

EXECUTIVE COMPENSATION REVIEW

MARKET BENCHMARK DATA			
JOBTITLE	Base Compensation		
	25th	50th	75th
PRESIDENT & CEO			
VP MEDICAL AFFAIRS			
VP CHIEF FINANCIAL OFFICER			
VP CHIEF LEGAL OFFICER			
VP PLANNING AND INFORMATION SERVICES			
VP CLINICAL SERVICES			
VP HUMAN RESOURCES			
VP CHIEF NURSING OFFICER			
VP FACILITIES PROJECTS & SERVICES			
VP MEDICAL GROUP OPERATIONS			

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) HARVEY S REICH, MD MEDICAL DIRECTOR CRITICAL CARE	40.0 0.0					✓		1,377,475	0	44,819
(2) ERIC MARSH, MD ORTHOPEDICS	40.0 0.0					✓		1,225,571	0	44,332
(3) MELBOURNE D BOYNTON, MD ORTHOPEDIC SURGEON/MEDICAL OFFICER	40.0 0.0					✓		1,176,766	0	49,767
(4) MICHAEL ROBERTELLO, MD CARDIOLOGY	40.0 0.0					✓		896,952	0	50,558
(5) CLAUDIO D. FORT PRESIDENT/CEO END 12/22	40.0 1.0					✓		704,698	0	108,044
(6) ERNEST M BOVE, MD UROLOGY	40.0 0.0					✓		761,627	0	42,995
(7) JOHN W KARL, MD ORTHOPEDICS	40.0 0.0					✓		727,986	0	43,617
(8) STANLEY M SHAPIRO, MD CARDIOLOGIST/MEDICAL DIRECTOR	40.0 0.0					✓		686,280	0	49,407
(9) MATTHEW CONWAY, MD DIRECTOR END 02/23	40.0 1.0	✓						626,518	0	50,555
(10) TODD GREGORY, MD PHYSICIAN/MEDICAL DIRECTOR	40.0 0.0					✓		499,143	0	50,607
(11) BRAD L JIMMO, MD GENERAL SURGERY/MEDICAL DIRECTOR	40.0 0.0					✓		506,468	0	35,022
(12) ALISON DAVIS, MD DIRECTOR END 02/23	40.0 1.0	✓						450,982	0	44,411
(13) JUDI K FOX CFO END; PRESIDENT/INTERIM CFO BEG 06/23	40.0 1.0					✓		431,561	0	59,860
(14) RICK HILDEBRANT, MD HOSPITALISTS/MEDICAL DIRECTOR	40.0 0.0					✓		425,044	0	47,102

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/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			
(15) PHILLIP R LAPP, MD DIRECTOR	40.0 1.0	<input checked="" type="checkbox"/>						404,269	0	59,477
(16) ANDREW P DENICCO, MD PHYSICIAN/ASSISTANT MEDICAL DIRECTOR	40.0 0.0				<input checked="" type="checkbox"/>			398,576	0	31,908
(17) JOHN WALLACE FORMER GENERAL COUNSEL CO	40.0 0.0					<input checked="" type="checkbox"/>		426,597	0	2,303
(18) THOMAS E FRANK VP MEDICAL GROUP OPERATIONS END 04/23	40.0 0.0				<input checked="" type="checkbox"/>			353,316	0	15,054
(19) JONATHAN REYNOLDS VP CLINICAL SERVICES	40.0 0.0				<input checked="" type="checkbox"/>			315,034	0	41,477
(20) BRIAN KERNS VP HUMAN RESOURCES	40.0 0.0				<input checked="" type="checkbox"/>			298,218	0	38,186
(21) ROGER F WAKEMAN VP SUPPORT SERVICES	40.0 0.0				<input checked="" type="checkbox"/>			277,776	0	8,686
(22) MICHEAL DIMEOLA, MD DIRECTOR BEG 03/23	40.0 1.0	<input checked="" type="checkbox"/>						271,844	0	12,802
(23) CAROL M EGAN INTERIM CHIEF NURSING OFFICER END 11/22	40.0 0.0				<input checked="" type="checkbox"/>			262,767	0	10,690
(24) TRACI M MOORE SENIOR DIRECTOR DEVELOPMENT COMM RELATIONS	40.0 0.0				<input checked="" type="checkbox"/>			192,107	0	36,410
(25) (SEE STATEMENT)										
1b Subtotal								13,697,575	0	978,089
c Total from continuation sheets to Part VII, Section A								416,347	0	20,619
d Total (add lines 1b and 1c)								14,113,922	0	998,708

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 336

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
CROSS COUNTRY STAFFING, INC, P.O. BOX 404674, ATLANTA, GA 30384-4674	TEMPORARY STAFF	13,739,659
CERNER CORPORATOIN, 8779 HILLCREAST ROAD, KANSAS CITY, MO 64138	PROFESSIONAL SERVICE	13,622,159
MEDICAL SOLUTIONS, LLC, 1010 N 102ND, SUITE 300, OMAHA, NE 68114	TEMPORARY STAFF	1,552,632
SHERIDAN HEALTHCARE OF VERMONT INC, PO BOX 744883, ATLANTA, GA 30374-4883	TEMPORARY STAFF	1,504,075
MAYO COLLABORATIVE SERVICE, INC, P.O. BOX 9146, MINNEAPOLIS, MN 55480-9146	LAB SERVICES	1,349,768

