Form **990**

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. OMB No. 1545-0047

A For the 2022 calendar year, or tax year beginning and ending D. Employer identification number 3 tax-1 testata Charge of opgenation ONECARE VERMONT ACCOUNTABLE CARE D. Employer identification number 3 tax-1 testata Diright of the opgenation ONECARE VERMONT ACCOUNTABLE CARE 45 – 5399218 Wind ware internet State of opgenation ONECARE VERMONT ACCOUNTABLE CARE 45 – 5399218 Wind ware internet State of opgenation ONECARE VERMONT ACCOUNTABLE CARE 45 – 5399218 Wind ware internet State of opgenation ONECARE VERMONT ACCOUNTABLE CARE 46 – 5399218 Wind ware internet State of opgenation ONECARE VERMONT ACCOUNTABLE CARE 46 – 5399218 Mediation of the opgenation of the opgen			of the Treasury enue Service	y				-		structions a		-	-				nspect		
Struct (aukar C Name of organization CNECARE VERNOT ACCOUNTABLE CARE DEmployer identification number Interview DREANTLATIN VLEW Struct (aukar Rominute 45:539218 E Tespinore number Interview 35:6 MOUNTAIN VLEW ROM 301 CR 07:959. 24:057.959. 25:057.959.959. 25:057.959.959.959.959.959.959.959.959.959.9				endar v	vear. or tax v		-										lopool		
B 0000 F12AT CONTINUE BCGANTZATIONI LLC 45-5399218 Image and street (or P.O. Dax if mail in ord dehead to street address) Roomburle E Relations number S56 MOUNTAIN VIEW DRIVE 301 (802) 847-7220 Street on young Control training S56 MOUNTAIN VIEW DRIVE 301 Street on young Street on young Street on young Control training <		0	0 2022 04				-	RMONT	ACCOIT					D Em	ployer	identifica	tion nu	Imber	
Image comparison Desc polarises as image (JPC). Dust if mails not delivered to statest address) Construction E Telephone number (JPC). So and if mails not delivered to statest address) Roomstyle E Telephone number (JPC). So and if mails not delivered to statest address) So and item (JPC). So and JPC.	B	Check if a	applicable:																
Instrument Number and stated (or P.O. box / mail is not delived to street address) Recurrule Effective number The stream 301 CR02		Addres	ss change											45-	-539	9218			
and with the section of control county and 20 of consequences and advances of principal county and advances of principal county and 20 of consequences and advances of principal county and 20 of consequences and advances of principal county and 20 of consequences and advances of principal county and 20 of consequences and advances of principal county and advances		Name	change	Num	ber and street	(or P.O. box	f mail is n	ot delivered	to street a	ddress)		Room/su	uite						
Interviewee Concretesting Grade provide country, and 21 or foreign positif code Grade country Image and the provide country, and 21 or foreign positif code Grade country Grade country Ves No Image and the provide country 356 MOUNTAIN VIEW DRIVENUM, SORYS H(d) in the space number of the provide country Ves No Image and the provide country 356 MOUNTAIN VIEW DRIVENUM, COUNTRY NO 4947(a)(1) or 627 Ves No Image and the provide country X Isol (2) Softward Ves No Image and the provide country X Isol (2) Softward Ves No Image and the provide country X Isol (2) Softward Ves No Image and the provide country X Isol (2) Softward Yes No Image and the provide country X Isol (2) Softward Yes No Image and the provide country X Isol (2) Softward Softward Softward Image and the provide country X Isol (2) Softward Softwa		Initial	return	356	MOUNTAIN	J VIEW I	DRIVE					301		(80)2)8	847-72	20		
Avecade rendra Contributing and provided of disc. THOMAS BORYS Hol is the rene mate in the rendration of rendration of the rendratis and similar and unsth		Final r	eturn/terminated					nd ZIP or for	eign posta	l code					,				
Non-temported F Kame and address of principal officer TEQUARS HO is use space number (interported) Yes No 356 MOUNTAIN VIEW DRIVE301, COLCHESTER, VT 05446 HO is use space number (interported) Yes No 356 MOUNTAIN VIEW DRIVE301, COLCHESTER, VT 05446 HO is use space number (interported) Yes No 300 Modeline: MW, ONECARENT: ORG HC is use space number (interported) Yes No 7 Briefly describe the organization's mission or most significant advites: POCULDERS ON HEALTH GOALS. (SEE SCHEDULE 0.) Yes No 2 Check this box If the organization's mission or most significant advites: ONECARE PARTNERS WITH LOCAL HEALTH CARE PROVIDERS ON HEALTH GOALS. (SEE SCHEDULE 0.) 3 18 4 Number of volting members of the governing body (Part VI, line 1a). 3 18 Nonther (interported) 10 4 Number of volting members of the governing body (Part VI, line 1a). 1 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10		Ameno	ded return	COLC	HESTER,	VT 0544	6									24,06	7.95	59.	
ISS6 MOUNTAIN VIEW DRIVE201, COLCHESTER, VT 05446 HD) HD) HD		Applic	ation pending	F Nam	e and address	of principal o	fficer: _]	THOMAS	BORYS	5					return fo				
J Website: WWI. ONECAREVT. ORG H(c) Group sumption notest V Form of organization: Corporation Trust Association X Other LIC L Year of formatics: 2012 M State of legal duminite: VT Part II Summary Image: Summary		-		356	MOUNTAIN	I VIEW I	RIVE	301, CC	DLCHES	STER, VT	05446				inates in	.cluded?	Yes	No No	
Form of organization: Corporation Trust Association X Other LLC L Year of formation: 2012 M State of legal domicile. VT Partel Summary 1 Briefly describe the organization's mission or most significant activities: ONECARE PARTINERS WITH LOCAL HEALTH CARE PROVIDERS TO TRANSPORM VERMONT'S HEALTH CARE SYSTEM TO ONE THAT PROVEDESS ON HEALTH GOALS. (SEE SCHEDULE 0.) 3 18	I	Tax-ex	empt status:	X	501(c)(3)	501(c)	() (insert	no.)	4947(a)(1)	or	527	lf '	'No," att	tach a l	ist. See instr	uctions.		
Part I Summary I Bridly describe the organization's mission or most significant activities: PROVIDERS TO TRANSFORM VERMONT 'S HEALTH CARE SYSTEM TO ONE THAT FOCUSES ON HEALTH GOALS. (SEE SCHEDULE O.) Check this box in the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b). Total number of independent voting members of the governing body (Part VI, line 2a). Total number of independent voting members of the governing body (Part VI, line 2a). Total number of independent voting members of the governing body (Part VI, line 2a). Total number of independent voting members of the governing body (Part VI, line 12). Total number of industas mable income from Form 990-T, Part I, line 11. Not unrelated business taxable income from Form 990-T, Part I, line 11. Not unrelated business taxable income from Form 990-T, Part I, line 11. Not unrelated business taxable income from Form 990-T, Part I, line 12. Total unrelated business taxable income from Form 990-T, Part I, line 12. Total unrelated business taxable income from Form 990-T, Part I, line 12. Total unrelated business taxable income from Form 990-T, Part I, line 12. Total unrelated business for the governing body (Part VIII, column (A), lines 5.0. Total unrelated business for the governing body (Part VIII, column (A), lines 5.0. Total unrelated business for the governing body (Part VIII column (A), lines 5.0. Total unrelate business anononts p	J	Webs	ite: WV	W.ON	ECAREVT.	ORG							H(c) Grou	p exemp	otion nu	umber			
1 Briefly describe the organization's mission or most significant activities:ONECAREONECARE	κ	Form	of organization	on:	Corporation	Trust	Asso	ciation X	Other	LLC	L Yea	ar of forma	ation: 201	2 M \$	State	of legal do	micile:	VT	
PROVIDERS TO TRANSFORM VERMONT'S HEALTH CARE SYSTEM TO ONE THAT PROVIDERS TO TRANSFORM VERMONT'S HEALTH CARE SYSTEM TO ONE THAT POOLSES ON HEALTH COALS. (SE SCHEDULE 0.) 2 2 1 2 1 4 1 8 Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" To colspan="2" Colspan="2" Colspan="2"	Ρ	art I	Summ	nary															
Procession FOCUSES ON HEALTH GOALS. (SEE SCHEDULE 0.) 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 1b). 3 4 18 5 Total number of oldigheads employed in calendar year 2022 (Part VI, line 2a). 6 6 total number of oldigheads employed in calendar year 2022 (Part VI, line 2a). 6 6 total number of oldigheads employed in calendar year 2022 (Part VI, line 2a). 7 6 total number of oldigheads employed in calendar year 2022 (Part VI, line 2a). 7 7 total number of oldigheads employed in calendar year 2022 (Part VI, line 2a). 7 7 total number of oldigheads employed in calendar year 2022 (Part VI, line 2a). 7 8 Contributions and grants (Part VIII, column (C), line 12 7 9 Program service revewe (Part VIII, line 2a). 27, 29, 833. 23, 795, 568. 10 Investment income (Part VIII, column (A), lines 21). 27, 738, 47, 755. 24, 067, 959. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 147, 061. 94, 757.		1	Briefly des	scribe t	he organizati	on's missio	n or mos	t significan	nt activitie	s: ONECA	ARE PAR	RTNERS	S WITH	LOCA	AL F	IEALTH	CAF	٤E	
Part of all difference of both each of the form Form 990-T, Part I, line 11 Prior Year Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 58,176 NORNE 9 Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 32,786.272,391.3 23,795,568.3 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27, 384, 795.24, 067, 959. 147, 061.94, 757. 13 Grants and similar amounts paid (Part IX, column (A), line 13 147, 061.94, 757. 148 Benefits paid to or for members (Part IX, column (A), line 14 NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10,	e		PROVID	DERS	TO TRANS	FORM VE	RMONT	''S HEA	LTH C	ARE SYS	ГЕМ ТО	ONE 7	THAT						
Part of all difference business reveale berton Form Form 990-T, Part I, line 11 Prior Year Current Year B Contributions and grants (Part VIII, line 1h) 58,176 NONNE 9 Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 32,786 27,293,833 23,795,568 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,384,795 24,067,959 13 Grants and similar amounts paid (Part IX, column (A), line 1-3) 147,061 94,757 14 Benefits paid to or for members (Part IX, column (A), line 25) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) NONE NONE 15 Total fundraising expenses (Part IX, column (A), line 25) NONE NONE NONE 16 Professes. Subtract line 18 from line 12 NONE NONE NONE 17 Other expenses (Part IX, column (A), line 25) S	nan		FOCUSE	S ON	HEALTH	GOALS.	(SEE	SCHED	ULE O	.)									
Part of all difference business reveale berton Form Form 990-T, Part I, line 11 Prior Year Current Year B Contributions and grants (Part VIII, line 1h) 58,176 NONNE 9 Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 32,786 27,293,833 23,795,568 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,384,795 24,067,959 13 Grants and similar amounts paid (Part IX, column (A), line 1-3) 147,061 94,757 14 Benefits paid to or for members (Part IX, column (A), line 25) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) NONE NONE 15 Total fundraising expenses (Part IX, column (A), line 25) NONE NONE NONE 16 Professes. Subtract line 18 from line 12 NONE NONE NONE 17 Other expenses (Part IX, column (A), line 25) S	ver	2				-									its n	et assets	3.		
Part of all difference business reveale berton Form Form 990-T, Part I, line 11 Prior Year Current Year B Contributions and grants (Part VIII, line 1h) 58,176 NONNE 9 Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 32,786 27,293,833 23,795,568 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,384,795 24,067,959 13 Grants and similar amounts paid (Part IX, column (A), line 1-3) 147,061 94,757 14 Benefits paid to or for members (Part IX, column (A), line 25) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) NONE NONE 15 Total fundraising expenses (Part IX, column (A), line 25) NONE NONE NONE 16 Professes. Subtract line 18 from line 12 NONE NONE NONE 17 Other expenses (Part IX, column (A), line 25) S	ຜິ	3													3			18	
Part of all difference business reveale berton Form Form 990-T, Part I, line 11 Prior Year Current Year B Contributions and grants (Part VIII, line 1h) 58,176 NONNE 9 Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 32,786 27,293,833 23,795,568 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,384,795 24,067,959 13 Grants and similar amounts paid (Part IX, column (A), line 1-3) 147,061 94,757 14 Benefits paid to or for members (Part IX, column (A), line 25) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) NONE NONE 15 Total fundraising expenses (Part IX, column (A), line 25) NONE NONE NONE 16 Professes. Subtract line 18 from line 12 NONE NONE NONE 17 Other expenses (Part IX, column (A), line 25) S	ŝ	4													-			18	
Part of all difference of both each of the form Form 990-T, Part I, line 11 Prior Year Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 58,176 NORNE 9 Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 32,786.272,391.3 23,795,568.3 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27, 384, 795.24, 067, 959. 147, 061.94, 757. 13 Grants and similar amounts paid (Part IX, column (A), line 13 147, 061.94, 757. 148 Benefits paid to or for members (Part IX, column (A), line 14 NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10,	/itie	5													-]	NONE	
Part of all difference business reveale berton Form Form 990-T, Part I, line 11 Prior Year Current Year B Contributions and grants (Part VIII, line 1h) 58,176 NONNE 9 Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 32,786 27,293,833 23,795,568 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,384,795 24,067,959 13 Grants and similar amounts paid (Part IX, column (A), line 1-3) 147,061 94,757 14 Benefits paid to or for members (Part IX, column (A), line 25) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) NONE NONE 15 Total fundraising expenses (Part IX, column (A), line 25) NONE NONE NONE 16 Professes. Subtract line 18 from line 12 NONE NONE NONE 17 Other expenses (Part IX, column (A), line 25) S	G	-																21	
