



Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the Form(s) 990 (and 990-T, if applicable), available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to the Form 990 (and 990-T if applicable) and all required schedules and attachments. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to its Form(s) 990 (and 990-T, if applicable) through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

Please contact your FORVIS advisor if you have questions about these rules.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **10/01/2021** and ending **09/30/2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COPLEY HOSPITAL, INC.				D Employer identification number 03-0179423	
	Doing Business As				E Telephone number (802) 888-8888	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	528 WASHINGTON HIGHWAY City or town, state or province, country, and ZIP or foreign postal code MORRISVILLE, VT 05661					
F Name and address of principal officer: JOSEPH WOODIN 528 WASHINGTON HIGHWAY, MORRISVILLE, VT 05661						G Gross receipts \$ 95,020,203.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: WWW.COPLEYVT.ORG						H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					L Year of formation: 1934	M State of legal domicile: VT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>COPLEY IS DEDICATED TO HELPING PEOPLE LIVE HEALTHIER LIVES; PROVIDING EXCEPTIONAL CARE, SUPERIOR SERVICE AND ASSURING PEOPLE HAVE ACCESS TO AFFORDABLE HEALTH CARE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	658
	6 Total number of volunteers (estimate if necessary)	6	33
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,656,609.	2,023,536.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,372,634.	92,793,079.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	191,963.	159,194.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,124.	7,022.
		98,228,330.	94,982,831.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	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)	44,284,771.	49,378,259.
	16a 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)	43,905,909.	45,957,144.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	88,190,680.	95,335,403.	
19 Revenue less expenses. Subtract line 18 from line 12	10,037,650.	-352,572.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	84,353,372.	76,557,039.
	22 Net assets or fund balances. Subtract line 21 from line 20.	37,871,327.	28,894,910.
	46,482,045.	47,662,129.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date
	JOSEPH WOODIN Type or print name and title		CEO
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	BRIAN D TODD	BRIAN D TODD	
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶	44-0160260
	Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523	Phone no.	417-865-8701

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	COPLEY HOSPITAL INC	03-0179423
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	528 WASHINGTON HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MORRISVILLE, VT 05661	

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

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

- The books are in the care of ▶ JEFF HEBERT
528 WASHINGTON HIGHWAY MORRISVILLE VT 05661
Telephone No. ▶ 802 8888888 Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until 08/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or
 ▶ tax year beginning 10/01, 2021, and ending 09/30, 2022.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

COPLEY HOSPITAL IS DEDICATED TO HELPING PEOPLE LIVE HEALTHIER LIVES BY PROVIDING EXCEPTIONAL CARE, SUPERIOR SERVICE AND ASSURING EVERYONE HAS ACCESS TO AFFORDABLE, HIGH-QUALITY HEALTH CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 85,874,527. including grants of \$) (Revenue \$ 92,793,079.)

COPLEY HOSPITAL PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT IS CRITICAL TO THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses ▶ 85,874,527.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 658		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)? . .		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

ANGELA LAMELL 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661
802-888-8222

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN AROS ORTHOPEDIC SURGEON	40.00 NONE					X	997,591.	NONE	50,457.	
(2) JOHN MACY ORTHOPEDIC SURGEON	40.00 NONE					X	784,562.	NONE	41,692.	
(3) JOSEPH MCLAUGHLIN, MD TRUSTEE END 01/22	39.80 0.20	X					731,460.	NONE	46,335.	
(4) NICHOLAS ANTELL ORTHOPEDIC SURGEON	40.00 NONE					X	612,369.	NONE	52,720.	
(5) BRYAN MONIER ORTHOPEDIC SURGEON	40.00 NONE					X	556,685.	NONE	52,920.	
(6) DONALD DUPUIS GENERAL SURGEON	38.00 2.00					X	518,366.	NONE	38,011.	
(7) JOSEPH WOODIN CEO	37.00 3.00	X		X			417,501.	NONE	28,555.	
(8) J MARTIN LINSEISEN, MD TRUSTEE BEG 02/22	39.80 0.20	X					357,819.	NONE	43,840.	
(9) WAYNE STOCKBRIDGE CHIEF ADM&HR BEG 11/21	37.00 3.00			X			229,724.	NONE	34,708.	
(10) JEFFREY HEBERT CFO	38.00 2.00			X			236,469.	NONE	2,563.	
(11) LORI PROFOTA CNO	38.00 2.00			X			201,440.	NONE	32,472.	
(12) VERA JONES COO END 11/21	38.00 2.00			X			142,242.	NONE	5,375.	
(13) CARL SZLACHETKA TREASURER	3.80 1.20	X		X			NONE	NONE	NONE	
(14) KATHY DEMARS TRUSTEE	1.80 0.20	X					NONE	NONE	NONE	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WALTER FRAME TRUSTEE	1.80 1.20	X					NONE	NONE	NONE	
(16) HENRY BINDER, MD TRUSTEE	1.80 0.20	X					NONE	NONE	NONE	
(17) DAN NOYES TRUSTEE	1.80 0.20	X					NONE	NONE	NONE	
(18) DAVID SILVERMAN VICE CHAIR/CHAIR BEG 01/22	1.80 0.20	X		X			NONE	NONE	NONE	
(19) ANNE BONGIORNO TRUSTEE	1.80 0.20	X					NONE	NONE	NONE	
(20) DEBORAH POMEROY TRUSTEE/SECRETARY BEG 01/22	1.80 1.20	X		X			NONE	NONE	NONE	
(21) CHRIS TOWNE TRUSTEE	1.80 0.20	X					NONE	NONE	NONE	
(22) NANCY BANKS TRUSTEE/VICE CHAIR BEG 01/22	1.80 0.20	X		X			NONE	NONE	NONE	
(23) BOB BLEIMEISTER TRUSTEE	1.80 0.20	X					NONE	NONE	NONE	
(24) DIANE COTE TRUSTEE	1.80 0.20	X					NONE	NONE	NONE	
(25) ALDEN LAUNER TRUSTEE BEG 01/22	1.80 0.20	X					NONE	NONE	NONE	
1b Sub-total							5,786,228.	NONE	429,648.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							5,786,228.	NONE	429,648.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 74

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CAMERON PAGE TRUSTEE BEG 01/22	1.80 0.20	X						NONE	NONE	NONE
(27) PAMELA STANYON TRUSTEE	1.80 0.20	X						NONE	NONE	NONE
(28) KRISTEN SHARPLESS TRUSTEE BEG 03/22	1.80 0.20	X						NONE	NONE	NONE
(29) SHARON GREEN SECRETARY END 01/22	1.80 0.20	X		X				NONE	NONE	NONE
(30) JAN ROY TRUSTEE END 01/22	1.80 0.20	X						NONE	NONE	NONE
(31) RICHARD WESTMAN TRUSTEE END 01/22	1.80 0.20	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

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 ▶ 14

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a									
	b	Membership dues	1b									
	c	Fundraising events	1c									
	d	Related organizations	1d	89,127.								
	e	Government grants (contributions) . .	1e	1,934,409.								
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f									
	g	Noncash contributions included in lines 1a-1f	1g	\$								
	h	Total. Add lines 1a-1f ▶			2,023,536.							
	Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code	621400	84,310,822.	84,310,822.					
b		FIXED PROSPECTIVE REVENUE		621400	7,069,106.	7,069,106.						
c		OTHER REVENUE		621400	918,459.	918,459.						
d		CAFETERIA		722514	418,486.	418,486.						
e		MANAGEMENT FEE REVENUE		541610	76,206.	76,206.						
f		All other program service revenue										
g		Total. Add lines 2a-2f ▶			92,793,079.							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			117,899.		117,899.					
	4	Income from investment of tax-exempt bond proceeds . ▶			NONE							
	5	Royalties ▶				NONE						
	6a	Gross rents	6a	(i) Real	(ii) Personal							
					7,022.							
	b	Less: rental expenses	6b									
	c	Rental income or (loss)	6c	7,022.	NONE							
	d	Net rental income or (loss) ▶				7,022.	7,022.					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other							
					78,667.							
	b	Less: cost or other basis and sales expenses	7b		37,372.							
	c	Gain or (loss)	7c		41,295.							
	d	Net gain or (loss) ▶				41,295.	41,295.					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE								
			b	Less: direct expenses	8b		NONE					
			c	Net income or (loss) from fundraising events ▶			NONE					
			9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE					
						b	Less: direct expenses	9b		NONE		
						c	Net income or (loss) from gaming activities ▶			NONE		
			10a	Gross sales of inventory, less returns and allowances	10a		NONE					
						b	Less: cost of goods sold	10b		NONE		
						c	Net income or (loss) from sales of inventory ▶			NONE		
Miscellaneous Revenue	11a	_____	Business Code									
	b	_____										
	c	_____										
	d	All other revenue										
	e	Total. Add lines 11a-11d ▶				NONE						
12	Total revenue. See instructions ▶			94,982,831.	92,793,079.		166,216.					

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,450.	1	2,900.
	2 Savings and temporary cash investments	28,890,170.	2	16,664,514.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	10,587,434.	4	12,922,197.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	2,591,159.	8	2,620,459.
	9 Prepaid expenses and deferred charges	2,593,237.	9	2,358,579.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 67,717,413.		
	b Less: accumulated depreciation	10b 36,392,870.		
		28,873,100.	10c	31,324,543.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	5,760,290.	12	6,250,022.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	5,055,532.	15	4,413,825.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	84,353,372.	16	76,557,039.	
Liabilities	17 Accounts payable and accrued expenses	12,085,124.	17	7,823,609.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	7,046,760.	23	10,821,833.
	24 Unsecured notes and loans payable to unrelated third parties	136,971.	24	143,426.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,602,472.	25	10,106,042.
	26 Total liabilities. Add lines 17 through 25	37,871,327.	26	28,894,910.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	40,721,755.	27	41,412,107.
	28 Net assets with donor restrictions	5,760,290.	28	6,250,022.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	46,482,045.	32	47,662,129.
33 Total liabilities and net assets/fund balances	84,353,372.	33	76,557,039.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,982,831.
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,335,403.
3	Revenue less expenses. Subtract line 2 from line 1	3	-352,572.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,482,045.
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	1,532,656.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,662,129.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

COPLEY HOSPITAL, INC.

Employer identification number

03-0179423

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 15 Public support percentage for 2021; 16 Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 17 Investment income percentage for 2021; 18 Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

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)? <i>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).</i>		

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?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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 supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

COPLEY HOSPITAL, INC.

03-0179423

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization <p style="text-align: center;">COPLBY HOSPITAL, INC.</p>	Employer identification number <p style="text-align: center;">03-0179423</p>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 89,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 1,692,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 241,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COPLEY HOSPITAL, INC.

Employer identification number

03-0179423

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

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

Name of organization <p style="text-align:center;">COPLEY HOSPITAL, INC.</p>	Employer identification number <p style="text-align:center;">03-0179423</p>
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Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
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.

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

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

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

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

Name of organization COPLEY HOSPITAL, INC.	Employer identification number 03-0179423
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 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; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c 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 expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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.

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

OTHER LOBBYING ACTIVITIES:

DIRECT CONTACT WITH LEGISLATORS:

THE HOSPITAL ENGAGED A LAW FIRM FOR \$29,540 FOR LOBBYING SERVICES.

OTHER LOBBYING ACTIVITIES:

THE ORGANIZATION ALSO PAYS DUES TO VARIOUS ORGANIZATIONS, A PORTION (\$10,373) OF WHICH IS ATTRIBUTABLE TO LOBBYING EXPENSES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

COPLEY HOSPITAL, INC.

03-0179423

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,866,658.	4,765,579.	4,644,722.	4,495,575.	4,362,185.
b Contributions	40,000.	300.	3,000.	12,098.	2,352.
c Net investment earnings, gains, and losses	127,533.	100,779.	117,857.	137,049.	131,038.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,034,191.	4,866,658.	4,765,579.	4,644,722.	4,495,575.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 100.0000 %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------|---------------|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | X | 3a(ii) |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | 3b |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,096,205.		1,096,205.
b Buildings		39,791,407.	17,792,320.	21,999,087.
c Leasehold improvements		734,490.	549,541.	184,949.
d Equipment		24,606,946.	17,336,490.	7,270,456.
e Other		1,488,365.	714,519.	773,846.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,324,543.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) INTEREST IN CHSI	6,250,022.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	6,250,022.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	782,302.
(2) DUE FROM AFFILIATE	300,622.
(3) DEFERRED COMPENSATION PLAN ASSETS	3,200,901.
(4) DUE FROM THIRD PARTY	130,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,413,825.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	3,220,700.
(3) ESTIMATED SELF INSURANCE	1,617,719.
(4) CONTRACT LIABILITIES	566,722.
(5) ASSET RETIREMENT OBLIGATION	1,500,000.
(6) DEFERRED COMPENSATION LIABILITIES	3,200,901.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,106,042.

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 .

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

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

1	Total revenue, gains, and other support per audited financial statements		1	94,982,831.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	94,982,831.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	94,982,831.