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 28

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
RUTLAND HOSPITAL INC

Employer identification number
03-0183483

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 type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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	✓	
4b	✓	
4c		✓
5a	✓	
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 HARVEY S REICH, MD MEDICAL DIRECTOR CRITICAL CARE	(i) 1,252,110 (ii) 0	105,186 0	20,179 0	25,675 0	19,144 0	1,422,294 0	0 0
2 ERIC MARSH, MD ORTHOPEDECS	(i) 581,282 (ii) 0	643,322 0	967 0	25,925 0	18,407 0	1,269,903 0	0 0
3 MELBOURNE D BOYNTON, MD ORTHOPEDIC SURGEON/MEDICAL OFFICER	(i) 628,556 (ii) 0	520,186 0	28,024 0	32,025 0	17,742 0	1,226,533 0	0 0
4 MICHAEL ROBERTELLO, MD CARDIOLOGY	(i) 433,353 (ii) 0	430,376 0	33,223 0	25,925 0	24,633 0	947,510 0	0 0
5 CLAUDIO D. FORT PRESIDENT/CEO END 12/22	(i) 614,983 (ii) 0	56,330 0	33,385 0	80,061 0	27,983 0	812,742 0	0 0
6 ERNEST M BOVE, MD UROLOGY	(i) 486,901 (ii) 0	240,382 0	34,344 0	25,925 0	17,070 0	804,622 0	0 0
7 JOHN W KARL, MD ORTHOPEDECS	(i) 398,758 (ii) 0	328,795 0	433 0	19,825 0	23,792 0	771,603 0	0 0
8 STANLEY M SHAPIRO, MD CARDIOLOGIST/MEDICAL DIRECTOR	(i) 289,958 (ii) 0	369,334 0	26,988 0	32,025 0	17,382 0	735,687 0	0 0
9 MATTHEW CONWAY, MD DIRECTOR END 02/23	(i) 432,920 (ii) 0	187,030 0	6,568 0	25,925 0	24,630 0	677,073 0	0 0
10 TODD GREGORY, MD PHYSICIAN/MEDICAL DIRECTOR	(i) 490,583 (ii) 0	6,009 0	2,551 0	25,925 0	24,682 0	549,750 0	0 0
11 BRAD L JIMMO, MD GENERAL SURGERY/MEDICAL DIRECTOR	(i) 417,718 (ii) 0	84,826 0	3,924 0	25,925 0	9,097 0	541,490 0	0 0
12 ALISON DAVIS, MD DIRECTOR END 02/23	(i) 414,638 (ii) 0	34,283 0	2,061 0	19,825 0	24,586 0	495,393 0	0 0
13 JUDI K FOX CFO END, PRESIDENT/INTERIM CFO BEG 06/23	(i) 361,515 (ii) 0	68,178 0	1,868 0	32,025 0	27,835 0	491,421 0	0 0
14 RICK HILDEBRANT, MD HOSPITALISTS/MEDICAL DIRECTOR	(i) 381,061 (ii) 0	43,110 0	873 0	19,825 0	27,277 0	472,146 0	0 0
15 PHILLIP R LAPP, MD DIRECTOR (SEE STATEMENT)	(i) 283,440 (ii) 0	97,392 0	23,437 0	31,700 0	27,777 0	463,746 0	0 0
16							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) ANDREW P DENICCO, MD PHYSICIAN/ASSISTANT MEDICAL DIRECTOR	(i)	264,975	133,331	270	19,825	430,484	0
	(ii)	0	0	0	0	0	0
(17) JOHN WALLACE FORMER GENERAL COUNSEL CO	(i)	51,171	0	375,426	2,303	428,900	0
	(ii)	0	0	0	0	0	0
(18) THOMAS E FRANK VP MEDICAL GROUP OPERATIONS END 04/23	(i)	322,832	25,767	4,717	13,725	368,370	0
	(ii)	0	0	0	0	0	0
(19) JONATHAN REYNOLDS VP CLINICAL SERVICES	(i)	271,765	36,860	6,409	13,725	356,511	0
	(ii)	0	0	0	0	0	0
(20) BRIAN KERNS VP HUMAN RESOURCES	(i)	273,000	22,559	2,659	13,725	336,404	0
	(ii)	0	0	0	0	0	0
(21) ROGER F WAKEMAN VP SUPPORT SERVICES	(i)	227,211	48,600	1,965	1,121	286,462	0
	(ii)	0	0	0	0	0	0
(22) MICHEAL DIMEOLA, MD DIRECTOR BEG 03/23	(i)	242,683	28,722	439	450	284,646	0
	(ii)	0	0	0	0	0	0
(23) CAROL M EGAN INTERIM CHIEF NURSING OFFICER END 11/22	(i)	235,959	21,366	5,440	9,779	273,457	0
	(ii)	0	0	0	0	0	0
(24) TRACI M MOORE SENIOR DIRECTOR DEVELOPMENT COMM RELATIONS	(i)	178,832	12,545	730	9,007	228,517	0
	(ii)	0	0	0	0	0	0
(25) ELIZABETH A KYHILL VP MEDICAL GROUP OPERATIONS BEG 07/23	(i)	194,029	21,459	408	9,745	227,764	0
	(ii)	0	0	0	0	0	0
(26) KELLY O WATSON VP CHIEF NURSING OFFICER	(i)	126,082	74,179	190	284	209,202	0
	(ii)	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	DURING 2022, JOHN WALLACE RECEIVED A SEVERANCE PAYMENT OF \$375,426.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	CLAUDIO D. FORT IS COVERED WITH A 457(F) SUPPLEMENTAL RETIREMENT AGREEMENT (SERP). IN THE CURRENT YEAR, A CONTRIBUTION OF \$66,336 WAS MADE.
SCHEDULE J, PART I, LINE 5A - COMPENSATION CONTINGENT ON REVENUES OF THE ORGANIZATION	PHYSICIANS EARN COMPENSATION BASED UPON THEIR PRODUCTIVITY AGAINST ESTABLISHED TARGETS. INCREASED PRODUCTIVITY IS DIRECTLY RELATED TO INCREASED REVENUES FOR THE ORGANIZATION.

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