middlebury, VT 05753	Holding Company for Subsidiaries	Vermont	501(c)(3)	Line 12b, II	N/A		X
Helen Porter Nursing Home, Inc. dba Helen Porter Nursing and Rehabilitation , 30 Porter Drive, Middlebury, VT 05753	Nursing Home	Vermont	501(c)(3)	Line 3	Porter Medical Center, Inc.		X
Auxiliary of Porter Medical Center - 23-7363227, 37 Porter Drive, Middlebury, VT 05753	Supporting Organization	Vermont	501(c)(3)	Line 12b, II	Porter Medical Center, Inc.		X
Univ of Vermont Health Network, Inc - 45-2880726, 111 Colchester Ave, Burlington, VT 05401	Parent Organization	Vermont	501(c)(3)	Line 12a, I	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

732161 09-11-17 LHA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
Univ of Vermont Medical Group - 03-0225105 111 Colchester Ave Burlington, VT 05401	Physician Services	Vermont	501(c)(3)	Line 12a, I	UVM HLTH Net		X
Univ of Vermont Med Group-New York - 20-3905216, 183 Park Street, Malone, NY 12953	Physician Services	New York	501(c)(3)	Line 3	UVMMG		X
Univ of Vermont Med CTR FDN Inc. - 26-3159849, 111 Colchester Ave, Burlington, VT 05401	Fundraising	Vermont	501(c)(3)	Line 12a, I	UVMMC		X
Univ of Vermont Medical Center - 03-0219309 111 Colchester Ave Burlington, VT 05401	Hospital	Vermont	501(c)(3)	Line 3	UVM HLTH Net		X
Central Vermont Medical Center - 22-2547186 130 Fisher Road Berlin, VT 05602	Hospital	Vermont	501(c)(3)	Line 3	UVM HLTH Net		X
Community Providers, Inc. - 22-2544844 75 Beekman Street Plattsburgh, NY 12901	Health Service Coordinator	New York	501(c)(3)	Line 12a, I	UVM HLTH Net		X
Champlain Valley Phys Hospital - 14-1338471 75 Beekman Street Plattsburgh, NY 12901	Health Service Support	New York	501(c)(3)	Line 3	CPI		X
Elizabethtown Community Hospital - 14-1364513, 75 Park Street, Elizabethtown, NY 12932	Hospital	New York	501(c)(3)	Line 3	CPI		X
Emergency Medical Transport of CVPH, Inc. - 06-1718419, 75 Beekman Street, Plattsburgh, NY 12901	Ambulance Service	New York	501(c)(3)	Line 12b, II	CPI		X
CVPH Medical Center Foundation - 14-1727048 75 Beekman Street Plattsburgh, NY 12901	Health Service Support	New York	501(c)(3)	Line 12b, II	CVPH		X
University Health Center - 03-0229931 111 Colchester Ave Burlington, VT 05401	Hospital	Vermont	501(c)(3)	Line 12c, III-FI	UVMMG		X
University Medical Education Associates - 23-7107832, 89 Beaumont Avenue, Burlington, VT 05401	Educational	Vermont	501(c)(3)	Line 10	UVMMG		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	No
Alice Hyde Medical Center - 15-0346515 133 Park Street Malone, NY 12953	Hospital	New York	501(c)(3)	Line 3	CPI		X
University of Vermont Med CTR Aux, Inc. - 20-8022004, 111 Colchester Ave, Burlington, VT 05401	Service	Vermont	501(c)(3)	Line 12c, III-FI	N/A		X
University of Vermont Health Network - Home Health and Hospice - 03-0179603, 1110 Prim Road, Colchester, VT 05446	Health Service Support	Vermont	501(c)(3)	Line 3	UVM HLTH Net		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
Onecare Vermont ACO, LLC - 45-5399218, 111 Colcester Ave, Burlington, VT 05401	Accountable Care	VT	N/A	Related	0.	0.		X	N/A		X	
Adirondack ACO, LLC - 46-2840926, 75 Beekman Street, Plattsburgh, NY 12901	Accountable Care	NY	N/A	N/A	0.	0.		X	N/A		X	
Obnet Services, LLC - 04-3746287, 1 Med Ctr Dr, Lebanon, NH 03766	Health Research	NH	UVMMC	Related	0.	0.		X	N/A		X	

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
UVMMC Health Ventures, Inc. - 04-3380045 111 Colchester Ave Burlington, VT 05401	Holding Company	VT	UVMMC	C CORP	0.	0.	.00%		X
VMC Indemnity Company, LTD PO Box HM 3103, 25 Church Street Hamilton, HM FX, BERMUDA	Captive Insurance	Bermuda	UVMMC	C CORP	0.	0.	.00%		X
Vermont Managed Care, Inc. - 03-0333056 111 Colchester Ave Burlington, VT 05401	Admin Services	VT	UVM HLTH VENT	C CORP	0.	0.	.00%		X
Charitable Remainder Trust (5)	Support	VT	UVMMC/CVMC	TRUST	0.	0.	.00%		X
Prepetural Trust (4)	Support	VT	UVMMC	TRUST	0.	0.	.00%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
Charitable Irrevocable Trust (7)	Support	VT	CVMC/UVMMC	TRUST	0.	0.	.00%		X
Champlain Valley Health Network - 16-1586102 75 Beekman Street Plattsburgh, NY 12901	Admin Service	NY	CPI	C CORP	0.	0.	.00%		X
Mediquest, Inc. - 14-1663061 P.O. Box 1656 Plattsburgh, NY 12901	Med Office Lease	NY	CPI	C CORP	0.	0.	.00%		X

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

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

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

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

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information.

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

Extended to August 15, 2019

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0687

2017

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year 68,612,130.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
Porter Hospital, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.
115 Porter Drive

City or town, state or province, country, and ZIP or foreign postal code
Middlebury, VT 05753

D Employer identification number (Employees' trust, see instructions.)
03-0181058

E Unrelated business activity codes (See instructions.)
621500

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ Lab Services

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Jennifer Bertrand Telephone number ▶ 802-388-8878

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 330.				
b	Less returns and allowances c Balance ▶	1c	330.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	330.		330.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule) Statement 1	12	3,548.		3,548.
13	**Total.** Combine lines 3 through 12	13	3,878.		3,878.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule) See Statement 2			28	582.
29	**Total deductions.** Add lines 14 through 28			29	582.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	3,296.
31	Net operating loss deduction (limited to the amount on line 30) See Statement 3			31	602.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	2,694.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	1,694.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 See Statement 4 ▶	35c	330.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	330.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	330.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	330.
45 a	Payments: A 2016 overpayment credited to 2017	45a	324.		
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	324.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	6.
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	
50	Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ▶ **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
Barbara J. McGuan, CPA	Barbara J. McGuan, CPA	08/09/19		P00219457

Firm's name ▶ Berry Dunn McNeil & Parker, LLC — Firm's EIN ▶ 01-0523282

Firm's address ▶ P.O. Box 1100 Portland, ME 04104-1100 — Phone no. (207) 775-2387

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶			0.	0.
Total dividends-received deductions included in column 8 ▶				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A). 0.			Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Form 990-T Other Income Statement 1

Description	Amount
Qualified transportation fringe benefits	3,548.
Total to Form 990-T, Page 1, line 12	3,548.

Form 990-T Other Deductions Statement 2

Description	Amount
Lab Expenses	582.
Total to Form 990-T, Page 1, line 28	582.

Form 990-T Net Operating Loss Deduction Statement 3

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/16	341.	0.	341.	341.
09/30/17	261.	0.	261.	261.
NOL Carryover Available This Year			602.	602.

Form 990-T Line 35c Tax Computation Statement 4

1.	Taxable Income	1,694	
2.	Lesser of Line 1 or First Bracket Amount	1,694	
3.	Line 1 Less Line 2	0	
4.	Lesser of Line 3 or Second Bracket Amount	0	
5.	Line 3 Less Line 4	0	
6.	Income Subject to 34% Tax Rate	0	
7.	Income Subject to 35% Tax Rate	0	
8.	15 Percent of Line 2	254	
9.	25 Percent of Line 4	0	
10.	34 Percent of Line 6	0	
11.	35 Percent of Line 7	0	
12.	Additional 5% Surtax	0	
13.	Additional 3% Surtax	0	
14.	Total Income Tax		254
15.	Tax at 21% Rate effective after 12/31/2017	356	

		Days		
16.	Tax Prorated for Number of Days in 2017	92	64	
17.	Tax Prorated for Number of Days in 2018	273	266	
18.	Total Tax Prorated	365		330

Form **8868** (Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .**

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Porter Hospital, Inc.	03-0181058
	Number, street, and room or suite no. If a P.O. box, see instructions. 115 Porter Drive	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Middlebury, VT 05753	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Jennifer Bertrand 115 Porter Drive - Middlebury, VT 05753

  Telephone No. ▶ 802-388-8878 Fax No. ▶

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

1 I request an automatic 6-month extension of time until August 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or

▶ ☒ tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

723841 04-01-17

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .**

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Enter filer's identifying number

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Porter Hospital, Inc.	Employer identification number (EIN) or 03-0181058
	Number, street, and room or suite no. If a P.O. box, see instructions. 115 Porter Drive	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Middlebury, VT 05753	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Jennifer Bertrand 115 Porter Drive - Middlebury, VT 05753
  Telephone No. ▶ 802-388-8878 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until August 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
▶ ☒ tax year beginning OCT 1, 2017 , and ending SEP 30, 2018 .

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

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 324.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

723841 04-01-17

Electronic Filing PDF Attachment

BerryDunn

PORTER MEDICAL CENTER INC. AND SUBSIDIARIES

d/b/a THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

CONSOLIDATED FINANCIAL STATEMENTS

with

SUPPLEMENTARY INFORMATION

September 30, 2018

With Independent Auditor's Report

PORTER MEDICAL CENTER, INC. AND SUBSIDIARIES D/B/A THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

September 30, 2018

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Porter Medical Center, Inc. and Subsidiaries d/b/a The University of Vermont Health Network - Porter Medical Center, Inc.

We have audited the accompanying consolidated financial statements of Porter Medical Center, Inc. and Subsidiaries d/b/a The University of Vermont Health Network - Porter Medical Center, Inc. (Medical Center), which comprise the consolidated balance sheet as of September 30, 2018, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Porter Medical Center, Inc. and Subsidiaries d/b/a The University of Vermont Health Network - Porter Medical Center, Inc. as of September 30, 2018, and the results of their operations, changes in their net assets and their cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles.

Board of Directors
Porter Medical Center, Inc. and Subsidiaries d/b/a The University of Vermont Health Network - Porter Medical Center, Inc.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary consolidating information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 7, 2018
Registration No. 92-0000278

PORTER MEDICAL CENTER, INC. AND SUBSIDIARIES D/B/A THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

Consolidated Balance Sheet

September 30, 2018

ASSETS

Current assets	
Cash and cash equivalents	$ 24,067,700
Assets limited as to use	247,250
Patient accounts receivable, net	12,821,868
Other receivables, net	2,100,179
Supplies	1,777,069
Prepaid expenses and other	707,090
Resident deposits	23,527
Total current assets	41,744,683
Assets limited as to use, deferred compensation plan assets	1,413,701
Long-term investments	6,555,318
Property and equipment, net	21,604,783
Beneficial interest in perpetual trusts	3,683,951
Total assets	$ 75,002,436

LIABILITIES AND NET ASSETS

Current liabilities	
Current portion of long-term debt	$ 821,872
Accounts payable and accrued expenses	4,412,987
Resident deposits	23,527
Accrued payroll and related liabilities	4,482,726
Accrued compensated absences	3,087,183
Estimated third-party settlements	1,846,295
Due to affiliates	404,636
Total current liabilities	15,079,226
Liability for pension benefits	4,275,179
Deferred compensation	1,413,028
Long-term third-party settlements, net of current portion	1,053,096
Long-term debt, net of current portion	13,248,691
Total liabilities	35,069,220
Net assets	
Without donor restrictions (Note 9)	35,677,114
With donor restrictions (Note 9)	4,256,102
Total net assets	39,933,216
Total liabilities and net assets	$ 75,002,436

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

PORTER MEDICAL CENTER, INC. AND SUBSIDIARIES D/B/A THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

Consolidated Statement of Operations

Year Ended September 30, 2018

Revenues without donor restrictions, gains and other support	
Patient service revenue (net of contractual allowances and discounts)	$ 82,575,598
Less provision for bad debts	4,278,046
Net patient service revenue	78,297,552
Fixed prospective revenue	10,480,607
Other operating income	3,725,015
Net assets released from restrictions used for operations	2,397
Total revenues without donor restrictions, gains and other support	92,505,571
Expenses	
Professional care of patients	51,783,139
General services	5,052,170
Administrative and fiscal services	27,177,028
Health care improvement tax	5,219,899
Depreciation	3,096,885
Interest	430,061
Total expenses	92,759,182
Operating loss	(253,611)
Nonoperating gains	
Contributions	319,233
Investment return	471,614
Other program income, net	3,101,529
Nonoperating gains, net	3,892,376
Excess of revenues, gains, other support and nonoperating gains over expenses	3,638,765
Net assets released from restrictions used for purchase of property and equipment	426,501
Change in net assets to recognize funded status of pension plan	1,458,083
Transfer from University of Vermont Medical Center, Inc.	550,036
Increase in net assets without donor restrictions	$ 6,073,385

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

PORTER MEDICAL CENTER, INC. AND SUBSIDIARIES D/B/A THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

Consolidated Statement of Changes in Net Assets

Year Ended September 30, 2018

	Without Donor Restrictions	With Donor Restrictions	Total
Balances, October 1, 2017	$ 29,603,729	$ 4,098,717	$ 33,702,446
Excess of revenues, gains, other support and nonoperating gains over expenses	3,638,765	-	3,638,765
Net assets released from restrictions used for operations	-	(2,397)	(2,397)
Net assets released from restrictions used for purchase of property and equipment	426,501	(426,501)	-
Change in net assets to recognize funded status of pension plan	1,458,083	-	1,458,083
Transfer from affiliate	550,036	-	550,036
Contributions	-	470,219	470,219
Change in beneficial interest in perpetual trusts	-	116,064	116,064
Net increase in net assets	6,073,385	157,385	6,230,770
Balances, September 30, 2018	$ 35,677,114	$ 4,256,102	$ 39,933,216

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

PORTER MEDICAL CENTER, INC. AND SUBSIDIARIES D/B/A THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

Consolidated Statement of Cash Flows

Year Ended September 30, 2018

Cash flows from operating activities	
Change in net assets	$ 6,230,770
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Loss on disposal of property and equipment	150,995
Depreciation	3,096,885
Provision for bad debts	4,278,046
Change in net assets to recognize funded status of pension plan	(1,458,083)
Change in beneficial interest in perpetual trusts	(116,064)
Transfer from affiliate	(550,036)
(Increase) decrease in	
Patient accounts receivable, net	(5,553,155)
Assets limited as to use	(91,281)
Supplies, prepaids and other current assets	(925,439)
Increase (decrease) in	
Accounts payable and accrued expenses	1,220,100
Accrued payroll and related liabilities	131,637
Deferred compensation	(100,543)
Estimated third-party settlements	801,837
Due to affiliates	253,531
Net cash provided by operating activities	7,369,200
Cash flows from investing activities	
Purchase of investments	(359,085)
Proceeds from sale of investments	433,688
Change in investments held at Middlebury College	(196,756)
Purchase of property and equipment	(3,402,176)
Net cash used by investing activities	(3,524,329)
Cash flows from financing activities	
Principal payments on long-term debt	(924,682)
Net cash used by financing activities	(924,682)
Net increase in cash and cash equivalents	2,920,189
Cash and cash equivalents, beginning of year	21,147,511
Cash and cash equivalents, end of year	$ 24,067,700
Supplemental cash flows information	
Interest paid	$ 430,061

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

Nature of Operations, Reporting Entity and Principles of Consolidation

Porter Medical Center, Inc. and Subsidiaries d/b/a The University of Vermont Health Network – Porter Medical Center, Inc. (PMC) was organized in 1986 to serve as a parent holding company for three subsidiaries: Porter Hospital, Inc. (Hospital), Helen Porter Nursing Home, Inc. (HPNH) and Porter Real Estate Holdings, LLC (PREH). The Hospital operates a 25-bed not-for-profit critical access hospital. HPNH operates a 105-bed not-for-profit long-term community oriented skilled healthcare and rehabilitation center. PREH is a single-member LLC real estate holding company that is owned 100% by PMC. All of these companies are Vermont corporations and operate out of facilities in Middlebury, Vermont.

On April 1, 2017, The University of Vermont Health Network, Inc. (UVM Health Network) entered into an affiliation agreement whereby UVM Health Network became the sole corporate member of PMC.

UVM Health Network is a non-profit, tax-exempt Vermont corporation and the sole corporate member of University of Vermont Medical Center, Inc. (UVMMC), University of Vermont Health Network Medical Group, Inc., The University of Vermont Health Network - Central Vermont Medical Center, Inc., The University of Vermont Health Network - Porter Medical Center, Inc., and Community Providers, Inc., doing business as University of Vermont Health Network – Adirondack Region. UVM Health Network's purpose is to establish an integrated regional healthcare system for the development of a highly coordinated healthcare network to improve the quality, increase the efficiencies, and lower the costs of healthcare delivery in the regions it serves.

The consolidated financial statements include the accounts of PMC, Hospital, HPNH, and PREH (collectively, Medical Center). Significant intercompany accounts and transactions have been eliminated in consolidation.

1. Summary of Significant Accounting Policies

Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 958, *Not-For-Profit Entities*. Under FASB ASC 958 and FASB ASC 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a balance sheet, a statement of operations, a statement of changes in net assets, and a statement of cash flows. FASB ASC 954 requires reporting amounts for an organization's total assets, liabilities, and net assets in a balance sheet; reporting the change in an organization's net assets in statements of operations and changes in net assets; and reporting the change in its cash and cash equivalents in a statement of cash flows.

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Medical center. These net assets may be used at the discretion of the Medical Center's management and the board of directors.

Net assets without donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Medical Center or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of operations.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include all liquid investments with original maturities of three months or less, other than deferred compensation plan investments and long-term investments, to be cash equivalents. At September 30, 2018, cash equivalents consisted primarily of money market accounts with brokers.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and all investments in debt securities are measured at fair value in the balance sheet. Investment return or loss (including realized gains and losses on investments, interest and dividends) is included in nonoperating gains unless the income or loss is restricted by donor or law.

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

Assets Limited as to Use

Assets limited as to use are HPNH restricted donations and assets held by trustees under indenture agreements and deferred compensation plan assets and are comprised of cash and short-term investments at September 30, 2018. Amounts required to meet current liabilities of the Medical Center are included in current assets.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect for services rendered from third-party payors, patients and others. Management provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. Accounts are considered delinquent and subsequently written off as uncollectible based on individual credit evaluation and specific circumstances of the account.

In evaluating the collectibility of accounts receivable, the Medical Center analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts. For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or eligible) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

Meaningful Use Revenue

The Medicare and Medicaid electronic health record (EHR) incentive programs provide a financial incentive for achieving "meaningful use" of certified EHR technology. The meaningful use attestation for Medicare is subject to audit by the Centers for Medicare & Medicaid Services in future years. As part of this process, a final settlement amount for the incentive payments could be established that differs from the initial calculation, and could result in return of a portion or all of the incentive payments received by the Medical Center. The Medical Center recorded meaningful use revenue of approximately $136,000 for the year ended September 30, 2018 and management has determined that no allowance is needed against these revenues. Meaningful use revenue is included in other revenue in the consolidated statement of operations.

Supplies

The Medical Center records supply inventories at the lower of cost, determined using the first-in, first-out method, or market.

Property and Equipment

Property and equipment acquisitions are recorded at cost, or, if contributed, at fair market value determined at the date of donation. Depreciation is provided over the estimated useful life of each

class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the asset's estimated useful life. Such amortization is included in depreciation and amortization in the financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as revenues without donor restrictions and are excluded from the excess of revenues, gains, other support and nonoperating gains over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Land Lease

The Medical Center has multiple land lease agreements with Middlebury College, upon which the entire main campus is located, inclusive of HPNH and outer lying modular office buildings. The terms of the leases are renewed and extended from year-to-year, indefinitely, until one party gives to the other party written notice of termination.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and are adjusted in future periods as final settlements are determined.