Prior Year Current Year 9 Forgram service revenue (Part VIII, line 1h)	◄																	NONE	
B Contributions and grants (Part VIII, line 1h) 58,176 NONE 9 Program service revenue (Part VIII, line 2g), 27,293,833 23,795,568. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,786. 272,391. 11 Other revenue (Part VIII, column (A), lines 5,64,66; 6c, 0c, and 1te). NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12. 27,384,795. 24,067,959. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 147,061. 94,757. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10). 7,836,071. 7,612,936. 16 Professional fundraising fees (Part IX, column (A), line 25) NONE NONE NONE 16 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,108,244. 15,459,461. 17 Otal assets (Part X, line 16). 26,091,376. 23,167,154. 19 Revenue less expenses. Subtract line 18 from line 20. 6,979,848. 7,880,		b	Net unrela	ated bus	siness taxabl	e income fro	m Form	990-T, Pa	rt I, line 1	1		<u></u>			7b			NONE	
9 Program service revenue (Part VIII, line 2g) 27, 293, 833. 23, 795, 568. 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) 32, 786. 272, 391. 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 147, 061. 94, 757. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 147, 061. 94, 757. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 7, 836, 071. 7, 612, 936. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7, 836, 071. 7, 612, 936. 16 Protexpresse (Part IX, column (D), line 25) NONE NONE NONE 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12, 293, 419. 900, 805. 19 Revenue less expenses. Subtract line 18 from line 12 NONE 1, 293, 419. 900, 805. 20 Total assets (Part X, line 16) 37, 005, 377. 49, 230, 061. 6, 979, 848. 7, 880, 653. 21 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Curr</td><td>ent Ye</td><td></td></td<>																Curr	ent Ye		
11 Other revenue (Part VIII, column (A), lines 5, 6d, &c, 9c, 10c, and 11e). NOME NOME 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 27, 384, 795. 24, 067, 959. 13 Grants and similar amounts paid (Part IX, column (A), line 4). 147, 061. 94, 757. 14 Benefits paid to or for members (Part IX, column (A), line 4). NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) NONE 7, 836, 071. 7, 612, 936. 16 Professional fundraising expenses (Part IX, column (D), line 25) NONE NONE NONE NONE 17 Other expenses (Part IX, column (D), line 25) NONE 18, 108, 244. 15, 459, 461. 18 Total seets (Part X, line 16) 26, 091, 376. 23, 167, 154. 19 Revenue less expenses. Subtract line 18 from line 12. 20, 083. 398, 95, 225. 57, 110, 714. 21 Total labilities (Part X, line 16) 37, 005, 377. 49, 230, 061. 37, 005, 377. 49, 230, 061. 22 Net assets or fund balances. Subtract line 21 from line 20. 6, 979, 848. 7, 880, 653. 7, 800, 653. 211 Ital abili	ne	-																	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). NONE NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 27, 384, 795. 24, 067, 959. 13 Grants and similar amounts paid (Part IX, column (A), line 4). 147, 061. 94, 757. 14 Benefits paid to or for members (Part IX, column (A), line 4). NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) NONE 7, 836, 071. 7, 612, 936. 16 Professional fundraising expenses (Part IX, column (D), line 25) NONE NONE NONE 17 Other expenses (Part IX, column (A), line 25) NONE 18, 108, 244. 15, 459, 461. 18 Total sepenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26, 091, 376. 23, 167, 154. 19 Revenue less expenses. Subtract line 18 from line 12. 1, 293, 419. 900, 805. 20 Total labilities (Part X, line 16). 43, 985, 225. 57, 110, 714. 21 Total labilities (Part X, line 16). 6, 979, 848. 7, 800, 653. 220 Vet assets or fund balances. Subtract line 21 from line 20. 6, 979, 848. 7, 800, 653.	ven													-		23,			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Re												3				272		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 147,061 94,757. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 7,836,071. 7,612,936. 16 Professional fundraising expenses (Part IX, column (A), line 11e) NONE NONE NONE b Total fundraising expenses (Part IX, column (A), line 11e) NONE 18,108,244. 15,459,461. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,23,419. 900,805. 19 Revenue less expenses. Subtract line 18 from line 12. 1,293,419. 900,805. 120 Total assets (Part X, line 16). 37,005,377. 49,230,061. 121 Total labilities (Part X, line 26). 37,005,377. 49,230,065. 122 Net assets or fund balances. Subtract line 21 from line 20. 6,979,848. 7,880,653. 121 Total labilities 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. 10/26/2023													07 20				067		
14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)																24,			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 7,836,071. 7,612,936. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE b Total fundraising expenses (Part IX, column (A), line 25) NONE 18,108,244. 15,459,461. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) NONE 18,108,244. 15,459,461. 19 Revenue less expenses. Subtract line 18 from line 12. 1,293,419. 900,805. 20 Total assets (Part X, line 16) 43,985,225. 57,110,714. 21 Total liabilities (Part X, line 26) 37,005,377. 49,230,061. 22 Net assets or fund balances. Subtract line 21 from line 20. 6,979,848. 7,880,653. 22 Noter penaties of perjuy. 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. 10/26/2023 Signature of officer Date 10/26/2023 Check if PTIN THOMAS BORYS VP OF FINANCE-ACO Po1441612 Pare PAUL J TANIS Firm's name													14						
16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE b Total fundraising expenses (Part IX, column (D), line 25) NONE 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18, 108, 244. 15, 459, 461. 18, 108, 244. 15, 459, 461. 18, 108, 244. 15, 459, 461. 18, 108, 244. 15, 459, 461. 18, 108, 244. 15, 459, 461. 18, 108, 244. 15, 459, 461. 18, 108, 244. 15, 459, 461. 18, 108, 244. 15, 459, 461. 19, Revenue less expenses. Subtract line 18 from line 12. 1, 26, 091, 376. 23, 167, 154. 19, 203, 061. 1, 293, 419 900, 805. Beginning of Current Year End of Year 10, 714. 37, 005, 377. 49, 230, 061. 10, 704, 376. 2, 7, 10, 714. 37, 005, 377. 49, 230, 061. <th colspa<="" td=""><td></td><td>45</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>7 83</td><td></td><td></td><td>7</td><td>612</td><td></td></th>	<td></td> <td>45</td> <td></td> <td>7 83</td> <td></td> <td></td> <td>7</td> <td>612</td> <td></td>		45											7 83			7	612	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18, 108, 244. 15, 459, 461. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26, 091, 376. 23, 167, 154. 19 Revenue less expenses. Subtract line 18 from line 12. 1, 293, 419. 900, 805. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 43, 985, 225. 57, 110, 714. 21 Total liabilities (Part X, line 26) 37, 005, 377. 49, 230, 061. 21 Total assets of fund balances. Subtract line 21 from line 20. 6, 979, 848. 7, 880, 653. 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. Signature of officer Date THOMAS BORYS VP OF FINANCE-ACO Type or print name and title Preparer sinant P Paulu J TANIS Preparer sinant P PAUL J TANIS Firm's name Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500	see	16a											7,05				012		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18, 108, 244. 15, 459, 461. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26, 091, 376. 23, 167, 154. 19 Revenue less expenses. Subtract line 18 from line 12 1, 293, 419. 900, 805. 19 Revenue less expenses. Subtract line 18 from line 12 1, 293, 419. 900, 805. 11 Total assets (Part X, line 16) 43, 985, 225. 57, 110, 714. 20 Total assets (Part X, line 26) 37, 005, 377. 49, 230, 061. 21 Total liabilities (Part X, line 26) 37, 005, 377. 49, 230, 061. 21 Total assets or fund balances. Subtract line 21 from line 20. 6, 979, 848. 7, 880, 653. 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. 10/26/2023 Signature of officer Date THOMAS BORYS VP OF FINANCE-ACO Type or print name and title Paulu J TANIS Paulu J TANIS Pinn's name	ber	h										••							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,091,376. 23,167,154. 19 Revenue less expenses. Subtract line 18 from line 12. 1,293,419. 900,805. 20 Total assets (Part X, line 16) 43,985,225. 57,110,714. 21 Total liabilities (Part X, line 26) 37,005,377. 49,230,061. 21 Total assets or fund balances. Subtract line 21 from line 20. 6,979,848. 7,880,653. Part III Signature Block 10/26/2023 10/26/2023 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. 10/26/2023 Signature of officer Date 10/26/2023 Thom As BORYS VP OF FINANCE-ACO Type or print name and title Print/Type preparer's name Prepare stimate Paulu J TANIS Paulu S TAX LLP Firm's address 10/26/2023 Check if self-employed Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000	ш	17								-		_	18.10	8.24	4	15.	459	.461.	
19 Revenue less expenses. Subtract line 18 from line 12													,						
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 43,985,225 57,110,714. 37,005,377 49,230,061. 37,005,377. 49,230,061. Net assets or fund balances. Subtract line 21 from line 20. 6,979,848. 7,880,653. Part II Signature Block 6,979,848. 7,880,653. 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. 10/26/2023 Signature of officer Date 10/26/2023 THOMAS BORYS VP OF FINANCE-ACO Date Type or print name and title Print/Type preparer's name Preparer sinaal e Date 10/26/2023 Paid PAUL J TANIS Preparer'sinaal e Date Print/SelN P2-0460586 Firm's name PWC US TAX LLP Firm's EIN 92-0460586 P1-530-5000		19	•			•		-	().							<u> </u>			
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 10/26/2023 Signature of officer Date THOMAS BORYS VP OF FINANCE-ACO Type or print name and title Print/Type preparer's name Paid Print/Type preparer's name PAUL J TANIS Preparer sinate Jase Only Firm's name Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000	ces												nning of Cu	rrent Y	'ear	End	of Yea	r	
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 10/26/2023 Signature of officer Date THOMAS BORYS VP OF FINANCE-ACO Type or print name and title Print/Type preparer's name Paid Print/Type preparer's name PAUL J TANIS Preparer sinate Jase Only Firm's name Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000	sets	20	Total asse	ets (Part	X, line 16)							🗌	43,98	5,22	5.	57,	110	,714.	
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 10/26/2023 Signature of officer Date THOMAS BORYS VP OF FINANCE-ACO Type or print name and title Print/Type preparer's name Paid Print/Type preparer's name PAUL J TANIS Preparer sinate Jase Only Firm's name Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000	dB	21	Total liabi	lities (P	art X, line 26)								37,00	5,37	7.	49,	230	,061.	
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 Sign Here Paid Prepare Paid Paid Prepare Paid Paid Prepare Paid Paid Paid Paid Paid Paid Paid Paid	Fun	22	Net assets	s or fun	nd balances.	Subtract line	21 from	line 20					6,979	9,84	8.	7,	880	,653.	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Sign Free Sign Free Sign Free Paid Prepare Paid Paid Paid Paid Paid Paid Paid Paid	Pa	art II	Signat	ture Bl	lock														
Sign Here 10/26/2023 Signature of officer Date THOMAS BORYS VP OF FINANCE-ACO Type or print name and title Preparer's name Paid Print/Type preparer's name PAUL J TANIS Preparer's sinate Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000														best of	my k	nowledge	and be	elief, it is	
Sign Here Signature of officer Date THOMAS BORYS VP OF FINANCE-ACO Type or print name and title Preparer's name Paid Preparer Print/Type preparer's name Preparer's sinatle PAUL J TANIS Preparer's sinatle Date Firm's name PWC US TAX LLP Firm's EIN 92-0460586 Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000				p.0.0. D 0								indo any i							
Here THOMAS BORYS VP OF FINANCE-ACO Type or print name and title Type or print name and title Paid Print/Type preparer's name Preparer PAUL J TANIS Preparer Firm's name PWC US TAX LLP Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000	Sic	in	0:												26/2	2023			
Paid Preparer Jse Only Print/Type preparer's name Preparer Preparer Date 10/26/2023 Check if self-employed PTIN P01441612 Firm's name PWC US TAX LLP Firm's EIN 92-0460586 Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000			0											е					
Paid Preparer Print/Type preparer's name Preparer's sinate Date 10/26/2023 Check if self-employed PTIN PAUL J TANIS Firm's name PWC US TAX LLP Firm's EIN 92-0460586 Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000		-								VP OF	FINAN	CE-ACC)						
Paid PAUL J TANIS 10/26/2023 Click III PO1441612 Preparer Firm's name PWC US TAX LLP Firm's EIN 92-0460586 Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000							Pren				Date		~	. 🗖	., P				
Preparer Firm's name PWC US TAX LLP Firm's EIN 92-0460586 Jse Only Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000	Paie	d					100	KI	1]]]:		10/2	26/2023					610		
Firm's address 101 SEAPORT BLVD., SUITE 500 BOSTON, MA 02210 Phone no. 617-530-5000	Pre	parer				דאע דדי		rm/ /	liv	1									
	Use	e Only						פוודיידי נ	■ 500 ₽/		17 0221	0						<u> </u>	
	Ma	v the														. X Ye		No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