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

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

1	Total expenses and losses per audited financial statements		1	95,335,403.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	95,335,403.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	95,335,403.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ENDOWMENT FUNDS:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO HELP SERVE
THE LONG-TERM VIABILITY OF COPLEY HOSPITAL, INC. THESE ENDOWMENT FUNDS
ARE HELD BY COPLEY HEALTH SYSTEM, INC.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COPLEY HOSPITAL, INC.

Employer identification number

03-0179423

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300.0000</u> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		<input checked="" type="checkbox"/>
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
6b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			834,699.		834,699.	0.88
b Medicaid (from Worksheet 3, column a)			17,108,248.	11,432,128.	5,676,120.	5.95
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			17,942,947.	11,432,128.	6,510,819.	6.83
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			86,050.	7,720.	78,330.	0.08
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			86,050.	7,720.	78,330.	0.08
k Total. Add lines 7d and 7j			18,028,997.	11,439,848.	6,589,149.	6.91

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

Schedule H (Form 990) 2021

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	26,972,750.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	26,860,061.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	112,689.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 COPLEY HOSPITAL, INC
 528 WASHINGTON HIGHWAY
 MORRISVILLE VT 05661
 WWW.COPLEYVT.ORG

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X			X		X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group COPLEY HOSPITAL, INC

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2020</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2020</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group COPLEY HOSPITAL, INC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group COPLEY HOSPITAL, INC

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group COPLEY HOSPITAL, INC

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

Schedule H (Form 990) 2021

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 5

COMMUNITY INPUT:

THE INFORMATION CONTAINED IN THE 2021 COMMUNITY HEALTH NEEDS ASSESSMENT WAS OBTAINED PRIMARILY THROUGH TWO COMMUNITY SURVEYS TAKEN BETWEEN APRIL 9, 2021 AND MAY 20, 2021. OTHER INFORMATION WAS OBTAINED THROUGH REPORTS DEVELOPED BY THE STATE OF VERMONT, THE FEDERAL GOVERNMENT, INDEPENDENT RE-SEARCH ORGANIZATIONS, AND LOCAL NONPROFIT AGENCIES SERVING PEOPLE WITHIN OUR SERVICE AREA. BECAUSE OF THE COVID-19 PANDEMIC, TRADITIONAL FACE-TO-FACE AND IN-PERSON INFORMATION GATHERING AVENUES AND TECHNIQUES WERE NOT AVAILABLE TO US.

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEYS:

THE 2021 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEYS WERE OPEN FOR RESPONSES BETWEEN APRIL 9 AND MAY 20, 2021 THROUGH "SURVEY MONKEY" AS WELL AS VIA PRINTED COPIES MADE AVAILABLE AT THE HOSPITAL AND SATELLITE OFFICES. THE LINK TO THE SURVEY MONKEY SURVEYS WAS DISTRIBUTED VIA EMAIL TO COPLEY HOSPITAL TRUSTEES, COMMITTEE MEMBERS AND AMBASSADORS, MEDICAL PROVIDERS, AND DIRECTLY TO MEMBERS OF THE COMMUNITY. IT WAS ALSO AVAILABLE ON OUR FACEBOOK PAGE AND ON FRONT PORCH FORUM, A COMMUNITY BULLETIN BOARD FREQUENTED BY NUMEROUS PEOPLE WITHIN OUR SERVICE AREA.

HUNDREDS OF SURVEYS WERE SENT OUT AND THE LINK WAS AVAILABLE TO THOUSANDS OF RESIDENTS, HOWEVER THE RESPONSE RATE WAS LIGHT, WITH ONLY 159 PEOPLE RESPONDING. OF THOSE RESPONDING, 34% WERE BETWEEN THE AGES OF 54-65, AND 30% WERE BETWEEN THE AGES OF 44-55. ONLY FIVE PERCENT OF RESPONSES WERE AGE 65 OR OLDER.

SCHEDULE H, PART V, SECTION B, LINE 7A

CHNA URL:

[HTTPS://WWW.COPLEYVT.ORG/ABOUT-US/NEWSLETTER/](https://www.copleyvt.org/about-us/newsletter/)

SCHEDULE H, PART V, SECTION B, LINE 10A

IMPLEMENTATION STRATEGY URL:

[HTTPS://WWW.COPLEYVT.ORG/ABOUT-US/NEWSLETTER/](https://www.copleyvt.org/about-us/newsletter/)

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 11

ADDRESSING IDENTIFIED NEEDS:
HEALTHCARE NEED #1: MENTAL HEALTH

AS IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, MENTAL HEALTH ISSUES WERE IDENTIFIED BY SURVEY RESPONDENTS AS ONE OF OUR SERVICE AREA'S MOST PRESSING CONCERNS. MENTAL HEALTH ISSUES INCLUDE DEPRESSION AND OTHER ILLNESSES LEADING TO SELF-HARM AND/OR TO SUICIDE.

AS OF 2019, THE RATE OF SUICIDE DEATHS IN VERMONT WAS 16 PER 100,000 PEOPLE - UP FROM 15.3 IN 2015. THE STATE RATE OF SUICIDE DEATHS IS 13.9. THE HEALTHY VERMONTERS 2020 TARGET IS 11.7 DEATHS PER 100,000.

AMONG VERMONT ADULTS WHO REPORTED SYMPTOMS OF ANXIETY AND/OR DEPRESSIVE DISORDER, 24.2% REPORTED NEEDING, BUT NOT RECEIVING, COUNSELING OR THERAPY (SOURCE: KAISER FAMILY FOUNDATION APRIL 2021). ACCORDING TO KAISER, THE STATES WITH THE HIGHEST PERCENTAGE OF ADULTS REPORTING SYMPTOMS OF ANXIETY AND/OR DEPRESSIVE DISORDER BUT NOT RECEIVING CARE ARE VERMONT (38.8%), SOUTH DAKOTA (35.9%), IDAHO (32.5%), CONNECTICUT (31.9%), AND LOUISIANA (31.6%).

SUICIDE IS ONE OF THE LEADING CAUSES OF DEATH IN THE U.S. AND HAS INCREASED IN ALMOST EVERY STATE OVER TIME, MAKING IT A SERIOUS PUBLIC HEALTH CONCERN. WHILE SUICIDE IS OFTEN LINKED TO UNDERLYING MENTAL HEALTH CONDITIONS, OTHER FACTORS CAN ALSO CONTRIBUTE, INCLUDING ISOLATION, RELATIONSHIP STRUGGLES, FINANCIAL OR HOUSING INSECURITY, OR PROBLEMS WITH PHYSICAL HEALTH. MANY OF THESE CONDITIONS WERE EXACERBATED ACROSS THE COUNTRY AS WELL AS HERE IN VERMONT DURING THE 2020-21 COVID PANDEMIC.

ACCORDING TO THE KAISER FAMILY FOUNDATION (2021):

- 22.4 PERCENT OF VERMONTERS REPORT BEING DEPRESSED (2020); 14% REPORTED FREQUENT MENTAL DISTRESS.

- IN VERMONT, 51.0% OF ADULTS WITH MILD MENTAL ILLNESS; 44.3% OF ADULTS WITH MODERATE MENTAL ILLNESS; AND 25.6% OF ADULTS WITH SERIOUS MENTAL ILLNESS IN THE PAST YEAR DID NOT RECEIVE MENTAL HEALTH TREATMENT.

WHEN PATIENTS COME TO COPLEY'S EMERGENCY DEPARTMENT (ED), 85% ARE SCREENED FOR SUICIDALITY USING THE COLUMBIA SUICIDE SEVERITY RATING SCALE. (NOT ALL ER PATIENTS REQUIRE THIS KIND OF SCREENING). PATIENTS ARE ALSO ASKED ABOUT THEIR HOUSING SITUATION WHEN THEY VISIT THE ED (E.G. DO THEY LIVE WITH OTHERS? DO THEY LIVE ALONE?). THEY ARE NOT SCREENED FOR HOUSING OR FOOD INSECURITY UNLESS THEY ARE REFERRED TO THE COMMUNITY REFERRAL SPECIALIST FOR AN IDENTIFIED NEED. THE SPECIALIST THEN SCREENS

Part V Facility Information (continued)

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

THEM FOR THOSE SOCIAL DETERMINANTS.

WHEN MENTAL HEALTH ISSUES PRESENT, PATIENTS ARE REFERRED TO THE MOBILE CRISIS TEAM AND/OR TO OUTPATIENT MENTAL HEALTH SERVICES. COPLEY HAS ENGAGED A FULL TIME DAY EMERGENCY ROOM CARE COORDINATOR/SOCIAL WORKER WHO IS EMBEDDED INTO THE ED AND WHO SERVES AS A LIAISON WITH OUR COMMUNITY PARTNERS. APPROXIMATELY 100 REFERRALS TO VARIOUS CARE PROVIDERS ARE MADE EACH MONTH. COPLEY HOSPITAL DOES NOT YET HAVE, BUT WOULD BENEFIT FROM ENGAGING, AN EVENING ED CARE COORDINATOR, AS A NUMBER OF WORKING INDIVIDUALS/ FAMILIES COME TO THE ED IN THE EVENING.

WORTH NOTING: DURING THE COVID PANDEMIC, COPLEY HAS NOT SEEN AS MANY MENTAL HEALTH PATIENTS AS IT DOES IN A TYPICAL YEAR. WHILE THE TRENDS (PRIOR TO COVID) INDICATED A RISE IN SUICIDE AND MENTAL HEALTH OCCURRENCES IN THE WINTER MONTHS, COPLEY CURRENTLY CONTINUES TO SEE MORE PATIENTS WITH THESE SYMPTOMS IN THE SUMMER MONTHS.

PATIENTS WHO DO PRESENT AT OUR ED AND UNDERGO SCREENING ARE OFTEN REFERRED TO A COMMUNITY REFERRAL SPECIALIST WHO CONNECTS THEM TO OTHER INDIVIDUALS AND SERVICES THAT CAN HELP THEM ADDRESS THE ISSUES WITH WHICH THEY ARE STRUGGLING. IN MANY CASES, THESE PATIENTS ARE UNAWARE OF THE SERVICES THAT ARE AVAILABLE TO THEM. DESPITE THE COVID-19 PANDEMIC, A TOTAL OF 1,222 REFERRALS WERE MADE TO THE COMMUNITY REFERRAL SPECIALIST BETWEEN MAY OF 2019 AND MAY OF 2020 AND ACCORDING TO THE COMMUNITY REFERRAL SPECIALIST, 1,369 REFERRALS WERE MADE BETWEEN MAY 1, 2020 - APRIL 30, 2021. THE REASONS FOR THE REFERRAL INCLUDED CONNECTING PATIENTS TO A PRIMARY CARE PRACTITIONER, FINDING A MENTAL HEALTH COUNSELOR, FINDING A DENTIST, HOUSING INSECURITY, LACK OF TRANSPORTATION, FOOD INSECURITY, DOMESTIC VIOLENCE, CHILD ENDANGERMENT, AND OTHER SUPPORT SERVICES.

HEALTHCARE NEEDS # 2 AND 4: OBESITY / POOR EATING HABITS

OBESITY AND POOR EATING HABITS TOOK THE NUMBER TWO AND FOUR SPOTS IN OUR 2021 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY, INDICATING A FAIRLY HIGH LEVEL OF CONCERN AMONG PEOPLE IN OUR SERVICE AREA ABOUT THE GROWING PROBLEM OF POOR NUTRITION AND FOOD INSECURITY.

ACCORDING TO AMERICA'S HEALTH RANKINGS (2020), 26.6% OF VERMONTERS ARE CLINICALLY DEFINED AS "OBESE." ACCORDING TO THE NATIONAL CENTERS FOR DISEASE CONTROL AND PREVENTION:

- 55% OF VERMONT ADULTS ARE OVERWEIGHT OR OBESE.
- 26% OF VERMONT HIGH-SCHOOL STUDENTS ARE OVERWEIGHT OR AT RISK OF BECOMING OVERWEIGHT.
- 30% OF LOW-INCOME CHILDREN BETWEEN 2 AND 5 YEARS OF AGE IN VERMONT ARE

Part V Facility Information (continued)

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

OVERWEIGHT OR AT RISK OF BECOMING OVERWEIGHT.

IN VERMONT, 14% OF YOUTH BETWEEN THE AGES 10 TO 17 HAVE OBESITY, GIVING VERMONT A RANKING OF 28 AMONG THE 50 STATES AND D.C.; AND THE HIGHEST RANKING (1) AMONG THE SIX NEW ENGLAND STATES. (SOURCE: ROBERT WOOD JOHNSON FOUNDATION, 2020)

OBESITY INCREASES THE RISK OF MANY SERIOUS DISEASES AND HEALTH CONDITIONS SUCH AS HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, TYPE 2 DIABETES, CORONARY ARTERY DISEASE, STROKE, GALLBLADDER DISEASE, AND SOME CANCERS.