Charity Care

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Fixed Prospective Revenue

The Hospital is a participant in OneCare Vermont, LLC (OneCare), a statewide Accountable Care Organization (ACO). Beginning January 1, 2017, the Hospital entered into a risk bearing arrangement through the Vermont Medicaid program. Beginning January 1, 2018, the Hospital accepted additional risk as a member of OneCare by participating in the Medicare Next Generation Model. Under both the Medicare Next Generation Model and Vermont Medicaid program, the

Hospital receives monthly fixed prospective payments for services provided to attributed members. The ACO is responsible for both the cost and quality of care for each attributed member. This is true whether that person uses little or no care or whether they require services consistently throughout the year. The Hospital recognizes their share of annual contract settlements as an increase or decrease to fixed prospective revenue.

Contributions

Unconditional promises to give cash and other assets are recorded at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in net assets without donor restrictions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor. Donor-restricted contributions whose restrictions are met within the same year as received are included in other operating revenue in the accompanying financial statements.

Excess of Revenues, Gains, Other Support and Nonoperating Gains Over Expenses

The statement of operations includes excess of revenues, gains and other support over expenses and nonoperating gains. Changes in net assets without donor restrictions which are excluded from this measure, consistent with industry practice, include defined benefit plan adjustments, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

Income Taxes

PMC, Hospital, and HPNH are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and are exempt from federal income taxes on related income. PREH is a single member LLC owned 100% by PMC and is considered a disregarded entity for tax purposes.

Recently Issued Accounting Pronouncement

In August 2016, FASB issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958)*, which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for profit financial reporting. Under the new ASU, net asset reporting will be streamlined and clarified. The existing three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called “net assets with donor restrictions.” The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment have also been simplified and clarified. New disclosures will

highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. The ASU also imposes several new requirements related to reporting expenses. The ASU is effective for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Medical Center and early adoption is permitted. The Medical Center elected to adopt the guidance early in fiscal year 2018.

Subsequent Events

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, the Medical Center has considered transactions or events occurring through December 7, 2018, which was the date the financial statements were issued.

2. Net Patient Service Revenue and Patient Accounts Receivable

Net Patient Service Revenue

Patient service revenue and contractual and other allowances consisted of the following for the year ended September 30, 2018:

Inpatient	$ 51,760,755
Outpatient	127,714,875
Gross patient service revenue	179,475,630
Less Medicare and Medicaid allowances	71,416,903
Less other contractual allowances	23,986,822
Less charity care and other discounts	1,496,307
	96,900,032
Patient service revenue (net of contractual allowances and discounts)	82,575,598
Less provision for bad debts	4,278,046
Net patient service revenue	$ 78,297,552

Patient Accounts Receivable

Patient accounts receivable consisted of the following at September 30, 2018:

Gross patient accounts receivable	$ 30,295,294
Less: Estimated contractual allowances	14,866,251
Estimated allowance for doubtful accounts and charity care	2,607,175
Net patient accounts receivable	$ 12,821,868

During 2018, the Medical Center increased its estimate from $1,599,182 to $1,802,630 in the allowance for doubtful accounts relating to self-pay patients and increased such estimate from $573,484 to $804,545 for doubtful accounts relating to third-party payors. During 2018, self-pay write-offs were $3,842,989. Such variations resulted from changes experienced in the collection of amounts from self-pay patients and third-party payors. The increase in the allowance for doubtful accounts relating to self-pay patients is due to the deterioration in the age of such accounts.

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. These payment arrangements include:

Medicare

On December 31, 2005, the Hospital became a critical access hospital (CAH). As a CAH, the Hospital is reimbursed at 101% of reasonable allowable costs for its inpatient and outpatient services, excluding ambulance services, provided to Medicare patients. The Hospital is reimbursed for cost reimbursable items at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Centers for Medicare & Medicaid Services (Medicare or CMS) fiscal intermediary. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2015.

HPNH is paid under a prospective payment system for Medicare Part A services. Under the prospective payment system, there is no additional settlement on the difference between the interim rates paid and actual costs. HPNH is paid on a fee schedule basis for Medicare Part B therapy services; therefore, there will be no additional settlement on the difference between payments received and actual costs for Part B therapy services.

Medicaid

The Hospital's inpatient services rendered to Office of Vermont Health Access (Medicaid) program beneficiaries are reimbursed at prospectively-determined rates. The prospectively-determined rates are not subject to retroactive adjustment. Outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively-determined rates and therefore are not subject to retroactive adjustments. The Hospital's Medicaid cost reports have been audited through September 30, 2014.

HPNH is reimbursed for services rendered to Title XIX Medicaid patients on the basis of prospectively-determined per diem rates, subject to a quarterly case mix index adjustment established by the State of Vermont. The reimbursement plan is on a prospective basis and, subject to certain limitations, no additional settlement will be made on the difference between the estimated per diem rates paid and actual costs.

Other Arrangements

The Medical Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes prospectively-determined rates per discharge, discounts from established charges and prospectively-determined daily rates.

Approximately 60% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the year ended September 30, 2018. The Hospital has agreements with Medicare and Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in net patient service revenues in the year the amounts become known. Net patient service revenue increased by approximately $626,000 in 2018 due to removal of allowances or recognition of settlements no longer subject to audits, reviews and investigations.

The Hospital recognizes patient service revenue associated with services rendered to patients who have third-party payor coverage on the basis of contractual rates for such services. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates (or on the basis of discounted rates, if negotiated or provided by policy). Based on historical trends, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services rendered. Thus, the Hospital records a provision for bad debts related to uninsured patients in the period the services are rendered. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized during the fiscal year ended September 30, 2018 totaled $82,575,598, of which $80,731,560 was revenue from third-party payors and $1,844,038 was revenue from self-pay patients.

3. Community Benefit

The Hospital provides services without charge, or at amounts less than its established rates, to patients who meet the criteria of its charity care policy. The criteria for charity care, which is granted on a sliding scale, consider gross income and family size as compared to the federal poverty guidelines (FPL). The maximum of 100% charity care will be granted if the gross income of the individual is up to 200% of FPL.

The net cost of charity care provided was approximately $725,568 in 2018. The total cost estimate is based on an overall financial statement cost to charge ratio applied against gross charity care charges. In 2018, .89% of all services as defined by percentage of gross revenue was provided on a charity basis.

57 inpatients received their entire episode of service on a charity case basis in 2018. During this same period, 3,634 outpatients received their entire episode of service on a charity case basis.

4. Availability and Liquidity

As of September 30, 2018, the Medical Center has working capital of $26,665,457 and average days (based on normal expenditures) cash and cash equivalents on hand of 123.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principle payments on debt, and capital construction costs not financed with debt, were as follows as of September 30, 2018:

Cash and cash equivalents	$ 24,067,700
Assets limited as to use	247,250
Patient accounts receivable, net	12,821,868
Other receivables, net	2,100,179
Long-term investments, net of restricted amounts	6,297,796
Financial assets available at year end for current use	$ 45,534,793

The Medical Center has certain long-term investments to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above. The Medical Center has other long-term investments amd assets for restricted use, which are more fully described in Note 19, are not available for general expenditure within the next year and are not reflected in the amount above.

The Medical Center's goal is generally to maintain financial assets to meet 100 days of operating expenses (approximately $24.6 million). As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts (cash equivalents).

As of September 30, 2018, the Medical Center was in compliance with financial covenants as described in Note 8.

5. Investments and Investment Return

Assets limited as to use consisted of the following at September 30, 2018:

Helen Porter - Restricted Donations	
Cash and cash equivalents	$ 247,250
Deferred compensation	
Mutual funds	$ 1,413,701

Long-term investments consisted of the following at September 30, 2018:

Cash and cash equivalents	$ 310,124
Investments held by Middlebury College	6,245,194
	$ 6,555,318

Investments by Middlebury College are part of a pooled fund.

Total investment return is comprised of the following for the year ending September 30, 2018:

Nonoperating revenue and expenses:	
Investment income	$ 470,813
Net realized gains	801
Investment income recorded in nonoperating gains	471,614
Changes in net assets with donor restrictions:	
Change in beneficial interest in perpetual trusts	116,064
	$ 587,678

6. Property and Equipment

The major categories of property and equipment are as follows at September 30, 2018:

Land and land improvements	$ 1,065,290
Buildings and leasehold improvements	14,900,812
Equipment	7,447,676
Construction in progress	1,247,811
	24,661,589
Less accumulated depreciation	(3,056,806)
Property and equipment, net	$ 21,604,783

7. Beneficial Interest in Perpetual Trusts

The Hospital is an income beneficiary of two perpetual trusts controlled by an unrelated third-party trustee. The beneficial interests in the assets of these trusts are included in the Medical Center's financial statements as permanently restricted net assets. Income is distributed in accordance with the individual trust documents and is included in investment return. Trust income distributed to the Medical Center for the year ended September 30, 2018 was $87,918.

8. Borrowings

Long-term debt consists of the following as of September 30, 2018:

Vermont Educational and Health Buildings Finance Agency (VEHBFA) Revenue Bond Refunding Series 2015A, with fixed interest at 2.85%, payable in monthly payments of $69,211 including principal and interest, through August 2035; collateralized by the gross receipts of the Hospital. These bonds are puttable by the purchaser (People's United Bank) on or after August 1, 2025.	$11,136,923
VEHBFA Demand Revenue Bonds Series 2015A bonds with fixed interest at 2.85%, due in monthly payments of $16,961 including principal and interest through August 2035; collateralized by gross receipts of HPNH. The bonds are puttable by the purchaser (People's United Bank) on or after August 1, 2025.	2,729,207
Note payable at a fixed interest rate of 2.78%, monthly payments of $5,690 including principal and interest, due in full February 2020; collateralized by certain property.	96,591
Note payable at a variable interest rate (5.25% at September 30, 2018), monthly payments of $1,743 including principal and interest with the remaining principal due in March 2019; collateralized by certain property.	105,043
Capital lease obligations, at various rates with monthly payments ranging from $134 to $355 due calendar years 2018 through 2019; collateralized by leased equipment.	2,800
Total long-term debt	14,070,564
Less current portion	821,873
	$13,248,691

Aggregate annual maturities of long-term debt and payments on capital lease obligations at September 30, 2018 are:

	Long-term Debt (Excluding Capital Lease Obligations)	Capital Lease Obligations
2019	$ 819,062	$ 2,890
2020	693,800	-
2021	685,200	-
2022	705,000	-
2023	725,600	-
Thereafter	10,439,102	-
	$14,067,764	2,890
Less amount representing interest		(90)
		$ 2,800

In connection with the bond issuance, the Hospital, PMC and HPNH are all members of an Obligated Group. The Obligated Group is required to meet certain financial covenants. The Obligated Group is in compliance with these financial covenants at September 30, 2018 as defined in the Master Trust Indenture and its supplements.

The Hospital has access to a $2,000,000 line of credit through UVM Health Network subject to reasonable restrictions as imposed by UVM Health Network. There were no borrowings on the line of credit as of September 30, 2018.

9. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30, 2018:

Specific purpose	
Health care services	$ 89,345
Purchase of equipment	128,746
Indigent care	236,378
	454,469
Passage of time	
Investments to be held in perpetuity, the income is restricted for indigent care	117,682
Beneficial interests in perpetual trusts, the income is without donor restrictions	3,683,951
	3,801,633
	$ 4,256,102

Net assets without donor restrictions are available for the following purposes at September 30, 2018:

Undesignated	$35,677,114

Net assets released from net assets with donor restrictions at September 30, 2018:

Satisfaction of purpose restrictions	
Purchase of property and equipment	$ 426,501
Passage of time - operations	$ 2,397

10. Assets Held in Trust

The Hospital is the income beneficiary of various trusts, over which the trustee has variance power (the power to direct both corpus and income). Because the Medical Center has only a contingent interest in the assets of these trusts, they are not included in the Medical Center's financial statements. The fair value of the assets totaled approximately $4,468,000 on September 30, 2018. Distributions of income are made at the discretion of the trustees. Income distributed to the Hospital by the trusts are restricted for indigent care and amounted to $208,896 in 2018.

11. Other Program Income, Net

Other program income, net, predominantly represents the net income resulting from the federal 340(b) Drug Pricing Program (Program). The Program provides for discounts and reduced prices on medications because the Hospital is a qualified federal grantee (as a CAH). In addition to savings for medications used within the Hospital, the Hospital has also established contracts with six local pharmacies during 2018. Revenue from prescriptions filled by these contract pharmacies is recorded as "other program revenue." The Hospital paid all expenses for the drugs dispensed by the contract pharmacies at wholesaler cost. The Hospital also paid the contract pharmacies a dispensing fee for filling the prescriptions. These expenses are treated as "other expense" by the Hospital. Program income of $4,405,600 was recorded for the year ended September 30, 2018. Program expenses of $1,304,071 were recorded for the year ended September 30, 2018.

12. Functional Expenses

The Medical Center provides healthcare services primarily to residents within its geographic area. Expenses related to providing these services are as follows for the year ended September 30, 2018:

	Healthcare Service	Administrative Support	Total
Salary, payroll taxes and fringe benefits	$ 57,797,064	$ 4,056,445	$ 61,853,509
Supplies and other	12,874,317	1,128,098	14,002,415
Purchased services	5,903,488	2,252,925	8,156,413
Provider tax	5,219,899	-	5,219,899
Depreciation	2,776,625	320,260	3,096,885
Interest expense	336,390	93,671	430,061
	$ 84,907,783	$ 7,851,399	$ 92,759,182

13. Concentrations of Credit Risk

Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2018:

Medicare	49 %
Medicaid	11
Other third-party payors	24
Patients	16
	100 %

The Medical Center maintains a substantial portion of its cash and cash equivalents in bank accounts which at times may exceed federally insured limits. The Medical Center has not experienced any losses in such accounts. The Medical Center believes it is not exposed to any significant risk on cash and cash equivalents.

Labor Force

The Hospital's unionized labor workforce are members of the Porter Federation of Nurses and Health Professionals, AFT Vermont Local Unit #5753. The Union contract has been negotiated through September 30, 2020.

14. Commitments and Contingencies

Medical Malpractice Claims

The Medical Center carries malpractice insurance coverage under a claims-made policy on a fixed premium basis. The Medical Center intends to renew its coverage on a claims-made basis and anticipates such coverage will be available. The Medical Center is subject to complaints, claims and litigation due to potential claims which arise in the normal course of business. U.S. GAAP requires the Medical Center to accrue the ultimate estimated cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. Amounts accrued under this provision are included in other receivables and accounts payable and accrued expenses on the balance sheet.

Effective October 1, 2018, the Medical Center entered into a contract to insure its medical malpractice through a multiprovider captive insurance company, VMC Indemnity Company Ltd. (VMCIC), a related party through UVMMC. VMCIC has reinsurance with commercial carriers for coverage above a self-insured per claim retainage for affiliates of UVM Medical Center for Professional Liability, Commercial General Liability, Professional Liability, and Commercial General Liability, with limits on such reinsurance.

Self-Insurance

The Medical Center is self-insured for employee healthcare benefits. The Medical Center accrues a liability for employee healthcare by charging the statement of operations for certain known claims and reasonable estimates for incurred, but not reported, claims based on claims experience. The amount of actual losses incurred could differ materially from these estimates in the near term.

The Medical Center self-insures their employee health benefits and have estimated and recorded amounts to meet the expected obligations under the program. Stop loss insurance coverage is in effect which limits the Medical Center's exposure to loss on an individual basis of $175,000 (excluding services rendered by the Medical Center to participants) and an annual aggregate basis of $8,510,232 (excluding services rendered by the Medical Center to participants). In 2018 total expense for health benefits was approximately $4,972,000. The Medical Center has accrued a liability for this program within accounts payable and accrued expenses in the consolidated balance sheet totaling approximately $1,200,000 at September 30, 2018.

Litigation

In the normal course of business, the Medical Center is, from time-to-time, subject to allegations that may or do result in litigation. The Medical Center evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term. The Medical Center has received a demand for payment of contract fees from a software vendor following early termination of a contract. The Medical Center disputes owing any fees to the vendor on the basis that the contract termination was justified as a result of the vendor's documented and material performance failures. No contingent liability has been recorded related to this matter.

15. Benefit Plans

Defined Contribution Plan

The Medical Center has a 403(b) defined contribution pension plan covering substantially all employees. The Medical Center makes an employer contribution to the plan. In order to receive the contribution, employees must meet certain eligibility requirements. The Medical Center makes contributions between 3% and 6% of covered payroll based on the employee's years of service and the employee's age as of January 1, 2018.

The Medical Center has estimated a liability of approximately $1,146,000 at September 30, 2018 related to the 403(b) plan. This amount has been included in accrued payroll and related liabilities. Contributions are calculated on a calendar year basis, and are paid following the end of the calendar year. Expense under the plan was approximately $1,456,000 for the year ended 2018.

Deferred Compensation Plan

The Medical Center has a nonqualified deferred compensation plan established under Section 457 of the IRC. These plans cover key employees of the Medical Center. Estimated amounts are accrued at September 30 with amounts transferred to accounts recorded in deferred compensation plan investments on a calendar year basis. There were no amounts accrued under or contributed to the plan during 2018.

Defined Benefit Plan

The Medical Center has a noncontributory defined benefit pension plan covering all employees who meet the eligibility requirements. The Medical Center's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as PMC may determine to be appropriate from time-to-time. The Medical Center expects to contribute to the plan in 2018.

The Medical Center uses a September 30, 2018 measurement date for the plan. Significant balances for the plan as a whole are:

Benefit obligations	$ (16,203,869)
Fair value of plan assets	11,928,690
Funded status	$ (4,275,179)

The tables below present details about the plan, including components of net periodic benefit cost and certain assumptions used to determine the funded status and cost:

Change in benefit obligation	
Benefit obligation at beginning of year	$ 17,013,291
Service cost (including expense load)	50,000
Interest cost	658,163
Actuarial gain	(810,796)
Benefits paid	(656,297)
Expenses paid	(50,492)
Benefit obligation at end of year	$ 16,203,869
Change in plan assets	
Fair value of plan assets at beginning of year	$ 11,305,313
Actual return on plan assets	777,171
Employer contributions	552,995
Benefits paid	(656,297)
Expenses paid	(50,492)
Fair value of plan assets at end of year	$ 11,928,690
Components of net periodic benefit cost	
Administrative expense cost	$ 50,000
Interest cost	658,163
Expected return on plan assets	(579,896)
Amortization of net loss	450,012
Net periodic benefit cost	$ 578,279

Other amounts recognized in the statement of operations relate entirely to actuarial losses.

Weighted average assumptions used to determine benefit obligation	
Discount rate	4.41 %
Weighted average assumptions used to determine benefit cost	
Discount rate	3.95
Expected return on assets	5.22

The Medical Center has estimated the long-term rate of return on plan assets based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information.

The following benefit payments are expected to be paid over the next ten years as of September 30, 2018:

2019	$ 769,948
2020	811,482
2021	832,054
2022	878,327
2023	915,618
2024 - 2028	5,006,214

Plan assets are held by a bank-administered trust fund, which invests the plan assets in accordance with the provisions of the plan agreement. The plan agreement permits investment in common stocks, corporate bonds and debentures, U.S. government securities, certain insurance contracts, real estate and other specified investments, based on certain target allocation percentages.

Asset allocation is primarily based on a strategy to provide stable earnings while still permitting the plan to recognize potentially higher returns through a limited investment in equity securities. Plan assets are rebalanced quarterly. At September 30, 2018, plan assets by category are as follows:

Equity funds	58 %
Debt funds	32
International funds	10
	100 %

The targeted asset allocation ranges for the plan are as follows:

	Ranges
Equity funds	0 - 60%
Fixed income funds	30 - 100
Short-term investments or funds	0 - 20
Alternative investments or funds	0 - 10

In the next year, $309,179 is expected to be recognized as a component of net periodic benefit cost related to net actuarial loss previously recognized in net assets without donor restrictions. The total amount to be amortized into pension expense in future years is $2,700,000. No plan assets are expected to be returned to the Medical Center in 2018. The Medical Center expects to contribute $550,055 to the plan in 2019.

