EXTENDED TO AUGUST 17, 2026

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

C Name of organization
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 75 BEEKMAN STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code PLATTSBURGH, NY 12901

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

D Employer identification number 14-1338471

E Telephone number 518-561-2000

G Gross receipts $ 528,797,862.

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.CVPH.ORG

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

L Year of formation: 1903 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
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	13
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 2024 (Part V, line 2a)	5	2710
6	Total number of volunteers (estimate if necessary)	6	185
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,453,980.	2,599,816.
9	Program service revenue (Part VIII, line 2g)	457,538,161.	510,803,452.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	490,899.	340,169.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,319,026.	14,348,317.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	469,802,066.	528,091,754.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
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)	264,855,210.	353,518,120.
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)	207,318,962.	175,025,999.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	472,174,172.	528,544,119.
19	Revenue less expenses. Subtract line 18 from line 12	-2,372,106.	-452,365.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	208,980,876.	219,334,455.
21	Total liabilities (Part X, line 26)	207,977,249.	219,007,523.
22	Net assets or fund balances. Subtract line 21 from line 20	1,003,627.	326,932.

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 MATEJ KOLLAR, VP/CFO — Date

Type or print name and title

Paid Preparer Use Only

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

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CVPH MEDICAL CENTER'S MISSION IS TO PROVIDE QUALITY HEALTH CARE FOR THE NORTH COUNTRY REGION IN UPSTATE NEW YORK.

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 $ 395,993,999. including grants of $) (Revenue $ 525,247,889.)
SEE SCHEDULE O

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

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

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

4e Total program service expenses 395,993,999.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	127		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 2710			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

MATEJ KOLLAR, CFO - (518)562-7047
75 BEEKMAN STREET, PLATTSBURGH, NY 12901

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE LEBEAU	35.00									
PRESIDENT/CEO	15.00			X				729,287.	0.	133,642.
(2) DR. RAMSEY HERRINGTON	1.00									
MG PRESIDENT & CEO	49.00				X			0.	703,586.	73,632.
(3) DR. JASON SANDERS	2.00									
UVMMG PRESIDENT & CEO TIL 3/25	48.00				X			0.	650,982.	100,184.
(4) CARRIE HOWARD-CANNING	2.00									
FORMER NETWORK CHIEF NURSING OFFICER	48.00						X	0.	539,843.	64,677.
(5) MATEJ KOLLAR	25.00									
VP/CFO	25.00			X				375,259.	0.	53,427.
(6) AMY PUTNAM	4.00									
VP MEDICAL GROUP NETWORK DEPARTMENTS	46.00				X			0.	326,449.	57,023.
(7) VINCENT LUDGEWIG	45.00									
PHARMACIST						X		322,976.	0.	52,186.
(8) DANIEL CURILLA	45.00									
CRNA						X		299,776.	0.	56,606.
(9) DENNIS ISECKE	45.00									
CRNA						X		294,614.	0.	61,574.
(10) SHAWN ROGERS	45.00									
CHIEF TRANSFORMATION OFFICER						X		300,043.	0.	52,324.
(11) BRENDA MURPHY	45.00									
CHIEF QUALITY & SAFETY OFFICER						X		293,553.	0.	36,459.
(12) CARLYN HAAG	45.00									
CHIEF NURSING OFFICER					X			288,820.	0.	23,018.
(13) MATTHEW JONES	45.00									
AVP OF PROFESSIONAL SERVICE					X			0.	244,550.	18,686.
(14) ELIZABETH GOERLITZ-CORYER	1.00									
VICE CHAIR		X		X				0.	0.	0.
(15) BETSY VICENCIO	1.00									
VICE CHAIR	2.00	X		X				0.	0.	0.
(16) ALEXANDER EDWARDS	1.00									
TRUSTEE		X						0.	0.	0.
(17) JOHN MCAULIFFE, MD	1.00									
TRUSTEE		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KELLY DONOGHUE TRUSTEE	1.00	X						0.	0.	0.
(19) LINDA BOURGEOIS SECRETARY	1.00	X		X				0.	0.	0.
(20) NEIL FESETTE TRUSTEE	1.00	X						0.	0.	0.
(21) RICHARD WEBBER, MD TRUSTEE	1.00	X						0.	0.	0.
(22) RICHELLE GREGORY TRUSTEE	1.00	X						0.	0.	0.
(23) DR. THOMAS RECNY TREASURER THRU 12/24	1.00	X		X				0.	0.	0.
(24) DR. JOSEPH DONNERY, DPM CHAIR	1.00	X		X				0.	0.	0.
(25) MOLLY RYAN TRUSTEE	1.00	X						0.	0.	0.
(26) GRAHAM NILES TREASURER AS OF 1/2025	1.00	X		X				0.	0.	0.
1b Subtotal								2,904,328.	2,465,410.	783,438.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,904,328.	2,465,410.	783,438.

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 570

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTHCARE WORKFORCE LOGISTICS LLC PO BOX 860573, MINNEAPOLIS, MN 55486	PHYSICIAN/STAFFING SERVICES	1,708,101.
ASSOCIATES IN RADIOLOGY OF PLATTSBURGH NY PO BOX 2007, EAST SYRACUSE, NY 13057	RADIOLOGY SERVICES, MEDICAL DIRECTORSHIP	1,083,198.
E4H-ENVIROMENTS FOR HEALTH LLC 185 TALCOTT ROAD, WILLISTON, VT 05495	ARCHITECTUAL SERVICES	542,099.
MEP GEOTHERMAL ENGINEERING PLLC 2720 ARBOR COURT, EAU CLAIRE, WI 54701	PROFESSIONAL SERVICES	489,754.
SUNY PLATTSBURGH S&H CENTER 101 BROAD STREET, PLATTSBURGH, NY 12901	SPEECH PATHOLOGY	203,525.

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 8

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) KARA STARK ELLIOTT TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

432201 04-01-24

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	38,300.				
	e Government grants (contributions)	1e	1,503,073.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,058,443.				
	g Noncash contributions included in lines 1a-1f	1g	$ 32,444.				
	h **Total.** Add lines 1a-1f			2,599,816.			
Program Service Revenue		Business Code					
	2a NET PATIENT SERVICE REVENUE	621990		478249530.	478249530.		
	b PHARMACY	456110		29,839,709.	29839709.		
	c CAFETERIA	722514		1,837,855.	1,837,855.		
	d PREMIUM	621500		334,710.	334,710.		
	e DIALYSIS	621500		305,200.	305,200.		
	f All other program service revenue	621500		236,448.	236,448.		
	g **Total.** Add lines 2a-2f			510803452.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			152,727.			152,727.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	45,077.					
	b Less: rental expenses 6b	141,197.					
	c Rental income or (loss) 6c	-96,120.					
	d Net rental income or (loss)			-96,120.			-96,120.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	752,353.					
	b Less: cost or other basis and sales expenses 7b	564,911.					
	c Gain or (loss) 7c	187,442.					
	d Net gain or (loss)			187,442.			187,442.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a						
	b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a EMPLOYEE RETENTION CREDIT	900099		5,331,788.	5,331,788.		
	b FEDERAL EMERGENCY MANAGEMENT AGEN	900099		4,654,071.	4,654,071.		
	c 2011 & 2013 MEDICARE SETTLEMENTS	900099		1,396,828.	1,396,828.		
	d All other revenue	900099		3,061,750.	3,061,750.		
	e **Total.** Add lines 11a-11d			14,444,437.			
	12 **Total revenue.** See instructions			528091754.	525247889.	0.	244,049.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1,676,572.		1,676,572.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	208,790.	208,790.		
7 Other salaries and wages	275,319,374.	195,990,684.	79,328,690.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,349,920.	2,078,314.	271,606.	
9 Other employee benefits	59,556,242.	44,141,597.	15,414,645.	
10 Payroll taxes	14,407,222.	9,949,341.	4,457,881.	
11 Fees for services (nonemployees):				
a Management				
b Legal	286,809.		286,809.	
c Accounting	76,780.		76,780.	
d Lobbying	43,546.		43,546.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,139.		31,139.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	30,563,564.	21,898,774.	8,664,790.	
12 Advertising and promotion	7,704.	1,574.	6,130.	
13 Office expenses	3,233,952.	686,220.	2,547,732.	
14 Information technology	574,919.	180,372.	394,547.	
15 Royalties				
16 Occupancy	4,029,345.	592,141.	3,437,204.	
17 Travel	1,052,219.	603,019.	449,200.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,039,453.	816,636.	222,817.	
20 Interest	2,447,570.		2,447,570.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,760,869.	6,595,419.	3,165,450.	
23 Insurance	3,534,694.		3,534,694.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	88,440,607.	87,253,837.	1,186,770.	
b BAD DEBTS	13,894,693.	13,894,693.		
c MAINTENANCE & REPAIRS	6,172,824.	4,360,539.	1,812,285.	
d LEASED EQUIPMENT	4,914,721.	3,851,661.	1,063,060.	
e All other expenses	4,920,591.	2,890,388.	2,030,203.	
25 **Total functional expenses.** Add lines 1 through 24e	528,544,119.	395,993,999.	132,550,120.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	11,015,187.	1	18,000,005.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	61,104,972.	4	64,345,773.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	8,564,180.	8	9,026,677.
	9	Prepaid expenses and deferred charges	21,421,577.	9	20,415,581.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 247,731,815.			
	b	Less: accumulated depreciation — 10b: 167,838,613.	76,610,873.	10c	79,893,202.
	11	Investments - publicly traded securities	11,751,793.	11	9,755,289.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18,512,294.	15	17,897,928.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	208,980,876.	16	219,334,455.
Liabilities	17	Accounts payable and accrued expenses	37,526,123.	17	40,472,693.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	21,487,978.	20	19,874,983.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	32,778,182.	23	32,239,804.
	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	116,184,966.	25	126,420,043.
	26	**Total liabilities.** Add lines 17 through 25	207,977,249.	26	219,007,523.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	-340,316.	27	-1,017,011.
	28	Net assets with donor restrictions	1,343,943.	28	1,343,943.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,003,627.	32	326,932.
	33	Total liabilities and net assets/fund balances	208,980,876.	33	219,334,455.