FOOD INSECURITY:

FOOD INSECURITY IS NOT ONLY A LEADING CAUSE OF OBESITY AND POOR NUTRITION, BUT ALSO DENTAL ISSUES. GOOD FOOD IS EXPENSIVE. INEXPENSIVE FOOD IS GENERALLY HIGH SODIUM AND FAT. THERE ARE SEVERAL PROGRAMS SUCH AS SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) THAT ENCOURAGE THE PURCHASE AND CONSUMPTION OF HEALTHY FOODS, AND MOST SNAP BENEFITS ARE NOW ACCEPTED AT LOCAL FARMERS' MARKETS. THROUGH REFERRALS TO THE RECOVERY CENTER AND THE COMMUNITY REFERRAL SPECIALIST, COPLEY PUTS PATIENTS IN TOUCH WITH THESE PROGRAMS.

COPLEY ALSO PARTICIPATED IN VT EVERYONE EATS! VT EVERYONE EATS! (VEE) PROVIDES NUTRITIOUS MEALS TO VERMONTERS IN NEED OF FOOD ASSISTANCE, AS WELL AS A STABILIZING SOURCE OF INCOME FOR VERMONT RESTAURANTS, FARMERS, AND FOOD PRODUCERS. FUNDED BY THE VERMONT LEGISLATURE TO ADDRESS COVID IMPACTS, VEE IS ADMINISTERED BY SOUTHEASTERN VERMONT COMMUNITY ACTION, SEVCA. FINALLY, THE VT FOODBANK'S VEGGIE VAN GO PROGRAM MAKES DELIVERIES OF FRESH FOOD AND PRODUCE TO SCHOOLS AND HOSPITALS ACROSS VERMONT. COPLEY IS CURRENTLY EXPLORING A COLLABORATION WITH THIS PROGRAM.

HEALTHCARE NEED #3: SUBSTANCE ABUSE

SUBSTANCE ABUSE WAS IDENTIFIED AS OUR COMMUNITY'S THIRD MOST CHALLENGING HEALTH CONCERN IN 2021, MOVING UP A NOTCH FROM NUMBER FOUR IN 2018. ACCORDING TO MOST EXPERTS, IT IS A PROBLEM THAT CONTINUES TO IMPACT COMMUNITIES ACROSS THE UNITED STATES.

SUBSTANCE ABUSE IS DEFINED AS "A MALADAPTIVE PATTERN OF SUBSTANCE USE LEADING TO CLINICALLY SIGNIFICANT IMPAIRMENT OR DISTRESS, AS MANIFESTED BY ONE (OR MORE) OF THE FOLLOWING, OCCURRING WITHIN A 12-MONTH PERIOD".

- RECURRENT SUBSTANCE USE RESULTING IN A FAILURE TO FULFILL MAJOR ROLE OBLIGATIONS AT WORK, SCHOOL, OR HOME (E.G., REPEATED ABSENCES OR POOR WORK PERFORMANCE RELATED TO SUBSTANCE USE; SUBSTANCE-RELATED ABSENCES, SUSPENSIONS, OR EXPULSIONS FROM SCHOOL; NEGLECT OF CHILDREN OR HOUSEHOLD).

Part V Facility Information (continued)

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

- RECURRENT SUBSTANCE USE IN SITUATIONS IN WHICH IT IS PHYSICALLY HAZARDOUS (E.G., DRIVING AN AUTOMOBILE OR OPERATING MACHINERY WHEN IMPAIRED BY SUBSTANCE ABUSE).
- RECURRENT SUBSTANCE-RELATED LEGAL PROBLEMS (E.G., ARRESTS FOR SUBSTANCE-RELATED DISORDERLY CONDUCT).
- CONTINUED SUBSTANCE USE DESPITE HAVING PERSISTENT OR RECURRENT SOCIAL OR INTERPERSONAL PROBLEMS CAUSED OR EXACERBATED BY THE EFFECTS OF THE SUBSTANCE (E.G., ARGUMENTS WITH SPOUSE ABOUT CONSEQUENCES OF INTOXICATION, PHYSICAL FIGHTS).
- DRUG OVERDOSE DEATHS INVOLVING OPIOIDS TOTALED 127 IN 2018 (A RATE OF 22.8 PER 100,000 STANDARD POPULATION) AND HAVE REMAINED STEADY SINCE 2016.
- DEATHS INVOLVING SYNTHETIC OPIOIDS OTHER THAN METHADONE (MAINLY FENTANYL AND FENTANYL ANALOGS) HAVE TRENDED UP FROM 33 (A RATE OF 5.6) IN 2015 TO 106 (A RATE OF 19.3) IN 2018.
- HEROIN-INVOLVED DEATHS ARE ALSO RISING WITH 68 DEATHS (A RATE OF 12.5) IN 2018.
- PRESCRIPTION OPIOIDS HAVE REMAINED STEADY WITH 27 DEATHS (A RATE OF 4.4) IN 2018.

AS WELL, ACCORDING TO THE VERMONT DEPARTMENT OF HEALTH:

- MARIJUANA USE AMONG YOUTH AND ADULTS IS INCREASING.
- VAPING USE AMONG HIGH SCHOOL STUDENTS INCREASED EIGHT-FOLD BETWEEN 2017 AND 2019.
- AMONG HIGH SCHOOL STUDENTS, PEER AND PERCEIVED PARENTAL DISAPPROVAL OF MARIJUANA USE HAVE DECREASED OVER THE PAST DECADE.
- OVER THE PAST FIVE YEARS, TWO-THIRDS OF OPERATORS INVOLVED IN FATAL CRASHES SUSPECTED OF DRIVING UNDER THE INFLUENCE OF DRUGS HAD THC IN THEIR SYSTEMS.

RECOVERY SERVICES:

TO ADDRESS THIS GROWING PROBLEM, PATIENTS WHO PRESENT AT OUR ED HAVE A NUMBER OF SERVICES AND PROGRAMS AVAILABLE TO THEM, INCLUDING REFERRALS TO A RECOVERY COACH THROUGH THE NORTH CENTRAL VERMONT RECOVERY CENTER (NCVRC). A RECOVERY COACH HELPS PATIENTS CREATE A PERSONAL PLAN FOR RECOVERY BY SETTING REALISTIC GOALS (OFTEN WITH THE ASSISTANCE OF A

Part V Facility Information (continued)

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

"PEER" WHO HAS BEEN THROUGH THE PROCESS); AND BY EXPLORING STEPS AND SERVICES THAT ARE AVAILABLE TO THEM TO AID IN RECOVERY FROM VARIOUS FORMS OF ADDICTION AND SUBSTANCE MISUSE. ACCORDING TO THE NCVRC, THE COPLEY'S ED CALLED ON THEM 146 TIMES FOR 86 UNIQUE PATIENTS (2020); AND 78 TIMES FOR 63 UNIQUE PATIENTS (JAN - JULY 2021).

COPLEY MAKES HARM REDUCTION KITS (HRKS) CONTAINING NARCAN (AND ASSOCIATED LITERATURE) AVAILABLE AS WELL AS REFERRALS TO ORGANIZATIONS THAT CAN HELP, SUCH AS THE HOWARD CENTER, WHICH PROVIDES A CLEAN NEEDLE EXCHANGE BUS. COPLEY HAS PARTNERED WITH THE RECOVERY CENTER TO CREATE THESE HRKS AND TO DISTRIBUTE THEM TO ALL EMS AND FIRST RESPONDERS IN THE AREA. COPLEY ALSO HAS A DROP BOX WHERE UNUSED AND/OR UNWANTED PRESCRIPTION MEDS AND OPIOIDS CAN BE DROPPED OFF.

ACCESS TO PREVENTATIVE CARE:

WHILE ACCESS TO PREVENTATIVE CARE FELL TO THE NUMBER FIVE SPOT IN OUR COMMUNITIES' LIST OF PRIMARY CONCERNS, IT REMAINS AN IMPORTANT COMPONENT OF COPLEY'S COMMITMENT TO PROVIDING HEALTHCARE TO THE PEOPLE WITHIN OUR SERVICE AREA. OUR GOAL FOR THE PAST FEW YEARS HAS BEEN - AND REMAINS - TO INCREASE THE USE OF PRIMARY CARE TO IMPROVE THE HEALTH AND HEALTH-RELATED HABITS OF BOTH PATIENTS AND NON-PATIENTS; AND TO DECREASE AVOIDABLE (AND EXPENSIVE) VISITS TO THE EMERGENCY DEPARTMENT. TO ACCOMPLISH THIS GOAL, WE CONTINUE TO WORK WITH OTHER AREA MEDICAL SERVICE PROVIDERS TO EXAMINE AVAILABLE DATA (E.G. TRANSPORTATION AVAILABILITY, CARE COORDINATION BETWEEN AGENCIES, ETC.) IN ORDER TO BETTER UNDERSTAND THE NEEDS OF OUR SERVICE AREA; WE CONTINUE TO SCREEN PATIENTS WHO PRESENT AT THE ED TO DETERMINE IF THEY HAVE A PERSONAL CARE PRACTITIONER; AND WE CONTINUE TO UTILIZE THE SERVICES OF AN IMBEDDED SOCIAL WORKER TO CONNECT ED PATIENTS TO PROVIDERS AND PROGRAMS THAT COULD BE OF HELP TO THEM.

BY IDENTIFYING AND REMOVING THE BARRIERS THAT PREVENT PATIENTS FROM GETTING THE CARE THEY NEED AND IDENTIFYING (AND PARTNERING WITH) COMMUNITY AGENCIES THAT PROVIDE CARE THAT IS NOT WITHIN COPLEY'S PURVIEW, WE HAVE BEEN ABLE TO CONNECT PATIENTS TO THE KINDS OF PREVENTATIVE CARE THEY NEED.

ACCESS TO PREVENTATIVE CARE DURING COVID-19:

ACCESS TO PREVENTATIVE CARE DURING THE COVID-19 PANDEMIC WAS (AND REMAINS) OF GREAT CONCERN TO THE COMMUNITIES WITHIN OUR SERVICE AREA, AND COPLEY HAS REMAINED ON THE FRONT LINES OF PROVIDING CARE TO THE COMMUNITIES WE SERVE. THROUGH PARTNERSHIPS AND COLLABORATION WITH LOCAL ORGANIZATIONS AND OTHER CARE PROVIDERS, OVER 14,000 VACCINE DOSES WERE GIVEN TO COMMUNITY MEMBERS (AS OF AUGUST, 2021) WITH NUMEROUS AREA VOLUNTEERS AND ORGANIZATIONS PARTICIPATING.

Part V Facility Information (continued)

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

COPLEY ALSO WORKED CLOSELY WITH OVER FORTY AREA ORGANIZATIONS AS PART OF A COVID RESPONSE TEAM THAT MET REGULARLY TO ASSESS THE NEEDS OF OUR SERVICE AREA, SHARE UPDATES, PROCURE PERSONAL PROTECTIVE EQUIPMENT, AND OVERCOME BARRIERS AND OBSTACLES IN ORDER TO COORDINATE AND PROVIDE CARE TO THOSE WHO NEEDED IT. AS THE PANDEMIC HAS STRETCHED INTO THE FALL OF 2021, THOSE EFFORTS ARE CONTINUING. WHICH IN TURN HAS REDUCED THE NUMBERS OF PATIENTS PRESENTING AT THE ED.

SCHEDULE H, PART V, SECTION B, LINES 16A-C

FAP, APPLICATION, AND PLS URL:

WWW.COPLEYVT.ORG/FOR-PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 MANSFIELD ORTHOPAEDICS 555 WASHINGTON HIGHWAY MORRISVILLE VT 05661	OUTPATIENT ORTHOPAEDIC, REHAB AND RADIOLOGY SERVICES
2 MANSFIELD ORTHOPAEDICS 6 NORTH MAIN STREET WATERBURY VT 05676	OUTPATIENT ORTHOPAEDIC, RADIOLOGY SERVICES
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 3C

ELIGIBILITY FOR FREE CARE:

IN ADDITION TO INCOME, COPLEY USES OTHER FACTORS IN DETERMINING
ELIGIBILITY FOR FINANCIAL ASSISTANCE, INCLUDING RESIDENCY STATUS FOR
NON-EMERGENT SERVICES AND AN ASSET THRESHOLD.

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY:

THE COST TO CHARGE RATIO COMPUTED ON IRS WORKSHEET 2 WAS USED IN THE
CALCULATION ON IRS WORKSHEETS 1 AND 3.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 7, COLUMN F

PERCENT OF TOTAL EXPENSE:

TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR EQUALS
TOTAL OPERATING EXPENSES PER PART IX, LINE 25, OF THE FORM 990.

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE:

THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU
2014-09. UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR
WHICH THE HOSPITAL DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE
PATIENTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE
HOSPITAL'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED. BAD
DEBT EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR
THE YEAR ENDED SEPTEMBER 30, 2022. HOWEVER, THE HOSPITAL INTERNALLY
TRACKS BAD DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT
AMOUNT HAS BEEN REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION A, LINE 3

BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE:

COPLEY HOSPITAL, INC ESTIMATES THAT APPROXIMATELY 9.1% OF THE PATIENT ACCOUNTS WRITTEN OFF TO BAD DEBTS MAY QUALIFY FOR CHARITY CARE OR OTHER ASSISTANCE BUT CHOSE NOT TO APPLY. THEREFORE, THE BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED USING 9.1% OF THE AMOUNT REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2. SECTION A, LINE 2.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT EXPENSE FOOTNOTE:

THE AUDIT FOOTNOTE ADDRESSING BAD DEBT EXPENSE AND PATIENT ACCOUNTS RECEIVABLE IS FOUND ON PAGE 8 OF THE AUDITED FINANCIAL STATEMENTS UNDER NOTE 1, SUBTITLED "PATIENT ACCOUNTS RECEIVABLE."