For	n 990 (2022) Page 2
-	art III Statement of Program Service Accomplishments
1 0	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	ONECARE PARTNERS WITH LOCAL HEALTH CARE PROVIDERS TO TRANSFORM
	VERMONT'S HEALTH CARE SYSTEM TO ONE THAT FOCUSES ON HEALTH GOALS BY
	PROVIDING ACTIONABLE DATA AND INNOVATIVE PAYMENTS THAT FOSTER BETTER
	OUTCOMES FOR ALL (SEE SCHEDULE O).
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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.
12	(Code:) (Expenses \$ 12,250,662. including grants of \$ 94,757.) (Revenue \$ 20,435,129.)
τa	DRIVE POPULATION HEALTH STRATEGY - NETWORK PERFORMANCE MANAGEMENT
	(SEE SCHEDULE O).
4b	(Code:) (Expenses \$3,739,705. including grants of \$NONE) (Revenue \$)
	IMPLEMENTATION OF ACO FINANCIAL AND CLINICAL GOALS - DATA AND
	ANALYTICS (SEE SCHEDULE O).
4c	(Code:) (Expenses \$ 2,483,903. including grants of \$ NONE) (Revenue \$ 3,360,439.)
	IMPLEMENTATION OF ACO FINANCIAL AND CLINICAL GOALS - PAYMENT
	REFORM (SEE SCHEDULE 0).
	KEPOKM (SEE SCHEDOLE O).
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 18,474,270.
ISA	

	90 (2022)		F	Page 3
Part	V 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,"		37	
2	complete Schedule A	1 2	Х	X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
J	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	Х	
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		
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,"			37
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
9	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		v
•	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d 11e		X X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	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			
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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	15		v
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
10	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	10		
••	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	<u> </u>		
	Part VIII, lines 1 c 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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
JSA 2E1021	1.000	Form	990	(2022)

Form **990** (2022) **7**

Page 4	

-	90 (2022)		F	Page 4
Part	V 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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
D	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
С	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
00	conservation contributions? If "Yes," complete Schedule M	30		х
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		Х
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
	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	254		
36	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
30	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- 21
•.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	Х	
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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X QQN	(2022)
2E1030	2.000	r orm	330	(2022)

8

ONECARE	VERMONT	ACCOUNTABLE	CARE

Page 5

Par	t 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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
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?	17		

Form 990 (2022)

Form 9	90 (2022) ONECARE VERMONT ACCOUNTABLE CARE 45-5399	218	F	Page 6
Part		, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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 18			
	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
5	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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 make any significant changes to its governing documents since the phot Point set was need?	5		X
		6	Х	
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х	
	one or more members of the governing body?	14	21	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
•	stockholders, or persons other than the governing body?	10		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	v	
а	The governing body?	oa 8b	X	
b	Each committee with authority to act on behalf of the governing body?	uo	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? <i>If "Yes," provide the names and addresses on Schedule O</i> .			v
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo)	X
Secu	on B. Policies (This Section B requests information about policies not required by the internal Revenue	Coue	.) Yes	No
		100	100	
	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,	4.01		
	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	
С	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	r (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			. ,
	X Own website Another's website X 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	f inter	est p	olicy.
	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 record	s		
	THOMAS BORYS 356 MOUNTAIN VIEW DRIVE, SUITE 301 COLCHESTER, VT 05446			
10.4	802-847-7220	Form	990	(2022)
JSA 2E1042	1.000			
	5316SB U482 V22-7.4F		10	