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	528,091,754.
2	Total expenses (must equal Part IX, column (A), line 25)	2	528,544,119.
3	Revenue less expenses. Subtract line 2 from line 1	3	-452,365.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,003,627.
5	Net unrealized gains (losses) on investments	5	431,360.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-655,690.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	326,932.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER	14-1338471

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER	14-1338471

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
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:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

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

4-Year Averaging Period Under Section 501(h)

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		43,546.
j Total. Add lines 1c through 1i			43,546.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number 14-1338471

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

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

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,326,548.	6,006,147.	26,411,510.	43,598,405.	37,668,274.
b Contributions			1,521,820.	437,820.	443,568.
c Net investment earnings, gains, and losses	876.	332,866.	2,025,655.	-7,624,715.	5,486,563.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,721,128.	12,464.	23,932,788.	10,000,000.	
f Administrative expenses			20,050.		
g End of year balance	3,606,296.	6,326,548.	6,006,147.	26,411,510.	43,598,405.

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

a Board designated or quasi-endowment 62.7330 %
b Permanent endowment 37.2670 %
c Term endowment _____ %

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	X	

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		3,280,000.		3,280,000.
b Buildings		112,155,693.	65,689,103.	46,466,590.
c Leasehold improvements		3,915,480.	2,320,547.	1,594,933.
d Equipment		116,837,344.	97,380,664.	19,456,680.
e Other		11,543,298.	2,448,299.	9,094,999.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				79,893,202.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT OF USE ASSETS	14,486,739.
(2) FINANCE LEASE RIGHT OF USE ASSETS	1,505,828.
(3) NOTES RECEIVABLE AND OTHER ASSETS	173,921.
(4) DUE FROM RELATED PARTIES	1,731,440.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	17,897,928.

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) PENSION AND OTHER POST RETIREMENT OBLIGATIONS	2,883,880.
(3) DUE TO RELATED PARTIES	85,745,461.
(4) L-T COMPENSATION RELATED	7,809,163.
(5) OTHER LIABILITIES	3,347,276.
(6) LEASE LIABILITIES	16,511,556.
(7) CONTRACT LIABILITIES	50,379.
(8) ESTIMATED THIRD PARTY SETTLEMENT	7,973,727.
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	126,420,043.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:
CERTAIN BOARD-DESIGNATED FUNDS HAVE BEEN ESTABLISHED TO MEET SPECIFIC CURRENT AND FUTURE NEEDS OF THE HOSPITAL OR TO ADEQUATELY DISCHARGE FUTURE LIABILITES. THESE FUNDS INCLUDE THE PLANT AND CAPITAL IMPROVEMENT FUNDS, WHICH ARE DESIGNATED FOR SPECIFIC PROJECTS SUCH AS THE SURGICAL CENTER CONSTRUCTION, AND DESIGNATED FUNDS FOR BOTH SELF-INSURANCE AND FOR CVPH'S VARIOUS EMPLOYEE BENEFIT PLANS. TEMPORARILY RESTRICTED NET ASSETS ARE INTENDED FOR THE PURCHASE OF PROPERTY AND EQUIPMENT. PERMANENTLY RESTRICTED NET ASSETS ARE TO BE HELD IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT HEALTH CARE SERVICES, INCLUDING MEDICAL SERVICES PROVIDED TO CHILDREN, AND PROVIDING FOR CHARITY CARE.

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

Part XIII Supplemental Information *(continued)*

Part XIII Supplemental Information *(continued)*

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
ESTIMATES INCURRED BUT UNREPORTED MEDICAL CLAIMS	2,098,601.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number 14-1338471

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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)			1478646.		1478646.	.29%
b Medicaid (from Worksheet 3, column a)			76712604.	49669063.	27043541.	5.25%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			78191250.	49669063.	28522187.	5.54%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			144,797.		144,797.	.03%
f Health professions education (from Worksheet 5)			3971321.		3971321.	.77%
g Subsidized health services (from Worksheet 6)			55299967.	30149830.	25150137.	4.89%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			404,632.		404,632.	.08%
j **Total.** Other benefits			59820717.	30149830.	29670887.	5.77%
k **Total.** Add lines 7d and 7j			138011967	79818893.	58193074.	11.31%

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 3,965,546.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 1,586,218.		
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 99,447,691.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 116,004,798.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -16,557,107.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PET SCAN, LLC	IMAGING SERVICES	49.00%	.00%	51.00%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 CHAMPLAIN VALLEY PHYSICIANS HOSPITAL M 75 BEEKMAN ST PLATTSBURGH, NY 12901	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: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE PART V, SECTION C			
b [X] Other website (list url): SEE PART V, SECTION C			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: SEE PART V, SECTION C			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED

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

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED

		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	[X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	[ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	[ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	[ ] The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		X
	If "Yes," explain in Section C.		

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

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

CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED:
PART V, SECTION B, LINE 5: INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY WAS OBTAINED AS PART OF THE CHNA PROCESS. THE UNIVERSITY OF VERMONT HEALTH NETWORK- CHAMPLAIN VALLEY PHYSICIANS HOSPITAL (UVMHN-CVPH) AND CLINTON COUNTY HEALTH DEPARTMENT (CCHD), LEAD ENTITIES IN THE PROCESS, FACILITATED/ COMPLETED THE FOLLOWING ACTIVITIES WITH THE CLINTON COUNTY COMMUNITY:
TWO COMMUNITY BASED, HEALTH FOCUSED SURVEYS;
A REVIEW OF OVER 300 HEALTH DATA ANALYSIS;
A COMMUNITY HEALTH PRIORITY SETTING SESSION;
A PRIORITY AND FOCUS AREA FINALIZATION PROCESS;
AND CREATION OF SHARED ACTION PLANS.

HEALTH INDICATORS FROM SCORES OF RESOURCES WERE CONSIDERED IN THE PROCESS, INCLUDING DATA FROM THE NYS PREVENTION AGENDA DASHBOARD, COMMUNITY HEALTH INDICATOR REPORTS, NYS OFFICE OF MENTAL HEALTH, DIVISION OF CRIMINAL JUSTICE SERVICES, NYS EXPANDED BEHAVIORAL RISK FACTOR SURVEY, USDA ECONOMIC RESEARCH SERVICE, AMERICAN COMMUNITY SURVEY, HEALTH RESOURCES AND SERVICES ADMINISTRATION, CENTER FOR HEALTH WORKFORCE STUDIES AND OTHERS. LOCALLY GENERATED AND/ OR COLLECTED DATA WERE ALSO CONSIDERED, WHEN AVAILABLE. PRIMARY DATA INCLUDED FEEDBACK FROM RESIDENT SURVEYS RELATED TO HEALTH, SOCIAL AND ENVIRONMENTAL CONCERNS AS WELL AS QUALITATIVE PROGRAM DATA FROM VARIOUS COMMUNITY BASED ORGANIZATIONS AND CCHD. THE SELECTED PRIORITY AREAS REFLECT CONTINUED COMMITMENT TO THE PRIORITIES SELECTED IN THE 2016 AND 2019 COMMUNITY HEALTH ASSESSMENT PROCESSES. WHILE THE LOCAL PROCESS THAT HAS BEEN INSTITUTED BY THE LEAD PARTNERS OVER MANY YEARS OF COLLABORATION WAS MAINTAINED THIS CYCLE, SEVERAL INTENTIONAL ADJUSTMENTS WERE MADE TO INCREASE INCLUSIVITY AND PARTICIPATION OVER THE YEAR AS WELL AS TO BETTER UNDERSTAND RESIDENTS' EXPERIENCE AND EXISTING HEALTH INEQUITIES. DEMONSTRATIVE CHANGES OF PROCESS QUALITY IMPROVEMENT INCLUDE: MODIFYING SURVEY TOOLS TO BETTER IDENTIFY SUBPOPULATIONS WHILE MAINTAINING ANONYMITY OF RESPONDENTS, EXTENDING INVITATIONS TO PARTICIPATE IN THE COMMUNITY HEALTH PRIORITY SETTING SESSION TO MORE STAKEHOLDERS, AND EXPANDING THE DISCUSSION AROUND INEQUITIES AND DISPARITIES THROUGHOUT THE ASSESSMENT AND PLANNING PROCESS. PARTICIPATION IN HEALTH PRIORITY SELECTION REPRESENTED AT LEAST 18 DISTINCT COMMUNITY SECTORS INCLUDING HEALTHCARE (CLINICAL, POPULATION AND PUBLIC HEALTH), BUSINESS, COMMUNITY BASED ORGANIZATION/SERVICE, HOUSING, HUMAN SERVICES, AND MENTAL/BEHAVIORAL HEALTH. THESE VERY PARTNERS CONTRIBUTE ACTIVITES AND RESOURCES TO CREAYSE LOCAL ACTION PLANS AND ARE NOTED THROUGHOUT THE DOCUMENT AS "RESOURCES AND ASSETS" AND "RESPONSIBLE PARTIES". THE RESULTING ACTION PLANS DEATURE IN-PROGRESS AND PLANNED WORK RELATED TO THE SELECTED HEALTH PRIORITIES AND INTENDED TO ALTER HEALTH OUTCOMES FOR THE BETTER OF ALL RESIDENTS. FEATURED INTERVENTIONS REFLECT A RANGE OF ACTIVITIES AND APPROACHES THAT FALL ACROSS THE HEALTH IMPACT PYRAMID AND INCLUDE SERVICE INFRASTRUCTURE, PROGRAM DEVELOPMENT AND EDUCATION; MANY WILL REQUIRE HIGH LEVEL, CROSS-SECTOR COLLABORATIONS.