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION B, LINE 8

COMMUNITY BENEFIT:

SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE HELD TO. THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY.

SCHEDULE H, PART III, SECTION C, LINE 9B

COLLECTION POLICY:

FINANCIAL ASSISTANCE IS AVAILABLE TO GUARANTORS WHO MEET THE ELIGIBILITY REQUIREMENTS. INCOME LEVEL, HOUSEHOLD SIZE, RESIDENCY STATUS, ETC, DETERMINE ELIGIBILITY. FEDERAL POVERTY LEVEL GUIDELINES ARE UTILIZED TO DETERMINE THE AMOUNT OF ASSISTANCE A HOUSEHOLD MAY BE ELIGIBLE FOR. FOR THE PATIENT'S CONVENIENCE, ALL STATEMENTS HAVE AN ABBREVIATED VERSION OF THE FINANCIAL ASSISTANCE APPLICATION ON THE BACK.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

COPLEY GATHERS AND ANALYZES INFORMATION ABOUT THE GREATER LAMOILLE VALLEY COMMUNITY AND ITS HEALTHCARE NEEDS THROUGH VARIOUS MEANS, INCLUDING: ANALYZING AND RESPONDING TO HEALTH TRENDS IN OUR PATIENTS; THROUGH AGGREGATE DATA FROM OUR QUALITY AND WELLNESS INITIATIVES, THE ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION, THE VERMONT STATE BLUEPRINT FOR HEALTH AND FROM THE UNIFIED COMMUNITY COLLABORATIVE (UCC) WHICH INCLUDES REPRESENTATIVES FROM COMMUNITY, REGIONAL AND STATE ORGANIZATIONS AND AGENCIES INVOLVED IN THE SOCIAL DETERMINANTS OF HEALTH. WE ALSO REVIEW RELEVANT DATA FROM THE VERMONT DEPARTMENT OF HEALTH, CENTERS FOR MEDICARE AND MEDICAID SERVICES, AND THE FEDERAL CENTERS FOR DISEASE CONTROL.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

INFORMATION ABOUT COPLEY'S CHARITABLE CARE POLICY, WHICH INCLUDES HELPING PATIENTS APPLY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS, IS POSTED BY EACH REGISTRATION DESK (MAIN LOBBY AND EMERGENCY DEPARTMENT). IT IS ALSO AVAILABLE, ALONG WITH THE APPLICATION FORM, ONLINE ON THE HOSPITAL'S WEBSITE IN ADDITION TO THE "HOSPITAL REPORT CARD" WEBSITE OF THE GREEN MOUNTAIN CARE BOARD. DETAILS ARE ALSO INCLUDED IN THE PATIENT GUIDE FOR INPATIENTS, FAMILIES AND VISITORS.

COPLEY'S CHARITABLE CARE PROGRAM IS ALSO PROMOTED IN OUR PHILANTHROPY EFFORTS AS MANY DONORS GIVE TO THE PROGRAM. ALL CARE PROVIDERS MAY REFER PATIENTS TO THE HOSPITAL'S PATIENT FINANCIAL SERVICES COUNSELORS OR TO PATIENT AND FAMILY SERVICES TO CONNECT THEM TO ASSISTANCE.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

COPLEY HOSPITAL, DEFINES ITS SERVICE AREA AS LAMOILLE, AND PARTS OF ORLEANS AND CALEDONIA COUNTIES IN VERMONT, WHICH INCLUDES THE TOWNS OF BELVEDIRE, CAMBRIDGE, JEFFERSONVILLE, WATERVILLE, EDEN, EDEN MILLS, HYDE PARK, JOHNSON, ELMORE, MORRISTOWN, MOSCOW, NORTH HYDE PARK, STOWE, WOLCOTT, CRAFTSBURY, GREENSBORO, HARDWICK AND STANNARD. COPLEY SERVES A POPULATION OF 30,387 PEOPLE. LAMOILLE COUNTY IS ONE OF THE FEW COUNTIES SEEING POPULATION GROWN IN VERMONT, WITH AN ESTIMATED POPULATION OF 30,849 BY 2022. THE COMMUNITY IS PREDOMINANTLY WHITE, NON-HISPANIC, WITH A MEDIAN AGE OF 40.9 AND A MEDIAN HOUSEHOLD INCOME OF \$64,003. THE AREA HAS POCKETS OF GREAT WEALTH AND GREAT POVERTY. THE TOP THREE PRIORITY POPULATIONS ARE RESIDENTS OF RURAL AREAS, LOW-INCOME GROUPS, AND CHILDREN.

NEARLY 15.53% OF THE HOSPITAL'S SERVICE AREA IS GREATER THAN 65 YEARS OF AGE. NEARLY 93% OF ADULTS 25 YEARS OF AGE OR OLDER IN THE AREA HOLD A

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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HIGH SCHOOL DEGREE, 38% HOLDING A BACHELOR'S DEGREE OR HIGHER. THE MAJOR INDUSTRY IS ACCOMMODATIONS AND FOOD SERVICE, FOLLOWED BY HEALTH AND SOCIAL ASSISTANCE.

THE LEADING CAUSES OF DEATH ARE FROM CANCER, HEART DISEASE, AND LUNG DISEASE. ADVERSE METRICS IMPACTING MORE THAN 30% OF THE POPULATION AND STATISTICALLY SIGNIFICANTLY DIFFERENT FROM THE NATIONAL AVERAGE INCLUDE:

- BMI IN MORBID/OBESE RANGE AT 10% ABOVE AVERAGE, IMPACTING 33.7%
- ROUTINE CHOLESTEROL SCREENING = 9.8% BELOW AVERAGE, IMPACTING 40.0%
- CANCER SCREEN: PAP/CERV TEST 2 YR = 9.1% BELOW AVERAGE, IMPACTING 43.8%
- OB/GYN 1+ VISIT = 11.5% BELOW AVERAGE, IMPACTING 34.0%

BENEFICIAL METRICS IMPACTING MORE THAN 30% OF THE POPULATION AND STATISTICALLY SIGNIFICANTLY DIFFERENT FROM THE NATIONAL AVERAGE INCLUDE:

- CONSUMED ALCOHOL IN THE PAST 30 DAYS = 18.3% BELOW AVERAGE, IMPACTING 43.9%
- NP/PA VISIT IN THE LAST 6 MONTHS = 10.7% ABOVE AVERAGE, IMPACTING 45.9%

Part VI Supplemental Information

Provide the following information.

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RECENT STUDIES INDICATE LAMOILLE COUNTY HAS THE HIGHEST RATE OF SUICIDE
IN THE STATE.

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

THE HOSPITAL IS GOVERNED BY A VOLUNTEER BOARD OF TRUSTEES MADE UP OF
LOCAL CITIZENS REPRESENTING A CROSS SECTION OF THE COMMUNITY SERVED. THE
BOARD HOLDS A PUBLIC ANNUAL MEETING IN JANUARY AND ITS ETHICS COMMITTEE
HOSTS AN ANNUAL PUBLIC FORUM ON A TOPIC PERTINENT TO POPULATION HEALTH.

COPLEY CONTINUES TO WORK COLLABORATIVELY WITH OTHER ORGANIZATIONS TO
IDENTIFY AND ADDRESS COMMUNITY HEALTH NEEDS. OUR COLLABORATIONS INCLUDE
BUT ARE NOT LIMITED TO THE UNIFIED COMMUNITY COLLABORATIVE (UCC) WHICH
INCLUDES REPRESENTATIVES FROM COMMUNITY, REGIONAL AND STATE ORGANIZATIONS
AND AGENCIES INVOLVED IN THE SOCIAL DETERMINANTS OF HEALTH; PRIMARY CARE
PRACTICES; LAMOILLE HORNE HEALTH AND HOSPICE; LONG-TERM RESIDENTIAL CARE
FACILITIES THE MANOR AND THE GREENSBORO NURSING HORNE; LAMOILLE COUNTY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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MENTAL HEALTH; COMMUNITY HEALTH SERVICES OF LAMOILLE VALLEY BEHAVIORAL HEALTH & WELLNESS; HEALTHY LAMOILLE VALLEY; PEOPLE IN PARTNERSHIP; THE MORRISVILLE DISTRICT OFFICE OF THE VERMONT DEPARTMENT OF HEALTH; THE LAMOILLE COMMUNITY HOUSE (WARMING SHELTER); UNITED WAY; CLARINA HOWARD NICHOLS CENTER; THE NORTH CENTRAL VERMONT RECOVERY CENTER; AND OTHERS.

COPLEY HOSPITAL PROVIDES NEEDED MEDICAL SERVICES, REGARDLESS OF ABILITY TO PAY. SERVICES INCLUDES 24 HOURS/7 DAYS A WEEK EMERGENCY SERVICES, WOMEN'S AND CHILDREN'S SERVICES, GENERAL SURGERY, LABORATORY SERVICES, DIAGNOSTIC IMAGING, ORTHOPAEDICS, AND REHABILITATION. COPLEY CONTINUES ITS PARTNERSHIP WITH DARTMOUTH HITCHCOCK CONNECTED CARE TO DELIVER NEEDED SERVICES IN THE AREA WITH TELEMEDICINE; INCLUDING RHEUMATOLOGY, NEPHROLOGY AND PULMONOLOGY.

IN CONJUNCTION WITH COMMUNITY HEALTH SERVICES OF LAMOILLE VALLEY, COPLEY HAS PLACED A RESOURCE REFERRAL SPECIALIST IN THE ER. THIS SPECIALIST WORKS CLOSELY WITH OUR SOCIAL WORKER AND OUR UTILIZATION REVIEW NURSE TO SCREEN AND CONNECT PATIENTS TO NEEDED SERVICES AND COMMUNITY RESOURCES TO

Part VI Supplemental Information

Provide the following information.

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

ADDRESS A VARIETY OF ISSUES INCLUDING QUIT SMOKING, FUEL INSECURITY, FOOD INSECURITY, HOMELESSNESS OR INADEQUATE HOUSING, SUBSTANCE ABUSE, MENTAL HEALTH AND/OR LONG TERM MANAGEMENT OF COMPLEX CONDITIONS.

AN ONGOING INITIATIVE FOCUSES ON IDENTIFYING PATIENTS WITH COMPLEX HEALTH ISSUES THAT ARE HIGH UTILIZERS OF EMERGENCY SERVICES AND CONNECTING THEM WITH A DEDICATED CASE WORKER TO DEVELOP A COORDINATED CARE PLAN. THIS EFFORT HAS RESULTED IN A SIGNIFICANT REDUCTION IN AVOIDABLE USE OF THE EMERGENCY ROOM, CREATING A POTENTIAL - SAVINGS FOR THE AREA'S HEALTHCARE SYSTEM.

TO HELP ADDRESS HOMELESSNESS IN THE AREA, COPLEY PROVIDES LAUNDRY SERVICES TO A GRASSROOTS WARMING SHELTER THAT OPENED IN THE AREA. ALL OF THESE EFFORTS IMPROVE TRANSITIONS IN CARE AND OUTCOMES, WITH THE GOAL BEING THE IMPROVEMENT OF THE HEALTH OF OUR COMMUNITY.

AS ONE OF THE LARGEST EMPLOYERS IN THE AREA, THE HOSPITAL IS INVESTING IN EDUCATION AND TRAINING IN SUPPORT OF RECRUITMENT AND RETENTION. COPLEY

Part VI Supplemental Information

Provide the following information.

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PARTNERS WITH VERMONT TECHNICAL COLLEGE, NORTHERN VERMONT UNIVERSITY & LAMOILLE'S WORKFORCE DEVELOPMENT GROUP TO OFFER AN ASSOCIATE DEGREE IN NURSING PROGRAM HERE IN LAMOILLE COUNTY. THE HOSPITAL WORKS WITH MANY EDUCATIONAL INSTITUTIONS, OFFERING ONSITE CLINICAL ROTATIONS ALONG WITH 8 GRADUATE PROGRAMS IN NURSING, MEDICINE AND HEALTHCARE ADMINISTRATION. THE HOSPITAL CONTINUES TO BE A KEY PARTNER IN THE LAMOILLE COUNTY CHAPTER OF RISE VERMONT, A STATE-WIDE INITIATIVE WITH THE STATE'S ACCOUNTABLE CARE ORGANIZATION. RISEVT SUPPORTS AND INSPIRES RESIDENTS TO HAVE FUN, PLAY MORE, EAT WELL AND FEEL GOOD BY AMPLIFYING AND SUPPORTING EFFORTS UNDERWAY IN THE COMMUNITY. THE RISEVT PROGRAM MANAGER IS EMPLOYED BY THE HOSPITAL. RISEVT OPERATED WELLNESS PROGRAMMING IN THE TOWNS OF MORRISVILLE AND JOHNSON, AND ATTENDS MULTIPLE HEALTH AND WELLNESS EVENTS ACROSS OUR SERVICE AREA THROUGHOUT THE YEAR.