Risks

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported.

16. Related Party Transactions

During 2018, the Medical Center was billed approximately $590,367 in expenses related to cardiology services, EKG services, pharmacy, billing, inventory transfers, insurances, pathology and medial director services, legal, information technology, palliative care, overhead, shared services, audit fees, EPIC, wellness, anesthesiology, and affiliation fees. During 2018, UVMMC transferred approximately $550,000 worth of IT equipment to the Hospital. As of September 30, 2018, substantially all amounts due to affiliates are owed to UVMMC.

17. Health Care Improvement Tax

Effective July 1, 1991, a health care improvement tax was imposed on medical centers, nursing homes and home health agencies as part of a program to upgrade services in Vermont. The State of Vermont pays the Hospital with funds received from the health care improvement trust fund and federal matching funds. The assessment rate for subsequent years will be determined annually by the Vermont General Assembly.

18. Operating Leases

Noncancelable operating leases at the Hospital for primary care outpatient offices expire in various years through March 2025. These leases generally contain renewal options for periods ranging from three to six years and require the Hospital to pay all executory costs.

Future minimum lease payments at September 30 are as follows:

2019	$ 784,200
2020	575,600
2021	364,500
2022	276,700
2023	276,700
Thereafter	90,100
	$ 2,367,800

Rent expense during 2018 amounted to $941,100.

19. Fair Value Measurements and Disclosures

FASB ASC 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets at fair value on a recurring basis are summarized below:

	Fair Value Measurements at September 30, 2018			
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
PMC Assets:				
Investments				
Cash and cash equivalents	$ 310,124	$ 310,124	$ -	$ -
Marketable equity securities	-	-	-	-
Investments held by Middlebury College	6,245,194	-	-	6,245,194
Deferred compensation plan assets	1,413,701	1,413,701	-	-
Beneficial interest in perpetual trusts	3,683,951	-	-	3,683,951
Total PMC assets	$ 11,652,970	$ 1,723,825	$ -	$ 9,929,145
Pension assets:				
Cash and cash equivalents	$ 3,094	$ 3,094	$ -	$ -
Mutual funds	11,925,596	11,925,596	-	-
Total pension assets	$ 11,928,690	$ 11,928,690	$ -	$ -

Significant activity for assets measured at the fair value on a recurring basis using unobservable inputs (Level 3) is as follows:

	Investments Held by Middlebury College	Beneficial Interest in Perpetual Trust
Level 3 investments at September 30, 2017	$ 6,048,438	$ 3,567,887
Change in value	196,756	116,064
Level 3 investments at September 30, 2018	$ 6,245,194	$ 3,683,951

The fair value of Level 3 assets is based on the Medical Center's share of the quoted market prices of the underlying assets of the Middlebury pooled funds and beneficial trusts or of similar securities, as provided by the respective custodians. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instrument. All fair values are provided by investment managers.

SUPPLEMENTARY INFORMATION

PORTER MEDICAL CENTER, INC. AND SUBSIDIARIES D/B/A THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

Consolidating - Balance Sheet

September 30, 2018

Assets

	The University of Vermont Health Network - Porter Medical Center, Inc.	Porter Hospital, Inc.	Helen Porter Nursing Home, Inc.	Porter Real Estate Holdings, LLC	Eliminations	Consolidated
Current assets						
Cash and cash equivalents	$ 2,235,257	$ 21,047,087	$ 530,346	$ 255,010	$ -	$ 24,067,700
Assets limited as to use	8,450	123,370	115,430	-	-	247,250
Patient accounts receivable, net	-	11,750,031	1,071,837	-	-	12,821,868
Other receivables, net	40,103	2,013,887	6,189	40,000	-	2,100,179
Supplies	-	1,759,415	17,654	-	-	1,777,069
Prepaid expenses and other	-	693,937	13,153	-	-	707,090
Resident deposits	-	-	23,527	-	-	23,527
Due from affiliates	500,938	1,034,776	21,905	-	(1,557,619)	-
Total current assets	2,784,748	38,422,503	1,800,041	295,010	(1,557,619)	41,744,683
Assets limited as to use, deferred compensation plan assets	208,382	1,205,319	-	-	-	1,413,701
Long-term investments	170,284	6,322,912	62,122	-	-	6,555,318
Property and equipment, net	-	18,977,445	2,082,122	603,431	(58,215)	21,604,783
Beneficial interest in perpetual trusts	-	3,683,951	-	-	-	3,683,951
Note receivable, related party	741,973	-	-	-	(741,973)	-
Investment in subsidiary	1,197,341	-	-	-	(1,197,341)	-
Total assets	$ 5,102,728	$ 68,612,130	$ 3,944,285	$ 898,441	$ (3,555,148)	$ 75,002,436

PORTER MEDICAL CENTER, INC. AND SUBSIDIARIES D/B/A THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

Consolidating - Balance Sheet (Concluded)

September 30, 2018

Liabilities and Net Assets (Deficit)

	The University of Vermont Health Network - Porter Medical Center, Inc.	Porter Hospital, Inc.	Helen Porter Nursing Home, Inc.	Porter Real Estate Holdings, LLC	Eliminations	Consolidated
Current liabilities						
Current portion of long-term debt	$ -	$ 691,672	$ 130,200	$ -	$ -	$ 821,872
Accounts payable and accrued expenses	184,904	3,710,497	517,586	-	-	4,412,987
Resident deposits	-	-	23,527	-	-	23,527
Accrued payroll and related liabilities	291,460	3,503,648	687,618	-	-	4,482,726
Accrued compensated absences	287,060	2,396,985	403,138	-	-	3,087,183
Estimated third-party settlements	-	1,721,295	125,000	-	-	1,846,295
Due to affiliates	371,371	829,566	760,219	1,099	(1,557,619)	404,636
Total current liabilities	1,134,795	12,853,663	2,647,288	1,099	(1,557,619)	15,079,226
Liability for pension benefits	83,667	3,579,932	611,580	-	-	4,275,179
Deferred compensation	208,382	1,204,646	-	-	-	1,413,028
Residual receipts note to affiliate	-	-	741,973	-	(741,973)	-
Long-term third-party settlements, net of current portion	-	1,053,096	-	-	-	1,053,096
Long-term debt, net of current portion	-	10,646,884	2,601,807	-	-	13,248,691
Total liabilities	1,426,844	29,338,221	6,602,648	1,099	(2,299,592)	35,069,220
Net assets (deficit)						
Without donor restrictions	3,675,884	35,158,179	(2,798,735)	897,342	(1,255,556)	35,677,114
With donor restrictions	-	4,115,730	140,372	-	-	4,256,102
Total net assets (deficit)	3,675,884	39,273,909	(2,658,363)	897,342	(1,255,556)	39,933,216
Total liabilities and net assets (deficit)	$ 5,102,728	$ 68,612,130	$ 3,944,285	$ 898,441	$(3,555,148)	$75,002,436

PORTER MEDICAL CENTER, INC. AND SUBSIDIARIES D/B/A THE UNIVERSITY OF VERMONT HEALTH NETWORK - PORTER MEDICAL CENTER, INC.

Consolidating - Statement of Operations

Year Ended September 30, 2018

	The University of Vermont Health Network - Porter Medical Center, Inc..	Porter Hospital, Inc.	Helen Porter Nursing Home, Inc.	Porter Real Estate Holdings, LLC	Eliminations	Consolidated
Revenue without donor restrictions, gains and other support						
Patient service revenue (net of contractual allowances and discounts)	$ -	$ 72,915,914	$ 9,740,090	$ -	$ (80,406)	$ 82,575,598
Less provision for bad debts	-	4,231,055	46,991	-	-	4,278,046
Net patient service revenue	-	68,684,859	9,693,099	-	(80,406)	78,297,552
Property rental income, related party	-	-	-	84,720	(84,720)	-
Fixed prospective revenue	-	10,480,607	-	-	-	10,480,607
Other operating income (loss)	4,533,151	3,558,137	(67,128)	-	(4,299,145)	3,725,015
Net assets released from restrictions used for operations	-	1,937	460	-	-	2,397
Total revenues without donor restrictions, gains and other support	4,533,151	82,725,540	9,626,431	84,720	(4,464,271)	92,505,571
Expenses						
Professional care of patients	-	45,933,882	5,911,214	-	(61,957)	51,783,139
General services	-	3,476,864	1,660,026	-	(84,720)	5,052,170
Administrative and fiscal services	4,269,440	23,917,169	3,291,346	16,667	(4,317,594)	27,177,028
Health care improvement tax	-	4,703,348	516,551	-	-	5,219,899
Depreciation	-	2,858,521	212,209	26,155	-	3,096,885
Interest	-	343,546	81,025	5,490	-	430,061
Total expenses	4,269,440	81,233,330	11,672,371	48,312	(4,464,271)	92,759,182
Operating income (loss)	263,711	1,492,210	(2,045,940)	36,408	-	(253,611)
Nonoperating gains						
Contributions	110,162	208,896	175	-	-	319,233
Investment return	8,954	458,822	3,838	-	-	471,614
Other program income, net	-	3,101,529	-	-	-	3,101,529
Equity in earnings of Porter Real Estate Holdings, LLC	36,408	-	-	-	(36,408)	-
Nonoperating gains, net	155,524	3,769,247	4,013	-	(36,408)	3,892,376
Excess (deficiency) of revenues, gains, other support and nonoperating gains over expenses	419,235	5,261,457	(2,041,927)	36,408	(36,408)	3,638,765
Net assets released from restrictions used for purchase of property and equipment	-	66,210	360,291	-	-	426,501
Change in net assets to recognize funded status of pension plan	93,243	1,165,832	199,008	-	-	1,458,083
Transfer from University of Vermont Medical Center, Inc.	-	550,036	-	-	-	550,036
Transfer (to) from affiliates	-	(2,250,000)	2,250,000	-	-	-
Increase (decrease) in net assets without donor restrictions	$ 512,478	$ 4,793,535	$ 767,372	$ 36,408	$ (36,408)	$ 6,073,385

Addison County
Community Health Needs Assessment
2018

Conducted by:

Addison County Community Health Action Team (CHAT) Steering Committee

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Executive Summary

Since our last Community Health Needs Assessment, Addison County's healthcare and human service partners have taken many steps to improve the health and well-being our community. Our 2018 Community Health Needs Assessment describes this beautiful place we call home and how we, as community partners, have organized ourselves differently to be more effective. This report also shares various data sources we reviewed and includes highlights of a community survey we conducted in the spring of 2018.

Below are some of the data sources we reviewed as well as steps we have taken to solicit input on the top concerns and priorities for our community:

In December 2016, the Community Health Action Team (CHAT) hosted a strategic planning session with a range of partners. At that meeting, we prioritized the following needs in our community:

- Providing more family supports and community-wide programming & education
- Improving care coordination
- Increasing access to opioid treatment and affordable housing

We reviewed many Addison County data sources from across the lifespan during our first CHAT data meeting in December 2017. The most significant discovery from that meeting was identifying a lack of resilience among Addison County's school-age children.

Over the winter of 2018, we reviewed Addison County data for the health measures included in the Vermont Department of Health's Prevention Change Packets and found that improvement could be made in the following areas:

- Increasing percentage of Addison County adolescents receiving well-child visits
- Increasing adult BMI screening
- Improving adult type 2 diabetes control
- Improving pediatric weight assessment and control
- Improving practices for antibiotic prescribing

This spring we distributed a survey via survey monkey and received 594 responses from Addison County residents. The top social and environmental challenges identified in our 2018 community survey were:

- Accessing affordable housing
- Lack of a livable wage and employment opportunities
- Accessing childcare
- Transportation

The top health challenges identified in our 2018 community survey were:

- Addressing substance use disorder
- Increasing access to mental health services

- Addressing overweight and obesity
- Preventing and treating chronic conditions such as diabetes and heart disease
- Increasing access to healthcare services

The following pages will describe in detail the steps we've taken to garner input from community members and partner organizations. This report concludes with an implementation plan on how we will address many of the concerns and needs identified in this 2018 Community Health Needs Assessment over the coming months and years.

1. Overview of our Community:

Addison County is located in the lower Champlain Valley of Vermont with Lake Champlain and the Adirondacks to our west and the Green Mountains to our east. The unique landscape of Addison County, the fertile farmlands of the Champlain Valley and the predominately wooded settings near the foothills of the Green Mountains, provides a variety of lifestyles and a balanced blend of light industry and farming. Addison County is rural and known for its dairy farming. It has the most farm acreage in the state and leads the state in the value of agriculture products sold (US Census Bureau, 2012). The County is home to three local newspapers, seven service organizations and more than 100 faith communities. The major employers in the county include Middlebury College, Porter Medical Center and UTC Aerospace Systems.

Addison County is bordered to the north by Chittenden County, Vermont's most densely populated county, which includes Vermont's largest city, Burlington, and its surrounding suburbs. The northern portion of Addison County is considered a commutable distance to Burlington so residents have the option of traveling north for employment, healthcare, shopping and other services. Addison County is bordered to the south by Rutland County. Rutland County is home to Vermont's second largest city, Rutland. Residents who live in the southern portion of Addison County have the option of traveling to Rutland County for work, healthcare, etc. Addison County is bordered to the east by Windsor, Orange and Washington Counties. For the eastern Addison County communities of Hancock and Granville, accessing services within our county is challenging particularly in winter as this typically requires traveling over mountains.

According to the US Census Bureau, the 2017 population estimate for Addison County is 36,776 which is approximately 5% of the state's total population. According to population estimates, Addison County had 0.1% decrease in population since the 2010 census. 92.7% of Addison County residents are white non-Hispanic. Hispanic or Latino residents are Addison County's more prevalent minority population at 2.2%.

The percentage of Addison County residents who were uninsured was last measured in 2014 at 7.7%. However, the percentage of people living without health insurance is decreasing in Addison County and across the state. One estimate shows that the percentage of Addison County residents who are uninsured will drop to 3.28% by 2019. Vermont has one of the lowest rates in the country of people living without health insurance. According to a 2017 article, the statewide rate of uninsured has already dropped to 3.7%.

Addison County is similar to the state as a whole for unemployment and educational attainment. Addison County has lower poverty and a higher median income than the state. Below is data comparing Addison County to Vermont for unemployment, educational attainment, people living in poverty and the median household income:

	Addison County	Vermont
Unemployment Rate (April 2018)	3%	2.8%
% of Population with High School Diploma or Higher	92.5%	91.9%
% of Population with Bachelor's Degree or Higher	35.8%	36.3%
% of Population under the federal poverty level	8.7%	11.9%
Median Household Income	$61,020	$56,104

In Addison County, 17.4% of the population is age 18 and under while 18.5% of the population is age 65 years and older. This represents a significant shift in the age of the county's population. In our 2009 Community Health Needs Assessment, the population of Addison County youth age 18 and under was 21% while the population of seniors age 65 and older was 13.3%. According to a June 29, 2017 *Burlington Free Press* article, Vermont is aging faster than the nation as a whole. Vermont's median age is 42.7 while the median age for all Americans is 38-years-old. Further, the number of people under the age of 20 is declining in Vermont while the number of under- 20-year-olds is holding steady for the rest of the country.

Regarding education, many towns offer early education/preschool. However, it will be noted later in this report that accessing childcare is a high priority for the 18-34-year-olds who responded to our community survey. There are 23 public schools in Addison County serving 4,624 students. There are three school districts located within the county while the southern most communities of Addison County (Leicester, Whiting, and Orwell) are part of school districts that primarily serve Rutland County students. In addition to traditional secondary schools, the Patricia A. Hannaford Career Center offers an integrated work and learning program to students from the three Addison County school districts. Addison County is home to Middlebury College, a prestigious liberal arts college, the Community College of Vermont and Northland Jobs Corps, a residential and educational training program located in Vergennes for youth ages 16-24 years.

Population Centers:

Middlebury

Middlebury, the shire town of Addison County, was chartered in 1761 and was settled just after the Revolutionary War. Today, the village is listed on the National Register of Historic Places and is home to shops, businesses, churches and public buildings. Middlebury is the largest community in the county with a population of 8,600. Middlebury is home to the Middlebury College. Middlebury is also the hub for medical services in the county with the University of Vermont Health Network Porter Medical Center, a critical access hospital, Helen Porter Healthcare and Rehabilitation Center and many of the area's medical provider offices.

Vergennes

Established in 1788, Vergennes is Vermont's oldest incorporated city. Vergennes encompasses 1,200 acres of land that was carved from the three neighboring towns of Ferrisburgh, Panton and Waltham. It is where Thomas Macdonough built and armed the fleet that would defeat the British on Lake Champlain during the War of 1812. In the late 1990s Vergennes residents launched a Main Street revitalization effort and formed the Friends of the Vergennes Opera House to complete the restoration of the 1897 Opera House. Today, Vergennes is home to 2,600 residents and UTC Aerospace, one of the largest employers in the county.

Bristol

Bristol, known as the "Gateway to the Green Mountains," was founded in 1762 and is currently home to 3,900 residents. The town was originally known as Pocock, after a distinguished English admiral. The name was changed to Bristol in 1789 but the community still celebrates its heritage during the annual Pocock Rocks Street Fair. Bristol is also host to one of the largest July 4th celebrations in the state. The Bristol Band has presented outdoor summer concerts on the town green every Wednesday since shortly after the Civil War. Downtown Bristol is a National Historic District with small shops and restaurants and a vibrant artist community.

Smaller Towns and Villages:

Approximately 60% of Addison County residents live outside the three population centers. These outlying communities are rural with few local services. The communities are governed by select boards and most have their own elementary school, fire department and town office. There are small country and convenience stores/gas stations in some of these communities. The large grocery stores are located in the population centers along with other shopping, banking and healthcare services. Transportation is a significant issue in our county. Addison County Transit Resources provides bus and volunteer driver services but these services are somewhat limited to the outlying communities. Agencies such as the Addison County Parent Child Center and Elderly Services provide transportation for their clients for specific purposes but in general, transportation is a concern for those who do not drive and those without a reliable vehicle.

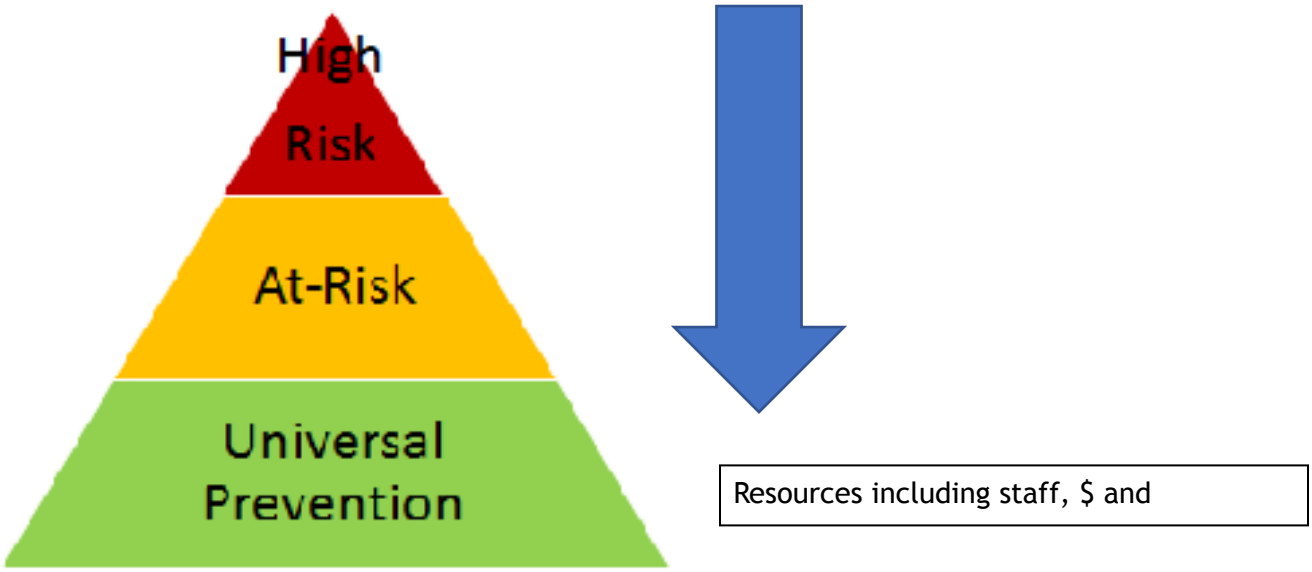
There are ample opportunities for outdoor physical activity in Addison County including walking, running, biking, swimming in lakes, streams and outdoor public pools and use of recreation fields. However, there are concerns that the roads are dangerous for pedestrians and cyclists due to fast moving traffic and narrow shoulders. The Walk-Bike Council of Addison County formed in response to three cyclists deaths in the county several years ago and is working to make walking and biking safer for everyone.

