

FORV/S Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and 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. Alternatively, the Internet may be used to make these documents available. (See the “Using the Internet” section which follows.) These rules apply to an organization’s Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

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.

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.

Written Requests

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.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet 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.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

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

2020

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **10/01, 2020**, and ending **09/30, 2021**

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 RUTLAND HOSPITAL INC			D Employer identification number 03-0183483		
	Doing Business As RUTLAND REGIONAL MEDICAL CENTER			E Telephone number (802) 775-7111		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 160 ALLEN STREET					
	City or town, state or province, country, and ZIP or foreign postal code RUTLAND, VT 05701			G Gross receipts \$ 328,146,970.		
F Name and address of principal officer: CLAUDIO D. FORT 160 ALLEN STREET, RUTLAND, VT 05701			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)			
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			J Website: ▶ WWW.RRMC.ORG			
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: 1892 M State of legal domicile: VT			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPREHENSIVE INPATIENT AND OUTPATIENT MEDICAL SERVICES AND TO IMPROVE HEALTH OF THE RESIDENTS OF RUTLAND AND SURROUNDING COUNTIES. SEE SCHEDULE O FOR MORE INFORMATION.		
	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	14.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1,989.
	6 Total number of volunteers (estimate if necessary)	6	128.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,454,989.
b Net unrelated business taxable income from Form 990-T, line 34	7b	405,480.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	24,069,079.	19,533,756.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	269,424,596.	294,017,187.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,547,895.	8,011,011.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-179,860.	-127,317.
		296,861,710.	321,434,637.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	734,415.	1,093,421.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	170,833,278.	177,676,092.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 486,305.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	118,620,277.	125,321,047.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	290,187,970.	304,090,560.
19 Revenue less expenses. Subtract line 18 from line 12	6,673,740.	17,344,077.	
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)	358,592,790.	380,016,568.
	22 Net assets or fund balances. Subtract line 21 from line 20.	132,523,788.	114,212,876.
	226,069,002.	265,803,692.	

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			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRIAN D TODD	Preparer's signature <i>Brian Todd</i>	Date 07/19/2022	Check <input type="checkbox"/> if self-employed	PTIN 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 65806-2523				

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** (2020)

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:

TO IMPROVE THE HEALTH OF THE RUTLAND REGION & SURROUNDING COMMUNITIES BY PROVIDING APPROPRIATE, SUPERIOR, INTEGRATED, PREVENTATIVE, DIAGNOSTIC & THERAPEUTIC HEALTH SERVICES IN A CARING ENVIRONMENT THROUGH THE STRENGTH OF OUR PEOPLE, TECHNOLOGY & RELATIONSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 123,547,207. including grants of \$) (Revenue \$ 141,715,156.) ANCILLARY CARE. ANCILLARY CARE SERVICES INCLUDE OPERATING ROOM, EMERGENCY ROOM, PHYSICAL REHABILITATION, ANESTHESIOLOGY, ONCOLOGY, PULMONARY, RESPIRATORY, PHYSICAL THERAPY, CARDIAC CATH, ENDOSCOPY, AMBULATORY, DELIVERY, RADIATION, PSYCHIATRIC COUNSELING, OCCUPATIONAL THERAPY, RECOVERY, HIV CLINIC, AND SPEECH THERAPY. SEE SCHEDULE O FOR MORE INFORMATION.

4b (Code:) (Expenses \$ 54,835,442. including grants of \$) (Revenue \$ 62,899,142.) INPATIENT CARE. INPATIENT CARE SERVICES INCLUDE MEDICAL AND SURGICAL, INTENSIVE CARE, HOSPITALISTS, PSYCHIATRIC, OBSTETRICS AND GYNECOLOGY, NURSERY, AND NURSING. SEE SCHEDULE O FOR MORE INFORMATION.

4c (Code:) (Expenses \$ 33,753,631. including grants of \$) (Revenue \$ 38,717,194.) DIAGNOSTIC SERVICES. DIAGNOSTIC SERVICES INCLUDE LABORATORY, RADIOLOGY, ELECTROENCEPHALOGRAPHY, AND CT SCANNING. SEE SCHEDULE O FOR MORE INFORMATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 44,187,765. including grants of \$ 1,093,421.) (Revenue \$ 50,685,695.)

4e Total program service expenses 256,324,045.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various organizational requirements and reporting obligations.

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 []

Table with 3 columns: Question number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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 (14), 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, 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)	(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			
(1) ERIC MARSH M.D. ORTHOPEDICS	40.00 0.					X	1,055,727.	0.	40,616.	
(2) MELBOURNE D BOYNTON, M.D. ORTHOPEDIC SRGN/CHIEF MED OFFR	40.00 0.				X		1,041,339.	0.	44,756.	
(3) WILLIAM A LIGHTHART, M.D. ORTHOPEDICS	40.00 0.					X	825,408.	0.	43,100.	
(4) MICHAEL ROBERTELLO, M.D. CARDIOLOGY	40.00 0.					X	668,226.	0.	46,060.	
(5) CLAUDIO D. FORT PRESIDENT / CEO	40.00 1.00			X			633,810.	0.	37,650.	
(6) ERNEST M BOVE, M.D. UROLOGY	40.00 0.					X	618,048.	0.	39,016.	
(7) MATTHEW CONWAY, M.D. DIRECTOR	40.00 1.00	X					549,572.	0.	46,046.	
(8) HARVEY S REICH, M.D. MEDICAL DIR OF CRITICAL CARE	40.00 0.					X	530,098.	0.	47,051.	
(9) STANLEY M SHAPIRO, M.D. CARDIOLOGIST/MEDICAL DIRECTOR	40.00 0.				X		476,888.	0.	45,823.	
(10) MICHAEL J. KENOSH, M.D. DIRECTOR	40.00 1.00	X					467,359.	0.	48,970.	
(11) TODD GREGORY, M.D. EMERGENCY PHYSICIAN/MED DRCTR	40.00 0.				X		428,695.	0.	46,041.	
(12) RICK HILDERBRANT, M.D. HOSPITALISTS/MEDICAL DIRECTOR	40.00 0.				X		419,554.	0.	42,563.	
(13) JUDI K. FOX CFO	40.00 1.00			X			322,746.	0.	54,562.	
(14) MATTHEW D. SOMMONS, M.D. PSYCHIATRY / MEDICAL DIRECTOR	40.00 0.				X		336,171.	0.	40,634.	

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) PHILIP R. LAPP, M.D. ----- DIRECTOR	40.00 1.00	X						312,393.	0.	54,437.
(16) ANDREW DENICCO, N ----- EMERGENCY PHYS/ASSIT MED DRCTR	40.00 0.				X			349,083.	0.	17,275.
(17) JOHN WALLACE ----- GEN COUNSEL COMPLIANCE OFFICER	40.00 0.				X			270,969.	0.	37,087.
(18) JONATHAN REYNOLDS ----- VP CLINICAL SERVICES	40.00 0.				X			259,174.	0.	36,661.
(19) THOMAS E. FRANK ----- VP MEDICAL GROUP OPERATIONS	40.00 0.				X			291,845.	0.	2,723.
(20) BRIAN KERNS ----- VP HUMAN RESOURCES	40.00 0.				X			261,021.	0.	30,865.
(21) ELIZABETH H HASSAN ----- VP CHIEF NRSING OFFR END 09/21	40.00 0.				X			223,348.	0.	34,939.
(22) JAMES F GREENOUGH, JR. ----- VP CORPORATE SUPPORT SERVICES	40.00 0.				X			227,670.	0.	9,285.
(23) CAROL M EGAN ----- INT VP CHF NRSNG OFR BEG 09/21	40.00 0.				X			159,240.	0.	28,341.
(24) JEFFREY MCKEE ----- VP COM & BEH HLTH SVC END 6/20	40.00 0.				X			156,076.	0.	17,983.
(25) MARY M. BEERWORTH, M.D. ----- DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Sub-total								10,884,460.	0.	892,484.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								10,884,460.	0.	892,484.