THE HOSPITAL REGULARLY PROMOTES HEALTHY LIFESTYLE CHOICES AND PREVENTATIVE INFORMATION VIA SOCIAL MEDIA OUTLETS, INCLUDING AN AWARD-WINNING COLLABORATIVE COMMUNITY BLOG (LIVEWELLLAMOILLE.COM), COMMUNITY NEWSLETTERS, INFORMATION DISTRIBUTED ON THE HOSPITAL CAMPUS,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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AND A YEAR-LONG SERIES OF INFORMATIONAL SEMINARS THAT COVER A RANGE OF
TIMELY HEALTH AND WELLNESS TOPICS. WE PROMOTE AND SUPPORT HEALTHY,
FAMILY-FRIENDLY ACTIVITIES AND EVENTS TO ENCOURAGE HEALTHY LIFESTYLE
CHOICES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COPLEY HOSPITAL, INC.

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

03-0179423

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH WOODIN CEO	(i)	389,381.	NONE	28,120.	1,282.	27,273.	446,056.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 JEFFREY HEBERT CFO	(i)	202,243.	NONE	34,226.	1,261.	1,302.	239,032.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 LORI PROFOTA CNO	(i)	183,103.	NONE	18,337.	7,211.	25,261.	233,912.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 J MARTIN LINSEISEN, MD TRUSTEE BEG 02/22	(i)	356,751.	NONE	1,068.	11,600.	32,240.	401,659.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 WAYNE STOCKBRIDGE CHIEF ADM&HR BEG 11/21	(i)	152,777.	NONE	76,947.	368.	34,340.	264,432.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 BRIAN AROS ORTHOPEDIC SURGEON	(i)	645,361.	251,865.	100,365.	11,600.	38,857.	1,048,048.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 JOHN MACY ORTHOPEDIC SURGEON	(i)	634,294.	50,000.	100,268.	11,600.	30,092.	826,254.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 NICHOLAS ANTELL ORTHOPEDIC SURGEON	(i)	530,983.	50,000.	31,386.	11,600.	41,120.	665,089.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 BRYAN MONIER ORTHOPEDIC SURGEON	(i)	531,018.	NONE	25,667.	11,600.	41,320.	609,605.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 DONALD DUPUIS GENERAL SURGEON	(i)	418,504.	NONE	99,862.	11,600.	26,411.	556,377.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 JOSEPH MCLAUGHLIN, MD TRUSTEE END 01/22	(i)	598,632.	51,000.	81,828.	11,600.	34,735.	777,795.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 5A

COMPENSATION CONTINGENT ON REVENUES:

INCENTIVE BONUSES ARE PAID TO OUR ORTHOPEDIC SURGEONS BASED UPON GROSS REVENUE PRODUCED INDIVIDUALLY FOR THE HOSPITAL. THE BONUS IS 20% OF THE EXCESS REVENUE PRODUCED OVER THAT LEVEL.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization

COPLEY HOSPITAL, INC.

Employer identification number

03-0179423

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID VINICK	SEE PART V	120,695.	EMPLOYMENT		X
(2) DIANE SZLACHETKA	SEE PART V	17,988.	INDEPENDENT CONTRACTOR		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV, COLUMN (B)

RELATIONSHIP BETWEEN INTERESTED PERSON:

- 1) DAVID VINICK IS A FAMILY MEMBER OF SHARON GREENE, BOARD SECRETARY
- 2) DIANE SZLACHETKA IS A FAMILY MEMBER OF CARL SZLACHETKA, BOARD TREASURER

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COPLEY HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

03-0179423

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS:

COPLEY HOSPITAL SERVES AS A VITAL RESOURCE FOR RURAL NORTH CENTRAL VERMONT. A CRITICAL ACCESS HOSPITAL, COPLEY PROVIDES A 25-BED ACUTE CARE INPATIENT UNIT INCLUDING A BIRTHING CENTER, A WIDE-RANGE OF OUTPATIENT SERVICES AND 24/7 EMERGENCY SERVICES IN ADDITION TO LABORATORY SERVICES, DIAGNOSTIC IMAGING AND REHABILITATION SERVICES. SERVICES INCLUDE CARDIOLOGY, GENERAL SURGERY, OBSTETRICS/GYNECOLOGY, ONCOLOGY, ORTHOPEDICS, AND NEUROLOGY. OUR REHABILITATION SERVICES INCLUDE PHYSICAL, OCCUPATIONAL, SPEECH & LANGUAGE, CARDIAC, PULMONARY, AND WORK CONDITIONING.

OUR HOSPITAL SERVICE AREA HAS A POPULATION OF JUST OVER 30,000 PEOPLE, ACROSS MORE THAN 459 SQUARE MILES. COPLEY COLLABORATES WITH OTHER HEALTHCARE PROVIDERS, SOCIAL SERVICE AGENCIES, NOT-FOR-PROFIT ORGANIZATIONS AND BUSINESSES TO FULFILL OUR MISSION OF HELPING PEOPLE LIVE HEALTHIER LIVES. THE CLOSEST HOSPITAL IS 45 MINUTES TO ONE HOUR AWAY.

IN FISCAL YEAR 2022, COPLEY HAD NEARLY 118,500 OUTPATIENT VISITS AND MORE THAN 1,850 INPATIENT ADMISSIONS TOTALING 5,948 PATIENT DAYS. WE PERFORMED 3,706 SURGERIES AND 2,280 PROCEDURES AND HAD 13,111 EMERGENCY ROOM VISITS.

OUR CHARITABLE CARE PROGRAM IS AVAILABLE TO PATIENTS WHO ARE UNINSURED,

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COPLEY HOSPITAL, INC.

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.

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2021

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UNDERINSURED, OR HAVE OTHERWISE DEMONSTRATED THEY DO NOT HAVE FINANCIAL
RESOURCES TO FULLY PAY FOR THEIR HOSPITAL CARE.

FORM 990, PART V, LINE 2A

W-2'S FILED:

COPLEY HOSPITAL, INC ALSO FILES W-2'S FOR ITS RELATED
ORGANIZATIONS. THE TOTAL NUMBER OF W-2'S FILED ON THE W-3 INCLUDES THESE
W-2'S. THE COMPENSATION, EMPLOYEE BENEFITS AND PAYROLL TAXES AMOUNTS ARE
THEN ALLOCATED TO THE ORGANIZATION FOR THE AMOUNT THAT REPRESENTS WORK
PERFORMED FOR THE ORGANIZATION. THE AMOUNT INCLUDED ON LINE 2A INCLUDES
ONLY EMPLOYEES ALLOCATED TO COPLEY HOSPITAL. THE AMOUNT REPORTED ON PART
IX INCLUDES ONLY THOSE AMOUNTS ALLOCATED TO WORK PERFORMED DIRECTLY FOR
COPLEY HOSPITAL, INC. THE HIGHEST PAID EMPLOYEES ARE DETERMINED BY THE
WORK PERFORMED FOR EACH ORGANIZATION. THEREFORE, THE FIVE HIGHEST PAID
EMPLOYEES LISTED ON PART VII AND SCHEDULE J ARE THOSE EMPLOYEES WHO WORK
DIRECTLY FOR COPLEY HOSPITAL, INC.

FORM 990, PART VI, SECTION A, LINES 6, 7A & 7B

MEMBERS/STOCKHOLDERS:

COPLEY HOSPITAL, INC. IS A MEMBER ORGANIZATION WHOSE SOLE CORPORATE
MEMBER IS COPLEY HEALTH SYSTEMS, INC. COPLEY HEALTH SYSTEMS, INC. AND THE
HOSPITAL SHARE THE SAME BOARD OF TRUSTEES.

EACH YEAR, THE MEMBERS OF COPLEY HEALTH SYSTEMS, INC. WILL HOLD AN ANNUAL
MEETING. THE PURPOSES OF THE ANNUAL MEETING SHALL INCLUDE THE ELECTION OF
MEMBERS TO THE CORPORATION, THE ELECTION OF TRUSTEES TO THE CORPORATION'S
BOARD OF TRUSTEES, THE ELECTION OF THE COMMUNITY MEMBER AT LARGE OF THE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COPLEY HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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GOVERNANCE AND BYLAWS COMMITTEE, AND THE TRANSACTION OF SUCH OTHER
BUSINESS AS MAY PROPERLY COME BEFORE THE MEMBERSHIP.

THE BOARD SHALL CONSIST OF UP TO TWENTY-ONE ELECTED MEMBERS, THE CHIEF
EXECUTIVE OFFICER OF THE CORPORATION AND THE PRESIDENT OF THE MEDICAL
STAFF OF COPLEY HOSPITAL, INC., ALL AS VOTING MEMBERS. ALL TRUSTEES MUST
BE MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B

REVIEW OF FORM 990:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE
AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING
DEPARTMENT OF THE ORGANIZATION. PRIOR TO FILING, A TENTATIVE DRAFT OF THE
990 IS REVIEWED BY THE BOARD OF DIRECTORS. A COMPLETE COPY OF THE FORM IS
MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BODY THROUGH THE FINANCE
OFFICE.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY:

THE GOVERNANCE COMMITTEE REVIEWS THE STATEMENTS AND SURVEYS COMPLETED BY
INTERESTED PERSONS AND MAINTAINS A LIST OF INDIVIDUALS WHO MAY BE
CONSIDERED DISQUALIFIED PERSONS UNDER IRS REGULATIONS. THE GOVERNANCE
COMMITTEE REPORTS THE RESULTS OF ITS REVIEWS ANNUALLY TO THE BOARD.

THE INTERNAL COMPLIANCE COMMITTEE OF THE CORPORATION REVIEWS ANY
POTENTIAL CONFLICT OF INTEREST WHICH INVOLVES AN INTERESTED PERSON WHO IS
NOT A TRUSTEE OR OFFICER OF THE CORPORATION. THE INTERNAL COMPLIANCE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COPLEY HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

03-0179423

COMMITTEE REPORTS THE RESULTS OF ITS REVIEWS ANNUALLY TO THE BOARD.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

COMPENSATION REVIEW:

THE CEO'S PAY IS DETERMINED BY USING MARKET SURVEY

COMPENSATION DATA FROM THE NNE HEALTHCARE COMP SURVEY. THE CEO'S

COMPENSATION IS ALSO APPROVED BY THE BOARD.

SENIOR LEADERSHIP AND OTHER HIGHLY COMPENSATED INDIVIDUALS HAVE THEIR PAY

RANGES DETERMINED THROUGH MARKET DATA FROM THE NNE HEALTHCARE

COMPENSATION SURVEY.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT DISCLOSURE:

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE CONFLICT OF

INTEREST POLICY AND MATRIX ARE AVAILABLE UPON REQUEST. THE FINANCIAL

STATEMENTS ARE SUMMARIZED IN AN ANNUAL REPORT THAT IS AVAILABLE TO THE

PUBLIC. THE HOSPITAL ALSO SUBMITS BOTH THEIR BUDGET AND ACTUAL FINANCIAL

INFORMATION TO THE STATE OF VERMONT'S DEPARTMENT OF FINANCIAL REGULATION.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

\$ 1,042,924 TRANSFER FROM AFFILIATE

489,732 CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF COPLEY HEALTH

SYSTEMS, INC.

\$ 1,532,656

Name of the organization

COPLEY HOSPITAL, INC.

Employer identification number

03-0179423

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
VACO, LLC P.O. BOX 667 BRENTWOOD, TN 37024	CONSULTING - IT	1,096,868.
UNIVERSITY OF VERMONT P.O. BOX 1902 BURLINGTON, VT 05402	LAB SERVICES	436,540.
FUSION MEDICAL STAFFING P.O. BOX 82674 LINCOLN, NE 68501-2674	CONTRACTED LABOR	392,095.
TRAVEL NURSE ACROSS AMERICA P.O. BOX 660919 DALLAS, TX 75266	CONTRACTED LABOR	339,451.
BERNSTEIN-MAGOON-GAY LLC 900 E. 8TH AVENUE, SUITE 300 KING OF PRUSSIA, PA 19406	LAUNDRY SERVICES	380,315.

Name of the organization

COPLEY HOSPITAL, INC.

Employer identification number

03-0179423

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
PURCHASED SERVICES	12,116,445.	9,843,034.	2,273,411.	
CONTRACT LABOR	1,251,612.	1,016,772.	234,840.	
LAB SERVICES	854,762.	854,762.		
PHYSICIAN SERVICES	705,831.	705,831.		
OTHER SERVICES	239,199.	194,318.	44,881.	
TOTALS	----- 15,167,849. =====	----- 12,614,717. =====	----- 2,553,132. =====	----- ----- =====

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COPLEY HOSPITAL, INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

03-0179423

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LAMOILLE HOUSING CORPORATION 03-0270255 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661	HUD HOUSING	VT	501(C)(3)	10	CHSI		X
(2) COPLEY HEALTH SYSTEMS, INC 03-0301457 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661	SUPPORT	VT	501(C)(3)	12 B II	N/A		X
(3) COPLEY WOODLANDS 03-0352086 125 THOMAS LANE STOWE, VT 05672	HOUSING	VT	501(C)(3)	10	CHSI		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HEALTH CENTER BUILDING, INC. 03-0220357 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661	BUILDING RENTAL	VT	CHSI	C CORP					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Copley Hospital, Inc.