2. Organizing to Address the Health and Wellbeing of Addison County Residents

Addison County Integrating Family Services:

Addison County's human service organizations have a solid history of collaboration. For many years, we had a strong regional partnership called the People of Addison County Together (PACT). About 8 years ago, Addison County had the opportunity to become the pilot community for a new state initiative called Integrating Family Services (IFS). IFS is a bundled payment mechanism to the Counseling Service of Addison County and Addison County Parent Child Center that strives to enhance services for our prenatal through 22-year-old population.

Addison County IFS adopted the triangle model, with its three risk levels (shown on page 8), to organize our work. The Universal/Prevention level is what all children and families need to be well including basic needs (housing, healthcare, transportation, food, clothing), quality education, community connections, recreation, arts and leisure activities. The At-Risk level provides additional supports for families who need some assistance. At-Risk level of supports include respite care, mental health counseling, additional supports in schools, and job training. High-Risk supports include one-on-one care, residential mental health and substance use treatment, and programs that support individuals coming out of incarceration. The intent of this model is to drive more interventions, services and programming down to the universal level (or at least from the high-risk to at-risk level), so that all children and young adults have what they need as soon as possible to be healthy, vibrant members of our community.



Addison County Building Bright Futures:

Building Bright Futures (BBF) is a statewide initiative dedicated to improving the well-being of young children, age 0-8, and their families. BBF has three focus areas: building community through 12 regional councils, making data available to the public and improving policies that impact the lives of Vermont's children and families.

In Addison County, because IFS and BBF have similar goals and an overlap in the populations we serve, it made sense for these initiatives to merge. In 2014, Addison County BBF merged with Addison County IFS to develop a combined strategic plan and a single steering committee.

Community Health Action Team:

Addison County's Community Health Action Team (CHAT) formed in 2014. CHAT is a community collaborative that promotes integration of health and human services to address both medical and non-medical needs.

CHAT initially met monthly to discuss a variety of health and healthcare topics but meeting participation started waning and CHAT members were struggling to find a focus. In 2016, CHAT applied to be part of the Vermont Accountable Communities for Health Peer to Peer Learning Lab. A committee of CHAT members participated in the Learning Lab sessions that gave us opportunities to brainstorm how to strengthen CHAT meetings and prioritize our work.

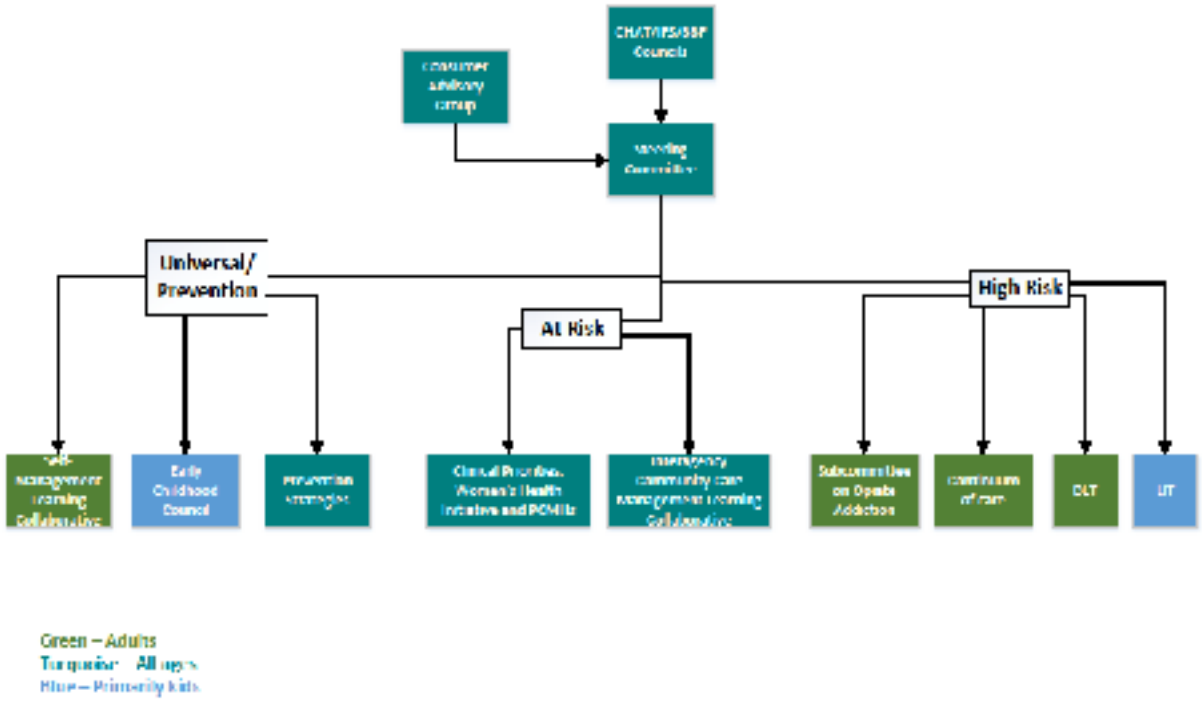
In December 2016, we hosted a strategic planning meeting for CHAT with more than 50 community members in attendance. We had decided to adopt the Addison County IFS triangle model and asked community members to prioritize needs for Addison County's adult population age 23 and older. The group generated many different ideas to assist Addison County adults and then narrowed the priorities to the following:

Universal level: family supports, programming & education

At-Risk level: coordinated care

High-Risk level: opioid treatment and housing

Over the winter of 2017, we created an organizational chart (shown below) that combined the work of Addison County IFS, BBF and CHAT. We felt this was important to identify and agree upon shared priorities, reduce duplicative meetings and improve communication. The proposed organizational chart was put before the larger Addison County IFS, BBF and CHAT councils and received approval. We also sought and received approval from the larger councils to fully merge the Addison County IFS, BBF and CHAT steering committee. This meant that there would be one organizing body focused on the health and well-being of Addison County residents from prenatal through our oldest community members.



Once we had approval to move forward with a combined IFS, BBF, CHAT steering committee, we recruited members to better represent various sectors of our community. We agreed that organizations, not individuals, will serve as members of the combined IFS, BBF, CHAT steering committee. During the spring and summer of 2017, we recruited the following combined steering committee member organizations:

- Vermont Blueprint for Health Middlebury
- Addison County Building Bright Futures
- Agency of Human Services

- Counseling Service of Addison County
- Department of Children and Families Middlebury District, Family Services
- Department of Children and Families Middlebury District, Economic Services
- Parent Child Center of Addison County
- Vermont Department of Health Middlebury District Office
- Addison County Community Trust
- Middlebury College
- University of Vermont Health Network Porter Medical Center
- One Care Vermont
- Elderly Services
- Mountain Health Center
- Addison County Home Health and Hospice
- United Way of Addison County
- Addison County Regional Planning Commission
- School Representative, Addison County's three school districts have designated one person to participate on their behalf

In September 2018, the combined IFS, BBF, CHAT Steering Committee adopted a charter that defines the steering committee membership, our role and how we govern ourselves. (Appendix A: CHAT Charter)

3. Review of Addison County Data

For the second year in a row, Addison County was ranked first in health outcomes among Vermont's 14 counties by the Robert Wood Johnson Foundation County Health Rankings. While we have some good health outcomes there is still have room for improvement. According to the 2015-2016 Behavioral Risk Factor Surveillance System (BRFSS) data for the Middlebury Health District, 26% of Addison County adults have been diagnosed with hypertension and 34% have high cholesterol. 23% of Addison County adults have been diagnosed with depressive disorder and 7% did not visit the doctor in the last year due to cost.

Additional BRFSS data for the Middlebury Health District and Vermont is provided below:

Health Status Indicators:

	Addison County	Vermont
Have personal health care provider	87%	88%
Did not visit doctor due to cost, in last year	7%	8%
Poor physical health	10%	11%
Poor mental health	11%	12%

Disabled	20%	23%

Risk Factors:

	Addison County	Vermont
Adverse Childhood Experiences (ACEs), four or more	12%	14%
Binge drinking, in last month	16%	18%
Heavy drinking, in last month	8%	9%
Marijuana use, in last month	8%	12%
Prescription drug misuse, ever	7%	7%
Smoke cigarettes, currently	14%	18%
No leisure time physical activity	20%	18%

Disease Prevalence:

	Addison County	Vermont
Arthritis, ever diagnosed	27%	28%
High cholesterol, ever diagnosed	34%	34%
Depressive Disorder, ever diagnosed	23%	22%
Diabetes, ever diagnosed	10%	8%
Hypertension, ever diagnosed	26%	25%
Overweight, ages 20+	32%	34%
Obese, ages 20+	31%	28%

Annual Data Meeting:

As outlined in the CHAT Charter, we decided that the larger councils would meet twice a year meaning there are two large meetings for BBF, two meetings for IFS and two meetings for CHAT. We also decided it would be important to do an annual review of Addison County data to get a yearly status update on the health and wellbeing of our community.

In December 2017, we hosted our first annual Addison County data meeting. More than 40 people attended the meeting and were asked to bring one piece of data that influences their work. We presented data on Addison County residents across the lifespan including information from IFS, One Care Vermont, Blueprint for Health, Vermont Department of Health and Elderly

Services. We then broke into small groups based on our three risk levels (universal/prevention, at-risk, high-risk) to dig deeper into the data. (Notes from the data meeting breakout sessions are included in Appendix B.)

The most significant discovery from our data review was a lack of resilience among children in Addison County. Two of our school districts and the Counseling Service of Addison County conduct regular screening of school-age children and found a concerning number of students with high anxiety, low optimism and low resilience. During the data meeting small group discussions, the universal/prevention group focused their entire conversation on the issue of building resilience and how to move forward with a community-wide resilience campaign.

Prevention Change Packets:

The Prevention Change Packets were developed by the Vermont Department of Health and include evidence-based strategies for health measures identified by Vermont's Accountable Care Organizations. The intent of the Prevention Change Packets is to help health care providers address the social determinants of health and to increase their focus on prevention. According to Healthy People 2020, social determinants of health are conditions in the environments in which people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

We spent time at several combined steering committee meetings during the winter of 2018 reviewing and discussing the Prevention Change Packets. Vermont Department of Health Middlebury staff with assistance from a health department statistician, reviewed health department and Blueprint for Health data to identify priorities areas for Addison County from the Prevention Change Packet health measures.

We acknowledge that there are some limitations with our data and that further investigation about how local health care providers may already be addressing these issues is needed. However, based on our Addison County data, the following health measures were deemed as areas for improvement:

- Increasing percentage of Addison County adolescents receiving well-child visits
- Increasing adult BMI screening
- Improving adult type 2 diabetes control
- Improving pediatric weight assessment and control
- Improving practices for antibiotic prescribing

(See Appendix C for identified Prevention Change Packet health measures and Addison County data.)

As a follow up to the Prevention Change Packets data review, the Vermont Department of Health Middlebury office is planning an Addison County nutrition resources event for fall 2018. This is a first step to address pediatric and adult weight screening and type 2 diabetes control. Our plan is to bring together local nutrition resources including the Blueprint Community Health Team Dietitians, Expanded Food and Nutrition Education Program (EFNEP), and coordinators of gleaning programs and community cooking classes to share their resources and referral information with health, education and human service practitioners.

4. Community Survey Findings

During the spring of 2018, we launched a community survey via Survey Monkey to assess the top health and social needs of our community. 594 Addison County residents completed the survey and we received at least one response from residents in every town in the county. While we feel this was an excellent response to our survey, it is important to acknowledge the limitations of our data. 158 respondents did not provide their age but of those who did, a majority (62%) were women over the age of 50. In addition, 176 respondents did not provide their income but of the respondents who did, a majority (51%) earned more than $50,000 per year. We are concerned that we did not hear from many younger residents, lower-income residents or men of all ages. We'll share in the implementation section of this report how we plan to dig deeper into the community survey data at our next annual data meeting and hope to develop a plan to garner additional input from these specific populations.

Despite some limitations with our survey data, we were able to glean useful information from the responses. In general, the survey responses confirmed community challenges that had previously been identified by our health, education and human service partners at our December 2016 CHAT strategic planning session. Survey respondents identified affordable housing as the most concerning social challenge in our community and substance use disorder was identified by survey respondents as the most concerning health issue.

Survey respondents selected the following **social and environmental challenges** as the most concerning for our community:

Top 5 Challenges	# of Respondents who selected Challenge*	% of Respondents who selected Challenge*
Affordable housing	308	52%
Lack of a livable wage	249	42%
Lack of employment opportunities	191	32%
Childcare	169	28%
Transportation	152	26%

Survey respondents selected the following **health challenges** as the most concerning for our community:

Top 5 Challenges	# of Respondents who selected Challenge*	% of Respondents who selected Challenge*
Substance use disorder (drug and alcohol misuse)	399	67%
Access to mental health services	310	52%
Overweight/obesity	275	46%
Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke)	183	31%
Access to healthcare services	172	29%

*Note: Respondents were asked to pick up to 5 challenges which why the number of responses equals more than the number of surveys received and why the percentage equals more than 100%

We also asked survey respondents about challenges they or family members have experienced in the last year. Survey respondents or their family members had experienced an average of 2.1 social/environmental and health challenges in the last year.

Survey respondents or their family members have experienced the following **social and environmental challenges** in the last year:

Challenges Experienced	# of Respondents who Experienced Challenge	% of Respondents who Experienced Challenge
Lack of a livable wage	142	24%
Affordable housing	122	21%
Lack of employment opportunities	108	18%
Street safety (crosswalks, shoulders, bike lanes, traffic control)	92	16%
Climate change	90	15%

Survey respondents or their family members have experienced the following **health challenges** in the last year:

Challenges Experienced	# of Respondents who Experienced Challenge	% of Respondents who Experienced Challenge
Overweight/obesity	202	34%
Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke)	168	28%
Aging problems	129	21%
Physical activity	114	19%
Access to mental health	97	16%

We then asked survey respondents to rank social/environmental and health issues in order of importance. Affordable housing and mental health were ranked as the most important issues for our community. However, the average for the rankings of the important social/environmental and health issues were very close.

While not statistically significant because the number of respondents was low for younger age groups, it is interesting to note that our youngest respondents, the 18-24-year-old age group, reported experiencing twice as many (an average of 4.3) social and environmental challenges.

For this 18-24-year-old group, affordable housing was identified as the most important issue. Again, while not statistically significant, childcare was identified as the most important issue for 18-34-year-old respondents.

(Additional summary charts of our community survey data are included in Appendix D and the survey questions are included in Appendix E.)

5. Implementation Plan

Addressing Community Survey Results:

Addison County's health and human service partners are working to address three (affordable housing, childcare and transportation) of the top five social and environmental challenges identified by community survey respondents.

Housing: See housing section of the implementation plan on page 16.

Childcare: Addison County Building Bright Futures hosted in a childcare summit in October 2017 to discuss ways to increase access to high quality early education in the county. BBF is continuing to follow up on action items from the summit. In the meantime, Mary Johnson Children's Center just announced that they received grant funding to increase the number of infant childcare slots in the county.

Transportation: Addison County Transit Resources is a member of CHAT. ACTR staff also attended a combined steering committee meeting this spring to brainstorm strategies to increase the number of riders who receive rides through Medicaid. Addressing transportation needs is an ongoing conversation with health, human service and education partners.

Addison County health and human service partners are working to address all five of the top health concerns identified by community survey respondents:

Substance Use Disorder: See Treatment for Substance Use Disorder on page 17.

Access to mental health supports: Since implementing IFS, Counseling Service of Addison County has been able to serve more children and young adults and the number of crisis calls CSAC receives has decreased. The Blueprint for Health has imbedded CSAC mental health clinicians in local healthcare provider offices making it easier for providers to make mental health referrals and for patients to access mental health services. Unfortunately, there is a still a waiting list for adult mental health services at CSAC. CSAC has had job openings for mental health clinicians but has struggled to recruit qualified candidates.

Overweight/obesity and chronic disease: The Vermont Department of Health Middlebury Office received a grant last year to fund activities related to the 3-4-50 campaign. 3-4-50 stands for three behaviors (tobacco use, lack of physical activity and poor nutrition) that lead to four chronic conditions (cancer, heart disease, lung disease and diabetes) that result in 50% of the deaths in Vermont. Through this funding, VDH Middlebury funded a winter passport to get kids and families more physically active in the winter. VDH also funded a vegetable prescription program at Mountain Health Center in Bristol. Mountain Health staff identified and recruited pre-diabetic patients to receive a free CSA vegetable share last fall and again this spring. VDH Middlebury partnered with Middlebury Union High School Alternative Education students to build raised garden beds at the homes of local WIC participants. (WIC stands for Special Supplemental Nutrition Program for Women, Infants and Children.) Finally, the grant purchased sports equipment for May Johnson Children's Center's Rural Fun Delivery Program. Rural Fun Delivery is a summer program that provides lunches and fun activities for children in Starksboro.

University of Vermont Health Network Porter Medical Center will be partnering with Rise VT in Addison County. Rise VT was developed in Franklin County and is an evidenced-based program focused on reducing BMIs. The Blueprint for Health provides self-management programs in Addison County to help those who have been diagnosed with a chronic illness learn more about how to care for themselves and improve their health.

Access to healthcare services: To address healthcare access, University of Vermont Health Network Porter Medical Center opened Porter ExpressCare last June. Porter ExpressCare is a walk-in care clinic for adults and children over age 2 with minor illnesses or injuries who are unable to get an immediate appointment with their primary care provider.

Addressing CHAT and Prevention Change Packet Priorities:

Community Resilience Campaign: Following the CHAT data meeting, we continued conversations about developing a resilience campaign. In March and June 2018, we hosted IFS Council meetings to help prioritize campaign activities. Vermont Department of Health Middlebury District Office hosted a series of brown bag lunches on resilience. The Addison County Parent Child Center provided training to their staff on resilience. Counseling Service of Addison (CSAC) held a staff retreat this spring focused on resilience building. Finally, CSAC also hosted a May 2018 meeting of local Executive Directors and their Board Chairs to share more information about the work of CHAT and our proposed resilience campaign.

CSAC has hired a local marketing contractor to help us develop our brand and tag lines for the resilience campaign. We will continue to meet over the summer to flesh out campaign components and plan to launch a county-wide resilience campaign in the fall of 2018.

Nutrition resources event: As previously stated, the Vermont Department of Health Middlebury office is planning to host a nutrition resources event in this fall so partners can learn more about the nutrition resources in Addison County.

Coordinated Care: Blueprint for Health Middlebury staff are facilitating several initiatives to improve care coordination and communication among healthcare and human service providers. The Complex Care Coordination team includes staff from Porter Medical Center, local healthcare provider offices, CSAC, Addison County Home Health and Hospice, Bayada Home Health Care and One Care Vermont. The team meets monthly to discuss the needs of and resources for patients with complex medical needs. The Women's Health Initiative is providing enhanced health and psychosocial screenings and referrals, comprehensive family planning counseling and access to long acting reversible contraception. The Women's Health Initiative is being implemented in Addison County at Porter's Women's Health Center and the Planned Parenthood Middlebury Health Center. Finally, local Medication Assisted Treatment (MAT) providers are working with Porter's Women's Health Center, local pediatricians and human service organizations to provide substance use treatment to pregnant women in Addison County. This initiative is just starting so the group is working on consent forms and determining the best modes of communication.