ONGOING OVERSIGHT OF HEALTH IMPROVEMENT PROGRESS WILL CONTINUE TO BE MANAGED BY THE ACTION FOR HEALTH CONSORTIUM, WHICH ORGANIZES BI-MONTHLY MEETINGS UTILIZING THE NYS PREVENTION AGENDA AS ITS FRAMEWORK. A FORMAL PROGRESS UPDATE IS CAPTURED ANNUALLY AND THIS PROGRESS IS SHARED WITH HEALTH STAKEHOLDERS AND THE COMMUNITY BY CCHD AND UVMHN-CVPH. THESE

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

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

UPDATES SERVE AS AN OPPORTUNITY TO CELEBRATE SUCCESS JUST AS MUCH AS A MEANS TO ADJUST COURSE BASED ON EMERGING NEEDS AND NEW RESOURCES IN CLINTON COUNTY.

CCHD AND UVMHN-CVPH HAVE AND WILL CONTINUE TO EVALUATE THE LOCAL COLLABORATIVE APPROACH TO COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLANNING. AT PRESENT, DIRECT STAKEHOLDER FEEDBACK AND PARTICIPATION TRENDS ALONG WITH EMERGING BEST-PRACTICES GREATLY INFORM AND INFLUENCE THE LOCAL PROCESS. THE LEAD ENTITIES MONITOR AWARENESS AND USE OF THE RESULTING ASSESSMENT DOCUMENTS AMONG PARTNERS, STRIVING TO CONTINUALLY INCREASE BOTH PROCESS MEASURES.

CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED:
PART V, SECTION B, LINE 6A: CVPH IS PART OF THE ADIRONDACK RURAL HEALTH NETWORK.

ADIRONDACK RURAL HEALTH NETWORK: THE ADIRONDACK RURAL HEALTH NETWORK (ARHN) IS A PROGRAM OF THE ADIRONDACK HEALTH INSTITUTE, INC. (AHI). AHI IS A JOINT VENTURE OF ADIRONDACK HEALTH (ADIRONDACK MEDICAL CENTER), THE UNIVERSITY OF VERMONT HEALTH NETWORK - CHAMPLAIN VALLEY PHYSICIANS HOSPITAL, GLENS FALLS HOSPITAL, HUDSON HEADWATERS HEALTH NETWORK AND ST. LAWRENCE HEALTH SYSTEM. THE MISSION OF AHI IS TO LEAD AND WORK COLLABORATIVELY WITH COMMUNITY PARTNERS ON INNOVATIVE INITIATIVES THAT ADVANCE QUALITY, IMPROVE ACCESS AND AFFORDABILITY, AND TRANSFORM HEALTHCARE DELIVERY IN THE ADIRONDACK REGION.

THE ADIRONDACK RURAL HEALTH NETWORK (ARHN) PROVIDES A FORUM FOR LOCAL PUBLIC HEALTH SERVICES, COMMUNITY HEALTH CENTERS, HOSPITALS, COMMUNITY MENTAL HEALTH PROGRAMS, EMERGENCY MEDICAL SERVICES, AND OTHER COMMUNITY-BASED ORGANIZATIONS TO ADDRESS RURAL HEALTHCARE DELIVERY BARRIERS, IDENTIFY REGIONAL HEALTH NEEDS AND SUPPORT THE NYS PREVENTION AGENDA TO IMPROVE HEALTH CARE IN THE REGION. THE ARHN REGION INCLUDES NEW YORK'S CLINTON, ESSEX, FRANKLIN, FULTON, HAMILTON, WARREN, AND WASHINGTON COUNTIES.

SINCE 2002, ARHN HAS BEEN RECOGNIZED AS THE LEADING SPONSOR OF FORMAL COMMUNITY HEALTH PLANNING IN THE REGION WORKING WITH SEVERAL LOCAL HEALTH DEPARTMENTS. THE COMMUNITY HEALTH ASSESSMENT (CHA) COMMITTEE, FACILITATED BY ARHN, IS MADE UP OF HOSPITALS AND COUNTY HEALTH DEPARTMENTS WORKING TOGETHER UTILIZING A SYSTEMATIC APPROACH TO COMMUNITY HEALTH PLANNING. THE CHA COMMITTEE IS MADE UP OF MEMBERS FROM ADIRONDACK HEALTH, CLINTON COUNTY HEALTH DEPARTMENT, ESSEX COUNTY PUBLIC HEALTH, FRANKLIN COUNTY PUBLIC HEALTH, FULTON COUNTY PUBLIC HEALTH, GLENS FALLS HOSPITAL, HAMILTON COUNTY PUBLIC HEALTH SERVICES, NATHAN LITTAUER HOSPITAL AND NURSING HOME, UVM HEALTH NETWORK - CVPH, WARREN COUNTY HEALTH SERVICES, WASHINGTON COUNTY PUBLIC HEALTH SERVICES, UVM HEALTH NETWORK - ELIZABETHTOWN COMMUNITY HOSPITAL, AND UVM HEALTH NETWORK ALICE HYDE MEDICAL CENTER.

CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED:
PART V, SECTION B, LINE 6B: THE CHNA IS A JOINT EFFORT WITH THE CLINTON COUNTY HEALTH DEPARTMENT. IN ADDITION, CLINTON COUNTY ACTION FOR HEALTH CONSORTIUM IS A KEY PART OF THE PROCESS, AND THEIR PURPOSE IS DESCRIBED

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

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

BELOW.

CLINTON COUNTY ACTION FOR HEALTH CONSORTIUM: THE CLINTON COUNTY ACTION FOR HEALTH (AFH) CONSORTIUM IS A MULTI-SECTOR, MULTI-DISCIPLINARY COLLECTION OF LOCAL HEALTH SYSTEM PARTNERS WORKING TOWARDS COMMUNITY HEALTH IMPROVEMENT AND FACILITATED BY CCHD. THE PRIMARY WORK OF THE GROUP HAS BEEN BUILT AROUND DATA DRIVEN IDENTIFIED NEEDS (NYS PREVENTION AGENDA) AND AVAILABLE COMMUNITY RESOURCES. PARTNERS IN THE EFFORT INCLUDE: MUNICIPALITIES, BUSINESSES, GRASSROOTS COMMUNITY GROUPS, HEALTH CARE PROVIDERS, THE LOCAL HOSPITAL, CHAMBER OF COMMERCE, HUMAN SERVICE AGENCIES, SCHOOLS AND LOCAL NOT-FOR-PROFITS. THE GROUP HAS EXISTED FOR OVER A DECADE AND PRESENTLY HAS APPROXIMATELY FORTY MEMBERS THAT HAVE FORMALLY COMMITTED TO ITS PURPOSE BY SIGNING AFH PARTNERSHIP LETTERS. RECRUITMENT OF NEW MEMBERS IS ONGOING.

THE AFH CONSORTIUM HAS INCREASED COMMUNITY OWNERSHIP AND COMMITMENT TO THE SHARED HEALTH IMPROVEMENT GOALS AND TO THE WORK CAPTURED IN THE CHIP. IN FACILITATING THESE EFFORTS, THE CCHD HAS STRENGTHENED ITS ABILITY TO LEVERAGE RESOURCES FROM PUBLIC HEALTH PARTNERS AND PRIVATE ENTITIES ALIKE. SIGNIFICANT PROGRESS ON THE COUNTY'S CHIP HAS BEEN MADE CAPITALIZING ON THIS SYSTEM OF PARTNERSHIP CREATED THROUGH THE CONSORTIUM.

THE AFH CONSORTIUM MEETS BIMONTHLY FOR UPDATES, ISSUE DISCUSSION, AND INFORMATION SHARING. A MINIMUM OF SIX MEETING ARE SCHEDULED EACH YEAR, WITH ADDITIONAL GATHERINGS SCHEDULED AS NEEDED. SUBCOMMITTEES OF MEMBERS WITH EXPERTISE RELATED TO SELECTED PRIORITY AREAS MEET MORE FREQUENTLY AND KEEP THE GROUP APPRISED OF THEIR WORK. CCHD TRACKS PROGRESS ON THE CHIP CONTINUALLY AND PREPARES A YEAR-END REPORT WHICH INCLUDES UPDATES ON WORK RELATED TO THE TWO FEATURED PRIORITY AREAS AND A SUMMARY OF ACCOMPLISHMENTS BY LOCAL PARTNERS RELATED TO EACH OF THE NYSDOH PREVENTION PLAN PRIORITY AREAS. CAPTURED ACTIVITIES DEMONSTRATE WORK ON ALL TIERS OF THE PUBLIC HEALTH IMPACT PYRAMID. MORE INFORMATION ON THE PUBLIC HEALTH PYRAMID IS INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN.

CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MED:
PART V, SECTION B, LINE 11: THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY WERE IDENTIFIED AS FOLLOWS, MODELED AFTER THE NEW YORK STATE PREVENTION AGENDA:
1. PREVENT CHRONIC DISEASES
A. FOCUS AREA: HEALTHY EATING AND FOOD SECURITY
B. FOCUS AREA: PHYSICAL ACTIVITY
C. FOCUS AREA: CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT
D. FOCUS AREA: TOBACCO PREVENTION
2. PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS
A. FOCUS AREA: PROMOTE WELL-BEING
B. FOCUS AREA: PREVENT MENTAL AND SUBSTANCE USE DISORDERS AND PREVENTION
3. DISPARITIES
A. INCOME
B. GEOGRAPHIC LOCATION
C. AGE

AS DOCUMENTED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN 2024 ANNUAL REPORT, SIGNIFICANT PROGRESS HAS BEEN MADE IN ADDRESSING IDENTIFIED COMMUNITY

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

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

HEALTH NEEDS THROUGH INITIATIVES FOCUSED ON EMPLOYEE WELLNESS, MENTAL HEALTH, SUBSTANCE USE PREVENTION, AND CHRONIC DISEASE MANAGEMENT.

EMPLOYEE WELLNESS AND ENGAGEMENT REMAINED A PRIORITY THROUGH THE WORK OF THE WELLNESS COMMITTEE. KEY ACCOMPLISHMENTS INCLUDED THE INTRODUCTION OF THE CART OF CONNECTION AND WELL-BEING, A MOBILE RESOURCE DESIGNED TO PROVIDE SUPPORT AND CARE TO EMPLOYEES DIRECTLY AT THEIR WORKSTATIONS. THE COMMITTEE ALSO ORGANIZED WALKING CHALLENGES AND MOVIE NIGHTS TO PROMOTE TEAM BUILDING, EMPLOYEE ENGAGEMENT, AND OVERALL WELL-BEING. IN ADDITION, ACCESS TO MENTAL HEALTH SERVICES WAS EXPANDED THROUGH LYRA MENTAL HEALTH RESOURCES.

MENTAL HEALTH AND SUBSTANCE USE PREVENTION EFFORTS WERE STRENGTHENED THROUGH THE AVAILABILITY OF A CARE COORDINATOR FROM CHAMPLAIN VALLEY FAMILY CENTER IN THE CVPH EMERGENCY DEPARTMENT. THIS POSITION HELPED SUPPORT PATIENT TRANSITIONS BACK INTO THE COMMUNITY WHILE ALSO ADVANCING THE IMPLEMENTATION OF SOCIAL DETERMINANTS OF HEALTH SCREENINGS AND ANTI-STIGMA TRAINING INITIATIVES.

CHRONIC DISEASE PREVENTION AND MANAGEMENT EFFORTS CONTINUED THROUGH PARTNERSHIPS WITH THE HEART NETWORK AND THE CHRONIC DISEASE CARE COORDINATION NETWORK. NEW PROGRAMS WERE INTRODUCED TO INCREASE ACCESS TO HEALTHY FOODS, INCLUDING SNAP BENEFIT EDUCATION AND VEGETABLE PRESCRIPTION PROGRAMS. ADDITIONALLY, THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM WAS REDESIGNED IN COLLABORATION WITH GET HEALTH NORTH COUNTRY PROVIDERS TO BETTER MEET COMMUNITY NEEDS.

IN PARTNERSHIP WITH THE CVPH FOUNDATION, CVPH CONTINUED ITS FOCUS ON RESILIENCE AND COMMUNITY HEALTH ACROSS THE LIFESPAN. EFFORTS INCLUDED SUPPORTING COMMUNITY WALKING GROUPS, DISTRIBUTING BICYCLE HELMETS TO PROMOTE PHYSICAL ACTIVITY AND SAFETY, AND PROVIDING FUNDING TO SWEETHEARTS & HEROES TO DELIVER TRAINING AND EDUCATIONAL PROGRAMS FOR EDUCATORS AND SCHOOL-AGED CHILDREN THAT EMPHASIZE SOCIAL-EMOTIONAL LEARNING.

PART V, LINE 7A, HOSPITAL FACILITY'S WEBSITE:
HTTPS://WWW.UVMHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT

PART V, LINE 7B, OTHER WEBSITES FOR CHNA REPORT:
HTTPS://HEALTH.CLINTONCOUNTYNY.GOV/COMMUNITYHEALTHASSESSMENT

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

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

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

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
HTTPS://WWW.UVMHEALTH.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-

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

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

ASSISTANCE

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? 11

Name and address	Type of facility (describe)
1 CVPH AMBULATORY SURGERY CENTER 77 PLAZA BLVD PLATTSBURGH, NY 12901	AMBULATORY SURGERY
2 CVPH DIAGNOSTIC CENTER 89 PLAZA BLVD PLATTSBURGH, NY 12901	LAB & IMAGING SERVICES
3 NORTH COUNTRY REGIONAL BLOOD DONOR CE 85 PLAZA BOULEVARD PLATTSBURGH, NY 12901	BLOOD DONATION CENTER
4 CVPH SPORTS MEDICAL AND REHABILITATIO 295 NEW YORK RD PLATTSBURGH, NY 12901	PHYSICAL AND OCCUPATIONAL THERAPY, EXERCISE AND WELLNESS
5 FAMILY MEDICINE CENTER 159 MARGARET STREET, SUITE 100 PLATTSBURGH, NY 12901	PRIMARY CARE
6 MOBILE HEALTH SCREENING VAN 75 BEEKMAN ST PLATTSBURGH, NY 12901	LAB AND DIAGNOSTIC IMAGING
7 CVPH GASTROENTEROLOGY 77 PLAZA BLVD PLATTSBURGH, NY 12901	GASTROENTEROLOGY
8 CVPH OCCUPATIONAL HEALTH AND WELLNESS 23 HAMMOND LANE PLATTSBURGH, NY 12901	EMPLOYEE HEALTH
9 CVPH OPEN MRI 118 CONSUMER SQUARE PLATTSBURGH, NY 12901	MAGNETIC RESONANCE IMAGING
10 CVPH UROLOGY 15 DEPRANDPRE WAY PLATTSBURGH, NY 12901	UROLOGY

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? 11

Name and address	Type of facility (describe)
11 CHAMPLAIN DIAGNOSTIC CENTER 828 U.S. 11 CHAMPLAIN, NY 12919	LABORATORY SERVICES

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

PART I, LINE 7:
THE RCC-PERCENTAGE WAS CALCULATED AS FOLLOWS: THE FACILITY'S ADJUSTED PATIENT CARE COST OF 426,210,899 WAS DIVIDED BY THE GROSS PATIENT CHARGES OF 1,492,045,086 TO DETERMINE THE RCC OF 29.14%.

PART I, LN 7 COL(F):
AMOUNT OF BAD DEBT EXPENSE INCLUDED IN FORM 990 PART IX LINE 25 COLUMN (A), BUT REMOVED FROM THIS FIGURE FOR PURPOSES OF CALCULATING THE RCC PERCENTAGE WAS $4,268,843 AS REFLECTED ON PART IX LINE 24(E).

PART III, LINE 3:
IN ACCORDANCE WITH IRS 990 INSTRUCTIONS, CVPH APPLIED THE CALCULATED RATIO OF COST TO CHARGES TO THE FACILITY'S 2024 BAD DEBT EXPENSE OF $14,650,634 IN ORDER TO CALCULATE THE BAD DEBT EXPENSE (AT COST) AS REPORTED ON PART III LINE 2. THE RCC USED WAS 29.14%. THEREFORE, THE BAD DEBT EXPENSE (AT COST) FOR 2024 WAS $4,268,843. WE ATTRIBUTE APPROXIMATELY 40% OF THIS AMOUNT TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, CAUSING THE PORTION OF BAD DEBT AS A COMMUNITY BENEFIT TO BE $1,707,537.

PART III, LINE 4:
THE BAD DEBT EXPENSE FOOTNOTE IS DISCLOSED IN ATTACHED AUDITED FINANCIAL STATEMENTS ON PAGE 26.

PART III, LINE 8:
USED MEDICARE ONLY TOTAL CHARGES FROM INSTITUTIONAL COST REPORT FOR 2024 AND APPLIED THE RATIO OF COST TO CHARGES FROM THE 2024 COST REPORT DATA. APPROXIMATELY 42% OF OUR REVENUE IS DERIVED FROM MEDICARE PATIENTS. WE FEEL THE SHORTFALL FROM THIS PROGRAM IS DIRECTLY A COMMUNITY BENEFIT IN THAT WE ARE A SOLE COMMUNITY HOSPITAL.