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 ► 201

	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
ATTACHMENT 1		

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 ► 24

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) DENISE A. CLARK SECRETARY	1.00 1.00	X		X				0.	0.	0.
(27) MARK K. FOLEY, JR. VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(28) JOSEPH KRAUS CHAIR	1.00 1.00	X		X				0.	0.	0.
(29) PAUL GALLO DIRECTOR	1.00 1.00	X						0.	0.	0.
(30) MICHELE NELSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(31) HEATHER COOPER DIRECTOR BEG 04/21	1.00 1.00	X						0.	0.	0.
(32) JOHN W. CASELLA DIRECTOR	1.00 1.00	X						0.	0.	0.
(33) DANIEL DORNGES DIRECTOR	1.00 1.00	X						0.	0.	0.
(34) DICK COURCELLE DIRECTOR	1.00 1.00	X						0.	0.	0.
(35) MARGO JONES DIRECTOR	1.00 1.00	X						0.	0.	0.
(36) JOAN F. GAMBLE DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 ▶ 201

	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

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			
(37) DON REUTHER ----- DIRECTOR END 07/21	1.00 ----- 1.00	X						0.	0.	0.
(38) S. PATRICK BENDER, M.D. ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
(39) EDWARD J. MERRENS, M.D. ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
(40) SARA KING ----- DIRECTOR BEG 04/21	1.00 ----- 1.00	X						0.	0.	0.
(41) MICHAEL R. SOLIMANO ----- DIRECTOR END 04/21	1.00 ----- 1.00	X						0.	0.	0.
(42) RONALD J. CIOFFI ----- DIRECTOR END 04/21	1.00 ----- 1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 ► 201

	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

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 VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	8,530.							
	d	Related organizations	1d								
	e	Government grants (contributions) . .	1e	16,798,837.							
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	2,726,389.							
	g	Noncash contributions included in lines 1a-1f.	1g	\$							
	h	Total. Add lines 1a-1f			19,533,756.						
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	621400	273,105,365.	273,105,365.				
b		PHARMACY		446110	14,966,552.	14,446,783.	519,769.				
c		LAB AND SCREENING SERVICES		621500	2,935,220.		2,935,220.				
d		CAFETERIA		722514	759,181.	759,181.					
e		OTHER REVENUE		900099	2,250,869.	2,250,869.					
f		All other program service revenue									
g		Total. Add lines 2a-2f			294,017,187.						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			3,836,228.		3,836,228.			
	4	Income from investment of tax-exempt bond proceeds .			0.						
	5	Royalties			0.						
	6a	Gross rents	6a	(i) Real	225,120.						
				(ii) Personal							
	b	Less: rental expenses	6b		352,437.						
	c	Rental income or (loss)	6c		-127,317.						
	d	Net rental income or (loss)			-127,317.		-127,317.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	10,276,309.	258,370.					
				(ii) Other							
	b	Less: cost or other basis and sales expenses . .	7b		6,211,125.	148,771.					
	c	Gain or (loss)	7c		4,065,184.	109,599.					
	d	Net gain or (loss)			4,174,783.		4,174,783.				
8a	Gross income from fundraising events (not including \$ 8,530. of contributions reported on line 1c). See Part IV, line 18	8a		0.							
			b	Less: direct expenses	8b		0.				
			c	Net income or (loss) from fundraising events.			0.				
			9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
						b	Less: direct expenses	9b		0.	
						c	Net income or (loss) from gaming activities.			0.	
			10a	Gross sales of inventory, less returns and allowances	10a		0.				
						b	Less: cost of goods sold	10b		0.	
						c	Net income or (loss) from sales of inventory.			0.	
			Miscellaneous Revenue	11a		Business Code					
b											
c											
d	All other revenue										
e	Total. Add lines 11a-11d				0.						
12	Total revenue. See instructions			321,434,637.	290,562,198.	3,454,989.	7,883,694.				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,093,421.	1,093,421.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	7,863,594.	5,977,929.	1,885,665.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	135,162,211.	124,950,049.	9,891,518.	320,644.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,527,045.	4,996,853.	517,336.	12,856.
9 Other employee benefits	20,727,379.	18,665,889.	2,020,780.	40,710.
10 Payroll taxes	8,395,863.	7,535,441.	841,954.	18,468.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	196,599.		196,599.	
c Accounting	226,445.		226,445.	
d Lobbying	75,693.		75,693.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	57,090.		57,090.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	30,003,930.	12,747,936.	17,249,984.	6,010.
12 Advertising and promotion	563,286.	57,955.	505,331.	
13 Office expenses	6,881,571.	4,434,951.	2,376,360.	70,260.
14 Information technology	4,271,295.	270,508.	4,000,771.	16.
15 Royalties	0.			
16 Occupancy	5,323,760.	3,778,419.	1,543,727.	1,614.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	299,382.	219,121.	80,241.	20.
20 Interest	1,181,728.	1,017,414.	162,980.	1,334.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	12,633,291.	10,876,688.	1,742,340.	14,263.
23 Insurance	2,541,655.		2,541,655.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & DRUGS	43,301,546.	43,301,546.		
b MEDICAID TAX ASSESSMENT	15,739,721.	15,739,721.		
c LICENSES, DUES, SUBSCRIPTION	1,932,126.	634,079.	1,297,937.	110.
d MISCELLANEOUS	91,929.	26,125.	65,804.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	304,090,560.	256,324,045.	47,280,210.	486,305.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	528,918.	1	6,847.
	2 Savings and temporary cash investments.	56,644,139.	2	49,755,439.
	3 Pledges and grants receivable, net	31,356.	3	7,668.
	4 Accounts receivable, net.	24,324,318.	4	22,569,942.
	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	0.	5	0.
	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).	0.	6	0.
	7 Notes and loans receivable, net	3,034,303.	7	3,535,174.
	8 Inventories for sale or use	2,835,878.	8	2,848,526.
	9 Prepaid expenses and deferred charges	4,057,708.	9	4,443,981.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 292,009,937.		
	b Less: accumulated depreciation.	10b 192,305,291.		
		99,836,449.	10c	99,704,646.
	11 Investments - publicly traded securities.	150,431,776.	11	176,028,036.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	16,867,945.	15	21,116,309.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	358,592,790.	16	380,016,568.	
Liabilities	17 Accounts payable and accrued expenses.	40,807,192.	17	32,548,466.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	13,547,104.	19	0.
	20 Tax-exempt bond liabilities.	31,225,379.	20	13,833,833.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	13,591,475.	23	34,942,042.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	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	33,352,638.	25	32,888,535.
	26 Total liabilities. Add lines 17 through 25.	132,523,788.	26	114,212,876.
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.	221,608,667.	27	260,880,769.
	28 Net assets with donor restrictions.	4,460,335.	28	4,922,923.
	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	226,069,002.	32	265,803,692.
33 Total liabilities and net assets/fund balances.	358,592,790.	33	380,016,568.	

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	321,434,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	304,090,560.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,344,077.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	226,069,002.
5	Net unrealized gains (losses) on investments	5	17,818,461.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,572,152.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	265,803,692.

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 in 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 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 13 Total support.