218 Page **7**

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

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 dotted line)	box, office or direct	not ch unles	s pe	ition more rson	e than o is both or/trust Highest compensated	an	(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
						α.				
(1) VICTORIA LONER	50.00	-								
CHIEF EXECUTIVE OFFICER	NONE			Х				484,306.	NONE	54,100.
(2) SARA BARRY	50.00	-								
VP & CHIEF OPERATING OFFICER	NONE				X			358,310.	NONE	34,941.
(3) THOMAS BORYS	50.00	-								
VP OF FINANCE, ACO	NONE			Χ				267,445.	NONE	39,381.
(4) CARRIE WULFMAN, MD	25.00	-								
CHIEF MEDICAL OFFICER	NONE				X			253,249.	NONE	32,459.
(5) JOAN ZIPKO	50.00	-								
DIRECTOR ACO OPERATIONS	NONE					Х		204,190.	NONE	45,786.
(6) MARTITA GIARD	50.00	-								
DIRECTOR ACO STRATEGY&PLANNING	NONE					X		193,971.	NONE	43,743.
(7) JOSIAH MUELLER	50.00	-								
DIRECTOR VALUE-BASED CARE	NONE				X			182,504.	NONE	41,554.
(8) GREGORY DANIELS	50.00	-								
CHIEF COMPLIANCE OFFICER	NONE			Х				181,667.	NONE	40,669.
(9) AMY BODETTE	50.00	-								
DIRECTOR PUBLIC AFFAIRS	NONE					X		159,751.	NONE	43,056.
(10) DEREK RAYNES	50.00	-								
DIRECTOR PAYMENT REFORM	NONE					X		180,049.	NONE	12,420.
(11) KIMBERLEY DOUGLAS	50.00	-								
DIRECTOR ACO FINANCE & ACCNTG	NONE					X		145,688.	NONE	45,237.
(12) BETSY DAVIS	2.00									
TRUSTEE	NONE	X						1,650.	NONE	NONE
(13) SIERRA LOWELL	2.00	-								
TRUSTEE	NONE	X					<u> </u>	1,200.	NONE	NONE
(14) CYNTHIA TURNER	2.00							450		
TRUSTEE UNTIL 05/22	NONE	Х						450.	NONE	NONE

Form **990** (2022)

Form	990	(2022)
1 01111	330	(2022)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and I	ligl	nest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	not ch unles er and	Pos neck is pe lad	rson lirect	e than c is both cor/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
15) DANIEL BENNETT	2.00	-								
TRUSTEE, AUDIT COMMITTEE CHAIR	NONE	X						NONE	NONE	NONI
16) MICHAEL COSTA	2.00_	-								
TRUSTEE	NONE	X						NONE	NONE	NON
17) THOMAS DEE	2.00_									17017
TRUSTEE	NONE	X						NONE	NONE	NON
18) STEVEN GORDON	2.00_							NONT	NONT	NON
TRUSTEE UNTIL 02/22	NONE 2.00	X						NONE	NONE	NON
19) COLEEN CONDON	<u>2.00</u> - NONE	x						NONE	NONE	NON
TRUSTEE (FORMERLY KOHAUT) 20) STEPHEN LEBLANC	2.00							NONE	NONE	INOIN.
TRUSTEE	<u>2.00</u> _ NONE	x						NONE	NONE	NON
21) TOBY SADKIN, MD	2.00							NONE	INCINE	NON
TRUSTEE	<u>2.00</u> _ NONE	x						NONE	NONE	NON
22) JOHN SAYLES	2.00	- 23						NONE	NONE	10101
TRUSTEE	NONE	x						NONE	NONE	NON
23) CLAUDIO FORT	2.00								Itolti	
TRUSTEE UNTIL 12/22	NONE	x						NONE	NONE	NON
24) JOHN BRUMSTED, MD	2.00									1011
BOARD & EXEC CHAIRMAN TIL 4/22	NONE	x		Х				NONE	NONE	NON
25) ROBERT BICK	2.00									
TRUSTEE	NONE	x						NONE	NONE	NON
1b Sub-total							•	2,614,430.	NONE	433,346
c Total from continuation sheets to Part VII,						•••		NONE	-	NON
d Total (add lines 1b and 1c)								2,614,430.	NONE	
2 Total number of individuals (including but no reportable compensation from the organizati	t limited to t				bov	e) who 15	o re	ceived more than	\$100,000 of	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
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.
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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Yes No

3

4

5

F	000	(0000)	
Form	990	(2022)	

(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	Pos neck is pe d a d	erson lirect	e than of is both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
6) JEN GILWEE, MD RUSTEE	2.00_ NONE	x						NONE	NONI	
7) TOM HUEBNER OARD VICE CHAIRMAN	2.00_ NONE	x						NONE		
8) STUART MAY RUSTEE	2.00_ NONE	x						NONE		
9) ADRIANE TROUT, MD RUSTEE	2.00_ NONE	x						NONE		
0) RICK VINCENT RUSTEE UNTIL 06/22	2.00_ 2.00_ NONE	x						NONE		
RUSILE UNIL 06/22 1) TERESA FAMA, MD RUSTEE AS OF 08/22	2.00									
2) ANYA RADER WALLACK OARD CHAIR AS OF 05/22	NONE 2.00_ NONE	x		x				NONE		
3) SHAWN TESTER RUSTEE AS OF 07/22	2.00_ NONE	x						NONE		
4) KRISTI CROSS RUSTEE AS OF 02/22	2.00_ NONE	x						NONE		
b Sub-total										
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A					· · ·				
Total number of individuals (including but reportable compensation from the organized or th	not limited to tl					e) who	o re	ceived more than	\$100,000 of	·
Did the organization list any former	officer, directo	or, or	tru	iste	e, I	key e	mp	loyee, or highes	t compensated	Yes N
employee on line 1a? If "Yes," complete Se For any individual listed on line 1a, is	the sum of rep	ortab	ole c	om	pen	satior	n ar	nd other compens	sation from the	3
organization and related organizations individual				• •	• •		• •			4 X
Did any person listed on line 1a receiv for services rendered to the organization?										5 X
		adapa	ando	ent o	con	tractor	rs tl	hat received more	e than \$100,000	of
ection B. Independent Contractors Complete this table for your five highest compensation from the organization. Rep year.							ar e	ending with or with		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 10

Form 990 (2022)

ONECARE VERMONT ACCOUNTABLE CARE Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ŝ, ŝ,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
อียี	c	Fundraising events					
fts,	d	Related organizations					
ila Gi	e	Government grants (contributions)					
Sin's,	f	All other contributions, gifts, grants,					
erio		and similar amounts not included above 1					
j t p	g	Noncash contributions included in					
dut	5	lines 1a-1f 1g	\$				
aG	h	Total. Add lines 1a-1f		NONE			
			Business Code				
e	2a	PROGRAM REVENUES	900099	3,360,439.	3,360,439.		
Program Service Revenue	b	PARTICIPATION FEES	900099	20,435,129.	20,435,129.		
S ul	c						
eve	d						
- B R	е						
ደ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		23,795,568.			
	3	Investment income (including dividends	interest, and				
		other similar amounts)		272,391.	NONE	NONE	272,391.
	4	Income from investment of tax-exempt bor	d proceeds	NONE	NONE	NONE	NONE
	5	Royalties	<u></u>	NONE	NONE	NONE	NONE
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NO					
	d	Net rental income or (loss)		NONE	NONE	NONE	NONE
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Revenue	b	Less: cost or other basis					
ver		and sales expenses 7b					
Re	C	Gain or (loss) 7c					
er	d	Net gain or (loss)	<u></u>	NONE	NONE	NONE	NONE
Other	8a	Gross income from fundraising					
-		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18					
	b c	Less: direct expenses		NONE		NONE	NONE
	9a	Gross income from gaming activities. See Part IV, line 19	NONE				
	b	Less: direct expenses		-			
	b c	Net income or (loss) from gaming activities		NONE	NONE	NONE	NONE
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory		NONE	NONE	NONE	NONE
s			Business Code				
Miscellaneous Revenue	11a						
anu	b						
levi	с						
Ais. R	d	All other revenue					
<	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		24,067,959.	23,795,568.	NONE	272,391.

Form **990** (2022)

ONECARE VERMONT ACCOUNTABLE CARE

	ERMONT ACCOUNTAB	LE CARE	45-53	99218 Page 10
Part IX Statement of Functional Expense		A.H		(4)
Section 501(c)(3) and 501(c)(4) organizations mu	-			
Check if Schedule O contains a res			<u></u> .	
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	94,757.	94,757.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE	NONE		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE	NONE		
4 Benefits paid to or for members	NONE	NONE		
5 Compensation of current officers, directors, trustees, and key employees	1,730,781.	855,130.	875,651.	NON
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE	NONE	NONE	NON
7 Other salaries and wages	4,123,952.	3,368,564.	755,388.	NON
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,656.	85,643.	60,013.	NON
9 Other employee benefits	1,455,795.	903,862.	551,933.	NON
10 Payroll taxes	156,752.	91,741.	65,011.	NON
11 Fees for services (nonemployees):				
a Management	NONE	NONE	NONE	NON
b Legal	427,460.	235,683.	191,777.	NON
c Accounting	1,023,679.	NONE	1,023,679.	NON
d Lobbying	53,400.	NONE	53,400.	NON
e Professional fundraising services. See Part IV, line 17	NONE			NON
f Investment management fees	NONE	NONE	NONE	NON
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	1,058,749.	925,803.	132,946.	NON
12 Advertising and promotion	29,831.	7,057.	22,774.	NON
13 Office expenses	78,131.	45,066.	33,065.	NON
14 Information technology	2,293,489.	2,249,067.	44,422.	NON
15 Royalties	NONE	NONE	NONE	NON
16 Occupancy	280,108.	101,297.	178,811.	NONI
17 Travel	9,283.	4,705.	4,578.	NON
18 Payments of travel or entertainment expenses		,	,	
for any federal, state, or local public officials	NONE	NONE	NONE	NON
19 Conferences, conventions, and meetings	42,863.	27,699.	15,164.	NON
20 Interest	NONE	NONE	NONE	NON
21 Payments to affiliates	NONE	NONE	NONE	NON
22 Depreciation, depletion, and amortization	8,086.	2,924.	5,162.	NON
23 Insurance	207,711.	16,537.	191,174.	NON
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 POPUL. HEALTH PROVIDER PYMTS	9,458,735.	9,458,735.		
b GREEN MTN CARE BOARD ASSESSM	487,936.		487,936.	
C				
d				
e All other expenses	22 167 154	18,474,270.	1 602 001	λτολτ
 25 Total functional expenses. Add lines 1 through 24e 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) 	23,167,154.	10,4/4,2/0.	4,692,884.	NONI