PART III, LINE 9B:
CVPH HAS A FORMAL CREDIT AND COLLECTION POLICY. ALL PATIENT ACCOUNTS WILL BE BILLED AND FOLLOWED UP ON IN A TIMELY FASHION. ALL DISCOUNTS WILL BE APPLIED AND OFFERED PER POLICY, UNIFORMLY AND WITHOUT PREJUDICE OR DISCRIMINATION. THE POLICY CONSISTS OF DOCUMENTED PROCEDURES FOR INSURANCE, CREDIT BALANCES, SELF PAY OUTPATIENT, AND SELF PAY INPATIENT (NO INSURANCE & AFTER INSURANCE). THERE ARE SPECIFIED PAYMENT ARRANGEMENTS

Part VI Supplemental Information *(Continuation)*

THAT ARE OFFERED AND THE TIME FRAME ALLOTTED FOR REPAYMENT IS GRADUATED BASED ON THE AMOUNT OWED, RANGING FROM 30 DAYS TO 36 MONTHS. CUSTOMER SERVICE REPRESENTATIVES PLACE PHONE CALLS TO PATIENTS TO RESOLVE ACCOUNTS OR ESTABLISH PAYMENT ARRANGEMENTS. AFTER ACCOUNTS HAVE BEEN AT THE PRIMARY BAD DEBT AGENCY FOR A PERIOD OF 6 MONTHS WITHOUT PAYMENTS, THE ACCOUNTS ARE FORWARDED TO A SECOND PLACEMENT AGENCY FOR ATTEMPTED RECOVERY.

AS AN ACCOMMODATION TO PATIENTS AND FAMILIES, COLLECTION ACTIVITY WAS SUSPENDED IN MARCH 2020 IN RECOGNITION OF THE FINANCIAL CHALLENGES ASSOCIATED WITH THE COVID-19 PANDEMIC. COLLECTION ACTIVITIES RESUMED IN JULY 2020.

PART VI, LINE 2:
CVPH WORKS COLLABORATIVELY TO ASSESS HEALTH NEEDS AND THEN IMPLEMENT STRATEGIES TO ADDRESS THE HEALTH PRIORITIES OF THE COMMUNITY IT SERVES. CVPH HAS WORKED WITH OTHER HOSPITALS, HEALTH DEPARTMENTS, AND AGENCIES IN CLINTON, ESSEX, AND FRANKLIN COUNTIES THROUGH PARTICIPATION IN A VARIETY OF PROGRAMS. BY BRINGING THE VARIOUS PROVIDERS TOGETHER FROM A THREE-COUNTY AREA, IT IS BELIEVED THAT THIS PROVIDES A BROADER, MORE REPRESENTATIVE DETERMINATION OF THE NEEDS THAT EXIST. A FOUR-STEP PROCESS IS USED TO ESTABLISH PRIORITIES AS PART OF THE FORMALIZED COMMUNITY HEALTH ASSESSMENT. DATA IS COMPILED AND ANALYZED, PRIORITIES ARE DETERMINED, FOCUS GROUPS SEEK CONSENSUS AND REPORT OUT, DATA IS FURTHER WEIGHTED AND A FINAL SELECTION OF PRIORITIES IS MADE. TO THAT END, CVPH HAS DIRECTED RESOURCES TO SUPPORT OF THE ADIRONDACK REGION MEDICAL HOME, PHYSICIAN RECRUITMENT, ITS DIABETES EDUCATION CENTER AND COMMUNITY EFFORT RELATED TO THE IMPORTANCE OF PROPER NUTRITION AND EXERCISE. WORKING INDEPENDENTLY, CVPH ASSESSES NEEDS BY ENCOURAGING AN OPEN DIALOGUE WITH ITS VARIOUS COMMUNITY CONSTITUENCIES. THE MEDICAL CENTER HOSTS MEETINGS, VISITS CLUBS AND ORGANIZATIONS, SURVEYS ITS PATIENTS, AND ENCOURAGES FEEDBACK THROUGH ITS WEB SITE AND PATIENT ADVOCATE ROLES.
CVPH IS A VOLUNTARY, NOT-FOR-PROFIT, ARTICLE 28 ORGANIZATION THAT IS GOVERNED BY A VOLUNTARY BOARD OF DIRECTORS AND IS LICENSED FOR 300 BEDS. CVPH IS LOCATED AT 75 BEEKMAN STREET IN PLATTSBURGH, NEW YORK WITH SATELLITE SERVICES AT A NUMBER OF OTHER AUTHORIZED LOCATIONS WITHIN THE PLATTSBURGH AREA. CVPH IS PART OF THE UNIVERSITY OF VERMONT HEALTH NETWORK, WHICH IS COMPRISED OF SIX HOSPITALS, A HOME HEALTH AND HOSPICE AGENCY, AND AN EMPLOYED MEDICAL GROUP. IT IS AFFILIATED WITH AN ACADEMIC MEDICAL CENTER IN BURLINGTON, VERMONT. CVPH OFFERS A VARIETY OF SERVICES INCLUDING CARDIOVASCULAR, ORTHOPEDICS, OBSTETRICS, PSYCHIATRY, LONG TERM CARE, AND PRIMARY CARE. IT HAS A FAMILY MEDICINE RESIDENCY PROGRAM TO HELP ADDRESS PRIMARY CARE SHORTAGES IN THE COMMUNITY. CVPH PROVIDES CANCER SERVICES THROUGH THE FITZPATRICK CANCER CENTER. IN ADDITION, CVPH HAS A ROBUST MEDICAL HOME AS WELL AS THE ADIRONDACK REGION ACO WHICH ARE KEY PARTNERS IN ADDRESSING COMMUNITY HEALTH NEEDS.

PART VI, LINE 3:
THE FOLLOWING INFORMATION IS LISTED ON EVERY PATIENT STATEMENT:
"FINANCIAL AID MAY BE AVAILABLE TO QUALIFIED PATIENTS. PLEASE CALL OUR OFFICE AT 562-7074 TO SEE IF YOU QUALIFY." WE ALSO HAVE INFORMATIONAL FLYERS AT THE CASHIERS DESK AND SEVERAL OTHER AREAS IN THE HOSPITAL. AT TIME OF REGISTRATION FOR EVERY SELF PAY PATIENT, WE ASK PERMISSION TO HAVE THE PATIENT CONTACTED TO SEE IF THEY QUALIFY FOR MEDICAID. ALSO WHEN MAKING A CALL TO COLLECT ON PATIENT ACCOUNTS, THE PATIENT IS OFFERED TO TAKE PART IN CVPH'S CARES PROGRAM WHERE APPROPRIATE TO DO SO.

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

PART VI, LINE 4:
THE PRIMARY SERVICE AREA FOR CVPH IS DEFINED AS CLINTON COUNTY. CVPH'S SECONDARY SERVICE AREA FOR TERTIARY SERVICES NOT AVAILABLE IN THOSE COMMUNITIES ARE ESSEX, FRANKLIN, AND EASTERN ST. LAWRENCE COUNTIES. THE DEMOGRAPHIC CHARACTERISTICS AND HEALTH NEEDS OF THESE COUNTIES REFLECT THOSE IN CLINTON COUNTY. OUR PAYER MIX CONSINSTS OF APPROXIMATELY 55% MEDICARE AND MEDICAID PROGRAMS. CVPH IS THE ONLY HOSPITAL IN CLINTON COUNTY. CLINTON COUNTY'S POPULATION IS 80,320. SIMILAR TO THE REST OF UPSTATE NEW YORK, CLINTON COUNTY'S POPULATION IS LIMITED IN ITS ETHNIC AND RACIAL DIVERSITY; OVER 90% OF RESIDENTS ARE WHITE/NON-HISPANICS, FOLLOWED BY 4.2% BLACK/AFRICAN AMERICAN, NON-HISPANICS AND 2.8% HISPANIC/LATINOS.

WHILE THERE ARE NO SIGNIFICANT HEALTH DISPARITIES BASED ON RACE AND ETHNICITY IN CLINTON COUNTY, THERE ARE ACCESS TO CARE ISSUES. IN FACT, IN A RECENT RESIDENT SURVEY, OVER 60% OF THE RESPONDENTS REPORTED EXPERIENCING AT LEAST ONE BARRIER TO MEDICAL CARE FOR THEMSELVES OR THEIR FAMILY IN THE PAST YEAR. THE MOST COMMONLY REPORTED BARRIERS INCLUDED: NO APPOINTMENTS AVAILABLE (TO A SPECIALIST (32.8%), NO SPECIALIST AVAILABLE LOCALLY (32.8%), INSURANCE WAS NOT ACCEPTED (27.8%), CO-PAYS OR DEDUCTIBLES WERE TOO HIGH (25.7%), AND NO APPOINTMENT WAS AVAILABLE FOR PRIMARY CARE (23.2%).

THE PERCENTAGE OF ADULTS WITH HEALTH INSURANCE IN CLINTON COUNTY IS AT 94.17%, WITH 78.3% OF THE POPULATION HAVING A REGULAR HEALTH CARE PROVIDER. THE RATE OF AGE-ADJUSTED PREVENTABLE HOSPITALIZATIONS PER 10,000 POPULATION AMONG THOSE 18 YEARS OF AGE AND OLDER (121.0) IS HIGHER THAN THE RATE FOR UPSTATE NEW YORK (120.4), AND THE PREVENTION AGENDA BENCHMARK (115.0) RATE. THE RATE OF ED VISITS PER 10,000 POPULATION IN CLINTON COUNTY (4,970.3) IS HIGHER THAN THE ARHN REGION (4,964.3) AND SIGNIFICANTLY HIGHER THAN UPSTATE NEW YORK (3,843).