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: Description, 2020, 2019. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2020. 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 - 2019. 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

Schedule of Contributors

2020

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

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **RUTLAND HOSPITAL INC**

Employer identification number
03-0183483

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	\$ 39,106.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 14,304,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 747,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 84,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **RUTLAND HOSPITAL INC**

Employer identification number
03-0183483

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
7	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **RUTLAND HOSPITAL INC**

Employer identification number
03-0183483

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
13	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 155,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **RUTLAND HOSPITAL INC**

Employer identification number
03-0183483

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
19	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **RUTLAND HOSPITAL INC**

Employer identification number
03-0183483

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
25	N/A	\$ 138,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 12,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **RUTLAND HOSPITAL INC**Employer identification number
03-0183483**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
31	N/A	\$ 39,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 7,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 82,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 193,717.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 12,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **RUTLAND HOSPITAL INC**

Employer identification number
03-0183483

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
37	N/A	\$ 478,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A	\$ 1,388,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **RUTLAND HOSPITAL INC**

Employer identification number

03-0183483

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 RUTLAND HOSPITAL INC

Employer identification number
03-0183483

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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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 RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

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 or 990-EZ) 2020

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) 2017	(b) 2018	(c) 2019	(d) 2020	(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: Description, (a) Yes/No, and (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: Description and 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

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

LOBBYING EXPENSES:

THE ORGANIZATION PAID LOBBYING FEES OF \$75,693 TO A PROFESSIONAL GOVERNMENT AFFAIRS AND COMMUNICATION STRATEGIES COMPANY.

THE ORGANIZATION'S CEO, CLAUDIO FORT, SPENDS TIME EACH YEAR WORKING DIRECTLY WITH STATE LEGISLATORS TO IMPROVE SERVICES FOR THE RUTLAND REGION. APPROXIMATELY \$10,142 OF HIS SALARY IS ALLOCATED TO THIS ACTIVITY.

ALSO, DUES ARE PAID TO THE HOSPITAL ASSOCIATION AND THE VERMONT HOSPITAL ASSOCIATION. A PORTION OF DUES IS ATTRIBUTABLE TO LOBBYING:

\$ 12,755 VHA

9,285 AHA

877 340B HEALTH

\$ 22,917

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

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 value of contributions, grants, and end of year, and two 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 questions about purpose 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 questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2020

JSA 0E1268 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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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 37.7800 %
c Term endowment 62.2200 %

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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

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) DUE FROM AFFILIATES	3,411,634.
(2) OTHER RECEIVABLES	7,606,762.
(3) INTEREST RECEIVABLE	26,639.
(4) INSURANCE RECEIVABLE	2,087,150.
(5) INVESTMENT IN VERMONT COMM FDN	389,331.
(6) PREPAID PENSION ASSET	7,594,793.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	21,116,309.

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) EST AMTS DUE TO THIRD PARTY	10,321,415.
(3) ADVANCES FROM THIRD PTY PYRS	22,567,120.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	32,888,535.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 321,434,637.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 304,090,560.

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 PAGE 5

Multiple horizontal lines provided for supplemental information input.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUND PURPOSE:

RRMC'S ENDOWMENTS CONSIST OF VARIOUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE GOVERNING BODY TO FUNCTION AS ENDOWMENTS (BOARD-DESIGNATED ENDOWMENT FUNDS). AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING BOARD-DESIGNATED ENDOWMENT FUNDS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

RRMC'S GOVERNING BODY HAS INTERPRETED THE STATE OF VERMONT PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (SPMIFA) AND, THUS, CLASSIFIES AMOUNTS IN ITS DONOR-RESTRICTED ENDOWMENT FUNDS AS NET ASSETS WITH DONOR RESTRICTIONS BECAUSE THOSE NET ASSETS ARE TIME RESTRICTED UNTIL THE BOARD APPROPRIATES SUCH AMOUNTS FOR EXPENDITURE. MOST OF THOSE NET ASSETS ARE ALSO SUBJECT TO PURPOSE RESTRICTIONS THAT MUST BE MET BEFORE RECLASSIFYING THOSE NET ASSETS TO NET ASSETS WITHOUT DONOR RESTRICTIONS. RRMC'S GOVERNING BODY HAS INTERPRETED SPMIFA AS NOT REQUIRING THE MAINTENANCE OF PURCHASING POWER OF THE ORIGINAL GIFT AMOUNT CONTRIBUTED TO AN ENDOWMENT FUND, UNLESS A DONOR STIPULATES TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, WHEN VIEWING ITS DONOR-RESTRICTED ENDOWMENT FUNDS, RRMC CONSIDERS A FUND TO BE UNDERWATER IF THE FAIR VALUE OF THE FUND IS LESS THAN THE SUM OF (A) THE ORIGINAL VALUE OF INITIAL AND SUBSEQUENT GIFT AMOUNTS DONATED TO THE FUND AND (B) ANY ACCUMULATIONS TO THE FUND THAT ARE REQUIRED TO BE MAINTAINED IN PERPETUITY IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT. RRMC HAS

Part XIII Supplemental Information (continued)

INTERPRETED SPMIFA TO PERMIT SPENDING FROM UNDERWATER FUNDS IN ACCORDANCE WITH THE PRUDENT MEASURES REQUIRED UNDER THE LAW. IN ADDITION, IN ACCORDANCE WITH SPMIFA, RRMC CONSIDER THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS:

1. DURATION AND PRESERVATION OF THE FUND
2. PURPOSES OF RRMC AND THE FUND
3. GENERAL ECONOMIC CONDITIONS
4. POSSIBLE EFFECT OF INFLATION AND DEFLATION
5. EXPECTED TOTAL RETURN FROM INVESTMENT INCOME AND APPRECIATION OR DEPRECIATION OF INVESTMENTS
6. OTHER RESOURCES OF RRMC

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12:

\$ 4,194,109 NET GAIN FROM DEF BEN PLAN & POSTRETIREMENT BEN COSTS
 922,161 NET ASSETS RELEASED FROM RESTRICTION
 878,043 GAIN ON INTEREST SWAP AGREEMENT
 (500,000) TRANSFER TO AFFILIATE

Part XIII Supplemental Information (continued)

\$ 5,494,313

SCHEDULE D, PART XI, LINE 4B

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1:

\$ 1,050,882 TEMPORARILY RESTRICTED CONTRIBUTIONS

333,867 TEMPORARILY RESTRICTED INVESTMENT RETURN

(352,437) RENTAL EXPENSES

\$ 1,032,312

SCHEDULE D, PART XII, LINE 2D

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25:

\$ 352,437 RENTAL EXPENSES

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

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

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

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	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			2,595,105.		2,595,105.	.85
b Medicaid (from Worksheet 3, column a)			74,887,879.	41,371,951.	33,515,928.	11.02
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			77,482,984.	41,371,951.	36,111,033.	11.87
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	907	2,853,610.	2,277,228.	576,382.	.19
f Health professions education (from Worksheet 5)	3	267	710,394.		710,394.	.23
g Subsidized health services (from Worksheet 6)			43,087,906.	29,881,525.	13,206,382.	4.32
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	1125	303,618.		303,618.	.10
j Total. Other Benefits	14	2299	46,955,528.	32,158,753.	14,796,776.	4.84
k Total. Add lines 7d and 7j	14	2299	124,438,512.	73,530,704.	50,907,809.	16.71

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

Schedule H (Form 990) 2020

JSA 0E1284 1.000

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	1	6450	442,331.		442,331.	.15
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		172,161.		172,161.	.06
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	6450	614,492.		614,492.	.21

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,515,478.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	661,857.
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	72,777,704.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	92,616,975.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-19,839,271.
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)

	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
1 RUTLAND HOSPITAL 160 ALLEN STREET RUTLAND VT 05701 WWW.RRMC.ORG 884	X	X					X		MED DEV RURAL COMMUNITY HOSPITAL	
2										
3										
4										
5										
6										
7										
8										
9										
10										

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 RUTLAND HOSPITAL

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group RUTLAND HOSPITAL

		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>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input 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 checked="" 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 RUTLAND HOSPITAL

		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 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?	X	
If "No," indicate why:			
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 RUTLAND HOSPITAL

		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) 2020

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:

RUTLAND REGIONAL MEDICAL CENTER CONTINUALLY ASSESSES THE NEEDS OF THE COMMUNITY WE SERVE THROUGH INTERACTIONS WITH THE STATE OF VERMONT HEALTH DEPARTMENT AND THE DEPARTMENT OF VERMONT HEALTH ACCESS, THE PUBLIC, OTHER COMMUNITY ORGANIZATIONS, FEEDBACK FROM MEDICAL PROVIDERS AND PATIENTS, ALONG WITH NOTING TRENDS IN UTILIZATION OF SERVICES AND PRESENTATION OF ILLNESS, INJURY AND DISEASE.