**Independent Auditor's Report
and Financial Statements**

September 30, 2022 and 2021



Copley Hospital, Inc.
September 30, 2022 and 2021

Contents

Independent Auditor’s Report..... 1

Financial Statements

Balance Sheets..... 3
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Statements of Changes in Net Assets 5
Statements of Cash Flows 6
Notes to Financial Statements 7

Independent Auditor's Report

Board of Trustees
Copley Hospital, Inc.
Morrisville, Vermont

Opinion

We have audited the financial statements of Copley Hospital, Inc., a subsidiary of Copley Health Systems, Inc. (the "Hospital"), which comprise the balance sheets as of September 30, 2022 and 2021, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as of September 30, 2022 and 2021, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant findings, and certain internal control related matters that we identified during the audit.

FORVIS,LLP

Springfield, Missouri
January 27, 2023

Copley Hospital, Inc.
Balance Sheets
September 30, 2022 and 2021

Assets

	<u>2022</u>	<u>2021</u>
Current Assets		
Cash and cash equivalents	\$ 7,667,414	\$ 19,183,759
Short-term investments	9,000,000	7,000,000
Patient accounts receivable	12,922,197	10,587,434
Other receivables	782,302	826,962
Estimated amounts due from third-party payors	130,000	400,000
Due from related parties	300,622	51,322
Supplies	2,620,459	2,591,159
Prepaid expenses	2,358,579	2,593,237
	<hr/>	<hr/>
Total current assets	35,781,573	43,233,873
	<hr/>	<hr/>
Assets Limited As To Use	-	2,708,861
	<hr/>	<hr/>
Property and Equipment, At Cost		
Land and improvements	2,203,290	2,203,290
Buildings and improvements	40,525,897	37,762,731
Equipment	24,606,946	24,337,281
Construction in progress	381,280	971,536
	<hr/>	<hr/>
	67,717,413	65,274,838
Less accumulated depreciation	36,392,870	36,390,738
	<hr/>	<hr/>
	31,324,543	28,884,100
	<hr/>	<hr/>
Other Assets		
Interest in net assets of Copley Health Systems, Inc.	6,250,022	5,760,290
Assets held in deferred compensation plan	3,200,901	3,766,248
	<hr/>	<hr/>
	9,450,923	9,526,538
	<hr/>	<hr/>
Total assets	<u>\$ 76,557,039</u>	<u>\$ 84,353,372</u>

Liabilities and Net Assets

	<u>2022</u>	<u>2021</u>
Current Liabilities		
Current maturities of long-term debt	\$ 651,270	\$ 445,218
Accounts payable	2,259,670	2,763,166
Accrued payroll and payroll taxes	3,911,923	6,109,949
Other accrued expenses	1,652,016	3,212,009
Estimated self-insurance costs	1,617,719	1,401,878
Medicare and other advances	566,722	8,323,769
Estimated amounts due to third-party payors	<u>3,220,700</u>	<u>3,080,000</u>
Total current liabilities	13,880,020	25,335,989
Asset Retirement Obligations	1,500,000	1,500,000
Long-Term Debt	10,313,989	6,738,513
Other Liabilities	-	530,577
Deferred Compensation	<u>3,200,901</u>	<u>3,766,248</u>
Total liabilities	<u>28,894,910</u>	<u>37,871,327</u>
Net Assets		
Without donor restrictions	41,412,107	40,721,755
With donor restrictions	<u>6,250,022</u>	<u>5,760,290</u>
Total net assets	<u>47,662,129</u>	<u>46,482,045</u>
Total liabilities and net assets	<u><u>\$ 76,557,039</u></u>	<u><u>\$ 84,353,372</u></u>

Copley Hospital, Inc.
Statements of Operations
Years Ended September 30, 2022 and 2021

	2022	2021
Revenues, Gains, and Other Support		
Without Donor Restriction		
Patient service revenue	\$ 84,310,822	\$ 79,720,672
Fixed prospective revenue	7,069,106	5,051,668
Provider relief fund revenue	1,692,218	5,862,305
Other	1,592,251	2,272,173
Total revenues, gains, and other support without donor restrictions	94,664,397	92,906,818
Expenses and Losses		
Salaries and wages	40,589,798	36,218,703
Employee benefits	8,788,461	8,066,068
Purchased services and professional fees	16,200,267	13,393,202
Supplies and other	26,655,655	26,148,963
Depreciation and amortization	2,917,574	4,279,649
Interest	183,648	84,095
Total expenses and losses	95,335,403	88,190,680
Operating Income (Loss)	(671,006)	4,716,138
Other Income		
Contributions received	267,386	176,591
Investment return, net	51,048	91,101
Gain on extinguishment of debt	-	5,037,900
Total other income	318,434	5,305,592
Excess (Deficiency) of Revenues Over Expenses	(352,572)	10,021,730
Transfer from Affiliate	1,042,924	15,920
Excess of Revenues Over Expenses and Increase in Net Assets Without Donor Restrictions	\$ 690,352	\$ 10,037,650

Copley Hospital, Inc.
Statements of Changes in Net Assets
Years Ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Net Assets Without Donor Restrictions		
Excess (deficiency) of revenues over expenses	\$ (352,572)	\$ 10,021,730
Transfer from affiliate	<u>1,042,924</u>	<u>15,920</u>
Increase in net assets without donor restrictions	<u>690,352</u>	<u>10,037,650</u>
Net Assets With Donor Restrictions		
Change in interest in net assets of Copley Health Systems, Inc.	<u>489,732</u>	<u>759,583</u>
Increase in net assets with donor restrictions	<u>489,732</u>	<u>759,583</u>
Change in Net Assets	1,180,084	10,797,233
Net Assets, Beginning of Year	<u>46,482,045</u>	<u>35,684,812</u>
Net Assets, End of Year	<u>\$ 47,662,129</u>	<u>\$ 46,482,045</u>

Copley Hospital, Inc.
Statements of Cash Flows
Years Ended September 30, 2022 and 2021

	2022	2021
Operating Activities		
Change in net assets	\$ 1,180,084	\$ 10,797,233
Items not requiring (providing) cash		
Depreciation and amortization	2,917,574	4,279,649
Change in interest in net assets of Copley Health System, Inc.	(489,732)	(759,583)
Gain on extinguishment of debt	-	(5,037,900)
Changes in		
Accounts receivable, net	(2,334,763)	(5,573,703)
Estimated amounts due from and to third-party payors	410,700	1,340,000
Accounts payable and accrued expenses	(4,095,138)	2,927,674
Other assets and liabilities	718	(703,990)
Unearned revenue	-	(5,862,305)
Medicare and other advance payments	(7,757,047)	(4,914,143)
Asset retirement obligations	-	1,500,000
Net cash used in operating activities	(10,167,604)	(2,007,068)
Investing Activities		
Purchases of property and equipment	(5,785,630)	(7,541,704)
Net cash used in investing activities	(5,785,630)	(7,541,704)
Financing Activities		
Proceeds from issuance of long-term debt	4,307,549	-
Principal payments on long-term debt	(579,521)	(438,352)
Net cash provided by (used in) financing activities	3,728,028	(438,352)
Decrease in Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents	(12,225,206)	(9,987,124)
Cash and Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Beginning of Year	19,892,620	29,879,744
Cash and Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, End of Year	\$ 7,667,414	\$ 19,892,620
Reconciliation of Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents to the Balance Sheets		
Cash and cash equivalents	\$ 7,667,414	\$ 19,183,759
Assets limited as to use	-	708,861
	\$ 7,667,414	\$ 19,892,620
Supplemental Cash Flows Information		
Interest paid	\$ 181,486	\$ 85,017
Capital lease obligation incurred	\$ 53,500	\$ 167,976
Property and equipment in accounts payable	\$ 319,077	\$ 800,190

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Copley Hospital, Inc. (the “Hospital”), a subsidiary of Copley Health Systems, Inc. (the “Health System”), primarily earns revenues by providing inpatient, outpatient, and emergency care services to residents in Morrisville, Vermont, and surrounding areas.

Use of Estimates

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

Cash and Cash Equivalents

The Hospital considers all liquid investments with original maturities of three months or less to be cash equivalents. The Hospital considers uninvested cash held in investment accounts to be cash and cash equivalents. At September 30, 2022 and 2021, cash equivalents consisted primarily of money market accounts.

At September 30, 2022 and 2021, the Hospital’s cash accounts exceeded federally insured limits by approximately \$9,600,000 and \$22,370,000, respectively.

Debt Investments

Debt securities held by the Hospital generally are classified and recorded in the financial statements as follows:

Classified as	Description	Recorded at
Trading	Securities that are bought and held principally for the purpose of selling in the near term and, therefore, held for only a short period of time	Fair value, with changes in fair value included in excess (deficiency) revenues over expenses

Purchase premiums and discounts are recognized in interest income using the interest method over the terms of the securities. Gains and losses on the sale of securities are recorded on the trade date and are determined using the average cost method.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Equity Investments

The Hospital measures equity securities, other than investments that qualify for the equity method of accounting, at fair value with changes recognized in excess (deficiency) revenues over expenses. Gains and losses on the sale of securities are recorded on the trade date and are determined using the average cost method.

Net Investment Return

Investment return includes interest income less external and direct internal investment expense.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in net assets without donor restrictions. Other investment return is reflected in the statements of operations and changes in net assets as with or without donor restrictions based upon the existence and nature of any donor or legally imposed restrictions.

Assets Limited As To Use

Assets limited as to use include assets set aside by the Board of Trustees for future capital improvements over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the Hospital are included in current assets.

Patient Accounts Receivable

Patient accounts receivable reflects the outstanding amount of consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others. As a service to the patient, the Hospital bills third-party payors directly and bills the patient when the patient's responsibility for copays, coinsurance, and deductibles is determined. Patient accounts receivable are due in full when billed, unless the patient has previously been approved for an alternative payment plan or for patient financial assistance.

The Hospital performs individual credit risk assessments which evaluates the individual circumstances, abilities, and intentions of each patient prior to providing the patient services. If subsequent to providing the services the Hospital becomes aware of patient-specific events, facts, or circumstances indicating patients no longer have the ability or intention to pay the amount of consideration to which the Hospital expected to be entitled for providing the patient services, then the related patient receivable balances are written off as bad debt expense and reported in the statement of operations as other operating expenses. No bad debt expense was recognized in 2022 and 2021.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Contract Assets and Liabilities

Amounts related to health care services provided to patients which have not been billed and that do not meet the conditions of an unconditional right to payment at the end of the reporting period are contract assets. Contract asset balances consist primarily of health care services provided to patients who are still receiving inpatient care at the Hospital at the end of the year. Contract assets are included in patient accounts receivable at September 30, 2022 and 2021.

Amounts received related to health care services that have not yet been provided to patients are contract liabilities. Contract liabilities consist of Medicare advanced payments received in April 2020 under the provisions of the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act). In general, advanced amounts will be recouped from remittances starting 12 months after the advance was made, see *Note 2*.

Other Receivables

Other receivables are stated at their net collectible amount. The Hospital adjusts receivables based upon a review of outstanding receivables, historical collection information, and existing economic conditions.

Supplies

Inventories are stated at the lower of cost or net realizable value. Costs are determined using the first-in, first-out (FIFO) method.

Property and Equipment

Property and equipment acquisitions are recorded at cost and are depreciated using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Land improvements	5–25 years
Buildings and improvements	5–40 years
Equipment	3–34 years

At September 30, 2022, construction in progress represents costs incurred in connection with the construction of various additions and alterations to the Hospital's facilities and equipment. The total cost to complete the projects is approximately \$6,711,000. The Hospital expects to fund the majority of the projects with new debt issuance, cash from operations and existing cash, and investments.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Long-Lived Asset Impairment

The Hospital evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. No asset impairment was recognized during the years ended September 30, 2022 and 2021.

Interest in Net Assets of Copley Health Systems, Inc.

Copley Health Systems, Inc. (the “Health System”) and the Hospital are financially interrelated organizations. The Health System holds net assets on behalf of the Hospital. The Hospital accounts for its interest in the net assets of the Health System in a manner similar to the equity method. The interest is stated at fair value, and changes in the interest are included in change in net assets. The interest as of September 30, 2022 and 2021, was \$6,250,022 and \$5,760,290, respectively.

Net Assets With Donor Restrictions

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor restrictions. Net assets without donor restrictions are available for use in general operations and not subject to donor restrictions.

Net assets with donor restrictions are those whose use by the Hospital has been limited by donors to a specific time period or purpose or have been restricted by donors to be maintained by the Hospital in perpetuity.