OVER 16.8% OF THE POPULATION IS 65 YEARS OF AGE AND OLDER; THIS DEMOGRAPHIC HAS BEEN INCREASING OVER MULTIPLE ASSESSMENTS. THE PERCENTAGE OF ADULTS 18 YEARS OF AGE AND OLDER IN CLINTON COUNTY WITH A DISABILITY (25.7%) IS HIGHER THAN THE ARHN REGION (29.2%) AND UPSTATE NEW YORK (24.6%).

HOUSEHOLD INCOME ON AVERAGE IS $75,442, WITH PER CAPITA INCOME AT $29,960. THE PERCENTAGE OF INDIVIDUALS IN CLINTON COUNTY LIVING BELOW THE FEDERAL POVERTY LEVEL HAS REMAINED STABLE AT 12.3%. IN TOTAL, THERE ARE 31,392 HOUSEHOLDS IN CLINTON COUNTY. THE PERCENTAGE OF INDIVIDUALS ENROLLED IN MEDICAID IS 23.3%.

OF THE TOTAL POPULATION IN CLINTON COUNTY, APPROXIMATELY 35.3% OF INDIVIDUALS 25 YEARS OF AGE AND OLDER HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT. ANOTHER 35.3% HAVE AN ASSOCIATE'S OR BACHELOR'S DEGREE OR HIGHER. THE HIGHEST PERCENTAGE OF WORKING INDIVIDUALS ARE IN THE FIELD OF EDUCATION (26.6%), FOLLOWED BY RETAIL TRADE (13.4%) AND MANUFACTURING (12.5%).

PART VI, LINE 5:
CVPH MEDICAL CENTER PLAYS AN IMPORTANT ROLE IN PROMOTING HEALTH IN THE COMMUNITY BY, FOR INSTANCE, HOSTING FREE COMMUNITY LECTURES, SUPPORT GROUPS, AND SCREENINGS. CVPH SPONSORS A NUMBER OF FREE SUPPORT GROUPS INCLUDING PROGRAMS ON DIABETES, MULTIPLE CANCER GROUPS, AND BEREAVEMENT.

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

AN ARRAY OF FOCUSED CLASSES ARE HELD FOR EXPECTANT MOTHERS AS PART OF AN OVERALL CHILDBIRTH EDUCATION INITIATIVE. REGULAR CAR-SEAT SAFETY CHECKS ARE HELD TO ENSURE THAT INFANTS AND TODDLERS ARE APPROPRIATELY SECURED IN THEIR VEHICLES. CVPH AND THE FOUNDATION OF CVPH WORKS IN CONJUNTION WITH THE ADIRONDACK SAFE KIDS NETWORK FOR AN ANNUAL BIKE AND SKATEBOARD SAFETY FAIR THAT DISTRIBUTES HUNDREDS OF FREE SAFETY HELMETS. CVPH IS A REGULAR PARTICIPANT AT VARIOUS HEALTH FAIRS IN THE REGION DISPENSING EDUCATION INFORMATION AND PROVIDING FREE HEALTH SCREENINGS. CVPH ALSO WORKS WITH OTHER AGENCIES TO FACILITATE INSURANCE COVERAGE FOR ELIGIBLE INDIVIDUALS AND FAMILIES. CVPH MEDICAL CENTER OVERSEES THE NEW YORK STATE GRANT-FUNDED CANCER SERVICES PROGRAM (CSP) OF CLINTON COUNTY. THE PROGRAM PROVIDES CLINTON COUNTY RESIDENTS WHO HAVE NO INSURANCE OR WHO ARE UNDERINSURED WITH FREE SCREENINGS FOR BREAST, CERVICAL AND COLORECTAL CANCERS. THE SERVICES ARE PROVIDED VIA LOCAL PROVIDERS AND CLINICS. CVPH ALSO PARTICIPATES IN THE ACTION FOR HEALTH COALITION. THIS GROUP HAS AN ACTIVE ROLE IN TRACKING PROGRESS MADE IN IMPLEMENTING CHANGES TO IMPACT THE HEALTH OF THE COMMUNITY AS WELL AS MAKING ADJUSTMENTS TO THE STRATEGIES IDENTIFIED TO ADDRESS THESE NEEDS. SOME OF THE ACCOMPLISHMENTS OF THE ACTION FOR HEALTH COALITION INCLUDE CVPH HOSTING NEW VISIONS PROGRAM FOR SELECTED COLLEGE BOUND HIGH SCHOOL SENIORS PLANNING TO MAJOR IN A HEALTH RELATED FIELD OF STUDY, MOVING TOBACCO PRODUCTS OUT OF SIGHT IN MANY RETAIL ESTABLISHMENTS, IMPROVING NUTRITION IN SCHOOLS, AND FOCUSING ON POSITIVELY IMPACTING CHRONIC DISEASE MANAGEMENT IN CLINTON COUNTY.

PART VI, LINE 6:
CVPH MEDICAL CENTER, IS A MEMBER OF THE UNIVERSITY OF VERMONT HEALTH NETWORK (FORMERLY FLETCHER ALLEN PARTNERS, INC.), ALSO COVERING THE BURLINGTON AND BERLIN, VERMONT AREAS.
CVPH IS A VOLUNTARY, NOT-FOR-PROFIT, ARTICLE 28 ORGANIZATION THAT IS GOVERNED BY A VOLUNTARY BOARD OF DIRECTORS AND IS LICENSED FOR 300 BEDS. CVPH IS LOCATED AT 75 BEEKMAN STREET IN PLATTSBURGH, NEW YORK WITH SATELLITE SERVICES AT A NUMBER OF OTHER AUTHORIZED LOCATIONS WITHIN THE PLATTSBURGH AREA. CVPH IS PART OF THE UNIVERSITY OF VERMONT HEALTH NETWORK, WHICH IS COMPRISED OF SIX HOSPITALS, A HOME HEALTH AND HOSPICE AGENCY, AND AN EMPLOYED MEDICAL GROUP. IT IS AFFILIATED WITH AN ACADEMIC MEDICAL CENTER IN BURLINGTON, VERMONT. CVPH OFFERS A VARIETY OF SERVICES INCLUDING CARDIOVASCULAR, ORTHOPEDICS, OBSTETRICS, PSYCHIATRY, LONG TERM CARE, AND PRIMARY CARE. IT HAS A FAMILY MEDICINE RESIDENCY PROGRAM TO HELP ADDRESS PRIMARY CARE SHORTAGES IN THE COMMUNITY. CVPH PROVIDES CANCER SERVICES THROUGH THE FITZPATRICK CANCER CENTER. IN ADDITION, CVPH HAS A ROBUST MEDICAL HOME AS WELL AS THE ADIRONDACK REGION ACO WHICH ARE KEY PARTNERS IN ADDRESSING COMMUNITY HEALTH NEEDS.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number: 14-1338471

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**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**	X	
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**	X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**	X	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHELLE LEBEAU	(i)	537,948.	160,216.	31,123.	94,579.	39,063.	862,929.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. RAMSEY HERRINGTON	(i)	0.	0.	0.	0.	0.	0.	0.
MG PRESIDENT & CEO	(ii)	461,293.	174,675.	67,618.	31,050.	42,582.	777,218.	0.
(3) DR. JASON SANDERS	(i)	0.	0.	0.	0.	0.	0.	0.
UVMMG PRESIDENT & CEO TIL 3/25	(ii)	426,547.	214,352.	10,083.	61,575.	38,609.	751,166.	0.
(4) CARRIE HOWARD-CANNING	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER NETWORK CHIEF NURSING OFFICER	(ii)	378,527.	127,575.	33,741.	31,050.	33,627.	604,520.	0.
(5) MATEJ KOLLAR	(i)	293,228.	58,290.	23,741.	17,241.	36,186.	428,686.	0.
VP/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMY PUTNAM	(i)	0.	0.	0.	0.	0.	0.	0.
VP MEDICAL GROUP NETWORK DEPARTMENTS	(ii)	247,923.	49,912.	28,614.	19,634.	37,389.	383,472.	0.
(7) VINCENT LUDGEWIG	(i)	317,598.	3,000.	2,378.	20,910.	31,276.	375,162.	0.
PHARMACIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL CURILLA	(i)	275,746.	0.	24,030.	22,954.	33,652.	356,382.	0.
CRNA	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DENNIS ISECKE	(i)	273,845.	0.	20,769.	26,459.	35,115.	356,188.	0.
CRNA	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHAWN ROGERS	(i)	250,339.	45,920.	3,784.	24,619.	27,705.	352,367.	0.
CHIEF TRANSFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRENDA MURPHY	(i)	227,621.	44,370.	21,562.	29,594.	6,865.	330,012.	0.
CHIEF QUALITY & SAFETY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CARLYN HAAG	(i)	243,375.	43,472.	1,973.	17,368.	5,650.	311,838.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MATTHEW JONES	(i)	0.	0.	0.	0.	0.	0.	0.
AVP OF PROFESSIONAL SERVICE	(ii)	204,794.	35,180.	4,576.	6,332.	12,354.	263,236.	0.
	(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:
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL RELIED ON THE UNIVERSITY OF VERMONT HEALTH NETWORK ("UVM HEALTH NETWORK"), THE PARENT ORGANIZATION, TO ESTABLISH SENIOR EXECUTIVE COMPENSATION.