ONE INPUT TO THIS ONGOING REVIEW IS THE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IS CONDUCTED EVERY THREE (3) YEARS TO IDENTIFY AND PRIORITIZE THE HEALTH NEEDS OF THE HOSPITAL SERVICE AREA CONSTITUENTS. THE PROCESS TAKES INTO CONSIDERATION AVAILABLE DATA REPORTS ON HEALTH INDICATORS AND RECOMMENDED HEALTH OUTCOME METRICS, AND COMBINES THIS INFORMATION WITH INPUT FROM COMMUNITY MEMBERS AND LEADERS.

WE TAKE INTO CONSIDERATION THE INFLUENCE OF ENVIRONMENT, ACCESS TO HEALTHCARE, HEALTHY LIFESTYLE CHOICES, AND SOCIOECONOMIC FACTORS AND THE EFFECT THEY HAVE INDIVIDUALLY AND COLLECTIVELY ON HEALTH STATUS OF A COMMUNITY. TO ACHIEVE THIS, WE HAVE USED A SIX-STEP APPROACH TO CONDUCTING THIS AND OTHER NEEDS ASSESSMENTS, INCLUDING:

1. DEFINING THE COMMUNITY WE SERVE (OUR HOSPITAL SERVICE AREA);
2. CONDUCTING SECONDARY RESEARCH TO COLLECT DATA FROM OTHER SOURCES TO ANALYZE EXISTING DATA THAT RELATES TO THE HEALTH STATUS OF THE

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.

POPULATION;

3. CONDUCTING SURVEYS OF COMMUNITY MEMBERS AS CONSUMERS OF HEALTH

SERVICES;

4. SOLICITING INPUT FROM COMMUNITY LEADERS;

5. REVIEW THE INFORMATION COLLECTED TO IDENTIFY THE NEEDS OF OUR

COMMUNITY;

6. PRIORITIZE AND REPORT THE IDENTIFIED NEEDS AND RECOMMENDATIONS.

TO OVERSEE THE WORK PERFORMED, WE COLLABORATE WITH COMMUNITY LEADERS WITH SPECIAL KNOWLEDGE OR EXPERTISE OF PUBLIC HEALTH, COMMUNITY HEALTH AND SOCIAL SERVICES, AND TARGET POPULATIONS, TO SERVE AS AN ADVISORY COMMITTEE THROUGHOUT THE PROCESS OF COMPLETING THE COMMUNITY HEALTH NEEDS ASSESSMENT. THIS GROUP OF INDIVIDUALS BROUGHT DIVERSITY OF PERSPECTIVE TO THE PROCESS:

- VERMONT DEPARTMENT OF HEALTH
- RUTLAND MENTAL HEALTH SERVICES, INC.
- VISITING NURSE ASSOCIATION AND HOSPICE OF THE SOUTHWEST REGION.
- RUTLAND HOUSING AUTHORITY
- COMMUNITY MEMBER, BOARD MEMBER OF COMMUNITY HEALTH CENTERS OF THE RUTLAND REGION, COMMISSIONER RUTLAND CITY POLICE
- RUTLAND BLUEPRINT MANAGER, RUTLAND REGIONAL MEDICAL CENTER
- PSYCHIATRIC SERVICES AND WEST RIDGE TREATMENT CENTER, RUTLAND REGIONAL MEDICAL CENTER
- DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS, VERMONT DEPARTMENT OF HEALTH

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.

- UNITED WAY OF RUTLAND COUNTY
- BUILDING BRIGHT FUTURES.

THE ADVISORY COMMITTEE MET MONTHLY BEGINNING IN OCTOBER 2017 TO MONITOR THE PROGRESS OF THE WORK, PROVIDE INPUT AND SUPPORT, AND TO PROVIDE ASSISTANCE WHEN NECESSARY. IN ADDITION TO THE ADVISORY COMMITTEE IS AN OVERSIGHT COMMITTEE, MADE UP OF A DIVERSE COMBINATION OF COMMUNITY PARTNERS, THE BOWSE COMMUNITY HEALTH IMPROVEMENT COMMITTEE.

THE BOWSE COMMUNITY HEALTH IMPROVEMENT COMMITTEE IS CHARGED WITH GENERAL OVERSIGHT OF RUTLAND REGIONAL MEDICAL CENTERS COMMUNITY SERVICE, OR BENEFITS PROVIDED TO THE COMMUNITY ABOVE AND BEYOND THEIR PRIMARY ROLE AS A PROVIDER OF HOSPITAL-BASED MEDICAL SERVICES. AS SUCH, THIS GROUP PROVIDED VALUABLE FEEDBACK THROUGHOUT THE PROCESS AS STAKEHOLDERS IN THE HEALTH AND PROMOTION OF HEALTH ACROSS OUR COMMUNITY.

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

CHNA AVAILABILITY:

THE MOST RECENTLY CONDUCTED CHNA REPORT CAN BE FOUND AT THE FOLLOWING URL:

WWW.RRMC.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

CHNA OTHER WEBSITE:

[HTTP://GMCBOARD.VERMONT.GOV/HOSPITAL-BUDGET/HEALTH-NEEDS](http://GMCBOARD.VERMONT.GOV/HOSPITAL-BUDGET/HEALTH-NEEDS)

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 7D

CHNA AVAILABILITY TO PUBLIC:

THE COMMUNITY IMPACT COORDINATOR DEVELOPED AND FOLLOWED A COMMUNICATON PLAN UTILIZING ELECTRONIC COMMUNITION, ZOOM AND VIRTUAL MEETINGS, SOCIAL MEDIA, WEBSITE LINKS, PRESS RELEASES, NEWS ARTICES AND PRESENTATIONS THROUGHOUT THE COMMUNITY (PRIMARILY VIRTUAL) TO DISSEMINATE THE COMMUNITY HEALTH NEEDS ASSESSMENT. PRESENTATIONS WERE HOSTED BY AREA AGENCIES AND COMMUNITY COALITIONS, WITHIN THE HOSPITAL ORGANIZATION, FOR THE REGION.

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

IMPLEMENTATION STRATEGY:

THE IMPLEMENTATION STRATEGY CAN BE FOUND AT THE FOLLOWING URL:

[HTTPS://WWW.RRMC.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.rrmc.org/about/community-health-needs-assessment/)

SCHEDULE H, PART V, SECTION B, LINE 11

IMPLEMENTATION STRATEGY:

IMPLEMENTATION STRATEGY RESULTS:

IMPLEMENTATION STRATEGY FOR ALL FOUR PRIORITY AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ARE AS FOLLOWS: CONNECTION TO COMMUNITY, PARTNERING WITH PRIVATE SECTOR, CREATING A PROACTIVE APPROACH TO ADDRESSING NEEDS, AND COMMUNICATION AND OUTREACH AS THE MAIN THEMES.

THIS WAS DONE OVER THE COURSE OF FIVE MEETINGS, ONE LARGE GROUP MEETING AND FOUR SMALLER GROUP MEETINGS - ONE FOR EACH PRIORITY AREA.

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.