following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Page	1	1	

		(A)		(P)
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	NONE	1	NON
2	Savings and temporary cash investments	18,483,212.	2	33,497,335
3		NONE	3	NON
4		25,111,907.	4	23,182,026
5				
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6				
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
3 7		NONE	7	NON
		NONE		NON
č g	_ ·· · · · · · · · · · · · · · · · · ·	352,405.	9	406,578
-	a Land, buildings, and equipment: cost or other	,	-	
	basis. Complete Part VI of Schedule D 10a 59, 502.			
	b Less: accumulated depreciation 10b 34,727.	37,701.	10c	24,775
11	Investments - publicly traded securities	NONE		NON
12		NONE		NON
13		NONE		NON
14		NONE		NON
15	-	NONE		NON
16		43,985,225.	16	57,110,714
17		35,090,241.	17	47,129,842
18		NONE	18	NON
19		1,915,136.	19	2,100,219
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
22				
2	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
^j 23		NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE		NON
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26		37,005,377.	26	49,230,061
222	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	6,979,848.	27	7,880,653
3 28	—	NONE		NON
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	None		
29			20	
29			29 30	
j 30			30 31	
21	Retained earnings endowment acclimitized income or other tubes			
ີ 31 5 32	Retained earnings, endowment, accumulated income, or other funds	6,979,848.	32	7,880,653

Form 990 (2022)

ONECARE VERMONT ACCOUNTABLE CARE

Form 99	90 (2022)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,0)67,	<u>959</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,1	L67,	154.
3	Revenue less expenses. Subtract line 2 from line 1	3	(900,	805.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,9	979,	<u>848</u> .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	7,8	380,	<u>653</u> .
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain or	ר		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	r		
	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 audi	ted on a	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	_ 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, en	kplain or	ו ו		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3b	1	

Form **990** (2022)

SCHEDULE	Α
(Form 990)	

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.

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service			//Form990 for instruction			nformation.	Open to Public Inspection			
Nam	e of the organization ONE	ECARE VE	RMONT ACCOUN	TABLE CARE			Employer identifi				
	GANIZATION LLC						45-5	399218			
Ра	rt Reason for	Public Cha	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	IS.			
The	organization is not a	private four	ndation because it	is: (For lines 1 throug	gh 12, ch	neck only	one box.)				
1	A church, convei	ntion of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).				
2	A school describ	oed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)					
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)								(iii). Enter the			
	hospital's name,	city, and st	ate:								
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described											
 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 											
6		•	•								
7			-	-	ipport fr	om a go	vernmental unit or tro	om the general public			
~			(1)(A)(vi). (Compl		DestU						
8				b)(1)(A)(vi). (Complete	-			1			
9			-			-	I in conjunction with a				
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
10	university:	that norma	lly receives (1) me	are then 224 /2 0/ of ite	aupport	from	atributiona mombarab	in face, and grace			
10	receipts from ac support from gro acquired by the	tivities rela oss investm organizatio	ted to its exempt f lent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (les: Complete		331/3 % of its			
11	·	•	•	usively to test for publi							
12		-	-	-	-			ry 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.										
а			-		-		orted organization(s),				
		-				ajority of	the directors or truste	es of the			
				e Part IV, Sections A							
b			-				supported organization				
		-		-	the sam	e persor	is that control or man	age the supported			
			•	, Sections A and C.							
С	••						n with, and functional	ly integrated with,			
		-		s). You must comple							
d	that is not func	tionally inte	grated. The organ	nization generally mus	st satisfy	a distrib	ection with its suppor oution requirement and				
_				omplete Part IV, Sect				L Truce III			
е		-					hat it is a Type I, Type I	і, туре ш			
f	Enter the number of	•	••	ionally integrated sup	porting o	organizai	lion.				
			-	orted organization(s).				•••••			
g	(i) Name of supported orga	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of			
	(i) Name of Supported orga			(described on lines 1-10		organization our governing	support (see	other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										
For	Demonstration A	ot Nation o	oo tho Instructions	for Form 990 or 990-F7				2022			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 2E1210 1.000 5316SB U482 V22-7.4F

Page 2

Schedule A (Form 990) 2022

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	NONE	NONE	22,613.	58,176.	NONE	80,789.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	NONE	NONE	22,613.	58,176.	NONE	80,789.
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).						NONE
6	Public support. Subtract line 5 from line 4						80,789.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	NONE	NONE	22,613.	58,176.	NONE	80,789.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			163,676.	32,786.	272,391.	468,853.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						549,642.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	55,063,764.
13	First 5 years. If the Form 990 is for organization, check this box and stop here		<u></u>				
Sec	tion C. Computation of Public Supp		-				
14	Public support percentage for 2022 (lir		· ·			14	<u>%</u>
15	Public support percentage from 2021 \$					15	%
16a	331/3% support test - 2022. If the org						
	box and stop here . The organization qu			-			
b	331/3% support test - 2021. If the org						
47-	this box and stop here . The organization			-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
h	organization						
D		-					
	15 is 10% or more, and if the organiz in Part VI how the organization meets					-	-
	_			-	-		
18	organization. Private foundation. If the organizatio						
10	-						
	instructions						<u></u>

Schedule A (Form 990) 2022

Page 3

Schedule A	(Form	990)	2022

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 $\hfill {\hfill \hfill \h$						
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 disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u>Soc</u>	line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(a) 2010	(6) 2013	(0) 2020	(0) 2021	(6) 2022	(i) i otai
9 10 a	Amounts from line 6 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						
с	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 fo	r the organizati	on's first, secor	d, third, fourth,	or fifth tax ye	ear as a sectior	n 501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup		-			T T	
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (li					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the o	-					
	17 is not more than 331/3%, check thi	-	•				
b	331/3% support tests - 2021. If the org						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	ala not check	a box on line	14, 19a, or 19b	, cneck this bo		uctions e A (Form 990) 2022
	1 1.000					Schedule	

(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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- **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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified 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.
- 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.
 - 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.)

JSA

Yes No

1

2

3a

3b

3c

4a

45-5399218

Schedule A (Form 990) 2022

45-5399218

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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.

Section B. Type I Supporting Organizations

- 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
- Did the organization operate for the benefit of any supported organization other than the supported 2 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.

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? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	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).					
а		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.					
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).					
					No	
2 Activities Test. Answer lines 2a and 2b below.						

а	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.

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.

Parent of Supported Organizations. Answer lines 3a and 3b below. 3

- 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.
- **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.

2a

2b

3a



Yes No

11c

2

Schedule A (Form 990) 2022 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 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).

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

6

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p		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 resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8	Excess from 2018				
 	Excess from 2019				
b	Excess from 2020				
 d	Excess from 2020				
e	Excess from 2022				

Schedule A (Form 990) 2022

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 A, PART II

THE ORGANIZATION'S 2020 TAX YEAR REFLECTS OCTOBER 26, 2020 THROUGH DECEMBER 31, 2020 ACTIVITY (A SHORT PERIOD). THIS IS DUE TO 2020 BEING THE ORGANIZATION'S INITIAL 990 RETURN. 2021 IS THE FIRST REPORTED YEAR REFLECTING A FULL TWELVE MONTHS.

25

lf th	e organization answered "Yes,'	that have NOT filed Form 5768 (election form 990, Part IV, line 5 (Prox	•	·· ·	
-	(See separate instructions), the Section 501(c)(4), (5), or (6) or				
		RE VERMONT ACCOUNTABLE (ם מא	Employer ide	entification number
	GANIZATION LLC	CE VERMONI ACCOUNTABLE (AKL	. ,	399218
-		pragnization is exempt under	section 501(c) or		
1 2 3 Pa 1 2 3 4a k	Provide a description of the definition of "political camp Political camp Political camp Political campaign activity of Volunteer hours for political term for political campaign activity of Volunteer hours for political campaign activity of the Organization incurred to the organization incurred to Was a correction made? If "Yes," describe in Part IV. It I-C Complete if the Organization directly of activities. Enter the amount of the filing 527 exempt function activities Total exempt function expline 17b Did the filing organization fienter the names, addresses organization made payment of the part of the filing organization made payment of the filing organization fienter the names addresses organization made payment of the filing organization fienter the names addresses organization made payment of the filing organization fienter the names addresses organization made payment of the filing organization fienter the names addresses organization made payment of the paymen	organization is exempt under he organization's direct and inclaign activities." expenditures. See instructions campaign activities. See instructions organization is exempt under cise tax incurred by the organization r a section 4955 tax, did it file Form organization is exempt under cise tax incurred by organization r a section 4955 tax, did it file Form organization is exempt under expended by the filing organization expended by the filing organization ess enditures. Add lines 1 and 2. Er e and employer identification num ts. For each organization listed, et tributions received that were proportional section	irect political camp section 501(c)(3). on under section 495 nanagers under sect a 4720 for this year? section 501(c), e for section 527 ex d to other organization ther here and on For ber (EIN) of all section nter the amount pai	baign activities in Part \$	IV. See instructions fo
	as a separate segregated fu	nd or a political action committee (b) Address	(PAC). If additional s	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received an promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
			1		
(2)					
(3)					
(4)					
(4)					
(4) 			1		1
			_		

Political Campaign and Lobbying Activities SCHEDULE C (Form 990)

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.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

26

OMB No. 1545-0047

20 **Open to Public** Inspection

Schedule C (Form 990) 2022 ONECAE	RE VERMONT ACCOUNTABLE CARE	45-	-5399218 Page 2
Part II-A Complete if the organizat section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
	elongs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group memb	per's name, address,
B Check if the filing organization ch	ecked box A and "limited control" provisions ap	ply.	
	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	NONE	NONE
b Total lobbying expenditures to influence	a legislative body (direct lobbying)	53,400.	NONE
c Total lobbying expenditures (add lines 7	53,400.	NONE	
d Other exempt purpose expenditures .		18,397,892.	NONE
e Total exempt purpose expenditures (ac	d lines 1c and 1d)	18,451,292.	NONE
f Lobbying nontaxable amount. Enter th	he amount from the following table in both		
columns.		1,000,000.	NONE
If the amount on line 1e, column (a) or (b) is	: The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 2	5% of line 1f)	250,000.	NONE
h Subtract line 1g from line 1a. If zero or	ess, enter -0-		NONE
i Subtract line 1f from line 1c. If zero or le	ess, enter -0-		NONE
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720	
reporting section 4911 tax for this year	·		Yes X 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a	Lobbying nontaxable amount		359,678.	1,000,000.	1,000,000.	2,359,678.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,539,517.				
с	Total lobbying expenditures		11,000.	52,660.	53,400.	117,060.				
d	Grassroots nontaxable amount		89,920.	250,000.	250,000.	589,920.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					884,880.				
f	Grassroots lobbying expenditures		NONE	NONE	NONE	NONE				

Schedule C (Form 990) 2022

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		(a	a)	(b)	
	cription of the lobbying activity.	Yes	No	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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	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?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	section	

			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?			