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

PART I, LINE 4B:
THE UNIVERSITY OF VERMONT HEALTH NETWORK, BY AND THROUGH ITS AFFILIATED SUBSIDIARIES, MAINTAINS A SUPPLEMENTAL RETIREMENT BENEFIT PLAN (SRP) UNDER CONTRACTUAL ARRANGEMENTS WITH SEVERAL PERSONS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A. PURSUANT TO THE TERMS OF THE SRP, ANNUAL CREDITS WERE MADE EQUAL TO A FIXED PERCENTAGE OF BASE SALARY. THE FOLLOWING PERSONS PARTICIPATED IN THE SRP IN CALENDAR YEAR 2024, AND THEIR RESPECTIVE FIXED PERCENTAGE IS DESIGNATED IN PARENTHESES: DR. JASON SANDERS (8.68%) AND MICHELLE LEBEAU (10.04%). DEFERRED AMOUNTS VEST ON THE EARLIER OF: (I) JANUARY 1 OF THE THIRD PLAN YEAR AFTER THE PLAN YEAR FOR WHICH THE ACCOUNT WAS CREATED; OR (II) THE PARTICIPANT'S 65TH BIRTHDAY. SRP DISTRIBUTIONS ARE REFLECTED IN SCH J, PART II, COL (B)(III) AND (F).

FOR THE PLANS NOTED ABOVE, AMOUNTS DEFERRED DURING CALENDAR YEAR 2024 ARE INCLUDED ON SCH J, PART II, COL C. AMOUNTS DEFERRED REMAIN SUBJECT TO FOREITURE IF CERTAIN CONDITIONS ARE NOT MET.

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

PART I, LINE 8:

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.

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

SCHEDULE K (Form 990) (Rev. December 2024)
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

Open to Public Inspection

Name of the organization: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number: 14-1338471

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	COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT A	14-6035154	187476AD8	06/07/07	19565000.	CONSTRUCTION OF SURGICAL SVC WING		X		X		X
B	COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT A	14-6035154	187476AB2	12/19/06	12650000.	REFINANCE SERIES 1997 BONDS		X		X		X
C	COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT A	14-6035154	187476AE6	06/25/07	12505000.	RENOVATION OF SURGICAL AREA		X		X		X
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	19,565,000.	12,650,000.	12,505,000.	
4	Gross proceeds in reserve funds	1,172,250.		727,569.	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows		12,511,605.		
7	Issuance costs from proceeds	1,340,812.	138,395.	811,805.	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	17,051,938.		10,965,626.	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009	1998	2009	

		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 refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?	X		X		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		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			
b Name of provider	KEY BANK		KEY BANK		KEY BANK			
c Term of hedge	35.0000000		11.0000000		35.0000000			
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		X		X		
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X		X		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: COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT AGENCY

(A) ISSUER NAME: COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT AGENCY

(A) ISSUER NAME: COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT AGENCY

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:
(A) ISSUER NAME: COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT AGENCY
DATE THE REBATE COMPUTATION WAS PERFORMED: 12/16/2010

(A) ISSUER NAME: COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT AGENCY
DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2011

(A) ISSUER NAME: COUNTY OF CLINTON INDUSTRIAL DEVELOPMENT AGENCY
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/25/2012

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

Transactions With Interested Persons

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number: 14-1338471

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

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

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

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

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

Part II Loans to and/or From Interested Persons

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

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

Part III Grants or Assistance Benefiting Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) REAGAN FESETTE	DAUGHTER	119,035.	COMPENSATIO		X
(2) KAITLYN RECNY	DAUGHTER-IN-LAW	89,755.	COMPENSATIO		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: REAGAN FESETTE
(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(A) NAME OF PERSON: KAITLYN RECNY
(D) DESCRIPTION OF TRANSACTION: COMPENSATION

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number 14-1338471

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	11,731.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (GIFT CARDS, FOO)	X	99	20,713.	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, COLUMN (B):
THE AMOUNT REPORTED IN PART I, COL. B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number: 14-1338471

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CVPH MEDICAL CENTER'S MISSION IS TO PROVIDE QUALITY HEALTH CARE FOR THE NORTH COUNTRY REGION IN UPSTATE NEW YORK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SEVERAL OUTPATIENT FACILITIES WHERE SERVICES ARE PROVIDED TO ITS PATIENTS INCLUDING: AMBULATORY SURGERY, PHYSICAL AND OCCUPATIONAL THERAPY, REHABILITATION, RENAL DIALYSIS, AND DIAGNOSTIC IMAGING. CVPH ALSO OPERATES HEALTH CLINICS LOCATED IN OUTLYING GEOGRAPHIC AREAS, TO BETTER SERVE THE HEALTH NEEDS OF CVPH'S RURAL COMMUNITY SERVICE AREA. THROUGH ITS VARIOUS LOCATIONS, OUTREACH ACTIVITIES, AND SUPPORT GROUPS, CVPH IS ACTIVE IN THE COMMUNITY IN PROMOTING HEALTH AND WELLNESS OF THE BODY, MIND, AND SPIRIT. CVPH PROVIDES ONGOING MEDICAL EDUCATION TO ITS MEDICAL STAFF, IN ADDITION TO OFFERING AN X-RAY TECHNOLOGY PROGRAM FOR ENROLLED STUDENTS. CVPH MAINTAINS A COMPREHENSIVE MEDICAL LIBRARY AND HAVE MADE AVAILABLE WEB-BASED LINKS FOR THE COMMUNITY TO EASILY ACCESS HEALTH AND WELLNESS INFORMATION AND EDUCATIONAL MATERIALS. CVPH ACCEPTS NUMEROUS INSURANCE PLANS, AND IS MEDICARE AND MEDICAID APPROVED. ADDITIONALLY, CVPH HAS A CHARITY CARE POLICY TO ACCOMMODATE PATIENTS WHOSE FINANCIAL MEANS ARE WITHIN SPECIFIED GUIDELINES.

FORM 990, PART VI, SECTION A, LINE 2:
MATTHEW JONES IS EMPLOYED BY ALICE HYDE MEDICAL CENTER, A RELATED ORGANIZATION, WHERE MICHELLE LEBEAU; MATEJ KOLLAR; AND DR. RAMSEY HERRINGTON ALSO SERVED AS A TRUSTEE, DIRECTOR, OR OFFICER.

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

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

FORM 990, PART VI, SECTION A, LINE 7A:
THE UNIVERSITY OF VERMONT HEALTH NETWORK SHALL ELECT THE DIRECTORS TO HOLD OFFICE ANNUALLY. EACH DIRECTOR SHALL HOLD OFFICE UNTIL THE EXPIRATION OF THE TERM AND UNTIL A SUCCESSOR HAS BEEN ELECTED AND SHALL HAVE QUALIFIED, OR UNTIL THE DIRECTOR'S PRIOR RESIGNATION OR REMOVAL.

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

FORM 990, PART VI, SECTION B, LINE 11B:
CVPH PROVIDES AN ELECTRONIC COPY OF FORM 990 TO EACH BOARD MEMBER PRIOR TO

THE FORM BEING FILED.

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

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19:
CVPH MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. PARTIES DESIRING COPIES OF SUCH DOCUMENTS MUST PRESENT THEMSELVES AT THE ADMINISTRATIVE OFFICES OF CVPH OR BY SENDING A REQUEST IN WRITING TO CVPH ADMINISTRATIVE OFFICES. THE ORGANIZATION HAS INSTRUCTIONS POSTED ON ITS WEBSITE FOR THOSE SEEKING COPIES OF DOCUMENTS.

Name of the organization CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER | Employer identification number 14-1338471

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	676,916.
TRANSFERS FROM PARENT	-2,020,727.
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS	1,587,594.
ADJUSTMENT ASSET RETIREMENT OBLIGATION	-899,473.
TOTAL TO FORM 990, PART XI, LINE 9	-655,690.

SCHEDULE H, PART V, SECTION B, LINE 11
EACH PRIORITY-SPECIFIC ACTION PLAN INCLUDES FOCUS AREAS, GOALS, OBJECTIVES, AND MEASURES FOR EVIDENCE-BASED INTERVENTIONS TO TRACK THEIR IMPACTS INCLUDING REDUCTIONS IN HEALTH DISPARITIES AMONG RACIAL, ETHNIC, AND SOCIOECONOMIC GROUPS, AGE GROUPS, AND PERSONS WITH DISABILITIES.
CCHD AND CVPH USE THE PREVENTION AGENDA AS A FRAMEWORK FOR ASSESSING HEALTH, IDENTIFYING LOCAL HEALTH PRIORITIES AND PLANNING COLLABORATIVE HEALTH IMPROVEMENT EFFORTS WITHIN CLINTON COUNTY.

CVPH AND CCHD UNDERSTAND THE KEY TO SUCCESSFULLY IMPACTING THE HEALTH OF CLINTON COUNTY IS PARTNERING WITH THE COMMUNITY AND ITS ORGANIZATIONS AND COMBINING RESOURCES. IT IS THE INTENT OF THE LEAD PARTNERS THAT ACTION PLANS CAPTURE THE PARTNERSHIP, CONTRIBUTIONS AND SUPPORT OF MANY COMMUNITY ORGANIZATIONS TO STRENGTHEN THE IMPACT OF THE PLANNED INTERVENTIONS AND ASSURE THE RESPONSIBLE USE OF LIMITED RESOURCES. CLINTON COUNTY IS FORTUNATE TO HAVE DEVELOPED A STRONG NETWORK OF PARTNERS REPRESENTING MANY DIFFERENT COMMUNITY SECTORS AND OFFERING A VARIETY OF ASSETS AND CAPACITIES FOR ACHIEVING ITS SHARED VISION FOR COMMUNITY HEALTH.