- MEETING 1: LARGE AND SMALL GROUPS IDENTIFIED EXISTING ACTIVITIES AND RESOURCES AND BRAINSTORMED A "WISH LIST" FOR PROGRAMS OR PROJECTS THAT WOULD ADDRESS PRIORITY AREAS.

- MEETING 2 (ONE MEETING FOR EACH PRIORITY AREA): THE "WISH LIST" FROM MEETING 1 WAS USED TO CREATE GUIDING STATEMENTS FOR STRATEGIES/GOALS THAT MEMBER ORGANIZATIONS COULD USE TO ALIGN CONTRIBUTIONS TO THE PRIORITY AREA.

ALIGNMENT OF THE COMMUNITY HEALTH NEEDS ASSESSMENT: RECOGNIZING EXISTING WORK BY PARTNERING AGENCIES AND ORGANIZATIONS HELPS ALIGN THE FOCUS OF THE CHNA. BUILDING ON THE FOUNDATION OF EXISTING WORK AND COLLABORATIONS WILL ALLOW FOR NEW PARTNERSHIPS AND PROJECTS TO PROGRESS.

FROM IMPLEMENTATION TO ACTION: THE STRATEGIES REMAIN BROAD TO ALLOW FOR ORGANIZATIONS TO DEVELOP MEANINGFUL GOALS AND ALIGN EFFORTS TO AVOID DUPLICATION OR PARALLEL WORK.

SCHEDULE H, PART V, SECTION B, LINE 16A

FINANCIAL ASSISTANCE POLICY AVAILABILITY:

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE AT THE FOLLOWING URL:

[HTTPS://WWW.RRMC.ORG/PATIENT-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTAN](https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistance/)

CE/

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 16B

FINANCIAL ASSISTANCE POLICY APPLICATION FORM AVAILABILITY:

THE FINANCIAL ASSISTANCE POLICY APPLICATION FORM IS AVAILABLE AT THE

FOLLOWING URL:

[HTTPS://WWW.RRMC.ORG/PATIENT-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTAN](https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistan)

CE/

SCHEDULE H, PART V, SECTION B, LINE 16C

FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY AVAILABILITY:

THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS

AVAILABLE AT THE FOLLOWING URL:

[HTTPS://WWW.RRMC.ORG/PATIENT-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTAN](https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistan)

CE/

SCHEDULE H, PART V, SECTION B, LINE 16I

LEP TRANSLATION:

THERE ARE NO GROUPS WITH LIMITED ENGLISH PROFICIENCY THAT RISE TO THE

THRESHOLD REQUIRED UNDER THE IRC SECTION 501(R). HOWEVER, THE

ORGANIZATION HAS A CONTRACT WITH A TRANSLATIONS SERVICE PROVIDERS.

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? 12

Name and address	Type of Facility (describe)
1 RUTLAND HEART CENTER 12 COMMONS STREET RUTLAND VT 05701	PATIENT CLINIC
2 RUTLAND REG DIABETES & ENDOCRINOLOGY CTR 8 ALBERT CREE DRIVE RUTLAND VT 05701	PATIENT CLINIC
3 RUTLAND REGIONAL GENERAL SURGERY 6 COMMONS STREET RUTLAND VT 05701	PATIENT CLINIC
4 RUTLAND REGIONAL WOMEN'S HEALTH 147 ALLEN STREET RUTLAND VT 05701	PATIENT CLINIC
5 RUTLAND REGIONAL DIGESTIVE SERVICES 1 ALBERT CREE DRIVE RUTLAND VT 05701	PATIENT CLINIC
6 RUTLAND BEHAVIORAL HEALTH CLINIC 1 COMMONS STREET RUTLAND VT 05701	PATIENT CLINIC
7 EAST DORSET MEDICAL CAMPUS 51 TENNIS WAY EAST DORSET VT 05253	PATIENT CLINIC
8 KILLINGTON MEDICAL CLINIC 3902 KILLINGTON ROAD KILLINGTON VT 05751	PATIENT CLINIC
9 WEST RIDGE TREATMENT CENTER 1 SCALE AVE, BLDG 10 RUTLAND VT 05701	PATIENT CLINIC
10 MARBLE VALLEY UROLOGY 145 ALLEN ST RUTLAND VT 05701	PATIENT CLINIC

Schedule H (Form 990) 2020

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? _____

Name and address	Type of Facility (describe)
1 MARBLE VALLEY EYE CARE 1 ALBERT CREE DRIVE RUTLAND VT 05701	PATIENT CLINIC
2 RUTLAND REGIONAL NEUROLOGY CENTER 1 ALBERT CREE DRIVE RUTLAND VT 05701	PATIENT CLINIC
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 3B

ELIGIBILITY FOR DISCOUNTED CARE:

THE ORGANIZATION WILL PROVIDE DISCOUNTED CARE TO LOW INCOME INDIVIDUALS WHOSE FAMILY INCOME FALLS BETWEEN 301% AND 500% OF THE FEDERAL POVERTY GUIDELINES USING A GRADUATED RANGE OF DEDUCTIBLES FROM \$250 AT THE LOWEST LEVEL TO \$3,000 AT THE HIGHEST LEVEL.

SCHEDULE H, PART I, LINE 3C

OTHER FACTORS USED TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE:

THE ORGANIZATION USES ASSET LEVEL, MEDICAL INDIGENCY, INSURANCE STATUS AND UNDERINSURANCE STATUS IN ADDITION TO FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

SCHEDULE H, PART I, LINE 7, COLUMN F

PERCENT OF TOTAL EXPENSES:

THE PERCENT OF TOTAL EXPENSES ON SCHEDULE H, PART I, LINE 7 COLUMN (F), WAS CALCULATED USING TOTAL EXPENSES ON FORM 990, PART IX, LINE 25, COLUMN (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.
- 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 7

COSTING METHODOLOGY:

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

SCHEDULE H, PART I, LINE 7G

SUBSIDIZED SERVICES:

THE ORGANIZATION HAS INCLUDED COSTS ASSOCIATED WITH PHYSICIAN CLINICS IN
THE CALCULATION OF SUBSIDIZED SERVICES ON LINE 7G, WITH A NET SUBSIDY
FROM THESE CLINICS OF \$7,642,477. THE ORGANIZATION PROVIDES SPECIALTY
CARE SERVICES TO THE SURROUNDING COMMUNITIES AT THE CLINICS. THESE
SERVICES ARE PROVIDED IN AREAS WHERE THERE WOULD BE A SHORTAGE OF QUALITY
MEDICAL CARE WITHOUT THE SERVICES. THE ORGANIZATION CONTINUES TO PROVIDE
THESE SERVICES AS A BENEFIT TO THE COMMUNITY DESPITE KNOWING THAT
FINANCIAL SHORTFALLS WILL BE SUSTAINED.

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 II

COMMUNITY BUILDING ACTIVITIES:

RUTLAND REGIONAL MEDICAL CENTER IS THE ONLY MAJOR MEDICAL CENTER IN CENTRAL VERMONT, AND IS ONE OF THE LARGEST EMPLOYERS IN THE REGION. AS SUCH, WE ARE RELIED BY THE COMMUNITIES WE SERVE TO PROVIDE HEALTH RESOURCES AND LEADERSHIP. WE RECOGNIZE THAT THERE IS MORE TO HEALTH THAN ILLNESS AND DISEASE, SOCIAL DETERMINANTS SUCH AS LOW INCOME LEVELS, AND AN AGING POPULATION, ALONG WITH A SAFE ENVIRONMENT AND A WELL-ROUNDED CULTURE CONTRIBUTE TO THE HEALTH AND WELL-BEING OF OUR POPULATION. THEREFORE, OUR LEADERSHIP AND COMMITMENT TO OUR COMMUNITY THROUGH A VARIETY OF INITIATIVES AND SUPPORTS BEYOND PROVIDING ESSENTIAL HOSPITAL-BASED CARE, ENCOMPASSING SOCIAL, PERSONAL, COMMUNITY AND HEALTH-RELATED ISSUES IMPACTING THE CITIZENS OF THE RUTLAND REGION.