Par	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se	ectio	n			
		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	3, is		
		answered "Yes."					
	Dura		4				

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).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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.

SCHEDULE C, PART II-A, LINE 2

TAX YEAR 2020 WAS ONECARE'S INITIAL RETURN THEREFORE THERE IS NOT FIVE YEARS WORTH OF HISTORY TO FILL OUT ALL COLUMNS. THE ORGANIZATION FIRST MADE ITS 5768 ELECTION FOR TAX YEAR ENDING 12/31/2020 AND THE ELECTION HAS NOT BEEN REVOKED.

(Fo Depa Inter	HEDULE D rm 990) artment of the Treasury nal Revenue Service		0.	990, a, or 12b.	OMB No. 1545-004 2022 Open to Publi Inspection		
Nam	e of the organization	ONECARE VERMONT ACCOU	NTABLE CARE		Em	ployer identification number	
	GANIZATION LLC					45-5399218	
Pa		tions Maintaining Donor Adv				ounts.	
	Complete	e if the organization answered			j.		
			(a) Donor adv	ised funds		(b) Funds and other accounts	
1	Total number at e	nd of year					
2		of contributions to (during year).					
3		of grants from (during year)					
4		at end of year					
5	-	ion inform all donors and donor	-				
	-	inization's property, subject to the	-	-			0
6		on inform all grantees, donors, a					
		purposes and not for the bene			-		
		nissible private benefit?		<u></u> .		Yes 🛄 N	<u>o</u>
Pa		tion Easements.	"Vaa" on Form 000	Dort IV/ line 7			
1		e if the organization answered servation easements held by the					
1					tion of a h	viotoriaally important land area	
		n of land for public use (for example of natural habitat	e, recreation or education)			historically important land area certified historic structure	
2		n of open space I through 2d if the organization h	old a qualified consor	ation contributi	on in the f	orm of a conservation	
2		ast day of the tax year.	eiu a quaimeu conserv			Held at the End of the Tax Yea	
~		onservation easements			2a		
a b		tricted by conservation easements					
D C		vation easements on a certified					
d		vation easements included in (c)			•		
u		e listed in the National Register					
3		rvation easements modified, tra				t by the organization during t	the
•	tax year			angulorioù, or			
4		where property subject to conse	rvation easement is loo	cated			
5		ation have a written policy reg			pection. h	nandling of	
-		orcement of the conservation ea					ol
6		hours devoted to monitoring, insp					
			0, 0	,	0	5 ,	
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violati	ons, and enforci	ing conser	vation easements during the ye	ar
					-		
8	Does each conserv	vation easement reported on line	2(d) above satisfy the r	equirements of :	section 17	0(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?				Yes 📖 Y	١o
9	In Part XIII, desc	cribe how the organization re	ports conservation e	asements in it	s revenue	e and expense statement a	nd
		d include, if applicable, the tex		he organization	's financia	I statements that describes t	he
		ounting for conservation easeme					
Pa	art III Organizat	tions Maintaining Collections	s of Art, Historical T	reasures, or C	Other Sim	ilar Assets.	
		e if the organization answered					
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to ts held for public ex to its financial stateme	report in its re- hibition, educa ents that describ	venue stat tion, or re bes these i	tement and balance sheet wo esearch in furtherance of put tems.	rks olic
b	If the organization art, historical treas	n elected, as permitted under F. sures, or other similar assets he ing amounts relating to these ite	ASB ASC 958, to rep ld for public exhibition	ort in its reven	ue statem	ent and balance sheet works	of
		ded on Form 990, Part VIII, line 1				\$	
	(ii) Assets include	d in Form 990, Part X				\$	
2		n received or held works of a					the
	-	s required to be reported under F				- · ·	
а		on Form 990, Part VIII, line 1					
b		Form 990, Part X		<u></u>			
For	Paperwork Reduction	Act Notice, see the Instructions for	r Form 990.			Schedule D (Form 990) 2	022

Schee	lule D (Form 990) 2022 ONEC	CARE VE	RMONT .	ACCOUNTA	BLE CA	RE				45-5	399218	Page 2
Ра	rt III Organizations Maintainin	ng Colleo	ctions of	Art, Histo	rical Tre	easures	s, or	Other	Similar A	Assets (C	ontinuec	1)
3	Using the organization's acquisition	n, access	ion, and	other recor	ds, checł	k any o	of the	follow	ing that n	nake sign	ificant us	e of its
	collection items (check all that apply	/):			-							
а	Public exhibition			d		or excha	ange	progra	m			
b	Scholarly research			е	Other							
С	Preservation for future generation											
4	Provide a description of the organi	ization's o	collection	s and expla	ain how t	they fui	rther	the or	ganization'	s exempt	purpose	in Part
_	XIII.											
5	During the year, did the organization									_	_	—
	assets to be sold to raise funds rathe			ained as pa	rt of the c	organiza	ation	s colleo			Yes	No
Pa	rt IV Escrow and Custodial Ar Complete if the organizat	•		oc" on For	m 000 E	Dart IV/	lino		oportod o		t on For	m
	990, Part X, line 21.	1011 01150			II 990, F	antiv,	me	9, 01 1	eponeu a	n announ		111
1a	Is the organization an agent, truste		dian or c	ther interm	ediary fo	or cont	ributi	ons or	other ass	ets not		
īα	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement in	Part XIII	and com	nlete the fo	lowing tak	nle [.]	• • •					
		i uit /uii			io ming tax					Amount		
с	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amo	ount on Fe	orm 990,	Part X, line	21, for e	scrow	or cu	stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement in	Part XIII.	. Check h	ere if the e	planation	has be	en pr	ovided	on Part XII			
Ра	rt V Endowment Funds.											
	Complete if the organizat	tion ansv	vered "Ye	es" on For	m 990, F							
		(a) Curre	ent year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of Board designated or quasi-endowned			end balanc %	e (line 1g,	columr	n (a))	held as	:			
a b	Permanent endowment	ent %		70								
c	Term endowment %	70										
U	The percentages on lines 2a, 2b, ar	nd 2c sho	uld equal	100%								
3a	Are there endowment funds not in the				tion that	are hel	d and	l admir	nistered for	the		
ou	organization by:			no organize			a and	aann			Y	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the related	d organiza	ations liste	ed as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended us	ses of the	e organiza	ation's endo	wment fur	nds.					··	
Ра	rt VI Land, Buildings, and Equi Complete if the organiza	ipment.	warad "V	'aa" an Eal	m 000 I	Dort IV	line	110.0	Soo Form	000 Do	rt V lino	10
	Description of property			r other basis	(b) Cost of				cumulated		Book value	
				stment)		ther)			eciation	(u)		-
1a	Land											
b	Buildings					<u> </u>			0.055			
c	Leasehold improvements					9,95			9,953.			NONE
d	Equipment					49,54	49.		24,774.		24	,775.
e Tota	Other I. Add lines 1a through 1e. (Column	(d) must	oqual Ear	m 000 Do-4	X colum	n (P) 1%	10.10	<u></u>			0.4	775
Tota	. Aud lines ta through te. (Column	(u) must	equal Foll	iii 990, Part	\wedge , colum	ч (<i>D), III</i>					24	,775.

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered	l "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 valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	"Vee" on Form 000		Dort V line 12
	Complete if the organization answered	(b) Book value		
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	ino 15)		
	Other Liabilities.	ine 13.)		
Part X	Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	
	or uncertain tax positions. In Part XIII, provide the	taut of the features to	the exercise time and exercised at the second state	

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 . JSA 2E1270 1.000
Schedule D (Form 95)

Schedu	IN IN CONECARE VERMONT ACCOUNTABLE CARE	45-	-5399218 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	า.	
	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	24,067,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	24,067,959.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,067,959.
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	23,167,154.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	23,167,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	23,167,154.
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.