Housing**:** As soon as our combined steering committee started meeting regularly, the issue of housing became a primary topic. According to data from the Vermont Agency of Human Services, the current vacancy rate for housing in Addison County is 0.2%. A typical housing market is considered balanced and healthy when vacancies remain between 4% and 6%. 45% of Addison County renter households spend more than 30% of their incomes on rent and 22% of Addison County renters pay more than half of their incomes toward rent. Approximately 100 individuals in Addison County are homeless on any given night. Finally, it is estimated that

Addison County needs about 1,200 additional rental units to serve households earning less than the area median income.

We focused the November 2017 CHAT Council meeting on housing issues. Following the November meeting, Addison County Regional Planning Commission (ACRPC) developed and disseminated a survey to area non-profits to assess local housing assets and potential resources that could be dedicated to addressing housing needs in the county. ACRPC led a housing subcommittee of CHAT and by the spring of 2018, the subcommittee developed a four-component proposal that focuses on creating more middle-income workforce housing, lower-income workforce housing, permanent supportive housing and dispersed elderly single room occupancy units. We then created three committees to take on these four housing initiatives. (We combined the lower-income workforce housing and permanent supportive housing into one committee since there was so much overlap in the organizations involved in these projects.) The three committees are now working on projects and seeking grant funds to help move these housing initiatives forward. Vermont HomeShare will present at our September 2018 combined steering committee meeting so we can learn more about their work in housing older Vermonters. These projects won't solve all of the housing needs in Addison County but we feel this is a good start. (Appendix F: Housing Proposal)

Treatment for Substance Use Disorder: The Addison County Substance Use and Prevention Committee was formed in 2014. The initial focus of the group was to address the lack of treatment providers in Addison County for opioid misuse. In 2014, there were no healthcare providers providing mediation assisted treatment. Thanks to the efforts of Porter Medical Center, CSAC, Mountain Health Center and the providers themselves, there are now seven Addison County healthcare providers providing medication assisted treatment along with counseling to individuals struggling with substance use disorder.

More recently, the Addison County Substance Use and Prevention Committee has shifted its focus to prevention and promotion of recovery resources including programming at the Turning Point Center of Addison County. The Addison County Substance Use and Prevention Committee worked with the Regional Prevention Partnership to host a successful community book read of *The Seventh Wish* with a presentation by the author, Kate Messner. The Committee has developed a website, www.addictionhelpvt.com, and provides school and community presentations. The Substance Use and Prevention Committee will be sharing resources at upcoming community events including Vergennes Day and the Bristol Harvest Festival.

Finally, the United Way of Addison County has developed a very successful program called HELP. HELP stands for Heroin Epidemic Learning Program. HELP teaches high school students filmmaking skills and provides information about opioid use disorder. Volunteer experts in filmmaking as well as law enforcement, first responders and individuals impacted by substance use disorder teach students about both filmmaking and the impacts of drug use. Students use their new knowledge to create public service announcements (PSAs). The program culminates in a public screening of the PSAs and awards for the best student-made films. HELP has become well-known in the state and other regions are asking to replicate the program in their communities.

Getting Additional Input from the Community:

As previously stated, we are concerned that we did not receive many community survey responses from younger residents, lower-income residents or men of all ages. We will spend time at our next annual CHAT data meeting reviewing our survey data and brainstorming ways

to get additional information about the health needs of these specific populations and what additional action steps might be required to address priority areas of these groups.

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Appendix A

Addison County Community Health Action Team (CHAT) CHARTER

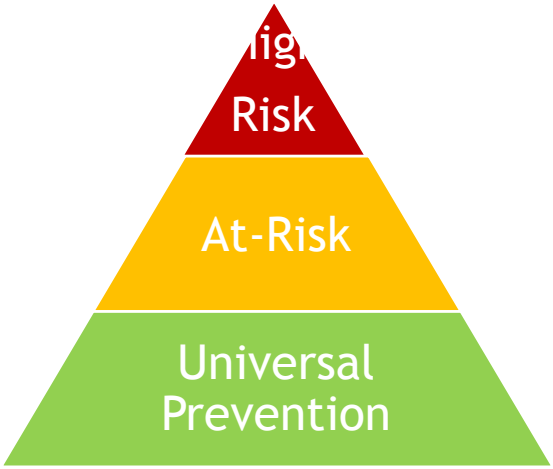
BACKGROUND & HISTORY:

Addison County's Community Health Action Team (CHAT) formed in 2014. CHAT initially met monthly to discuss a variety of health and healthcare topics as part of the Community Collaborative (CC) that originated from the Vermont Health Care Improvement Project (VHIP).

CHAT is a community collaborative that promotes the cohesive integration of health and human services addressing both the medical and non-medical needs that impact measurement results and outcomes, including social, economic and behavioral factors. The structure, with administrative support locally from the Blueprint and the ACOs will result in more effective health services as measured by improved results in quality, health status, utilization and experience of care.

In 2016, CHAT applied to be part of the Vermont Accountable Communities for Health (ACH) Peer to Peer Learning Lab. A committee of CHAT members participated in the ACH Learning Lab sessions, which gave the CHAT representatives opportunities to brainstorm how to strengthen CHAT meetings and prioritize our work going forward. We decided to build on the model used for Addison County's Integrating Family Services (IFS) initiative which strives to enhance services for our prenatal through age 22-year-old population (model below).

Addison County's IFS uses a triangle model with universal/prevention on the bottom, at-risk in the middle and high-risk at the top. The intent is to drive more interventions, services, and programming down to the universal level (or at least from high-risk to at-risk), so that all children and young adults get what they need as soon as possible to be healthy, vibrant members of community.



In December 2016, we hosted a strategic planning meeting for CHAT with more than 50 community members in attendance. Using the IFS model, we asked community members to prioritize the needs for the Addison County adult population age 23 and older.

We discussed many different topics during our December 2016 meeting and then narrowed our priorities to the following:

For the Universal/Prevention level, we prioritized:

- Mental health/empowerment
- Parenting supports/family services
- Community-wide programming and education

For the At-Risk level, we prioritized:

- Care coordination and communication
- Person-centered approaches
- Screening and proactive treatment of chronic diseases

For the High-Risk level, we prioritized:

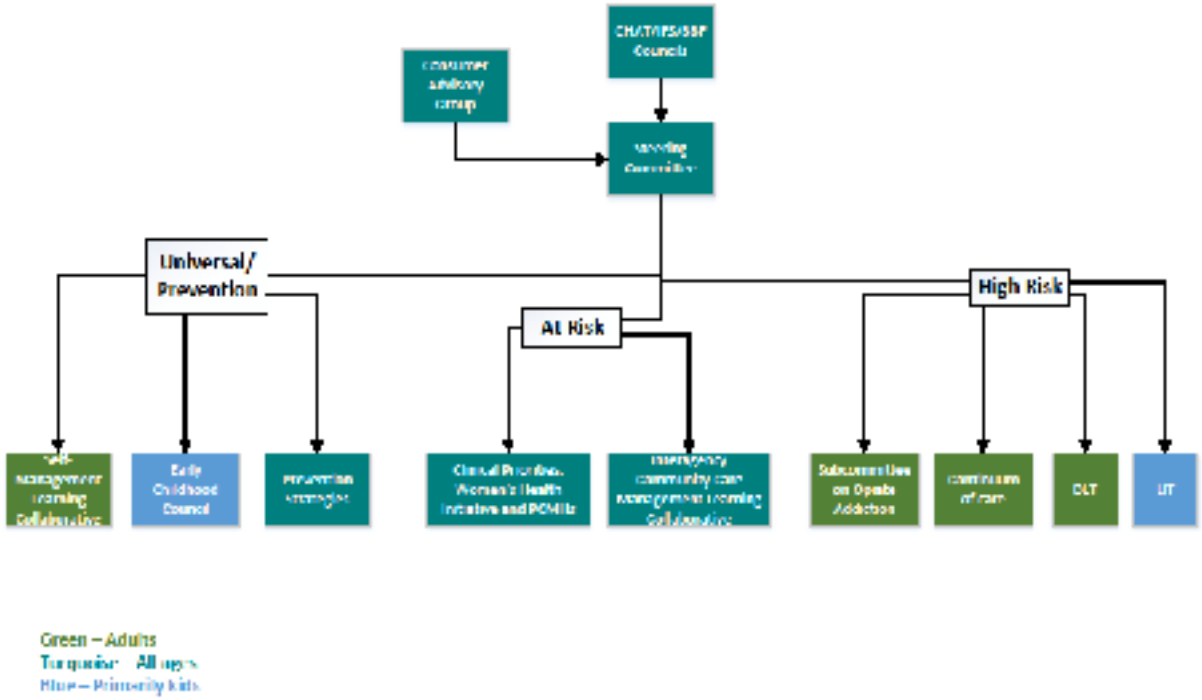
- Housing
- Medication-assisted treatment for opioid addiction
- Access to care

Since the December 2016 CHAT meeting, we have formed new committees or have engaged existing committees to work on these priority areas.

MERGING BBF, IFS, AND CHAT:

In 2014, Addison County Building Bright Futures (BBF) merged with Addison County IFS to create one strategic plan with a single steering committee. Given that all of these groups are focused on improving the health and wellbeing of Addison County residents, it made sense to combine IFS and BBF with CHAT.

Over the winter of 2017, we created an organizational chart that combined the work of IFS, BBF and CHAT (organizational chart below). We felt this was important to identify and agree upon shared priorities, reduce duplicative meetings, and improve communication. The proposed organizational chart was put before the larger BBF/IFS and CHAT councils and received approval.



ROLES OF THE STEERING COMMITTEE:

The combined steering committee will:

- Establish agendas for our larger community meetings
- Facilitate communication between existing committees and teams
- Plan and host interagency trainings
- Share and review data
- Seek input from larger CHAT, IFS and BBF meeting participants to set shared regional priorities
- Make funding decisions and oversee management of funds
- Identify individuals to connect with the statewide ACH efforts, including attending meetings and sharing information to and from the statewide groups

MEETINGS:

As reflected in the organizational chart, we are organizing ourselves by intervention level (universal/prevention, at-risk, high-risk) yet, the three initiatives (BBF, IFS and CHAT) each

has their own membership/partners and reporting requirements. Therefore, we decided each group should meet twice per year with an additional meeting focused on reviewing and discussing local data.

Large Group meeting schedule:

- IFS will meet in September and March
- BBF will meet in October and April
- CHAT will meet in November and May
- The annual data meeting will take place in December

As of the drafting of this charter, the combined steering committee has agreed to meet on the 4th Thursday of the month from 9:00 – 11:00am.

The IFS/BBF combined steering committee will continue to meet monthly on the 2nd Monday of the month from 10:00am – 11:30am to address the programmatic and systems needs of children and young adults up to age 22-years. Addison Building Bright Futures will act as a sub-committee of the greater IFS/BBF council, and will meet monthly (2nd Friday of the month from 9:00-12:00) to focus on early childhood related systems issues of the IFS/BBF strategic plan.

Finally, because we will not have healthcare represented at the IFS/BBF steering committee meetings due to scheduling conflicts, we have agreed that all healthcare related issues for children and young adults will be tabled and discussed at the combined steering committee meetings.

FACILITATION:

Planning and facilitation of the large group meetings will be a team effort of members from the combined steering committee. Outside facilitation can be utilized as appropriate particularly if there are challenging decisions to work through.

The monthly combined steering committee meetings will be planned and facilitated by Moira Cook.

Cheryl Huntley and Dana Anderson will continue to facilitate the IFS and BBF steering committee meetings.

STEERING COMMITTEE MEMBERSHIP:

Background: The initial steering committee members were those who participated in the ACH Peer-to-Peer Learning Lab. Once we realized it made sense to combine the IFS/BBF steering committee with the CHAT steering committee, the IFS/BBF steering committee were included in the combined steering committee. However, after we set our priorities and developed the organizational chart, we knew the steering committee membership had to be expanded to better represent various sectors of our community.

We agree that organizations/businesses will serve as members of the CHAT steering committee, not the individual staff members listed below. When there is staff turnover, the organization will remain on the steering committee and must assign a new designee to serve on the combined steering committee. There will be an annual review of this charter and the composition of the combined steering committee. (See page 8.)

The proposed combined steering committee members are:

- Vermont Blueprint for Health Middlebury Staff – Susan Bruce, Project Manager
- Building Bright Futures – vacant, Regional Coordinator for Addison and Rutland Counties
- Agency of Human Services – Adam Sancic, Field Director
- Counseling Service of Addison County – Cheryl Huntley, Operations Director
- Department of Children and Families, Family Services – Andrea Grimm, District Director
- Department of Children and Families, Economic Services - Robyn Stattel, District Director
- Parent Child Center of Addison County – Donna Bailey, Co-Director
- Vermont Department of Health – Moira Cook, District Director
- Addison County Community Trust – Elise Shanbacker, Executive Director
- Middlebury College – Dave Donahue, Special Assistant to the President and Community Relations
- Porter Hospital – Carrie Wulfman, Chief Medical Officer
- One Care – Trevor Hanbridge, ACO Clinical Consultant
- Elderly Services – Jen Stewart, Licensed Clinical Social Worker
- Mountain Health Center – Martha Halnon, Chief Executive Officer
- Addison County Home Health and Hospice – Tim Brownell, Executive Director
- United Way of Addison County – Kate McGowan, Executive Director
- Addison County Regional Planning Commission – Adam Lougee, Executive Director, or Claire Tebbs, Senior Planner
- School Representative, Addison County's three school districts have designated one person to participate on their behalf – Susan Bruhl, Special Education Coordinator, Addison Northeast Supervisory Union
- Business Community Representative – to be determined

OPERATING PRINCIPLES:

The combined steering committee will utilize the following operating principles to guide their work:

Collaboration: Promote cross-sector participation throughout Addison County.

Equality: All combined steering committee members have equal standing regardless of their organizational size and resources.

Consensus: Decisions are made by consensus. We work through an issue until everyone can support it.

Shared Learning: Focus on exploring and sharing opportunities for innovation.

DECISION MAKING:

1. **We aim for consensus.**

   The combined steering committee aims to reach consensus on key decisions. Consensus in this context does not necessarily mean 100% agreement on all parts of every issue, but rather that all members review a decision in its entirety and can say "I can live with that."

   The combined steering committee will work to understand and integrate perspectives until a solution is identified that is acceptable to everyone.

   We use a "thumbs up/thumbs down" signal as a way of gauging members' positions:

   - Thumbs up – supports the decision
   - Thumbs middle – neutral, can live with the decision
   - Thumbs down – deal breaker, suspends the decision until further discussion

   In the event of a thumbs down vote, we attempt to resolve the issue through further discussion in a reasonable amount of time. In the event that's not doable, a sub-team of the council will convene separately and come back with recommendations.

2. **We act as team players.**
   As combined steering committee members, we acknowledge and are explicit about our organizational or sector-specific self-interests **but also participate in service to the collective, common agenda.** As such, we are conscientious about invoking our veto power (thumbs down vote) and ask ourselves first, "is this issue or decision fundamental to my participation in the combined steering committee?" We also expect combined steering committee members to actively reach out to clients, colleagues, and community partners to help inform the steering committee's decisions.

3. **A quorum is required.**
   A quorum of the majority of combined steering committee members is required for a decision to be considered valid. We will solicit input from any organization/business or interested parties, with adequate warning, prior to voting. Any interested party can participate in a combined steering committee meeting however, only the members listed above, their designee, or their dually appointed successor can vote.

4. **One must be present to win.**
   Members or their designees must be present to vote on decisions. Each organization/business has one vote only. If more than one staff member from an organization/business is present, they must determine who will vote on behalf of their organization.

If a member is unable to attend a combined steering committee meeting, they agree to communicate their views to the entire steering committee via email in advance of the meeting. However, combined steering committee members must make every effort to regularly attend meetings or send a designee.

5. **Once it's done, it's done.**
   We revisit previous decisions by the combined steering committee only if the members collectively agree to re-open and issue.

EXECUTIVE COMMITTEE:

The Executive Committee shall consist of 4-7 members of the combined steering committee to set agendas for the monthly steering committee meetings and for the larger community meetings. The Executive Committee will also develop recommendations for consideration by the combined steering committee. While the Executive Committee prepares important decisions for the combined steering committee, it does not have the authority to make binding decisions on behalf of the combined steering committee unless so authorized to do so by the combined steering committee.

AD HOC WORK GROUPS:

Ad hoc work groups will be created as needed to provide temporary assistance on issues outside the combined steering committee's or executive committee's roles when additional time is needed to develop work products.

CONFLICT OF INTEREST POLICY:

1. **Purpose**

   The purpose of this policy is to help inform the combined steering committee about what constitutes a conflict of interest, and assist the combined steering committee in identifying and disclosing actual and potential conflicts. The combined steering committee is a collaborative of interested parties and it is acknowledged that combined steering committee members will have organizational and/or sector-specific self-interests. Conflicts of interests happen all the time. In fact, they are inevitable. The key therefore is not to try to avoid all possible conflict-of-interest situations, which would be impossible, rather the combined steering committee needs to identify and follow a process for handling them effectively.

2. **What is a real or potential conflict of interest?**

   A real conflict of interest is present when a combined steering committee member's stake in a decision is such that it clearly reduces the likelihood that the combined steering committee member's influence can be exercised impartially in the best interest of this collaborative. A potential conflict of interest exists when there is either the appearance of a real conflict of interest, even if a real conflict doesn't exist, or the decision contemplated by the combined steering committee could possibly involve a real conflict of interest for one or more combined steering committee members.

Of particular concern are personal conflicts of interest. A personal conflict of interest exists when a combined steering committee is in a position to influence a decision that may result in personal gain, or gain for a relative as a result of the collaborative' s business dealings. For this this policy, a relative is any person is related by blood or marriage or domestic partnership.

In the case of this collaborative, special attention needs to be paid to situations where organizational conflicts of interest could result in personal gain. Such conflicts are to be considered as equivalent to personal conflicts of interest and should be handled as such.

3. How to manage a real or potential conflict of interest?

A combined steering committee member who has a real or potential conflict of interest must do the following:

A. Duty to Disclose

Each combined steering committee member shall disclose all material facts regarding his or her interest in the decision under consideration promptly upon learning of the proposed decision. It will not be necessary to excuse oneself from participating in the related discussions or in the voting process as long as the conflict is not a personal conflict or an organizational conflict that could result in personal gain and has not been disclosed. In the case of a personal conflict or an organizational conflict that could result in personal gain, combined steering committee members will excuse themselves from the voting process.

B. Determining Whether a Conflict of Interest Exists

If necessary, the combined steering committee may determine if a personal conflict of interest or an organizational conflict that could result in a personal gain for a combined steering committee member. The combined steering committee member(s) and any other interested person(s) involved in with the decision need not be present during the combined steering committee's discussion or determination of whether a personal conflict of interest exists or an organizational conflict that could result in personal gain.

C. Procedures for Addressing a Conflict of Interest

1. The combined steering committee may ask questions of and receive presentation(s) from the combined steering committee member(s) and any other interested person(s) that have a personal conflict of interest, but shall vote on the decision in their absence.
2. The combined steering committee shall ascertain that all material facts regarding the decision and the insider's conflict of interest have been disclosed to the combined steering committee.

3. After exercising due diligence, which may include investigating alternatives that present no conflict, the combined steering committee shall determine whether the decision is in the collaborative's best interest, for its own benefit, and whether it is fair and reasonable to the collaborative; the remaining combined steering committee members may approve the decision.

ANNUAL REVIEW OF CHARTER AND STEERING COMMITTEE COMPOSITION:

On an annual basis, the combined steering committee will review this charter and the combined steering committee composition. The combined steering committee will either affirm the accuracy of this document and the current composition of the steering committee or make adjustments as issues and gaps emerge over time. Adjustments or the affirmation will be documented.

In 2018, the combined steering committee will review the functionality of the Executive Committee and will revisit the idea of forming a Finance Committee.