MANY STAFF AND LEADERS ARE INVOLVED IN LOCAL, REGIONAL AND STATEWIDE COALITIONS, COLLABORATIVES AND COMMITTEES OF OTHER ORGANIZATIONS, WHERE WE LEARN ABOUT TRENDS AND ISSUES OF INTEREST OF CONCERN TO BRING BACK TO OUR HOSPITAL AND REVIEW IN THE CONTEXT OF OUR COMMUNITY AND OUR HEALTH

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.

SYSTEM; THESE INCLUDE THE RUTLAND FREE CLINIC, RUTLAND REGIONAL CHAMBER OF COMMERCE, TO NAME A FEW. ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT AT THE REGIONAL, STATE AND NATIONAL LEVEL ALSO IMPACTS OUR COMMUNITY.

IN ADDITION TO THESE EFFORTS, OUR COMMUNITY BUILDING ACTIVITIES IN THE PAST YEAR INCLUDE EFFORTS TO SUPPORT VIBRANCY IN THE COMMUNITY THROUGH THE ARTS, A VARIETY OF EVENTS AND ACTIVITIES BY SCHOOLS TO PROMOTE STRONG EDUCATION AND POSITIVE DECISION-MAKING, MENTORING YOUNG CHILDREN THROUGH READING TO BUILD SELF-CONFIDENCE AN ESTEEM IN ADDITION TO CORE ACADEMIC ACHIEVEMENT, ALONG WITH WORKFORCE DEVELOPMENT, ESPECIALLY AS RELATED TO HEATH CARE.

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE:

THE AMOUNT OF BAD DEBT LISTED ON LINE 2 AGREES TO BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS.

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:

BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE

ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED USING POVERTY LIMIT

DEMOGRAPHIC INFORMATION OBTAINED THROUGH THE US CENSUS BUREAU. USING DATA

FROM 2020, APPROXIMATELY 12 PERCENT OF RUTLAND COUNTY WAS CONSIDERED TO

LIVE IN POVERTY.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT EXPENSE FOOTNOTE:

ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE

ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, RPMC

ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR

PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR

UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS.

MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF

REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE

ACCOUNTS.

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 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.

THE ORGANIZATION USES INFORMATION FROM THE MEDICARE COST REPORT TO COMPUTE THE MEDICARE ALLOWABLE COSTS OF CARE ON LINE 6.

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

COLLECTION POLICY:

HOSPITAL CARE WILL NOT BE DENIED TO ANY PERSON SOLELY ON THE BASIS OF THEIR ABILITY TO PAY. HOWEVER, ANY INDIGENT PATIENT WILL BE REFERRED FOR FINANCIAL ASSISTANCE. RRMC DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS BEFORE MAKING REASONABLE COLLECTION EFFORTS TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THAT HOSPITAL'S FINANCIAL

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.

ASSISTANCE POLICY. ACCOUNTS ARE CONSIDERED BAD DEBT, AND ARE TRANSFERRED TO AN OUTSIDE AGENCY FOR COLLECTION, WHEN GUARANTOR HAS BEEN OFFERED (AND HAS DENIED OR FAILS TO RETURN APPLICATION FOR) ASSISTANCE UNDER THE RRMC FINANCIAL ASSISTANCE POLICY.

THE PAYMENT PLAN POLICY REQUIRES PAYMENTS OF A MINIMUM OF \$25.00 PER MONTH, AND THAT ALL BALANCES BE PAID WITHIN 10 MONTHS. THE FREE CARE POLICY SPECIFICALLY STATES THAT ALL UNINSURED AND UNDERINSURED PATIENTS BE GIVEN INFORMATION ON THE FREE CARE PROGRAM, AND THAT STAFF PERFORM DUE DILIGENCE TO GIVE THEM INFORMATION AND HAVE THE APPLICATION RETURNED, AND THAT THE HOSPITAL SEND 3 STATEMENTS AND A FINAL NOTICE BEFORE SENDING AN ACCOUNT TO BAD DEBT. IT ALSO STATES THAT RRMC WILL REFRAIN FROM EXTRAORDINARY COLLECTION ACTIONS TO OBTAIN PAYMENT FOR A DEBT.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

RUTLAND REGIONAL MEDICAL CENTER CONTINUALLY ASSESSES THE NEEDS OF THE COMMUNITY WE SERVE THROUGH INTERACTIONS WITH THE STATE OF VERMONT HEALTH

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.

DEPARTMENT AND THE DEPARTMENT OF VERMONT HEALTH ACCESS, THE PUBLIC, OTHER
COMMUNITY ORGANIZATIONS, FEEDBACK FROM MEDICAL PROVIDERS AND PATIENTS,
ALONG WITH NOTING TRENDS IN UTILIZATION OF SERVICES AND PRESENTATION OF
ILLNESS, INJURY AND DISEASE.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

RRMC HAS "DO YOU NEED HELP WITH YOUR MEDICAL BILLS"? SIGNAGE POSTED AT
EVERY ACCESS POINT THROUGHOUT THE HOSPITAL AND ITS OFF-SITE CLINICS
(RUTLAND GENERAL SURGERY, WOMEN'S HEALTH ETC.) THE SIGNAGE PROVIDES
CONTACT INFORMATION FOR THE PATIENTS TO CALL THE FINANCIAL COUNSELORS FOR
HELP AS NEEDED. REGISTRATION OFFERS FINANCIAL ASSISTANCE PROGRAM
APPLICATIONS TO ALL MEDICARE INSURED PATIENTS WITH NO OTHER INSURANCE,
ALL SELF-PAY PATIENTS, AND ANY OTHER PERSON REQUESTING THE INFORMATION OR
ANYONE WHO SPEAKS TO BEING IN FINANCIAL NEED. ALL SELF-PAY PATIENTS ARE
VISITED BY A FINANCIAL COUNSELOR WHILE THEY ARE AN IN-PATIENT AND THEY
WILL ASSIST THEM IN APPLYING FOR OUR FINANCIAL ASSISTANCE, AS WELL AS,
APPLYING FOR STATE AND FEDERAL PROGRAMS. ALL STATEMENTS HAVE THE RRMC

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.

WEBSITE ADDRESS TO VIEW OUR FINANCIAL ASSISTANCE PROGRAM AND THE BILLING AND COLLECTIONS POLICY AND PROCEDURE. THE WEBSITE ALSO HAS CONTACT PHONE NUMBERS FOR THE PATIENT TO CALL WITH QUESTIONS OR CONCERNS ABOUT THEIR BILL. THE RRMIC WEB SITE NOT ONLY DESCRIBES THE FINANCIAL ASSISTANCE PROGRAM BUT, ALSO SHOW THE INCOME GUIDELINES (BASED ON THE FEDERAL POVERTY) FOR FINANCIAL ASSISTANCE, AN ON-LINE APPLICATION, AS WELL AS, INFORMATION ON MEDICAID PROGRAMS AVAILABLE WITH SHORT DESCRIPTIONS. LASTLY, ALL PATIENTS WHO ARE SENT A STATEMENT SHOWING THEIR OUT OF POCKET EXPENSES ARE CALLED TO DEVELOP A PAYMENT PLAN. AT THIS TIME FINANCIAL ASSISTANCE APPLICATION ARE OFFERED AND MAILED AS REQUESTED.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

A. GEOGRAPHIC DESCRIPTION:

RUTLAND COUNTY, COMPOSED OF 933 SQUARE MILES, IS LOCATED IN CENTRAL VERMONT. THE POPULATION MOSTLY RESIDES IN THE 27 SMALL TOWNS AND OUTLYING RURAL AREAS. RUTLAND CITY IS THE LARGEST POPULATION CENTER (ESTIMATED AT 15,807 IN 2020). RUTLAND REGIONAL MEDICAL CENTER (RRMC) IS DEPENDED UPON

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.