Patient Service Revenue

Patient service revenue is recognized as the Hospital satisfies performance obligations under its contracts with patients. Patient service revenue is reported at the estimated transaction price or amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital’s policies, and implicit price concessions provided to uninsured patients.

The Hospital determines its estimates of explicit price concessions which represent adjustments and discounts based on contractual agreements, its discount policies, and historical experience by payor groups. The Hospital determines its estimate of implicit price concessions based on its historical collection experience by classes of patients. The estimated amounts also include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations by third-party payors.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Fixed Prospective Revenue

Beginning January 1, 2020, the Hospital began receiving monthly fixed prospective payments for services provided for certain Medicaid beneficiaries. The Medicaid program provides a monthly, per member payment received in advance of the services being performed and recognized as revenue in the month to which it relates. The revenues for the Medicaid program are recorded as fixed prospective payment revenue on the statement of operations. Revenues recorded under these arrangements represent the fixed, agreed-upon amounts as a result of the Hospital's stand-ready performance obligation to provide health care services to qualified beneficiaries. Fee-for-service payments continue for all other nonhospital providers in the Accountable Care Organization (ACO), for all providers who are not a part of the ACO, and for all services that are not included in the fixed prospective payment. The ACO is responsible for both the cost and quality of care for each attributed member. This is true whether that person uses little or no care or whether they require services consistently throughout the year.

The Hospital recognizes its share of annual contract settlements as an increase or decrease to fixed prospective revenue. The Hospital is subject to an annual contracted maximum risk corridor. As of September 30, 2022 and 2021, the Hospital recorded a liability of approximately \$428,000 and \$268,000, respectively, for the contracted maximum risk corridor, which is included in other accrued expenses in the accompanying financial statements.

Charity Care

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

The Hospital's direct and indirect costs for services furnished under its charity care policy aggregated approximately \$904,000 and \$523,000 for the years ended September 30, 2022 and 2021, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Contributions

Contributions are provided to the Hospital either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions. The value recorded for each contribution is recognized as follows:

Nature of the Gift	Value Recognized
<i>Conditional gifts, with or without restriction</i>	
Gifts that depend on the Hospital overcoming a donor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, <i>i.e.</i> , the donor-imposed barrier is met

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Nature of the Gift	Value Recognized
<i>Unconditional gifts, with or without restriction</i>	
Received at date of gift – cash and other assets	Fair value
Received at date of gift – property, equipment, and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level-yield method.

When a donor -tipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment, and other long-lived assets are reported when those assets are placed in service.

Gifts and investment income having donor stipulations which are satisfied in the period the gift is received are recorded as revenue and net assets without donor restrictions.

Conditional contributions having donor stipulations which are satisfied in the period the gift is received are recorded as revenue and net assets without donor restrictions. There were no conditional contributions at September 30, 2022 and 2021.

Grant Revenue

Support funded by grants is generally considered a conditional contribution and recognized as the Hospital performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency that, as a result of such audit, adjustments could be required.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Excess (Deficiency) of Revenues Over Expenses

The statement of operations includes excess (deficiency) of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues over expenses, consistent with industry practice, include permanent transfers to and from affiliates for other than goods and services.

Estimated Self-Insurance Costs

The Hospital records an estimated liability for self-insured employee health claims, which is included in accrued expenses, and includes an estimate for both reported claims and claims incurred but not reported.

Professional Liability Claims

The Hospital recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in *Note 6*.

Income Taxes

The Hospital has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Hospital is subject to federal income tax on any unrelated business taxable income.

Note 2: COVID-19

During 2022 and 2021, the COVID-19 pandemic continued to cause significant disruptions to Hospital operations, including volatile patient revenue and increased expenses. The matter has and will have a negative impact on the Hospital's financial condition and operating results. The magnitude of the financial impact cannot be reasonably estimated at this time.

CARES Act and Other Programs

On March 27, 2020, the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) was signed into law. The following summarizes significant CARES Act and other programs impacting the Hospital.

Provider Relief Funds

The Hospital received \$7,554,523 in grants from the CARES Act Provider Relief Fund distributions. The Hospital elected to account for such payments as conditional contributions in accordance with ASC Topic 958-605, *Revenue Recognition*. Payments are recognized as contribution revenue once the applicable terms and conditions required to retain the funds have been substantially met. Based on an analysis of the compliance and reporting requirements of the

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Provider Relief Fund and the impact of the pandemic on the Hospital's revenues and expenses, the Hospital recognized \$1,692,218 and \$5,862,305 during the years ended September 30, 2022 and 2021, respectively.

The Hospital will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the impact of the pandemic on the Hospital's revenues and expenses. The terms and conditions governing the Provider Relief Funds are complex and subject to interpretation and change. If the Hospital is unable to attest to or comply with current or future terms and conditions, the Hospital's ability to retain some or all of the distributions received may be impacted.

Vermont Grants

Through September 30, 2022, the Hospital received the following amounts through the State of Vermont:

- 1) Grant of \$911,083 from the Medicaid retainer funding program
- 2) Grants totaling \$247,600 from the Hazard Pay program

No amounts were recognized in 2022. Approximately \$247,600 and \$820,000 from the above Vermont grants were recognized in 2021 and 2020, respectively, in other operating revenues in the accompanying statements of operations. The remaining amount of approximately \$91,000 is included in other accrued expenses in the accompanying balance sheets.

Medicare Accelerated and Advanced Payment Program

During the year ended September 30, 2020, the Hospital requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. Accelerated payments received will be required to be repaid, based on current enacted legislation.

During the years ended September 30, 2021 and 2020, the Hospital received \$349,266 and \$10,927,961, respectively, from accelerated Medicare payment requests. No accelerated Medicare payment requests funds were received during 2022. At September 30, 2022 and 2021, approximately \$0 and \$8,323,769, respectively, had yet to be recouped by the Medicare administrative contractor, and is included in Medicare and other advances in the accompanying balance sheets.

Paycheck Protection Program

In May 2020, the Hospital received a \$5,037,900 loan through the Small Business Administration (SBA) Paycheck Protection Program, and has elected to account for the funding as a loan in accordance with ASC Topic 470, *Debt*. Interest is accrued in accordance with the loan agreement. During 2021, the Hospital obtained forgiveness of the loan which was recognized as a nonoperating income in the 2021 financial statements. PPP loans are subject to audit and acceptance by the U.S. Department of Treasury, Small Business Administration, or lender; as a result of such audit, adjustments could be required to any gain recognized.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Payroll Tax Deferral

The CARES Act provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic. The amount deferred as of September 30, 2022 and 2021, was approximately \$563,000 and \$1,061,000, respectively, and is recorded as long-term other liabilities and accrued payroll and payroll taxes in the accompanying balance sheets. Deferred payroll taxes will be due in two equal installments on December 31, 2021, and December 31, 2022.

Note 3: Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance Obligations

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the Hospital receiving inpatient acute care services or patients receiving services in its outpatient centers or in their homes (home care). The Hospital measures the performance obligation from inpatient admission, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks at the end of the reporting period.

Copley Hospital, Inc.

Notes to Financial Statements

September 30, 2022 and 2021

Transaction Price

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy and implicit price concessions provided to uninsured patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Third-Party Payors

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare. The Hospital is certified by Medicare as a Critical Access Hospital (CAH). Medicare inpatient and outpatient reimbursement as a CAH is based on the defined allowable costs of services rendered. CAH certification places several restrictions on operations, including a 96-hour average annual acute-care length of stay restriction and a limit of 25 medical/surgical beds. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor.

Medicaid. Inpatient, outpatient, clinic, and skilled nursing services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. The Hospital has entered into a contractual agreement with One Care Vermont (OCV) to include Medicaid participation. Therefore, a significant portion of the Hospital's Medicaid patients receive payments under a fixed prospective payment instead of the traditional payment methodology described above.

Other. Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements.

Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Hospital. In addition, the contracts the Hospital has with commercial payors also provide for retroactive audit and review of claims.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the Hospital's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known based on newly available information or as years are settled or are no longer subject to such audits, reviews, and investigations. Patient revenue increased by approximately \$1,120,000 and \$1,300,000 in 2022 and 2021, respectively, for changes in settlement amounts previously estimated.

Refund Liabilities

From time to time the Hospital will receive overpayments of patient balances from third-party payors or patients resulting in amounts owed back to either the patients or third-party payors. These amounts are excluded from revenues and are recorded as liabilities until they are refunded. As of September 30, 2022 and 2021, the Hospital has a liability of approximately \$1,200,000 and \$885,000, respectively, for refunds to third-party payors and patients recorded, and included in accounts payable on the balance sheets.

Patient and Uninsured Payors

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital provides implicit price concessions to uninsured patients and patients with other uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients.

Patients who meet the Hospital's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Amounts recognized during the year ended September 30, 2022, due to changes in its estimates of implicit price concessions, discounts, and contractual adjustments for performance obligations satisfied in prior years were not significant. For the year ended September 30, 2021, additional revenue of approximately \$1,900,000 was recognized due to changes in its estimates of implicit price concessions, discounts, and contractual adjustments for performance obligations satisfied in prior years. Subsequent changes that are

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

determined to be the result of an adverse change in the patient’s ability to pay are recorded as bad debt expense.

Revenue Composition

The Hospital has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors:

- Payers (for example, Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies
- The Hospital’s line of business that provided the service (for example, hospital inpatient, hospital outpatient, etc.)

The composition of net patient care service revenue less provision for uncollectible accounts by primary payor for the years ended September 30, 2022 and 2021, is as follows:

	2022	2021
Medicare	\$ 24,649,057	\$ 24,306,429
Medicaid	3,714,129	2,905,195
Blue Cross	22,367,195	21,370,931
Other third-party payors	31,782,137	29,412,652
Patients	<u>1,798,304</u>	<u>1,725,465</u>
	<u>\$ 84,310,822</u>	<u>\$ 79,720,672</u>

The composition of patient care service revenue based on lines of business for the years ended September 30, 2022 and 2021, is as follows:

	2022	2021
Hospital – inpatient	\$ 19,338,967	\$ 21,601,715
Hospital – outpatient	59,975,999	49,842,583
Physician services	<u>4,995,856</u>	<u>8,276,374</u>
Total	<u>\$ 84,310,822</u>	<u>\$ 79,720,672</u>

Nearly all revenue is related to health care services which are transferred and rendered over time.

Contract Balances

Contract balances consist primarily of health care services provided to patients who are still receiving inpatient care at the end of the year. Contract assets are transferred to receivables when the rights become unconditional. Contract liabilities represent the Hospital’s obligation to provide services to patients when consideration has already been received from the patient or a third-party payor.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

The following table provides information about the Hospital's receivables and liabilities from contracts with customers:

	2022	2021
Accounts receivable, beginning of year	\$ 10,587,434	\$ 5,013,731
Accounts receivable, end of year	12,922,197	10,587,434
Contract liabilities, beginning of year	\$ 8,323,769	\$ 10,927,961
Contract liabilities, end of year	-	8,323,769

Note 4: Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2022 and 2021, is:

	2022	2021
Medicare	55%	32%
Medicaid	6%	4%
Blue Cross	7%	26%
Other third-party payors	22%	31%
Patients	10%	7%
	<u>100%</u>	<u>100%</u>

Note 5: Investments and Investment Return

Investments at September 30 include:

	2022	2021
Cash and cash equivalents	\$ -	\$ 708,861
Certificates of deposit	<u>9,000,000</u>	<u>9,000,000</u>
Total	<u>\$ 9,000,000</u>	<u>\$ 9,708,861</u>

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Investments are included on the balance sheet as follows:

	<u>2022</u>	<u>2021</u>
Short-term investments	\$ 9,000,000	\$ 7,000,000
Assets limited as to use	<u>-</u>	<u>2,708,861</u>
Total	<u>\$ 9,000,000</u>	<u>\$ 9,708,861</u>

Investment return is comprised of interest income.

Note 6: Professional Liability Claims

The Hospital purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered. The Hospital also purchases excess umbrella liability coverage, which provides additional coverage above the basic policy limits up to the amount specified in the umbrella policy.

Based upon the Hospital's claims experience, an accrual had been made for the Hospital's estimated medical malpractice costs, including costs associated with litigating or settling claims, under its malpractice insurance policy, amounting to approximately \$1,155,456 and \$1,860,147 as of September 30, 2022 and 2021, respectively. Estimated recoveries are included in other receivables. It is reasonably possible that this estimate could change materially in the near term.