CHARTER ADOPTION:

This Charter was adopted by consensus vote on September 28, 2017. This Charter should be reviewed in September 2018.

Appendix B

Notes from Dec 7th, 2017
Addison CHAT Data Meeting - Breakout Session

Prevention/Universal

Sticky notes: sources of data that were of interest or of note to participants:

CSAC serving 100 more children under age 12 in the last five years.

50% of Addison County female high school students and 57% of Addison County male high school students agree that in their community, they feel like they matter to people. (52% of MUHS females and 58% of MUHS males agree that in their community they feel like they matter.)

48% of Addison County female high school students and 45% of Addison County male high school students agree that students help decide what goes on in school. (46% of MUHS students agree that students help decide what goes on in school.)

62% of MUHS females and 64% of MUHS males agree that teachers really care about them and give them lots of encouragement.

79% of MUHS students who spoke to their parents at least weekly about school

In early childhood, one million new brain cell connections form each and every second . . . if conditions are right. (E,g, safe stable, nurturing, interactive environment)

48 high-quality infant/toddler center-based childcare slots. 300+ infants and toddlers in Addison County. 80% of kids lack quality childcare.

56.8% of 13-18-year -olds are up to date with HPV vaccine

Physical design of the community has huge impacts on health and well-being (sidewalks, bike lanes)

Express Care: June – November 3,191 visits, mostly 25-40-year-olds

3-4-50: 3 behaviors (poor nutrition, lack of physical activity, tobacco use) leads to 4 diseases (heart disease, cancer, diabetes and lung diseases) that result in more than 50% of the deaths in Addison County

The World Health Organization (WHO) estimates that 90% of our physical and mental health conditions are due to stress (worry, anxiety, ACEs, etc)

SASH serves seniors: 93 participants in the Vergennes area. ACCT sponsors 3 SASH sites thought only 26 of the 93 participants are in ACCT housing.

At-Risk

Sticky notes: sources of data that were of interest or of note to participants:

YRBS school connectedness predicts adolescent substance use

% of students receiving free or reduced lunch has doubled in ACSD

There are 21 towns in Addison County, most have less than 1% growth, none have answers to local childcare needs, none have answers to affordable housing needs

25% of dental patients are using sliding scale payments

Research by the American Geriatric Society demonstrated a correlation between higher Medicare expenditures for Medicare recipients and caregiver fatigue. The cost increase was $322.84 per month for each Medicare recipient when their caregiver experienced severe fatigue from their caregiver role.

#1 protective factor for youth at-risk: have an adult that cares about them no matter what!

At- Risk Discussion:

- The group was very concerned about the lack of resources for our youngest and oldest Addison County residents. The lack of childcare is very difficult for working families and impacts employers. There is a lack of appropriate/safe housing for our older Addison County residents.
- Hunger among school-age children has seen a slight decrease in Vermont but hunger is increasing among older Vermonters.
- The demographics of Middlebury have changed in the last 20 years. More children living in poverty.

High Risk

Sticky notes: sources of data that were of interest or of note to participants:

Infusions: FY16 – 570 visits, FY17 – 1055 visits

574 high risk and very high-risk Medicaid patients.

# of children who have a consult at the state interagency team.

Addiction recovery Housing: 120 in MAT and growing. Many of these have no money left.

38% of Addison County callers/ texters to VT 211 are related to basic needs of food, housing and utilities. And 75% of these are related to housing.

The # of kids in DCF custody have gone down, but the number of kids in state level residential have gone up. And, the # of available foster home placements in Addison have gone down.

ACTR data – 20 unique people received rides to clinics; however, for those 20 people: there were 1165 trips in August, 1140 trips in September, and 1141 trips in October.

ACCT – Approximately 35 formerly homeless households in their apartments. Five were new this year; 16 were denied this year; and 13 received case management. No health data information is linked to this ACCT data.

High Risk Discussion:

- People were shocked that 20 people consumed that many rides in such a brief span of time.
- Opportunities for communicating / aligning service opportunities for those on infusion
- HOUSING → 211 – we know this is the case, but it is still significant and shocking
- The increase in the # of kids in residential was discussed. What do we need to do to here in Addison to keep the kids here? What needs to occur to stop them from leaving? Further examination of the causes of this are needed – a deeper dive. What about wrap around services? Are they meeting the need?
- There are 120+ in MAT – there are significant housing needs for this population. We need to better understand:
    - Issues surrounding post-incarceration housing and services
    - available sources of funding
    - how zoning for this kind of housing works
    - the community culture around the geographic placement of such housing ("I'm supportive, but just not in my backyard", public vs. behind closed door attitudes, etc.)
    - Feasibility of using funding from different pots/sources to braid services in one location. Three major components are needed: i) rent support; ii) physical space (the actual housing); iii) support services for the residents

Appendix C

Prevention Change Packets Priorities for Addison County

Organization of this document:

Moira Cook, District Director for the Vermont Department of Health Middlebury District Office, reviewed Healthy Vermonters 2020 data, the Middlebury District Office Profile data and Blueprint for Health data for the Middlebury Health Service area for the strategies listed in the Prevention Change Packets. With the help of a Vermont Department of Health Statistian, we determined which prevention change packet strategies were highest priority for Addison County. Please note that there are limitations to this data. Some of the data provided is older and local health care providers may be doing work in their practices to address these issues.

Below are priority prevention change packet strategies for Addison County and our rationale for including them:

- Adolescent Well-Child Visits: The School Nurse Report indicates that we have the lowest percentage of students in the state receiving a well-child visit in the last 12 months. As discussed at a combined steering committee, local pediatric practices may be providing more adolescent well-child visits than the Health Department data indicates.

- Adult BMI screening: Addison County adult BMI is the same as the state overall but 30% of Addison County adults are obese and our type 2 diabetes prevelance is increasing.

- Adult Type 2 Diabetes Control: Addison County has a slightly higher, though not statisically significant, diabetes prevelance and our A1c testing is one of the lowest in the state.

- Pediatric Weight Assessment and Counseling: This is included because kids who are obese are more likely to become obese adults. Addison County's YRBS obesity data is the same as the rest of the state. The percentage of Addison County's pediatric WIC participants who are obese is the lowest in the state but in a healthy, well-nourished society, you would expect 5% of young children to be obese. 11% of Addison County's pediatric WIC participants are obese.

- Antibiotic Prescribing: We are doing worse than the state overall for antibiotic avoidance for bronchitis.

The following pages include screenshots of:

- Identified prevention change packet strategies
- Healthy Vermont 2020 data

- Blueprint for Health Middlebury Health Service Area data for antibiotic prescribing and diabetes only

VERMONT
DEPARTMENT OF HEALTH

Clinical & Community Strategies to Improve Adolescent Well-Care Visits

The following table highlights evidence-based strategies to improve adolescent well-care visit rates in clinical and community settings.

ACO Measure Cluster (NCQA HEDIS): Adolescent Well-Care Visit (AWCV)

The percentage of attributed individuals 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
Increase insurance access • Promote use of Vermont Health Connect resources including website, phone number, and local navigators, brokers, and certified application counselors • Assist adolescents and families to understand insurance benefits and address perceived barriers to care (e.g., AWCV frequency, EOB descriptions, etc.) Adopt current Bright Futures guidelines for health supervision • Adopt Bright Futures core tools (i.e. pre-visit questionnaires, documentation, education handouts) • Educate families and adolescents on annual AWCV recommendation (including guidelines outlined in the periodicity schedule) and the benefits of these visits • Adopt evidence-based screening tools • Ensure all practice staff are aware of annual recommendations (including systems for scheduling and reminder-recall) Provide adolescent-centered and informed care • Ensure the clinical space is welcoming and age appropriate for adolescents	Use mobile devices, e-mail, and social networking sites to promote preventive education and services; new media vehicles offer low cost avenues to develop and distribute tailored health care messages • Use social networking to reach adolescents and caregivers • Use texting to reach adolescents and caregivers Develop partnerships with key community stakeholders • Work with school-based and community health centers • Work with partners to explore alternate funding sources • Partner with Title V (maternal and child health) agencies • Engage key community stakeholders • Pediatric and Family practice providers can establish relationships to avoid with transition of care from adolescence into young adulthood • Partner with the Health Department/ Office of Local Health designees and leadership • Review local Youth Risk Behavior Survey data to understand current risk behaviors	Office of Local Health designees, Agency of Human Services departments, DCYF, and healthcare quality improvement focused organizations should make state-adopted periodicity schedules well known to all clinical and community providers (Bright Futures is Vermont's Early and Periodic Screening, Diagnosis, and Treatment periodicity schedule) Providers and community partners (such as the Office of Local Health, schools, designated agencies, etc.) should educate families and adolescents on annual AWCV recommendation (including guidelines outlined in the periodicity schedule) and the benefits of these visits Providers and community partners should encourage their local schools to ask that sports physicals be completed during, or within a reasonable timeframe (as determined by the provider) of a recent AWCV. Athletic directors and coaches can remind parents and caregivers that sports physicals should not replace recommended AWCVs.

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
• Provide training and tools to ensure all practitioners are adolescent-friendly • Use or create adolescent friendly materials; test materials with adolescents • Consider strategies to ensure continuity of provider care • Communicate the confidential nature of visits and EOB/billing to adolescents and parents/caregivers, and ensure private consultation time with patients • Expand or tailor office hours to fit adolescent lives (i.e. school, sports, and work) • Hold specific slots for AWCVs • Consider ways to evaluate satisfaction with care, privacy and confidentiality Improve quality of adolescent care • Ensure providers are well-trained to understand adolescent needs • Ensure providers and office staff adopt the *Bright Futures* guidelines • Adopt the use of a strengths-based approach as described in *Bright Futures* Leverage missed opportunities to increase well-care visits • Maximize other patient encounter opportunities to schedule AWCVs (e.g. episodic, acute care, sports physicals, sexual health services, immunizations) Inform caregivers on the importance of AWCVs	• Partner with School Nurses to ensure all students are receiving AWCVs, and improve communication between schools and provider offices • Partner with supervisory union or school district's Whole School, Whole Community, Whole Child wellness teams	

School Age Health

Percent of Students Age 10-17 who have had a Wellness Exam in Past 12 Months; School Nurse Report, 2014-2015

*This is a Healthy Vermonters 2020 objective

Percent of Students Age 10-17 who have had a Wellness Exam in Past 12 Months; School Nurse Report,

District Offices (2014-2015)	Indicator Value	Statistically Compared to State
Barre	63.0	N/A
Bennington	65.0	N/A
Brattleboro	62.0	N/A
Burlington	62.0	N/A
Middlebury	56.0	N/A
Morrisville	63.0	N/A
Newport	67.0	N/A
Rutland	60.0	N/A
Springfield	71.0	N/A
St. Albans	59.0	N/A
St. Johnsbury	80.0	N/A
White River Junction	63.0	N/A

Please note: We presented this data at the December 7 CHAT data meeting and there is some issue with the accuracy of the school nurse reports. Also, as we discussed at the CHAT steering committee in January, how well-child visits are coded can impact the data.

Clinical & Community Strategies to Improve Adult BMI Screening and Follow Up

The following table highlights evidence based strategies to improve adult BMI screening rates and follow up in clinical and community settings.

ACO Measure Core-20: Adult Weight Screening and Follow-Up
Screen for obesity in adults 18 years or older. Patients with body mass index (BMI) of 30 or higher should be offered or referred to intensive, multicomponent behavioral interventions. Those with BMI of 25-30 should also be referred for nutrition and physical activity interventions.

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
Screen all adults for overweight or obesity. • Calculate BMI using BMI calculator (available online) • Use motivational interviewing to discuss BMI findings with patient For obese patients: intensive, multicomponent behavioral interventions include the following: • Behavioral management activities, such as setting weight-loss goals • Improving diet or nutrition and increasing physical activity • Addressing barriers to change • Self-monitoring • Strategizing about how to maintain a lifestyle change For overweight patients: Learn about current diet and physical activity patterns and counsel on changes to encourage weight loss • Offer nutrition counseling to increase the daily recommended servings of fruits and vegetables. • Screen for physical activity habits and offer	Use motivational interviewing: Providers should be trained in these techniques to best assist patients. Provide referrals to community-based Vermont Diabetes Prevention Programs or one of the other self-management programs: MyHealthyVT.org Adopt technology-supported multicomponent coaching or counseling intervention intended to reduce weight such as: • apps to track food intake and physical activity • supportive texts • conversational counseling • tracking of food intake and physical activity. Create or refer patients to social support interventions in community settings: • Weight Watchers • Curves • TOPS (Taking off Pounds Sensibly) Distribute fruit and vegetable prescriptions to encourage patients to eat more fruits and vegetables. Provide park prescriptions to encourage patients to be more physically active.	Support Healthy community design and food access projects that support physical activity and healthy eating. Promote increased healthy eating and physical activity options in worksites including: • Use the Vermont Department of Health's "Creating a Healthier Workplace" resource to implement policies such as: • health insurance coverage with no or low out-of-pocket costs for medications • Healthy food policies for meetings • Increased healthy eating and physical activity options at worksites • Worksite gardens • Flex time for physical activity • Paid time off for preventive screening • Healthy food incentives (Smoothie day, veggie platter) • Aim for at least 30% healthy items in vending machines • Include healthy choices at snack bars, cafeterias and events Encourage increased availability of healthy foods and beverages at public service venues and in vending machines.

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
counseling to maintain or improve habits For patients at a healthy weight: learn about current diet and physical activity patterns and encourage continuation.	Offer gym membership through the Ladies First program that provides funding for lifestyle programs and gym membership to women meeting income thresholds. Arrange for health coaching that will continue the conversation with patients and encourage them to take the taking next steps to healthy eating and increasing physical activity.	Support primary prevention activities aimed at children and youth to build healthy habits in physical activity and food choices.

Nutrition & Weight Status

Percent of adults age 20 and older who are obese; BRFSS, 2015-2016

"This is a Healthy Vermonters 2020 objective

Percent of adults age 20 and older who are obese; BRFSS,		
Counties (2015-2016)	Indicator Value	Statistically Compared to State
ADDISON	30	Same
BENNINGTON	32	Same
CALEDONIA	32	Same
CHITTENDEN	20	Better
ESSEX	20	Same
FRANKLIN	33	Worse
GRAND ISLE	27	Same
LAMOILLE	23	Same
ORANGE	27	Same
ORLEANS	31	Same
RUTLAND	34	Worse
WASHINGTON	26	Same
WINDHAM	25	Same
WINDSOR	28	Same

Clinical & Community Strategies to Improve Adult Type 2 Diabetes Control

The following table highlights evidence based strategies to reduce poor A1C control in clinical and community settings.

ACO Measure: Core 17: Diabetes Mellitus Hemoglobin A1C Poor Control >9%

A1C testing is recommended quarterly for adults who do not meet treatment goals. Performance measures apply to adults 18 – 75 years of age. Patients with an A1C greater than 9 percent should be offered multicomponent interventions to improve blood glucose control.

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
Implement a standardized diabetes treatment protocol using evidence-based clinical practice recommendations–Diabetes Care Clinical Practice Recommendations[2]: • Diabetes self-management education/support (DSME/S) • Medical nutrition therapy (MNT) • Education on physical activity • Guidance on routine immunizations • Psychosocial care is a critical component of diabetes management Use motivational interviewing techniques to discuss behavior change goals and action plans. For patients with A1C greater than 9 percent, offer multicomponent behavioral interventions to include the following: • Achieving a realistic body weight • Improving nutrition and increasing physical activity • Achieving blood pressure control • Scoring diabetes distress and reducing it • Treating depression	Motivational Interviewing: Train providers in these techniques to best assist patients. Provide referrals to self-management programs: • Healthier Living Workshop – Diabetes: for problem solving and action planning; healthy eating; exercise; monitoring blood sugar; managing stress; using good foot care; and handling sick days • Diabetes Self Management Education (DSME) Programs provided by Certified Diabetes Educators in all local health service areas Use of Registered Dietitians who provide medical nutrition therapy (MNT) available through the local Vermont Blueprint for Health Community Health Teams (CHTs) and ambulatory services at all Vermont Hospitals See Clinical & Community Strategies to Improve Adult BMI Screening and Follow Up. See Clinical & Community Strategies to Reduce Tobacco Use	Community-based National Diabetes Prevention Program to reduce diabetes risk See Clinical & Community Strategies to Improve Adult BMI Screening and Follow Up. Policy and Regulatory Approaches • Advocate lowering of sugar content in processed foods and beverages • Use new Nutrition Facts labels starting in July 2018 to note "added sugars" • Promote population level oral health by supporting community water fluoridation See Clinical & Community Strategies to Reduce Tobacco Use

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
• Establishing realistic priorities for lifestyle improvement • Adjusting diabetes medications • Adjusting plans for self-monitoring of blood glucose For self-management support: • Encourage use of patient portals • Community-based programs and services • Consumer support group Provide patients with information and resources available in the local health service areas and statewide including: • Learning to Live Well with Diabetes • Single Page Guide For Diabetes Care • DASH Eating Plan • A1C…what's Your Number? See Clinical & Community Strategies to Reduce Tobacco Use See Clinical & Community Strategies to Improve Adult BMI Screening and Follow Up.	Oral Health Having diabetes increases a person's risk for having oral disease; untreated oral disease makes it more difficult to control A1C levels.[3] Integrate messages about the importance of oral health to overall health using the Quality Guide for Implementing Oral Health Integration and refer patients to a local source for dental care as you would make a referral to any other specialist.	