BY MORE THAN 60,000 RESIDENTS OF THE HOSPITAL SERVICE AREA (HSA), WHICH INCLUDES RUTLAND COUNTY AND SOME PORTIONS OF SOUTHERN AND NORTH CENTRAL VERMONT AND EVEN WASHINGTON COUNTY, NEW YORK.

B. TARGET POPULATIONS:

THE POPULATION OF RUTLAND COUNTY CONTINUES TO BE OLDER. THE MEDIAN AGE FOR MALES AND FEMALES IN RUTLAND COUNTY IS HIGHER THAN THE STATE. RUTLAND COUNTY'S MEDIAN AGE WAS 46.6 YEARS OLD, COMPARED TO VERMONT'S AVERAGE AGE OF 42.9.

ADDITIONALLY, THE SENIOR POPULATION CONTINUES TO GROW - 25% OF RUTLAND COUNTY RESIDENTS ARE 65 YEARS AND OLDER, SLIGHTLY MORE THAN THE STATEWIDE AVERAGE (20%).

RUTLAND COUNTY MEDIAN HOUSEHOLD INCOME (\$51,900) CONTINUES TO LAG BEHIND THE STATE (\$63,300). FOR 2011 TO 2015, THE PROPORTION OF ALL INDIVIDUALS IN RUTLAND COUNTY LIVING BELOW POVERTY IS 12.6%, CONTINUING TO BE ABOVE STATE AVERAGE OF 11.3% IN 2018.

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.

WHILE RUTLAND COUNTY HAS A COMPARABLE PERCENTAGE OF HIGH SCHOOL GRADUATES (OR EQUIVALENCE) AT 93%, COMPARED TO THE STATE AT 93%, WE LAG BEHIND IN HIGHER EDUCATION (SOME COLLEGE WITH NO DEGREE, ASSOCIATE'S, AND BACHELOR'S) AT 63% COMPARED TO THE STATE AT 69%.

SPECIFIC TARGET POPULATIONS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDE:

- I. SENIOR POPULATIONS
- II. INDIVIDUALS LIVING WITH MENTAL HEALTH ISSUES INCLUDING SUBSTANCE USE
- III. CHILDREN, YOUTH, AND PARENTS/CAREGIVERS
- IV. INDIVIDUALS AND FAMILIES EXPERIENCING HOUSING CHALLENGES

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH: RUTLAND REGIONAL MEDICAL CENTER (RRMC) ENGAGES IN A NUMBER OF COMMUNITY SUPPORTIVE ACTIVITIES IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY THE ORGANIZATION SERVES. RRMC ACTIVELY RECRUITS BOTH PRIMARY CARE AND SPECIALTY PRACTICE PROVIDERS FOR

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.

THE REGION FOR AREAS OF SHORTAGE AND/OR NEED. IN FY21, SEVENTEEN PROVIDERS WERE RECRUITED IN SPECIALTY AREAS INCLUDING ANESTHESIOLOGY, CRITICAL CARE, HOSPITAL AND EMERGENCY MEDICINE, NEPHROLOGY, OCCUPATIONAL & EMPLOYEE WELLNESS, ORTHOPAEDICS, PSYCHIATRY AND WOUND OSTOMY AND CONTINENCE CARE. RPMC ALSO WORKS COLLABORATIVELY TO HELP RECRUIT PRIMARY CARE PHYSICIANS WITH COMMUNITY HEALTH, RUTLAND COUNTY'S FEDERALLY QUALIFIED HEALTH CENTER WHICH SERVES APPROXIMATELY 80+% OF AREA PRIMARY CARE NEEDS. RPMC CONTINUES TO SUPPORT A HOSPITALIST PROGRAM WHERE HOSPITAL PHYSICIANS PROVIDE CARE FOR PRIMARY CARE PROVIDER'S PATIENTS THAT ARE ADMITTED TO THE HOSPITAL. THIS CREATES EFFICIENCY AND ALLOWS THE PRIMARY CARE PROVIDER TO PROVIDE MORE HOURS OF OFFICE CARE WHILE THEIR HOSPITALIZED PATIENTS HAVE 24 HOUR ACCESS TO A DOCTOR.

RUTLAND COUNTY'S MEDICAID POPULATION CONTINUES TO INCREASE, PUTTING FINANCIAL STRAIN ON THE HEALTH SYSTEM IN OUR REGION. THE FULL COST OF CARE FOR THIS POPULATION IS NOT REIMBURSED. LEADERS AT RPMC ADVOCATE AT THE STATE AND LOCAL LEVEL TO ADDRESS MEDICAID REIMBURSEMENT RATES FOR BOTH IN-PATIENT AND OUT-PATIENT CARE. THIS ADVOCACY IS INTENDED TO

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.

INCREASE ACCESS TO CARE FOR MEDICAID PATIENTS. RPMC ALSO PROVIDES SUPPORT FOR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN THE REGION BY HAVING A LEADER REPRESENTATIVE ON THE BOARD OF THE ORGANIZATION. RPMC LEADERS AND STAFF ALSO PARTICIPATE AS BOARD AND COMMITTEE MEMBERS IN SUPPORT OF OTHER NON-PROFIT ORGANIZATIONS, SUCH AS UNITED WAY OF RUTLAND COUNTY, VISITING NURSE ASSOCIATION AND HOSPICE OF THE SOUTHWEST REGION, RUTLAND COUNTY NUTRITION COALITION, RUTLAND'S PROJECT VISION, RUTLAND COMMUNITY COLLABORATIVE (ACCOUNTABLE COMMUNITY OF HEALTH) AS WELL AS MANY OTHERS. RPMC PARTNERS WITH UNITED WAY OF RUTLAND COUNTY TO PROVIDE A LEADERSHIP AND BOARD TRAINING PROGRAM EACH YEAR. THIS PREPARES UP TO TWELVE COMMUNITY MEMBERS TO SERVE AS ACTIVE CONTRIBUTORS TO NON-PROFIT ORGANIZATIONS THROUGHOUT OUR REGION.

RPMC PARTICIPATES IN BRIDGES OUT OF POVERTY, A PROGRAM WHICH AIMS TO HELP NON-PROFIT AND FOR-PROFIT BUSINESSES SERVE EMPLOYEES WHO HAVE LIVED OR ARE LIVING IN POVERTY. THE POVERTY RATE IN RUTLAND COUNTY INDICATES THE NEED FOR THIS PROGRAM AND BENEFITS THOSE LIVING IN POVERTY. THE WORKING BRIDGES TRAINING FOR HR PROFESSIONALS AND MANAGERS EDUCATES ABOUT THE

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.

IMPLICATIONS OF ECONOMIC DIVERSITY AND VARYING NEEDS OF DIFFERENT SOCIOECONOMIC CLASSES. RPMC HAS IMPLEMENTED AN EMERGENCY LOAN AND SAVINGS PROGRAM FOR EMPLOYEES; HOUSED WORKSITE RESOURCE COORDINATORS TO HELP EMPLOYEES FIND HELP WITH HOUSING, CHILDCARE, TRANSPORTATION, ECONOMIC ASSISTANCE AND OTHER RESOURCES WITHOUT HAVING TO LEAVE WORK; AND BEGAN DISCUSSION OF HOW TO ENCOURAGE THE EMPLOYEES TO USE HEALTH AND WELLNESS STRATEGIES.