SCHEDULE I (Form 990) (C Department of the Treasury Internal Revenue Service Name of the organization ONECARE VERMONT AC ORGANIZATION LLC Part I General Information on Grants 1 Does the organization maintain records to the selection criteria used to award the gr	Employer identificat 45-5399218 s or assistance, and	ance, and					
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					plete if the organiz	ation answered "Y	/es" on Form 990,
Part IV, line 21, for any recipier	nt that received	more than \$5	,000. Part II can b	be duplicated if a	•	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF VERMONT MEDICAL CENTER 111 COLCHESTER AVE, BURLINGTON, VT 05401	030219309	501(C)(3)	54,236.				OCCULAR TELEHEALTH P
(2) NORTHWESTERN MEDICAL CENTER							
133 FAIRFIELD STREET ST. ALBANS, VT 05478 (3)	030266986	501(C)3	6,000.				CHRONIC PAIN LEARNIN
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	•	•					2

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

Schedule I (Form 990) 2022

ONECARE VERMONT ACCOUNTABLE CARE

45-5399218

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

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

SCHEDULE I PART IV

PROCEDURES FOR MONITORING GRANT FUNDS

IN THE NORMAL COURSE OF BUSINESS, POOLS OF MONEY BECOME AVAILABLE TO FUND VARIOUS QUALITY INITIATIVE PROJECTS. SOME OF THESE FUNDS HAVE BEEN AWARDED IN THE FORM OF GRANTS BASED UPON IDENTIFIED NEEDS. ALL GRANT TYPES STEM FROM ACTIVITIES DEEMED TO FURTHER HEALTH CARE REFORM. PROVIDERS WERE CONTACTED AND ENCOURAGED TO SUBMIT APPLICATIONS. UPON REVIEW AND APPROVAL OF GRANT APPLICATIONS SUBMITTED TO ONECARE, AWARDS WERE MADE. SOME GRANTS WERE A ONE TIME PAYMENT TO RECIPIENT WHILE OTHERS

Schedule I (Form 990) (2022)

ONECARE VERMONT ACCOUNTABLE CARE

45-5399218

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

information.

WERE PAID IN INCREMENTS UPON SUBMISSION OF INVOICES AND APPROVAL OF

CONTRACTUAL DELIVERABLES. ONECARE IS NO LONGER AWARDING GRANT PAYMENTS.

SCHI	EDULE J	Compen	sation Information	OM	1B No. ⁻	1545-0	047
	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	n n)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23	3	ZU	<u> </u>	
Departm	nent of the Treasury	A	Attach to Form 990.	[°] Ol	pen to		
	Revenue Service	, , , , , , , , , , , , , , , , , , ,	90 for instructions and the latest information.	Frankriger identifier (in	Insp		n
	of the organization	ONECARE VERMONI ACCOUNT	'ABLE CARE	Employer identification		r	
	ANIZATION :			45-5399218	8		
Part	Questio	ns Regarding Compensation				Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	son listed on Form		162	NU
iu			provide any relevant information regarding				
		iss or charter travel	Housing allowance or residence for	-			
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	X Personal services (such as maid, ch				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to	1b		x
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
	-		D/Executive Director, regarding the items	-			
					2		х
3	Indicate which	h, if any, of the following the organization	on used to establish the compensation of	the			
			at apply. Do not check any boxes for metho				
	related organ	ization to establish compensation of th	e CEO/Executive Director, but explain in P	art III.			
	· · ·	nsation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study				
	Form 99	90 of other organizations	Approval by the board or compensation	ition committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		Х
b			tal nonqualified retirement plan?		4b		Х
С			sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
	- · · ·						
-	-	501(c)(3), 501(c)(4), and 501(c)(29) or					
5			on A, line 1a, did the organization pa	ly or accrue any			
•		n contingent on the revenues of:			5a		v
					5a 5b		X X
D D		e 5a or 5b, describe in Part III.			35		21
6			on A, line 1a, did the organization pa	av or accrue anv			
-		n contingent on the net earnings of:		,			
а					6a		Х
b					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov	ide any nonfixed			
	payments not	described on lines 5 and 6? If "Yes," d	escribe in Part III		7	X	
8			paid or accrued pursuant to a contract the				
		-	Regulations section 53.4958-4(a)(3)? If				
_					8		X
9			low the rebuttable presumption proced		-		
Fer P					9		
LOL LO	aperwork Reduc	ction Act Notice, see the Instructions for Fo	JIII 330.	Schedu	ne J (F0	лт 990	J) 2022

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

Schedule J (Form 990) 2022

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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
VICTORIA LONER	(i)	378,316.	96,094.	9,896.	21,350.	32,750.	538,406.	NONE
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS BORYS	(i)	218,732.	44,084.	4,629.	15,617.	23,764.	306,826.	NONE
2 VP OF FINANCE, ACO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GREGORY DANIELS	(i)	155,521.	16,189.	9,957.	11,515.	29,154.	222,336.	NONE
3 CHIEF COMPLIANCE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SARA BARRY	(i)	294,297.	58,834.	5,179.	20,758.	14,183.	393,251.	NONE
4 VP & CHIEF OPERATING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOAN ZIPKO	(i)	171,061.	17,715.	15,414.	16,127.	29,659.	249,976.	NONE
5 DIRECTOR ACO OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARTITA GIARD	(i)	169,736.	17,380.	6,855.	20,980.	22,763.	237,714.	NONE
6 DIRECTOR ACO STRATEGY&PLANNING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMY BODETTE	(i)	144,408.	15,034.	309.	10,682.	32,374.	202,807.	NONE
7 DIRECTOR PUBLIC AFFAIRS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEREK RAYNES	(i)	163,334.	16,214.	501.	11,390.	1,030.	192,469.	NONE
8 DIRECTOR PAYMENT REFORM	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CARRIE WULFMAN, MD	(i)	192,161.	58,275.	2,813.	18,493.	13,966.	285,708.	NONE
9 CHIEF MEDICAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSIAH MUELLER	(i)	165,153.	17,000.	351.	11,934.	29,620.	224,058.	NONE
10 DIRECTOR VALUE-BASED CARE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KIMBERLEY DOUGLAS	(i)	133,470.	NONE	12,218.	12,939.	32,298.	190,925.	NONE
11 DIRECTOR ACO FINANCE & ACCNTG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part ||| 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.

SCHEDULE J PART I, LINE 1A

PERSONAL SERVICE COMPENSATION

CERTAIN ONECARE OFFICERS AND KEY EMPLOYEES RECEIVED COMPENSATION OF \$1,400 TO COVER PREPARATION AND FINANCIAL ADVISORY SERVICES. WHILE THERE IS NO ORGANIZATION-WIDE WRITTEN POLICY REGARDING PAYMENT, THE AMOUNT IS INCLUDED IN THE RESPECTIVE INDIVIDUAL'S EMPLOYMENT CONTRACT WHICH IS DETERMINED THROUGH ANNUAL REVIEW (AS DISCUSSED IN SCHEDULE O). PERSONAL SERVICE COMPENSATION IS A FLAT AMOUNT INCLUDED IN THE INDIVIDUAL'S RESPECTIVE FORM W-2 AS TAXABLE INCOME. NO REIMBURSEMENT IS MADE UNDER AN ACCOUNTABLE PLAN, THEREFORE SUBSTANTIATION OF EXPENSE IS UNNECESSARY.

SCHEDULE J PART I, LINE 3

CEO COMPENSATION METHOD

ONECARE VERMONT RELIES ON UNIVERSITY OF VERMONT HEALTH NETWORK TO ESTABLISH CEO COMPENSATION VIA PERIODIC MARKET ANALYSIS AND COMPENSATION COMMITTEE REVIEW.

Schedule J (Form 990) 2022

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.

SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS

ONECARE VERMONT LEVERAGES THE UVM MEDICAL CENTER'S COMPENSATION PROCESS

WHICH RESULTS IN PAID AWARDS TO CERTAIN MEMBERS OF UPPER MANAGEMENT

(DIRECTORS, VICE PRESIDENTS AND SENIOR EXECUTIVES) THROUGH ITS ANNUAL

VARIABLE PAY PLAN, AS THE PLAN'S PERFORMANCE MEASURES ARE MET.

MEASURES, WHICH INCLUDE FINANCIAL, POPULATION HEALTH & QUALITY, AND

OPERATIONAL ELEMENTS, ARE REVIEWED AND APPROVED BY ONECARE'S BOARD OF

MANAGERS.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service

ONECARE VERMONT ACCOUNTABLE CARE

45-5399218

FORM 990, PART III, LINE 1

INNOVATIVE PAYMENTS MADE (MISSION CON'T)

DURING THIS TAX PERIOD, PAYMENTS MADE TO PROVIDERS FOSTERING INNOVATION AND BETTER OUTCOMES INCLUDE FIXED PROSPECTIVE PAYMENTS TO HOSPITALS AND CERTAIN PRIMARY CARE PROVIDERS OF \$445M; POPULATION HEALTH MGMT PAYMENTS OF \$7.3M; AND MEDICARE BLUEPRINT FUNDING OF \$9.1M. ALL OF THESE PAYMENTS ARE NETTED OUT ENTIRELY ON THIS RETURN FOR PURPOSES OF FOLLOWING US GAAP.

INNOVATIVE PAYMENTS TO THE NETWORK REPORTED ON THIS RETURN INCLUDE COMPLEX CARE COORDINATION PROGRAM PAYMENTS OF \$3.9M; VARIOUS NETWORK REFORM PROJECT PAYMENTS TOTALING \$702K; VALUE BASED INCENTIVE FUND PAYMENTS OF \$1.5M; RISK SETTLEMENT PAYMENTS OF \$328K; AND PRIMARY PREVENTION PROGRAMS AND GRANTS OF \$95K (SEE SCHEDULE I FOR DETAILS).

FORM 990, PART III, LINE 4A

NETWORK PERFORMANCE MANAGEMENT

EFFORTS TAKEN TO FURTHER THE DEVELOPMENT OF FRAMEWORK FOR SUCCESSFUL CLINICAL PROGRAMS INCLUDE THE FOLLOWING: POPULATION HEALTH COMMITTEES WERE RESTRUCTURED AND REVITALIZED TO PROVIDE STATEWIDE INPUT; PREVENTION EFFORTS WERE REFOCUSED TO SUPPORT HEALTH EQUITY AND FOOD INSECURITY; AND POPULATION HEALTH PAYMENTS WERE SIMPLIFIED AND MADE TO ALIGN WITH INDIVIDUAL AND ACO ACCOUNTABILITIES.