LEAD STAFF FROM CCHD AND CVPH HAVE WORKED WITH PARTNERS TO COLLECT AND ORGANIZE ACTIVITIES AND INTERVENTIONS THAT WILL ADDRESS THE IDENTIFIED HEALTH PRIORITIES. THIS WAS DONE UTILIZING A VARIETY OF METHODS: REVIEW OF CURRENT CHIP/IS ACTIVITIES AND PROGRESS AS WELL AS THOSE OF OTHER SHARED WORK PLANS (IE. COMMUNITY SERVICES PLAN), INDIVIDUAL MEETINGS WITH KEY PARTNERS, EMAILS SOLICITING SUGGESTIONS AND CONTRIBUTIONS OF RELATED ACTIVITIES FROM AFH PARTICIPANTS, AND REVIEW OF INFORMATION COLLECTED FROM THE PRIORITY SETTING EVENT AND DIRECTLY FROM RESIDENTS THROUGH THE SURVEY PROCESS. INFORMATION WAS THEN ORGANIZED BY GOALS/ OBJECTIVES WITHIN EACH FOCUS AREA, RESULTING IN FIVE ACTION PLANS AND FORMATTED FOLLOWING NYSDOH GUIDANCE AND PROVIDED TOOLS. THESE ACTION PLANS BECOME CCHD'S CHIP AND CVPH'S IS FOR THE NEXT THREE YEARS.
IT IS IMPOSSIBLE TO FEATURE ALL THE HEALTH IMPROVEMENT WORK THAT WILL OCCUR IN CLINTON COUNTY OVER THE NEXT THREE YEARS IN THE ACTION PLANS. MUCH THOUGHT IS GIVEN TO THE FEATURED INTERVENTIONS; OFTEN IT IS THE ITEMS THAT BEST DEMONSTRATE THE LOCAL COMMITMENT TO COLLECTIVE IMPACT WORK, INNOVATION, AND CROSS-SYSTEM COLLABORATION. THERE IS ALSO AN INTENTIONAL BLEND OF ACTIVITIES THAT WILL VARY IN DURATION. AS SUCH, THERE WILL BE PROGRESS TO ACKNOWLEDGE AND CELEBRATE PERPETUALLY. THIS ALSO ALLOWS NEW INTERVENTIONS TO BE CONSIDERED AND ADDED REGULARLY BASED ON EMERGING LOCAL NEEDS AND RESOURCES. TARGET PROGRAMS AND LOCATIONS FOR THE FEATURED INTERVENTIONS ARE DETERMINED BY A NUMBER OF FACTORS INCLUDING REVIEW OF HEALTH INDICATOR DATA, ESPECIALLY TO IDENTIFY HIGH NEEDS POPULATIONS AND AREAS WITHIN THE COUNTY, AND FEASIBILITY OF ACTIVITIES MEETING SUCCESS (EXISTENCE OF POTENTIAL SITES, ACCESSIBILITY, RECEPTIVENESS, ETC.). FEATURED INTERVENTIONS AND PROJECTED OUTCOMES ARE INFLUENCED BY PARTNER RESOURCES INCLUDING STAFF,

Name of the organization CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number 14-1338471

FUNDING AND EXPERTISE.

SOME INTERVENTIONS THAT THE HOSPITAL HAS A ROLE IN ARE AS FOLLOWS:
- CREATE AND SUSTAIN INCLUSIVE, HEALTHY PUBLIC SPACES (FOCUS AREA - PROMOTE WELLBEING)
- INCREASE AVAILABILITY OF/ACCESS AND LINKAGES TO MEDICATION-ASSISTED TREATMENT (MAT) INCLUDING BUPRENORPHINE (FOCUS AREA - PREVENT MENTAL AND SUBSTANCE USE DISORDERS)
- BUILD SUPPORT SYSTEMS TO CARE FOR OPIOID USERS OR AT RISK OF AN OVERDOSE. (FOCUS AREA - PREVENT MENTAL AND SUBSTANCE USE DISORDERS)
- INTEGRATE TRAUMA INFORMED APPROACHES IN TRAINING STAFF AND IMPLEMENTING PROGRAM AND POLICY(FOCUS AREA - PREVENT MENTAL AND SUBSTANCE USE DISORDERS)
- PROMOTE A TEAM-BASED APPROACH (WHICH MAY INCLUDE PHARMACIST, COMMUNITY HEALTH WORKER, REGISTERED DIETITIAN, PODIATRIST, AND OTHER HEALTH WORKERS) TO CHRONIC DISEASE CARE TO IMPROVE HEALTH OUTCOMES (FOCUS AREA - CHRONIC DISEASE PREVENTATIVE CARE AND MANAGEMENT)
- EXPAND ACCESS TO EVIDENCE-BASED SELF-MANAGEMENT INTERVENTIONS FOR INDIVIDUALS WITH CHRONIC DISEASE (ARTHRITIS, ASTHMA, CARDIOVASCULAR DISEASE, DIABETES, PREDIABETES, AND OBESITY) WHOSE CONDITION(S) IS NOT WELL-CONTROLLED WITH GUIDELINES-BASED MEDICAL MANAGEMENT ALONE. (FOCUS AREA - CHRONIC DISEASE PREVENTATIVE CARE AND MANAGEMENT)

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

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Employer identification number: 14-1338471

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
VALCOUR IMAGING, LLC 16 DEGRANDPRE WAY, SUITE 400 PLATTSBURG, NY 12901	DIAGNOSTIC IMAGING	NEW YORK			CVPH

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
CENTRAL VT MEDICAL CENTER - 22-2547186 111 COLCHESTER AVE BURLINGTON, VT 05401	HOSPITAL	VERMONT			UVMHN	X	
UNIVERSITY HEALTH CENTER - 03-0229931 111 COLCHESTER AVE BURLINGTON, VT 05401	HOSPITAL	VERMONT		LINE 12A, I	UVMMC	X	
COMMUNITY PROVIDERS, INC. - 22-2544844 75 BEEKMAN ST PLATTSBURGH, NY 12901	HLTH SVC COORD	NEW YORK			UVMHN	X	
ELIZABETHTOWN COMMNITY HOSPITAL - 14-1364513 75 PARK ST ELIZABETHTOWN, NY 12901	HOSPITAL	NEW YORK			UVMHN	X	
EMERGENCY MEDICAL TRANSPORT OF CVPH, INC - - 06-1718419, 75 BEEKMAN ST, PLATTSBURGH, NY 12901	AMBULANCE SVC	NEW YORK			CPI	X	
CVPH MEDICAL CENTER FOUNDATION - 14-1727048 75 BEEKMAN ST PLATTSBURGH, NY 12901	HLTH SVC COORD	NEW YORK			CVPH	X	
LAKE CHAMPLAIN PHYSICIAN SERVICES, P.C. - 27-3785445, 75 BEEKMAN ST, PLATTSBURGH, NY 12901	PHYSICIAN SERVICES	NEW YORK			CVPH	X	
UNIVERSITY MEDICAL EDUCATION ASSOCIATES - 23-7107832, 89 BEAUMONT AVENUE, BURLINGTON, VT 05401	EDUCATIONAL	VERMONT			UVMHNMG	X	
ALICE HYDE MEDICAL CENTER - 15-0346515 133 PARK STREET MALONE, NY 12953	HOSPITAL	NEW YORK			UVMHN	X	
PORTER MEDICAL CENTER INC - 03-0310862 115 PORTER DRIVE MIDDLEBURY, VT 05753	SUPPORTING ORGANIZATION	VERMONT			UVMHN	X	
HELEN PORTER NURSING HOME - 03-0306549 37 PORTER DRIVE MIDDLEBURY, VT 05753	NURSING HOME	VERMONT			PMC	X	
AUXILLARY OF PORTER MEDICAL CENTER - 23-7363227, 37 PORTER DRIVE, MIDDLEBURY, VT 05753	SUPPORTING ORGANIZATION	VERMONT			PMC	X	

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF VERMONT HEALTH NETWORK	P	24,625,590.	FMV
(2) UNIVERSITY OF VERMONT MEDICAL CENTER INC.	P	145,493,204.	FMV
(3) VMC INDEMNITY COMPANY	M	2,670,837.	FMV
(4) ALICE HYDE MEDICAL CENTER	Q	3,211,373.	FMV
(5) UNIVERSITY OF VERMONT MEDICAL CENTER INC.	I	338,008.	FMV
(6) ALICE HYDE MEDICAL CENTER	O	345,048.	FMV

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) UNIVERSITY OF VERMONT HEALTH NETWORK	R	1,648,350.	FMV
(8) CVPH MEDICAL CENTER FOUNDATION	R	422,079.	FMV
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

Part VII Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

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

Name of exempt organization, employer, or other filer, see instructions.
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CENTER

Taxpayer identification number (TIN)
14-1338471

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

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
PLATTSBURGH, NY 12901

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

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

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

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

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

The books are in the care of MATEJ KOLLAR, CFO
75 BEEKMAN STREET - PLATTSBURGH, NY 12901

Telephone No. (518)562-7047 Fax No. _____

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

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

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

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

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