Adult diabetes prevalence: 10% for Addison County, 8% for Vermont (source: Middlebury District Office data profile)

Diabetes & Chronic Kidney Disease

Rate of new cases of end-stage renal disease (ESRD) per million population; US Renal Data System, 2012-2014

* This is a Healthy Vermonters 2020 objective

Rate of new cases of end stage renal disease (ESRD) per million population; US Renal Data System,		
Counties (2012-2014)	Indicator Value	Statistically Compared to State
ADDISON	153.0	Same
BENNINGTON	191.3	Same
CALEDONIA	241.6	Same
CHITTENDEN	144.2	Same
ESSEX	No data available	Same
FRANKLIN	268.7	Same
GRAND ISLE	No data available	Same
LAMOILLE	452.7	Worse
ORANGE	126.0	Same
ORLEANS	221.2	Same
RUTLAND	225.0	Same
WASHINGTON	217.1	Same
WINDHAM	167.2	Same
WINDSOR	130.7	Same

Diabetes & Chronic Kidney Disease

Percent of adults with diagnosed diabetes who had diabetes education; BRFSS, 2012, 2015

*This is a Healthy Vermonters 2020 objective

Percent of adults with diagnosed diabetes who had diabetes education; BRFSS,		
Counties (2012, 2015)	Indicator Value	Statistically Compared to State
ADDISON	44	Same
BENNINGTON	43	Same
CALEDONIA	34	Same
CHITTENDEN	40	Same
ESSEX	No data available	N/A
FRANKLIN	50	Same
GRAND ISLE	No data available	N/A
LAMOILLE	58	Same
ORANGE	57	Same
ORLEANS	40	Same
RUTLAND	50	Same
WASHINGTON	74	Better
WINDHAM	19	Worse
WINDSOR	57	Same

Diabetes: HbA1c Testing

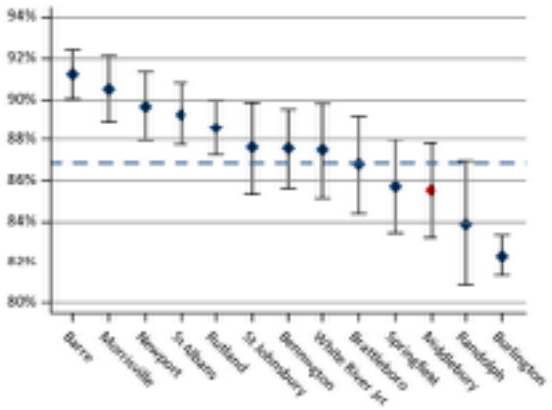


Figure 9: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

Diabetes: HbA1c Not in Control (Core-17, MSSP-27)

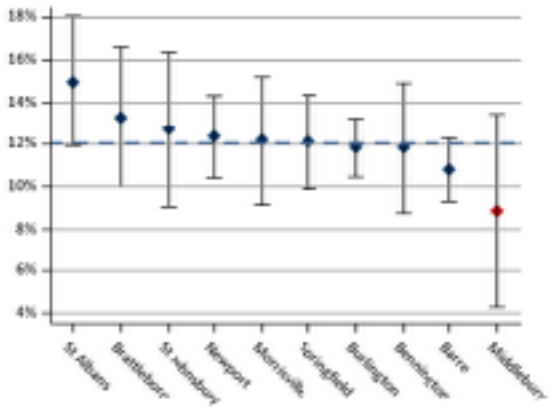


Figure 10: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the Blueprint clinical data registry was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

Clinical & Community Strategies to Improve Pediatric Weight Assessment and Counseling

BCD Measure: Core-15 (BCD10, HEDIS, NQF 0024): Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

The percentage of attributed individuals 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: BMI percentile documentation, counseling for nutrition, and counseling for physical activity

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
Provider Tools • Use Promoting Healthier Weight in Pediatrics Toolkit • Adopt Bright Futures Guidelines (i.e. pre-visit questionnaires, documentation, education) Validated screening tool and protocol • Assess all children for obesity at well care visits 2-18 years. • Annually assess behaviors and attitudes, diet and physical activity behaviors, and medical risks through physical exam and family history • Use Body Mass Index (BMI) to screen for obesity, record percentile, and diagnosis • Use motivational interviewing to discuss BMI findings with patient and family • Integrate oral health risk assessments, and fluoride varnish applications in well-care visits using Vermont's From the First Tooth Program. For patients with healthy weight: • Reinforce healthy habits of patient and family; re-evaluate at next visit For overweight and obese patients: • Order appropriate laboratory tests • Review signs/symptoms associated with	Parent/Family resources • Provide resources to parent/caregivers regarding healthy eating and physical activity practices for appropriate age level • Provide VDH resource on screen time • Provide parents/caregivers with 2-1-1-phone number and encourage outreach to Help Me Grow • Provide information on community based resources and education for physical activity and healthy nutrition (Parks and Recreation, Cooking for Life, etc.) • Provide information to 802Quit for information on smoking cessation • Integrate messages about the importance of oral health to overall health using the Quality Guide for Implementing Oral Health Integration, and refer patients to a local source for dental care Partnership building/referral resources • Promote educational resources and materials with providers and partners (e.g. Promoting Healthier Weight toolkit, Bright Futures). • Outreach to community stakeholders (e.g. schools, early education providers, children) • Connect with local Parent Child Center	School strategies • Educate families, children and adolescents on the benefits of having a well-care visit each year, as outlined by Bright Futures • Promote activities aimed at children and youth to build healthy habits including: • Participating in the Whole School, Whole Community, Whole Child Framework • Implementing local wellness policies for both early childhood education programs and K-12 schools that include adherence to the federal school nutrition standards, physical activity during the school day, and nutrition education in each grade. • Supporting schools and municipalities for Safe Routes to School, so that students can walk or ride their bike to school • Integrating and supporting Farm to School activities Community leaders including VDH staff, local business, regional councils, health care providers • Create or enhance access to healthy eating and physical activity by increasing sidewalks, bike paths, farmers' markets, community gardens

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
obesity • Learn about current diet and physical activity patterns and counsel on changes • Assess readiness to change • Work with patient/family to set achievable goals for nutrition and activity • Promote self-management skill development Referrals • Identify children in need of referral to appropriate care (Registered Dietitian, Nutritionist, Endocrinology, etc.) • Initiate referrals and track progress until completion; ensure receipt of referral report Training and roles • Ensure practitioners and staff are trained on accurate administration of BMI screening tool • Train practitioners and staff in strength-based communication strategies with children, youth, and families Documentation and tracking • Determine a consistent location where screening results will be documented • Track overweight and obese screening rates • Develop recall/reminder systems to ensure follow-up visits and referrals happen Create a process flow map to identify barriers to BMI screening and follow-up counseling	• Participate in community coalitions or partnerships to address obesity Provide fruit and vegetable prescriptions to encourage patients to eat more fruits and vegetables. Provide park prescriptions to encourage patients to be more physically active.	• Provide incentives to food retailers to locate in underserved areas and to offer healthier food and beverage choices • Promote population-level oral health by supporting community water fluoridation Promote increased healthy eating and physical activity options at worksites. • Worksite gardens • Flex time for physical activity • Healthy food incentives • Engage municipal governments, employers, schools, and health care providers to develop community-wide strategies to address physical activity and nutrition

Nutrition & Weight Status

Percent of children age 2-5 (in WIC) who are obese; PedNSS / WIC, 2014

*This is a Healthy Vermonters 2020 objective

Percent of children age 2-5 (in WIC) who are obese; PedNSS / WIC,		
District Offices (2014)	Indicator Value	Statistically Compared to State
Barre	17	N/A
Bennington	14	N/A
Brattleboro	14	N/A
Burlington	12	N/A
Middlebury	11	N/A
Morrisville	11	N/A
Newport	12	N/A
Rutland	13	N/A
Springfield	14	N/A
St. Albans	14	N/A
St. Johnsbury	12	N/A
White River Junction	14	N/A

Nutrition & Weight Status

Percent of adolescents in grades 9-12 who are obese; YRBS, 2015

*This is a Healthy Vermonters 2020 objective

Percent of adolescents in grades 9-12 who are obese; YRBS,		
District Offices (2015)	Indicator Value	Statistically Compared to State
Barre	11	Same
Bennington	12	Same
Brattleboro	12	Same
Burlington	10	Better
Middlebury	13	Same
Morrisville	13	Same
Newport	15	Worse
Rutland	15	Worse
Springfield	17	Worse
St. Albans	16	Worse
St. Johnsbury	12	Same
White River Junction	11	Same

Clinical & Community Strategies to Improve Outpatient Antibiotic Prescribing

The following table highlights evidence based strategies and best practices to improve outpatient antibiotic prescribing in clinical and community settings.

ACO Measures:

Core-5: Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Core-13: Appropriate Testing for Children with Pharyngitis

The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Prevention Strategies
Provider education & training • Offer clinician education (interactive educational sessions may be more effective than didactic lectures) • Conduct audit and performance feedback[1] • Arrange for peer group academic detailing to reinforce or change prescribing behavior[2] Provider tools • Invest in clinical decision support tools to facilitate accurate diagnoses and treatment[3]	Patient education & tools • Provide printed educational materials in the provider office • Use prescription bag insert educational materials to enhance adherence • Display appropriate antibiotic use posters in the clinical setting to educate patients, to reduce patient expectations for an antibiotic, and to demonstrate clinician commitment to judicious prescribing[3] Care planning[3] • Use delayed prescriptions when antibiotics are not immediately indicated • Write post-dated prescription • Re-contact patient after clinic visit • Give verbal order to fill prescription after a predetermined length of time if symptoms do not improve • Consider alternative management strategy if symptoms worsen after 48–72 hours of initial empiric antimicrobial therapy or fail to improve despite 3–5 days of initial empiric antimicrobial therapy	Public education • Educate the public through a variety of venues and formats, including social media, on the importance of appropriate antibiotic use Improvements to the system of care • Integrate clinical decision support with electronic medical records[4] Establish retail clinics, which appear to provide care equal in quality to traditional clinics[5]

Avoidance of Antibiotic Treatment, Acute Bronchitis (Core-6)

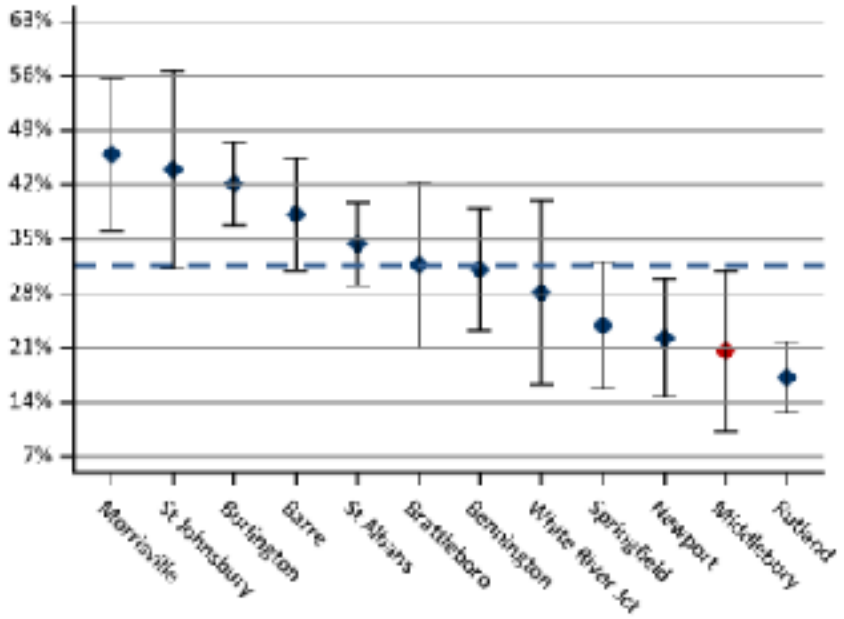


Figure 31: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.

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Appendix D: CHNA Survey Data

Survey respondents were asked *In the last year, what social or environmental and health challenges have you or a family member experienced?* The top challenges faced were included in the body of the report. The following tables show the average number of challenges based on demographic information.

Challenges Experienced by Town

Town	# of Responses by Town	% of Total Responses	Average of Social/Environmental Challenges Experienced	Average of Health Challenges Experienced
Addison	22	3.70%	1.95	2.9
Bridport	26	4.38%	2.81	2.7
Bristol	85	14.31%	2.27	2.4
Cornwall	14	2.36%	1.57	1.6
Ferrisburgh	29	4.88%	1.52	1.8
Goshen	2	0.34%	0.50	2.0
Granville	1	0.17%	0.00	0.0
Hancock	1	0.17%	3.00	4.0
Leicester	7	1.18%	2.86	2.9
Lincoln	30	5.05%	2.17	1.7
Middlebury	111	18.69%	2.18	2.3
Monkton	24	4.04%	1.96	2.1
New Haven	41	6.90%	1.66	1.8
Orwell	12	2.02%	1.92	1.3
Panton	10	1.68%	1.70	2.0
Ripton	4	0.67%	3.00	1.8
Salisbury	13	2.19%	2.08	2.1
Shoreham	14	2.36%	3.93	2.9
Starksboro	29	4.88%	1.69	1.3
Vergennes	40	6.73%	3.03	2.5
Waltham	7	1.18%	0.71	1.9
Weybridge	6	1.01%	1.67	1.0
Whiting	6	1.01%	1.67	1.0
#N/A	60	10.10%	1.65	1.5
Grand Total	594		2.10	2.1

Challenges Experienced by Age

Age	# of Responses by Age	% of Responses by Age	Average of Social/Environmental Challenges Experienced	Average of Health Challenges Experienced
#N/A	158	27%	1.14	1.1
18-24 years	10	2%	4.80	4.3
25-29 years	22	4%	2.86	2.4
30-34 years	38	6%	2.68	2.1
35-39 years	37	6%	1.81	2.4
40-44 years	33	6%	1.76	2.2
45-49 years	32	5%	2.22	2.2
50-54 years	68	11%	3.38	2.9
55-59 years	56	9%	2.16	2.1
60-64 years	51	9%	2.57	2.6
65-69 years	48	8%	2.02	2.1
70-74 years	28	5%	1.89	2.5
75-79 years	9	2%	2.00	2.4
80 years or older	4	1%	2.50	3.8
Grand Total	594		2.10	2.1

Challenges Experienced by Income

Row Labels	# of Responses by Income	% of Responses by Income	Social/Environmental Challenges Experienced	Average of Health Challenges Experienced
#N/A	176	29.63%	1.26	1.1
$10,000 - $24,999	22	3.70%	4.09	3.2
$100,000 - $149,999	84	14.14%	1.48	2.0
$150,000 or more	53	8.92%	1.21	1.9
$25,000 - $49,999	85	14.31%	2.91	2.5
$50,000 - $99,999	169	28.45%	2.83	2.8
Less than $10,000	5	0.84%	5.00	2.8
Grand Total	594		2.10	2.1

Survey respondents were asked to *Please rank the categories below based on how important it is to address them in your community, with "1" being the most important, "2" being the next most important, and so on.* The following are the average responses based on demographics.

Average Rank of Categories by Town

Town	# of Responses by Town	Average of Services for children and families (Rank)	Average of Hunger and nutrition (Rank)	Average of Healthcare (Rank)	Average of Substance use disorder (Rank)	Average of Services for seniors (Rank)	Average of Mental health (Rank)
Addison	22	3.31	4.00	3.25	3.38	4.31	2.88
Bridport	26	3.00	3.94	3.17	3.11	4.10	2.60
Bristol	85	2.75	3.87	3.21	3.31	4.29	3.38
Cornwall	14	3.67	3.73	3.20	2.70	4.90	2.36
Ferrisburgh	29	3.18	4.47	3.25	2.94	3.71	3.29
Goshen	2	3.50	3.00	3.50	3.50	4.00	3.50
Granville	1	4.00	6.00	3.00	1.00	5.00	2.00
Hancock	1	6.00	1.00	2.00	5.00	3.00	4.00
Leicester	7	3.00	5.00	3.17	2.86	4.17	2.43
Lincoln	30	3.42	3.74	2.70	3.79	4.30	3.05
Middlebury	111	3.04	3.95	3.20	3.36	4.31	2.73
Monkton	24	3.17	4.21	2.94	3.61	4.16	2.74
New Haven	41	2.70	3.41	3.04	3.65	4.16	3.25
Orwell	12	2.67	4.33	3.86	2.57	3.86	2.57
Panton	10	3.00	3.40	3.00	2.80	3.50	3.33
Ripton	4	4.33	4.33	5.00	2.67	3.33	1.33
Salisbury	13	3.00	3.83	3.29	2.75	4.29	2.50
Shoreham	14	2.73	4.00	2.75	3.67	3.83	3.75
Starksboro	29	3.47	3.69	2.65	3.13	4.50	3.38
Vergennes	40	2.75	3.57	3.42	3.48	4.31	2.81
Waltham	7	4.00	3.80	4.00	2.60	3.20	3.00
Weybridge	6	2.80	5.20	2.80	4.00	4.00	2.80
Whiting	6	4.00	3.50	2.25	4.00	5.00	2.25
#N/A	60	3.48	3.88	3.59	3.03	3.85	2.82
Grand Total	**594**	**3.08**	**3.90**	**3.18**	**3.29**	**4.18**	**2.95**

Average Rank of Categories by Age							
Age Range	# of Respondents by Age	Average of Services for children and families (Rank)	Average of Hunger and nutrition (Rank)	Average of Healthcare (Rank)	Average of Substance use disorder (Rank)	Average of Services for seniors (Rank)	Average of Mental health (Rank)
N/A	158	3.00	3.00	3.00	2.50	6.00	3.50
18-24 years	10	2.00	3.50	3.33	3.40	3.67	3.90
25-29 years	22	2.58	3.37	3.10	3.79	4.39	3.37
30-34 years	38	2.61	3.86	3.38	3.17	4.44	3.47
35-39 years	37	3.09	3.74	3.39	3.36	4.43	2.69
40-44 years	33	2.59	4.17	3.79	3.41	4.16	2.56
45-49 years	32	3.10	3.77	3.61	3.45	4.53	2.50
50-54 years	68	3.41	4.19	3.00	3.44	3.98	2.68
55-59 years	56	3.46	4.30	3.09	3.10	3.83	2.40
60-64 years	51	2.98	3.91	3.07	3.19	4.33	3.08
65-69 years	48	3.09	3.89	3.07	3.26	4.13	3.11
70-74 years	28	3.54	3.36	2.89	3.00	4.30	3.68
75-79 years	9	3.29	3.83	2.00	2.71	3.89	4.00
80 years or older	4	3.50	3.67	2.75	4.33	2.00	4.33
Grand Total	594	3.08	3.90	3.18	3.29	4.18	2.95

Average Rank of Categories by Income							
Row Labels	# of Respondents by Income	Average of Services for children and families (Rank)	Average of Hunger and nutrition (Rank)	Average of Healthcare(Rank)	Average of Substance use disorder (Rank)	Average of Services for seniors (Rank)	Average of Mental health (Rank)
N/A	176	2.94	3.50	2.47	3.63	4.38	2.79
$10,000 - $24,999	22	3.00	3.57	3.05	3.45	4.14	3.59
$100,000 - $149,999	84	3.17	4.25	3.12	3.10	4.19	2.75
$150,000 or more	53	3.21	4.02	3.28	2.82	4.65	2.71
$25,000 - $49,999	85	3.10	3.80	3.35	3.24	4.14	2.94
$50,000 - $99,999	169	3.03	3.88	3.22	3.51	4.03	3.01
Less than $10,000	5	2.25	2.25	2.00	3.20	4.75	5.20
Grand Total	594	3.08	3.90	3.18	3.29	4.18	2.95

Survey respondents were asked to *Please rank a second set of categories below based on how important it is to address them in your community, with "1" being the most important, "2" being the next most important, and so on.* The following are the average responses based on demographics.

Average Rank of Second Set of Categories by Town

Row Labels	# of Responses by Town	Average of Pedestrian and public transportation infrastructure (Rank)	Average of Clean environment (Rank)	Average of Affordable housing/homelessness (Rank)	Average of Economic opportunities (Rank)	Average of Recreation and physical activity resources (Rank)	Average of Sense of community (Rank)
Addison	22	3.56	3.67	3.07	3.60	3.69	3.19
Bridport	26	3.47	3.22	2.15	2.29	4.50	4.60
Bristol	85	3.85	3.51	1.97	2.68	4.63	4.24
Cornwall	14	3.90	4.30	2.30	2.27	3.91	4.00
Ferrisburgh	29	4.29	3.94	1.88	2.71	4.24	3.94
Goshen	2	5.50	1.00	4.00	3.00	5.50	2.00
Granville	1	6.00	3.00	5.00	4.00	2.00	1.00
Hancock	1	1.00	6.00	3.00	2.00	5.00	4.00
Leicester	7	3.00	3.83	1.43	3.67	4.43	4.14
Lincoln	30	3.68	3.16	3.06	2.55	4.47	3.84
Middlebury	111	4.08	3.87	1.82	2.39	4.42	4.09
Monkton	24	2.82	3.39	2.79	2.89	4.41	4.67
New Haven	41	4.55	3.27	2.39	2.72	3.92	3.33
Orwell	12	3.17	4.00	3.00	2.71	3.14	4.33
Panton	10	2.33	2.50	3.60	4.25	4.50	2.33
Ripton	4	3.67	4.33	2.00	3.33	4.00	3.67
Salisbury	13	4.17	3.43	1.86	2.43	3.57	4.43
Shoreham	14	4.33	4.27	1.58	2.42	4.00	4.50
Starksboro	29	4.18	3.13	1.94	2.59	4.88	4.06
Vergennes	40	3.37	3.57	2.44	2.97	3.90	4.10
Waltham	7	3.20	3.75	2.40	2.40	4.00	4.80
Weybridge	6	3.20	3.00	2.60	3.20	3.80	5.20
Whiting	6	4.75	3.25	3.25	2.50	3.75	3.50
#N/A	60	3.76	4.16	1.76	2.26	4.36	4.53
Grand Total	**594**	**3.81**	**3.63**	**2.18**	**2.64**	**4.28**	**4.09**

Average Rank of Second Set of Categories by Age

Age Ranges	Respondents by Age	Average of Pedestrian and public transportation infrastructure (Rank)	Average of Clean environment (Rank)	Average of Affordable housing/homelessness (Rank)	Average of Economic opportunities (Rank)	Average of Recreation and physical activity resources (Rank)	Average of Sense of community (Rank)
# N/A	158	3.50	3.00	3.50	1.50	6.00	3.50
18-24 years	10	4.50	2.80	1.22	3.13	4.33	4.10
25-29 years	22	4.71	3.05	2.27	3.50	3.57	3.76
30-34 years	38	3.37	3.89	2.26	2.63	4.31	4.54
35-39 years	37	3.71	4.06	2.03	2.44	3.82	4.69
40-44 years	33	3.69	3.53	2.41	2.68	3.71	4.50
45-49 years	32	3.90	4.31	2.19	2.42	4.10	4.13
50-54 years	68	3.81	3.74	2.05	2.30	4.52	4.32
55-59 years	56	4.05	3.55	2.34	2.77	4.19	3.34
60-64 years	51	3.75	3.89	1.89	2.57	4.51	4.00
65-69 years	48	3.36	3.30	2.38	2.98	4.64	3.95
70-74 years	28	4.16	3.12	2.19	2.59	4.62	3.96
75-79 years	9	3.71	2.86	2.63	2.38	4.89	3.25
80 years or older	4	4.00	2.67	2.25	3.33	4.00	4.33
Grand Total	594	3.81	3.63	2.18	2.64	4.28	4.09

Average Rank of Second Set of Categories by Income

Row Labels	Respondents by Income	Average of Pedestrian and public transportation infrastructure (Rank)	Average of Clean environment (Rank)	Average of Affordable housing/homelessness (Rank)	Average of Economic opportunities (Rank)	Average of Recreation and physical activity resources (Rank)	Average of Sense of community (Rank)
	176	3.73	3.07	2.31	2.18	4.81	4.00
$10,000 - $24,999	22	3.75	3.60	2.15	2.86	4.30	4.19
$100,000 - $149,999	84	3.81	3.91	2.26	2.63	4.14	3.92
$150,000 or more	53	3.63	3.83	2.29	2.30	4.27	4.42
$25,000 - $49,999	85	3.99	3.25	2.04	2.82	4.35	4.20
$50,000 - $99,999	169	3.84	3.72	2.14	2.68	4.29	4.01
Less than $10,000	5	2.40	2.75	3.00	3.25	3.80	4.80
Grand Total	594	3.81	3.63	2.18	2.64	4.28	4.09

Appendix E

Community Health Needs Assessment 2018

Mountain Health Center and the University of Vermont Health Network Porter Medical Center, in collaboration with the Community Health Action Team, are conducting a survey to assess the top health and social needs of our community. We are interested in your input.