Note 7: Long-Term Debt

	<u>2022</u>	<u>2021</u>
Note payable (A)	\$ 6,633,776	\$ 7,046,760
Note payable (B)	1,927,007	-
Note payable (C)	2,261,050	-
Capital lease obligations (D)	<u>143,426</u>	<u>136,971</u>
	10,965,259	7,183,731
Less current maturities	<u>651,270</u>	<u>445,218</u>
	<u>\$ 10,313,989</u>	<u>\$ 6,738,513</u>

- A) Note payable with monthly payments of \$42,236, including interest at a rate of the weighted average yield of certificates of deposits, plus 1 percent (1.35 percent at September 30, 2022). Final payment due in March 2037. Secured by Hospital cash and investments.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

- B) Note payable with monthly payments of \$9,472, including interest at a rate of the weighted average yield of certificates of deposits, plus 1 percent (1.35 percent at September 30, 2022). Final payment due in December 2041. The note is secured by Hospital cash and investments.
- C) Note payable with initial monthly payments of \$13,563, including interest at a fixed rate of 3.54 percent for 120 months. Monthly payments of \$13,891, including variable interest at a rate based on the Federal Home Loan Bank of Boston five-year classic regular advance rate, plus 2.1 percent. Final payment will be due in October 2040. The note is secured by real estate owned by the Hospital. The rate as of September 30, 2022, is 6.35 percent.
- D) Various capital leases including principal and interest payments of various amounts due monthly, including interest ranging from 3.94 percent to 7.42 percent, with final payment due September 2025.

Aggregate annual maturities of long-term debt and payments on capital lease obligations at September 30, 2022, are:

	Long-Term Debt Excluding Capital Lease Obligations	Capital Lease Obligations
2023	\$ 589,881	\$ 65,934
2024	599,432	49,096
2025	610,061	37,068
2026	620,471	-
2027	631,098	-
Thereafter	7,770,890	-
	\$ 10,821,833	152,098
Less amount representing interest		8,672
Present value of future minimum lease payments		143,426
Less current maturities		61,389
Noncurrent portion		\$ 82,037

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Note 8: Net Assets

Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes or periods:

	<u>2022</u>	<u>2021</u>
Subject to expenditure for specified purpose		
Beneficial interest in assets held by Copley Health Systems, Inc.	\$ 969,067	\$ 871,080
Not subject to appropriation or expenditure		
Beneficial interest in assets held by Copley Health Systems, Inc.	<u>5,280,955</u>	<u>4,889,210</u>
	<u>\$ 6,250,022</u>	<u>\$ 5,760,290</u>

Note 9: Liquidity and Availability

The Hospital's financial assets available within one year of the balance sheet date for general expenditures are:

	<u>2022</u>	<u>2021</u>
Financial assets at year-end		
Cash and cash equivalents	\$ 7,667,414	\$ 19,183,759
Short-term investments	9,000,000	7,000,000
Patient accounts receivable	12,922,197	10,587,434
Estimated amounts due from third-party payors	130,000	400,000
Due from related parties	300,622	51,322
Assets limited as to use	-	2,708,861
Assets held in deferred compensation plan	<u>3,200,901</u>	<u>3,766,248</u>
Total financial assets	<u>33,221,134</u>	<u>43,697,624</u>
Less amounts not available to be used within one year		
Assets held in deferred compensation plan	3,200,901	3,766,248
Estimated amounts due from third-party payors	130,000	400,000
Short-term investments and assets limited as to use	<u>8,560,783</u>	<u>7,046,760</u>
Total amounts not available to be used within one year	<u>11,891,684</u>	<u>11,213,008</u>
Financial assets available to meet general expenditures within one year	<u>\$ 21,329,450</u>	<u>\$ 32,484,616</u>

Copley Hospital, Inc.
Notes to Financial Statements
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As part of the Hospital's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

Note 10: Functional Expenses

The Hospital provides health care services primarily to residents within its geographic area. Certain costs attributable to more than one function have been allocated among the health care services, and general and administrative functional expenses. The following schedule presents the natural classification of expenses by function as follows:

	2022				
	Health Care Services		Total Health Care Services	General and Administrative	Total
	Inpatient	Outpatient			
Salaries and wages	\$ 10,100,805	\$ 26,474,306	\$ 36,575,111	\$ 4,014,688	\$ 40,589,798
Employee benefits	1,886,554	4,944,677	6,831,231	1,957,230	8,788,461
Purchased services and professional fees	3,634,513	9,526,095	13,160,608	3,039,659	16,200,267
Supplies and other	6,694,079	17,545,249	24,239,328	2,416,326	26,655,655
Depreciation and amortization	756,018	1,981,531	2,737,549	180,025	2,917,574
Interest	50,717	132,931	183,648	-	183,648
Total expenses	\$ 23,122,686	\$ 60,604,789	\$ 83,727,475	\$ 11,607,928	\$ 95,335,403

	2021				
	Health Care Services		Total Health Care Services	General and Administrative	Total
	Inpatient	Outpatient			
Salaries and wages	\$ 9,013,054	\$ 23,623,301	\$ 32,636,355	\$ 3,582,348	\$ 36,218,703
Employee benefits	1,731,483	4,538,235	6,269,718	1,796,350	8,066,068
Purchased services and professional fees	3,004,751	7,875,482	10,880,233	2,512,969	13,393,202
Supplies and other	6,566,833	17,211,735	23,778,568	2,370,395	26,148,963
Depreciation and amortization	1,108,967	2,906,612	4,015,579	264,070	4,279,649
Interest	23,224	60,871	84,095	-	84,095
Total expenses	\$ 21,448,312	\$ 56,216,236	\$ 77,664,548	\$ 10,526,132	\$ 88,190,680

Note 11: Pension Plans

The Hospital has a tax-deferred annuity plan covering substantially all employees. Contributions are based upon a percentage of each covered employee's annual compensation. Pension expense was \$1,009,112 and \$1,276,829 for 2022 and 2021, respectively.

Copley Hospital, Inc.
Notes to Financial Statements
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The Hospital also has a deferred compensation plan for the benefit of certain employees. The assets are classified as assets held in a deferred compensation plan and a corresponding liability has been recorded.

Note 12: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities.
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities.

Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2022 and 2021.

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2022				
Assets				
Investments				
Assets held in deferred compensation plans				
Cash equivalents	\$ 482,335	\$ 482,335	\$ -	\$ -
Mutual funds and equities	2,555,726	2,555,726	-	-
Fixed income securities	162,840	162,840	-	-
Total assets	<u>\$ 3,200,901</u>	<u>\$ 3,200,901</u>	<u>\$ -</u>	<u>\$ -</u>

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2021				
Assets				
Investments				
Assets held in deferred compensation plans				
Cash equivalents	\$ 512,020	\$ 512,020	\$ -	\$ -
Mutual funds and equities	3,066,475	3,066,475	-	-
Fixed income securities	187,753	187,753	-	-
	<u>3,766,248</u>	<u>3,766,248</u>	<u>-</u>	<u>-</u>
Total assets	<u>\$ 3,766,248</u>	<u>\$ 3,766,248</u>	<u>\$ -</u>	<u>\$ -</u>

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying balance sheets as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended September 30, 2022.

Investments and Cash Equivalents

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Hospital has no securities classified as Level 3.

Note 13: Asset Retirement Obligation

Accounting principles generally accepted in the United States of America require that an asset retirement obligation (ARO) associated with the retirement of a tangible long-lived asset be recognized as a liability in the period in which it is incurred or becomes determinable (as defined by the standard) even when the timing and/or method of settlement may be conditional on a future event. The Hospital's conditional asset retirement obligations primarily relate to asbestos contained in buildings that the Hospital owns. Environmental regulations exist in Vermont that

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

require the Hospital to handle and dispose of asbestos in a special manner if a building undergoes major renovations or is demolished. For the year ended September 30, 2022 and 2021, the Hospital recognized a liability of \$1,500,000 for all estimable and known areas containing an ARO. The corresponding expense was included in depreciation expense during 2021.

A liability may not be recognized for additional obligations in the accompanying financial statements because the range of time over which the Hospital may settle the obligations is unknown and cannot be reasonably estimated. The Hospital will recognize a liability when sufficient information is available to reasonably estimate fair value.

Note 14: Related Party Transactions

The Hospital is associated with several related organizations. Amounts due from related parties were \$300,622 and \$51,323 at September 30, 2022 and 2021, respectively.

Copley Health Systems, Inc.

The Health System controls the Hospital and other entities as discussed herein. Management services are provided by the Hospital to the Health System affiliated entities. Management fee expense to the Health System was \$29,409 and \$32,034 in 2022 and 2021, respectively, and included in purchased services and professional fees in the accompanying financial statements.

The Health System coordinates and implements fundraising and other resource development activities for the various Health System entities, primarily the Hospital. The Hospital's interest in the restricted net assets of the Health System is reported as a noncurrent asset in the balance sheets. The Hospital received contributions from the Health System of \$1,132,051 and \$192,511 during 2022 and 2021, respectively. Contributions of \$1,042,924 and \$15,920 in 2022 and 2021, respectively, were included in transfer from affiliate.

Health Center Building

Health Center Building, Inc. (HCB), a for-profit corporation, owns and manages an office building that leases space to the Hospital and area physicians on an annual basis. Rent expense was \$284,618 and \$272,951 for 2022 and 2021, respectively. The Health System is the parent company and shareholder of HCB.

Copley Terrace

Lamoille Area Housing Corporation (LAHC), d/b/a Copley Terrace, is a not-for-profit corporation established to provide housing for the elderly and handicapped. The Health System as sole corporate member of LAHC, is the sponsor organization for the Copley Terrace project, which is insured and subsidized by the U.S. Department of Housing and Urban Development. The Health System also serves as the management agent for the project under an agreement whereby the Health System receives fees in return for various management services.

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Copley Woodlands

Copley Woodlands, Inc. (CWI) is a not-for-profit corporation which operates an independent living retirement facility located in Stowe, Vermont. The Health System is the sole member of CWI. The Hospital received \$37,569 and \$36,907 in management fees from CWI in 2022 and 2021, respectively, which is other operating revenue in the accompanying financial statements.

CWI provides housing and related services to the Hospital. The Hospital recorded expense of \$71,652 and \$37,011 in relation to these services for the years ended September 30, 2022 and 2021, respectively.

Note 15: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Variable Consideration

Estimates of variable consideration in determining the transaction price for patient service revenue as described in *Notes 1* and *3*.

Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Notes 1* and *6*.

Litigation

In the normal course of business, the Hospital is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Hospital's self-insurance program or by commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Hospital evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Investments

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

Copley Hospital, Inc.
Notes to Financial Statements
September 30, 2022 and 2021

Asset Retirement Obligation

As discussed in *Note 13*, the Hospital recorded a liability for its conditional asset retirement obligation related to asbestos abatement.

Note 16: Future Change in Accounting Principles

Leases (ASU 2016-02)

The Financial Accounting Standards Board amended its standard related to the accounting for leases. Under the new standard, lessees will now be required to recognize substantially all leases on the balance sheet as both a right-of-use asset and a liability. The standard has two types of leases for income statement recognition purposes: operating leases and finance leases. Operating leases will result in the recognition of a single lease expense on a straight-line basis over the lease term similar to the treatment for operating leases under existing standards. Finance leases will result in an accelerated expense similar to the accounting for capital leases under existing standards. The determination of lease classification as operating or finance will be done in a manner similar to existing standards. The new standard also contains amended guidance regarding the identification of embedded leases in service contracts and the identification of lease and nonlease components in an arrangement. The new standard is effective for the Hospital's annual period beginning October 1, 2022. The Hospital is evaluating the impact the standard will have on the financial statements. The standard could have a material impact on the financial statements due to the recognition of additional assets and liabilities for operating leases.

Note 17: Subsequent Events

Subsequent events have been evaluated through January 27, 2023, which is the date the financial statements were available to be issued.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2021

For calendar year 2021 or other tax year beginning 10/01, 2021, and ending 09/30, 2022

Department of the Treasury
Internal Revenue Service

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

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

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COPLBY HOSPITAL, INC.	D Employer identification number 03-0179423
B Exempt under section	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 528 WASHINGTON HIGHWAY	E Group exemption number (see instructions)
<input checked="" type="checkbox"/> 501(C)(3)		City or town, state or province, country, and ZIP or foreign postal code MORRISVILLE, VT 05661	F <input type="checkbox"/> Check box if an amended return.
<input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A		C Book value of all assets at end of year ▶ 76557039.	
G Check organization type ▶	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
H Check if filing only to ▶	<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ ANGELA LAMELL		Telephone number ▶ 802-888-8222	
528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	NONE

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	NONE

For Paperwork Reduction Act Notice, see instructions.

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

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	COPLEY HOSPITAL INC	03-0179423
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	528 WASHINGTON HIGHWAY	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MORRISVILLE, VT 05661	

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

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

- The books are in the care of ► JEFF HEBERT
528 WASHINGTON HIGHWAY MORRISVILLE VT 05661
Telephone No. ► 802 8888888 Fax No. ► _____

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

1 I request an automatic 6-month extension of time until 08/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or
 ► tax year beginning 10/01, 2021, and ending 09/30, 2022.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

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

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			NONE
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3			
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			
6 a Payments: A 2020 overpayment credited to 2021	6a			
b 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	6g			
7 Total payments. Add lines 6a through 6g	7			
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8			
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶	9			NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶	10			
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ _____ Refunded ▶ _____	11			

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

1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
4 Enter available pre-2018 NOL carryovers here ▶ \$ _____ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1122? If "No," explain in Part V.		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	JOSEPH WOODIN Signature of officer	_____ Date	CEO Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN D TODD	_____	_____		P00422601
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶ 44-0160260		Phone no. 417-865-8701	
Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 6					