ONECARE SAW 100% RETENTION IN NETWORK PARTICIPANTS, WHICH REPRESENT 14 HOSPITALS, NINE FEDERALLY QUALIFIED HEALTH CENTERS, AND 27 INDEPENDENT PRIMARY CARE PRACTICES. ONECARE EXPERIENCED GROWTH IN BOTH COMMERCIAL

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

ONECARE VERMONT ACCOUNTABLE CARE

AND COMPREHENSIVE PAYMENT REFORM ("CPR") PROGRAM PARTICIPATION. IN 2022, THE ONECARE NETWORK DEMONSTRATED IMPROVEMENT IN 75% OF FOCUSED QUALITY IMPROVEMENT AREAS. 2022 IS PROJECTED TO HAVE \$6.4M IN NETWORK-WIDE SHARED SAVINGS, OF WHICH \$1.3M IS TO BE DISTRIBUTED TO PRIMARY CARE PROVIDERS THROUGH THE ACCOUNTABILITY POOL.

FORM 990, PART III, LINE 4B

DATA AND ANALYTICS

FURTHERED USAGE OF CROSS PAYER/PROVIDER DATA SETS UNIQUE TO ACO TO CONSIDER NEEDS OF NETWORK STRIVING TO SHIFT TO A POPULATION HEALTH MODEL.

ONECARE CREATED A NEW MEDICARE BENCHMARKING TOOL TO IDENTIFY STRENGTHS AND OPPORTUNITIES FOR THE ORGANIZATION. ONECARE PROCURED A NEW MEANS FOR DATA ANALYTICS SUPPORT, ANCHORED BY A NEW POPULATION HEALTH ANALYTICS PLATFORM, SCHEDULED TO GO LIVE IN LATE 2023. THROUGHOUT 2022, ONECARE CONTINUED ITS ANALYTICS SUPPORT FOR THE ACO, WHICH INCLUDES SELF-SERVICE TOOLS, AD HOC DATA SUPPORT, RECURRING STANDARDIZED REPORTING, AND COMMUNITY/HSA-LEVEL SHARING OF RESULTS. ONECARE SUCCESSFULLY HOSTED COMMUNITY/HSA-LEVEL FORUMS TO ENGAGE HEALTHCARE PROVIDERS ACROSS THE STATE.

FORM 990, PART III, LINE 4C

PAYMENT REFORM

ONECARE CONTINUES TO OFFER AN UNRECONCILED FIXED PAYMENT FOR HOSPITALS IN THE MEDICAID PROGRAM. THE COMPREHENSIVE PRIMARY CARE (CPR) PROGRAM EXPERIENCED CONTINUOUS YEAR OVER YEAR GROWTH IN PROGRAM PARTICIPATION. THE PROGRAM NOW INCLUDES FLAT, PREDICTABLE PER MEMBER PER MONTH (PMPM)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Internal Revenue Service	s.gov/form990. Inspection	
Name of the organization	Employer identification number	
ONECARE VERMONT AC	CCOUNTABLE CARE	45-5399218

PAYMENTS AND ABOVE MARKET PAYMENTS FOR SOME MENTAL HEALTH SERVICES. IN

2022, PRACTICES EARNED ON AVERAGE 26% MORE REIMBURSEMENT THAN FEE FOR SERVICE WOULD HAVE PROVIDED. MEDICARE FIXED PAYMENTS ARE EXPECTED TO CONTINUE TO RECONCILE TO FEE FOR SERVICE UNTIL 2025.

FORM 990, PART VI, LINE 2

BUSINESS RELATIONSHIPS

DR. JOHN BRUMSTED AND RICHARD VINCENT SERVED AS DIRECTORS AND OFFICERS AT THE UNIVERSITY OF VERMONT HEALTH NETWORK, AN UNRELATED ORGANIZATION.

DR. JOHN BRUMSTED SERVED AS DIRECTOR AND OFFICER AT THE UNIVERSITY OF VERMONT MEDICAL CENTER (UVMC), AN UNRELATED ORGANIZATION, WHERE RICHARD VINCENT IS AN EMPLOYEE.

ALL ONECARE STAFF ARE EMPLOYED BY UVMC, AN UNRELATED ORGANIZATION. ONECARE VERMONT REIMBURSES UVMC FOR THE FULL ECONOMIC COST OF THE EMPLOYEES' EFFORTS. AN EXCEPTION TO THIS IS UNIVERSITY OF VERMONT HEALTH NETWORK EMPLOYEES WHO WORK PART TIME FOR ONECARE VERMONT EFFORTS UNDER A MASTER SERVICE AGREEMENT BETWEEN THE COMPANIES. UNDER THAT AGREEMENT, ONECARE REIMBURSEES THE UNIVERSITY OF VERMONT HEALTH NETWORK FOR THE APPLICABLE PERCENTAGE OF THE SALARY AND BENEFITS COST INCURRED.

FORM 990, PART VI, LINE 6

MEMBERS

ONECARE VERMONT IS A LIMITED LIABILITY CORPORATION, FOUNDED IN 2012. ON SEPTEMBER 30, 2021, THE UNIVERSITY OF VERMONT MEDICAL CENTER ("UVMMC") TRANSFERRED ITS MEMBERSHIP STATUS TO ITS PARENT ORGANIZATION, UVM HEALTH

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	Inspection	
Name of the organization		Employer identif	fication number
ONECARE VERMONT A	CCOUNTABLE CARE	45-539	9218

NETWORK. AS OF OCTOBER 1, 2021, UVM HEALTH NETWORK BECAME THE SOLE

CORPORATE MEMBER OF ONECARE.

FORM 990, PART VI, LINES 7A

MEMBER APPOINTMENTS TO GOVERNING BODY

UVM HEALTH NETWORK, THE SOLE MEMBER OF ONECARE HAS THE RIGHT TO APPOINT THREE MEMBERS OF THE GOVERNING BODY. THE GOVERNING BODY IS COMPRISED OF UP TO TWENTY-ONE MEMBERS IN TOTAL. OTHER MEMBERS OF THE GOVERNING BODY REPRESENT SPECIFIC PROVIDER TYPES REPRESENTED IN ONECARE'S PROVIDER NETWORK, AS SET OUT IN THE ORGANIZATION'S OPERATING AGREEMENT.

FORM 990, PART VI, LINE 11B

RETURN PREPARATION

ONECARE VERMONT'S FORM 990 IS PREPARED BY ONECARE STAFF AND REVIEWED BY PWC US TAX LLP (PWC). FOLLOWING PWC'S REVIEW, THE RETURN IS REVIEWED BY ONECARE'S SENIOR LEADERSHIP. FINALLY, ONECARE'S MANAGEMENT PRESENTS THE FORM 990 TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. THE COMPLETED FORM 990 IS PROVIDED TO ALL MEMBERS OF THE ONECARE GOVERNING BOARD PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

MONITORING OF THE CONFLICT OF INTEREST POLICY

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. IN ACCORDANCE WITH THE POLICY, BOARD OF TRUSTEES, OFFICERS AND CERTAIN OTHER INDIVIDUALS 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

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

ONECARE VERMONT ACCOUNTABLE CARE

45-5399218

FIRST ARISES.

THE CONFLICT OF INTEREST POLICY IS ENFORCED BY THE ONECARE COMPLIANCE TEAM, WHO REPORTS AT LEAST ANNUALLY ON CONFLICT OF INTEREST ISSUES TO THE AUDIT COMMITTEE OF THE BOARD OF MANAGERS. CONFLICTS OF INTEREST ARE MANAGED IN ACCORDANCE WITH THE POLICY, WHICH PROVIDES FOR A VARIETY OF REMEDIES TO ADDRESS CONFLICTS OF INTEREST. 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, LINES 15A AND 15B

COMPENSATION DETERMINATION POLICY

ONECARE UTILIZES THE SERVICES OF THE UNIVERSITY OF VERMONT HEALTH NETWORK (THE 'HEALTH NETWORK') IN THE SETTING OF ALL COMPENSATION. COMPENSATION DETERMINATION IS SUBJECT TO THE HEALTH NETWORK'S COMPENSATION FRAMEWORK, WHICH INVOLVES UTILIZATION OF NATIONAL AND REGIONAL PEER GROUPS, TARGETING THE 50TH PERCENTILE, WITH PERFORMANCE BASED VARIABLE PAY OPPORTUNITIES.

FORM 990, PART VI, LINE 19

DOCUMENT DISCLOSURE

GOVERNANCE DOCUMENTS CONSIST OF THE ORGANIZATION'S ARTICLES OF INCORPORATION AND OPERATING AGREEMENT. THE ARTICLES OF INCORPORATION ARE FILED WITH THE VERMONT SECRETARY OF STATE AND ARE PUBLICLY AVAILABLE THROUGH THAT OFFICE. THE OPERATING AGREEMENT IS NOT PUBLICLY POSTED, BUT

SCHE	DU	LE	0
(Form	990	or	990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ONECARE VERMONT ACCOUNTABLE CARE

A COPY WOULD BE FURNISHED TO ANY MEMBER OF THE PUBLIC WHO REQUESTED ONE.

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO GREEN MOUNTAIN CARE BOARD (GMCB) AND DEPT OF VERMONT HEALTH ACCESS (DVHA), BOTH OF WHICH ARE SUBJECT TO PUBLIC RECORD REQUESTS.

ONECARE'S ANNUAL AUDITED FINANCIAL STATEMENTS ARE POSTED TO ONECARE'S

WEBISTE AS WELL AS PROVIDED TO GMCB AND DVHA.

Schedule O (Form 990 or 990-EZ) 2022		Page 2
Name of the organization	Employer ide	ntification number
ONECARE VERMONT ACCOUNTABLE CARE	45-539	9218
FORM 990, PART VII-COMPENSATION OF THE 5 HIGH		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HEALTH CATALYST INC		
DEPT CH 17917		
PALATINE, IL 60055	SOFTWARE MAINTENANCE	1,192,848.
VERMONT INDEPENDENT TECHNOLOGY LEADERS		
1 MILL STREET SUITE 249		
BURLINGTON, VT 05401	SOFTWARE MAINTENANCE	430,000.
INTRAPRISE HEALTH		
19 W COLLEGE AVENUE SUITE 500		
YARDLEY, PA 19067	SOFTWARE MAINTENANCE	408,850.
DINSE PC		
209 BATTERY STREET		
BURLINGTON, VT 05402	LEGAL	356,743.
- ,	-	,
MILLIMAN		
463 7TH AVENUE, 19TH FLOOR		
NEW YORK, NY 10018	ACTUARIAL	272,654.