This survey will take approximately 10 minutes to complete. Results of the survey will be available later in 2018. All responses will be anonymous and confidential. Your opinions are valuable to us and we appreciate your time.

1. Do you live in Addison County?

- ☐ **Yes**
- ☐ **No**

2. Are you over the age of 18?

- ☐ **Yes**
- ☐ **No**

3. What town do you live in?

- **Addison**
- **Bridport**
- **Bristol**
- **Cornwall**
- **Ferrisburgh**
- **Goshen**
- **Granville**
- **Hancock**
- **Leicester**
- **Lincoln**
- **Middlebury**
- **Monkton**
- **New Haven**
- **Orwell**
- **Panton**
- **Ripton**
- **Salisbury**
- **Shoreham**
- **Starksboro**
- **Vergennes**
- **Waltham**
- **Weybridge**
- **Whiting**

4. When you think about social and environmental challenges in the community where you live, what are you most concerned about? (please select up to 5)

- **Availability of social supports**
- **Lack of a livable wage**
- **Lack of employment opportunities**
- **Child abuse/neglect**
- **Bullying**
- **Domestic violence**
- **Access to healthy foods**
- **Transportation**
- **Opportunities for physical activity, safe recreational areas**
- **Homelessness**
- **Hunger**
- **Elder abuse/neglect**
- **Street safety (crosswalks, shoulders, bike lanes, traffic)**
- **Access to opportunities for health for those with physical limitations or disabilities**
- **Incarceration rates**
- **Racial or cultural discrimination**
- **Crime/vandalism**
- **Lack of support for seniors**
- **Lack of support for youth**
- **Childcare**
- **Affordable housing**
- **Clean environment**
- **Clean water**
- **Climate change**
- **None of the above**
- **Other:**

5. When you think about health challenges in the community where you live, what are you most concerned about? (please select up to 5)

- **Substance abuse (drugs, alcohol)**
- **Overweight/obesity**
- **Access to mental health services**
- **Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke)**
- **Cancer**
- **Physical activity**
- **Access to healthcare services**
- **Access to dental care**
- **Tobacco use**
- **Aging problems (arthritis, hearing/vision loss)**
- **Suicide**
- **Lung disease (asthma, COPD, etc.)**
- **Infectious disease (hepatitis A, B, C, influenza, etc.)**
- **Sexually Transmitted Infections**
- **Prenatal care/maternal and infant health**
- **Falls**
- **Immunizations**
- **Other (please specify)**

6. In the last year, what social or environmental challenges have you or a family member experienced? Click all that apply.

- **Availability of social supports**
- **Lack of a livable wage**
- **Lack of employment opportunities**
- **Child abuse/neglect**
- **Bullying**
- **Domestic violence**
- **Access to healthy foods**
- **Transportation**
- **Opportunities for physical activity, safe recreational areas**
- **Homelessness**
- **Hunger**
- **Elder abuse/neglect**
- **Street safety (crosswalks, shoulders, bike lanes, traffic)**
- **Access to opportunities for health for those with physical limitations or disabilities**
- **Incarceration**
- **Racial or cultural discrimination**
- **Crime/vandalism**
- **Lack of support for seniors**
- **Lack of support for youth**
- **Childcare**
- **Affordable housing**
- **Clean environment**
- **Clean water**
- **Climate change**
- **None of the above**
- **Other (please specify)**

7. In the last year, what health challenges have you or a family member experienced? Click all that apply.

- **Substance abuse (drugs, alcohol)**
- **Overweight/obesity**
- **Access to mental services**
- **Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke)**
- **Cancer**
- **Physical activity**
- **Access to healthcare services**
- **Access to dental care**
- **Tobacco use**

- **Aging problems (arthritis, hearing/ vision loss)**
- **Suicide**
- **Lung disease (asthma, COPD, etc.)**
- **Infectious disease (hepatitis A, B, C, influenza, etc.)**
- **Sexually Transmitted Infections**
- **Prenatal care/maternal and infant health**
- **Falls**
- **Immunizations**
- **None of the above**
- **Other (please specify)**

We are interested in learning about the needs that are not being met by available resources and services in our community. The following questions ask you about specific types of needs. Please tell us how much of a need there is for each of the following 6 areas by choosing "High Need", "Some Need", "No Need", or "Don't Know".

The categories to consider are: Healthcare, Seniors, Children and Families, Hunger and Nutrition, Substance Use and Mental Health.

*** 8. HEALTHCARE**

	High Need	Some Need	No Need	Don't Know
Access to alternative healthcare providers (acupuncture, chiropractors, etc.)				
Access to primary health care provider				
Short-term community support after hospitalization				
Affordable health care				
Affordable dental care				
Access to timely specialist care				
Access to cancer screenings and resources				

*** 9. SENIORS**

	High Need	Some Need	No Need	Don't Know
Elder housing				

	High Need	Some Need	No Need	Don't Know
Social Connections				
Adequate nutrition for seniors				
Transportation to services (healthcare, grocery, shopping)				
Access to nursing home care				
Elder day care				
Access to long term health care				
Affordable in-home services				

*** 10. CHILDREN AND FAMILIES**

	High Need	Some Need	No Need	Don't Know
Mentoring programs				
More childcare resources				
Adequate nutrition for children				
Social connections				
After school programming				
Summer programming				
Access to dental care for children				
Access to dental care for adults				
Parenting education				
Domestic abuse prevention				
Child abuse prevention support				
Good schools				
Home visits for newborns				
Housing for families				
Transportation to services (work, healthcare, school/childcare, grocery, shopping)				

*** 11. HUNGER AND NUTRITION**

	High Need	Some Need	No Need	Don't Know
Access to affordable healthy foods				
Obesity prevention programs				
Nutrition education				
Knowledge of healthy meal preparation				

*** 12. SUBSTANCE USE DISORDER**

	High Need	Some Need	No Need	Don't Know
Reduction of alcohol misuse (adults)				
Reduction of opiate/narcotic use (adults)				
Access to residential substance use disorder treatment				
Reduction of alcohol use (youth)				
Reduction of marijuana use (adults)				
Substance use prevention programs				
Reduction of marijuana use (youth)				
Access to outpatient substance use disorder treatment				

*** 13. MENTAL HEALTH**

	High Need	Some Need	No Need	Don't Know
Access to mental health services (children/ youth)				
Access to residential mental health services				
Prevention of mental health issues				
Early detection of mental health issues (children/youth)				
More mental health professionals				
Access to mental health services (adults)				

In your opinion, rank the importance of addressing each of the issues below in your community, with "1" being the most important, "2" being the next most important, and so on.

14. Please rank the categories below based on how important it is to address them in your community, with "1" being the most important, "2" being the next most important, and so on.

- **Services for children and families**
- **Hunger and nutrition**
- **Healthcare**
- **Substance use disorder**
- **Services for seniors**
- **Mental health**

15. As you did in the previous question, please rank the issues below based on how important it is to address them in your community, with “1” being the most important, “2” being the next most important, and so on.

- **Pedestrian and public transportation infrastructure**
- **Clean environment**
- **Affordable housing/homelessness**
- **Economic opportunities**
- **Recreation and physical activity resources**
- **Sense of community**

16. Please tell us a little more about the issues you ranked as most important:

Lastly, we have a few demographic questions so we can understand a little more about who you are. As a reminder, this survey is anonymous, and all of your responses are confidential.

17. What is your gender? (please select one)

- **Male**
- **Female**
- **Do not identify with male or female**

18. What is your highest level of education? (please select one)

- **Some high school (did not finish)**
- **High school diploma or GED**
- **Currently attending college**
- **Some college**
- **Associates degree**
- **Bachelor's degree**
- **Graduate degree**
- **Other (please specify)**

19. What was your household's income in 2017?

- **Less than $10,000**
- **$10,000 - $24,999**
- **$25,000 - $49,999**
- **$50,000 - $99,999**
- **$100,000 - $149,999**
- **$150,000 or more**

20. What is your race/ethnicity?

- American Indian or Eskimo
- Asian or Pacific Islander
- Black or African American
- Hispanic, Latino or Spanish origin
- White or Caucasian
- More than 1 race
- Other (please specify)

21. Do you have children under the age of 21 living in your household?

- **Yes**
- **No**

22. Do you have any elders dependent on you for care or support?

- **Yes**
- **No**

23. Which best describes your employment status?

- Employed full-time
- Employed part-time

- Full-time student
- Retired
- Unemployed
- Homemaker
- Other (please specify)

24. Do you have medical insurance?

- **Yes**
- **No**

25. Do you consider yourself a permanent resident of Vermont?

- **Yes**
- **No**

26. What age range are you in?

- 18-24 years
- 25-29 years
- 30-34 years
- 35-39 years
- 40-44 years
- 45-49 years
- 50-54 years
- 55-59 years
- 60-64 years
- 65-69 years
- 70-74 years
- 75-79 years
- 80 years old or older

Appendix F

Proposed Housing Initiatives for Addison County

Need	Description of project	Partners/Resources Status
Workforce Housing 25 market rate houses 5 subsidized "habitat" ownership units 20 market & affordable rental units	New mixed-use ownership housing, partly subsidized, duplexes/multifamily construction; Habitat homes; College land • ACCT is exploring a partnership with the College and Habitat for Humanity to build mixed-income housing on college land in Middlebury; • 25 units market housing - A private developer would deliver ownership units targeted to college workforce at ~$250k – $350K price point • ACCT would develop multifamily or duplex housing most likely along the lines of our typical (rental) housing model that serves people earning 50-80% of area median income ($25-$40k for a single earner). Habitat would provide ownership units serving families at ~70% AMI.	ACCT, Habitat, Middlebury College in exploratory discussions that are ongoing; intent to tie this into a conversation with Porter and VT Coffee. Moving forward tentatively.

Lower Income Workforce Housing 10 units	Multi-unit - Single-room occupancy housing (SRO); This would be an independent living facility but could include some level of on-site supervision. • Typically, 5-15 units at a site (Group home defined as permitted up to 10 units for zoning purposes) • Could fill 50 units according to service providers • Mainly for people who simply can't afford more than ~$400/mo. in rent; filling the gap the boarding house on Elm St used to provide Focus would be on people who did not need ongoing case management support (e.g. mental illness, substance use)	ACCT could potentially develop the units but if using traditional sources would likely need to pair this project with more units to reach economy of scale; potentially a scattered-site option with supportive housing. Would also need to find a source for rental assistance that could subsidize the units down to $300-$400/mo. Or 30% of residents' income.

Permanent Supportive Housing 5-10 Units	This project would create 5-10 units of combine housing, rental assistance, and services ("the 3-legged stool") Often cited as part of the solution to ending homelessness –serves people who have struggled with homelessness and often have multiple barriers to housing, like mental illness, substance use disorder, etc. VHCB contracted with Corporation for Supportive Housing in 2016 to produce a roadmap to end homelessness; a large focus was on permanent supportive housing; this seems to be a state priority	Possible partnership with Porter Hospital to provide operating subsidy that would support reduced rents and services on site for patients they either house in the ED or discharge back to homelessness, Charter House, substandard housing, etc. CSAC, VT Dept MH, VHCB ACCT could develop the unit under master lease agreement with CSAC or another service provider to manage/rent the units; CSAC could provide ongoing rental subsidies through the shelter + care program; JGHS also has access to project-based rental assistance. Other partners/ resources: Corrections (Ongoing rental subsidies) Limited to certain types/ numbers of offenders; Addiction Recovery (Later stages)
Dispersed Elderly SRO 20 units (one at a time)	There are a number of people in the Region that would consider adding an accessory apartment or an SRO in return for help. However, many do not know where to start. This project puts together a sub-committee to try and create disbursed units in existing structures and matching elderly homeowners with caretakers or home owners with elderly tenants	Elderly Services. CSAC, Age Well Vermont; Home Share Vermont; Contractor;

Form **4720**

Department of the Treasury
Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)

▶ Go to *www.irs.gov/Form4720* for instructions and the latest information.

OMB No. 1545-0052

2017

For calendar year 2017 or other tax year beginning **October 1**, 2017, and ending **September 30**, 20 **18**

Name of organization or entity: **Porter Hospital, Inc.**

Employer identification number: **03-0181058**

Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address): **115 Porter Drive**

City or town, state or province, country, and ZIP or foreign postal code: **Middlebury, VT 05753**

Check box for type of annual return:
- [x] Form 990
- [ ] Form 990-EZ
- [ ] Form 990-PF
- [ ] Form 5227

		Yes	No
A	Is the organization a foreign private foundation within the meaning of section 4948(b)?		✓
B	Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable) **N/A**		

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ $ _____. If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions).

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1))

1	Tax on undistributed income—Schedule B, line 4	1	
2	Tax on excess business holdings—Schedule C, line 7	2	
3	Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e)	3	
4	Tax on taxable expenditures—Schedule E, Part I, column (g)	4	
5	Tax on political expenditures—Schedule F, Part I, column (e)	5	
6	Tax on excess lobbying expenditures—Schedule G, line 4	6	
7	Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)	7	
8	Tax on premiums paid on personal benefit contracts	8	
9	Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h)	9	
10	Tax on taxable distributions—Schedule K, Part I, column (f)	10	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12	Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part II, line 2	12	50,000
13	**Total** (add lines 1–12)	13	50,000

Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

	(a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code	(b) Taxpayer identification number
a		
b		
c		

	(c) Tax on self-dealing—Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures—Schedule E, Part II, col. (d)	(f) Tax on political expenditures—Schedule F, Part II, col. (d)
a				
b				
c				
Total				

	(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col. (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col. (d), and Part III, col. (d)	(i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col. (d)	(j) Tax on taxable distributions—Schedule K, Part II, col. (d)
a				
b				
c				
Total				

	(k) Tax on prohibited benefits—Sch L, Part II, col. (d), and Part III, col. (d)	(l) Total—Add cols. (c) through (k)
a		
b		
c		
Total		

Part II-B Summary of Taxes (See **Tax Payments** in the instructions.)

1	Enter the taxes listed in Part II-A, column (l), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (l)	1	
2	**Total tax.** Add Part I, line 13, and Part II-B, line 1	2	
3	Total payments including amount paid with Form 8868 (see instructions)	3	
4	**Tax due.** If line 2 is larger than line 3, enter amount owed (see instructions) ▶	4	
5	**Overpayment.** If line 2 is smaller than line 3, enter the difference. This is your refund ▶	5	

SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation

(a) Act number	(b) Date of act	(c) Description of act
1		
2		
3		
4		
5		

(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of $20,000 or 5% of col. (e))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B—Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2016 (from Form 990-PF for 2017, Part XIII, line 6d)	1	
2	Undistributed income for 2016 (from Form 990-PF for 2017, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2017 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	**Tax**—Enter 30% of line 3 here and on Part I, line 1	4	

SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number . . . . . ▶

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) . ▶

			(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise . .	1	%	%	
2	Permitted holdings in business enterprise . .	2	%	%	
3	Value of excess holdings in business enterprise	3			
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4			
5	Taxable excess holdings in business enterprise — line 3 minus line 4	5			
6	**Tax**—Enter 10% of line 5	6			
7	**Total tax**—Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7			

SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable)—(lesser of $10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
Total—Column (e). Enter here and on Part I, line 3					
Total—Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				

(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure	(g) Initial tax imposed on foundation (20% of col. (b))	(h) Initial tax imposed on foundation managers (if applicable)—(lesser of $10,000 or 5% of col. (b))
Total—Column (g). Enter here and on Part I, line 4		
Total—Column (h). Enter total (or prorated amount) here and in Part II, column (c), below		

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of $5,000 or 2½% of col. (b))
1					
2					
3					
4					
5					
Total—Column (e). Enter here and on Part I, line 5					
Total—Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments

(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
3	Excess lobbying expenditures—enter the larger of line 1 or line 2	3	
4	**Tax**—Enter 25% of line 3 here and on Part I, line 6	4	

SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)—(5% of col. (b))
1					
2					
3					
4					
5					

Total—Column (e). Enter here and on Part I, line 7

Total—Column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Organization Managers and Proration of Payments

(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation

(a) Transaction number	(b) Date of transaction	(c) Description of transaction	(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of $20,000 or 10% of col. (d))
1					
2					
3					
4					
5					

SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) *Continued*

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 —Listed 2 —Subsequently listed 3 —Confidential 4 —Contractual protection	(d) Description of transaction
1			
2			
3			
4			
5			

(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer **Yes** or **No**	(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total—Column (h). Enter here and on Part I, line 9			

Part II **Tax Imposed on Entity Managers** (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax—enter $20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I **Taxable Distributions and Tax Computation**

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution
1		
2		
3		
4		

(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or $10,000)
Total—Column (f). Enter here and on Part I, line 10			
Total—Column (g). Enter total (or prorated amount) here and in Part II, column (c), below . .			

Part II **Summary of Tax Liability of Fund Managers and Proration of Payments**

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		

(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or $10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments

(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1	Porter Hospital, Inc.	It has recently been determined (See Attachment)	2014	2014
2				
3				
4				
5				

Part II Computation of Tax

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)	1	1
2	**Tax**—Enter $50,000 multiplied by line 1 here and on Part I, line 12	2	50,000

Porter Hospital, Inc. **EIN: 03-0181058**

Schedule M -Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)).

Part I **Failure to Meet Section 501(r)(3)**

(a) Item number	(b) Name of Hospital Facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1	Porter Hospital, Inc.	It has recently been determined that, although we completed our CHNA within the stipulated timeframe, we did not however meet the full requirements for the timing of board approval and posting to our website. Board approval was required by 9-30-18, final approval of the CHNA was obtained on November 7, 2018. Additionally, a secondary stipulation under the 501r guidelines requires the CHNA to be made "Widely available to the public" by 9-30-18, which our website serves to fulfill this purpose. However, the 2018 CHNA was not posted to our website until November 1, 2018.	2014	2014

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee	Title	Date
J. Bertrand	Chief Financial Officer	7-3-19

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date

May the IRS discuss this return with the preparer shown below? (see instructions) . . . . . ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶	Firm's EIN ▶
Firm's address ▶	Phone no.