TRAUMA SUPPORT - ESTABLISHED IN 1993, THE TRAUMA SUPPORT PROGRAM AT RPMC WAS THE FIRST OF ITS KIND IN VERMONT. IT WAS DEVELOPED TO MEET THE IMMEDIATE AND LONG-TERM NEEDS OF FAMILIES IMPACTED BY SUDDEN DEATH OR TRAUMATIC INJURY OR ILLNESS. RPMC STAFF, ON THEIR OWN TIME, AND OTHER COMMUNITY VOLUNTEERS TAKE TURNS BEING ON CALL 24 HOURS A DAY, 7 DAYS A WEEK TO PERSONALLY PROVIDE SUPPORT AND ASSISTANCE TO FAMILIES IMPACTED BY TRAUMA OR DEATH IN MANY WAYS, E.G., BY BEING A LIAISON WITH MEDICAL PERSONNEL TO GET INFORMATION OR OFFERING CONTINUED SUPPORT VIA PHONE AND CORRESPONDENCE.

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.

BONE MARROW PROGRAM - THE MARROW DONOR PROGRAM AT RRMC WAS ESTABLISHED IN 1998. SINCE THEN, WE HAVE SUCCESSFULLY ADDED OVER 7,500 POTENTIAL DONORS TO THE NATIONAL REGISTER.

BRIDGES AND BEYOND - WORKS WITH PATIENTS AND FAMILIES TO ARRANGE TRANSPORTATION, GENERAL ASSISTANCE (SUCH AS MEAL PREPARATION), OR COMPANIONSHIP FOR THOSE DISABLED AND FRAIL PATIENTS RETURNING HOME FROM A HOSPITAL STAY.

DIABETES EDUCATION AND SELF-MANAGEMENT - THIS PROGRAM IS OPERATED FROM THE DIABETES CENTER AND IS RECOGNIZED AND CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION. THROUGH THIS WORK, PEOPLE WITH DIABETES LEARN HEALTH AND LIFESTYLE SKILLS TO HELP THEM MANAGE THEIR DISEASE SYMPTOMS. OTHER BENEFITS INCLUDE PATIENT AND FAMILY SUPPORT GROUPS, AND GLUCOSE METER AND INSULIN INSTRUCTION.

ADVANCE DIRECTIVES PROGRAM - BEGINNING IN 2013, A NEW PROGRAM WAS DESIGNED AND IMPLEMENTED THROUGH THE COMMUNITY HEALTH IMPROVEMENT OFFICE,

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.

WHERE TRAINED VOLUNTEERS FROM THE COMMUNITY PROVIDE SUPPORT TO COMMUNITY MEMBERS TO COMPLETE ADVANCE DIRECTIVE FORMS ON A BY-APPOINTMENT BASIS.

COMMUNITY HEALTH TEAM - THE COMMUNITY HEALTH TEAM PROVIDES PATIENT CARE COORDINATION, CASE MANAGEMENT AND PANEL MANAGEMENT FOR NCQA-ACCREDITED PATIENT CENTERED MEDICAL HOME PRACTICES IN OUR REGION. THERE ARE 9 PRACTICES ACCOUNTING FOR 28,000 PATIENTS IN THE RUTLAND REGION. THE COMMUNITY HEALTH TEAM ALSO PROVIDES SELF-MANAGEMENT PROGRAMMING TO THE COMMUNITY AT LARGE, INCLUDING: TOBACCO CESSATION, HEALTHIER LIVING WORKSHOPS, YOUTH SUBSTANCE USE PREVENTION, DIABETES PREVENTION PROGRAM, WELLNESS RECOVERY ACTION PLANNING, IN-HOME ASTHMA INTERVENTION PROGRAM, HEALTHY NUTRITION WORKSHOPS, AND SUPPORTS THE DIABETES PHYSICAL ACTIVITY PROGRAM. WORKING WITH THE STATE OF VERMONT AND OTHER PARTNERS IN OUR REGION, WE SUPPORT AND PROMOTE QUALITY IMPROVEMENT COLLABORATIVES FOCUSED ON LEARNING, ENHANCING SERVICES, AND BRIDGING SERVICE GAPS.

OTHER INFORMATION:

RRMC HAS 18 BOARD MEMBERS (19 POSITIONS AVAILABLE) WHO REPRESENT THE

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.

RESIDENTS OF RUTLAND COUNTY IN THEIR SERVICE; 5 ARE PHYSICIANS, 1 RETIRED
 PHYSICIAN, 2 REPRESENT HEALTH CARE PARTNERS, 10 ARE RUTLAND COUNTY
 RESIDENTS REPRESENTING A VARIETY OF BUSINESS SECTORS, AND 1 POSITION IS
 VACANT. ALL BOARD MEMBERS COMPLETE A CONFLICT-OF-INTEREST DISCLOSURE
 PROCESS WHICH IS NECESSARY TO COMPLY WITH FEDERAL AND STATE LAWS,
 INCLUDING THE FEDERAL ANTI-KICKBACK STATUTE AND THE TAX CODE.

RRMC HAS A PREDOMINANTLY OPEN MEDICAL STAFF. THE ONLY EXCEPTIONS ARE THE
 FOLLOWING SPECIALTIES FOR WHICH THERE ARE EITHER BOARD-APPROVED EXCLUSIVE
 CONTRACTS OR HOSPITAL-EMPLOYED PHYSICIANS ONLY: ANESTHESIA, EMERGENCY
 MEDICINE, CRITICAL CARE, MEDICAL ONCOLOGY, RADIATION ONCOLOGY,
 ORTHOPEDICS, AND RADIOLOGY. ALL NEW APPLICANTS UNDERGO AN EXTENSIVE
 REVIEW PROCESS, INCLUDING PRIMARY SOURCE VERIFICATION OF THEIR EDUCATION,
 TRAINING, BOARD CERTIFICATION, MALPRACTICE HISTORY, AND PREVIOUS HOSPITAL
 AFFILIATIONS. WHEN DEEMED COMPLETE, THEIR APPLICATION IS REVIEWED BY THE
 CREDENTIALS COMMITTEE, WHICH IS MADE UP OF PHYSICIANS AND AT LEAST ONE
 BOARD MEMBER. THE CREDENTIAL COMMITTEE MAKES A RECOMMENDATION TO THE
 EXECUTIVE COMMITTEE, WHICH INCLUDES THE CHAIRMAN OF THE BOARD. THE

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.

MEDICAL EXECUTIVE COMMITTEE MAKES THE FINAL RECOMMENDATION TO THE FULL BOARD, WHICH HAS THE ULTIMATE AUTHORITY TO GRANT MEDICAL STAFF PRIVILEGES. ALL MEDICAL STAFF APPOINTMENTS ARE FOR A TWO-YEAR PERIOD. ALL MEDICAL STAFF IS SUBJECT TO ONGOING PEER REVIEW OF THEIR CLINICAL WORK. EVERY TWO YEARS, EVERY MEMBER OF THE MEDICAL STAFF MUST UNDERGO A REAPPOINTMENT PROCESS WHICH IS DESIGNED TO REVIEW THEIR CLINICAL AND PROFESSIONAL ACTIVITY AND BEHAVIOR. THOSE REAPPOINTMENTS GO THROUGH THE SAME SEQUENCE AS THE NEW APPLICANTS. RRM C'S CREDENTIALING PROCESS HAS BEEN SURVEYED BY BOTH THE JOINT COMMISSION AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND FOUND TO BE IN FULL COMPLIANCE WITH THEIR STANDARDS (TJC) AND THEIR CONDITIONS OF PARTICIPATION (CMS).

AS A RURAL COMMUNITY HEALTH SYSTEM, RRM C PROVIDES A BROAD ARRAY OF SERVICES. THE FOLEY CANCER CENTER AT RRM C PROVIDES AN ARRAY OF TREATMENTS AND PROGRAMS USING HIGH TECH AND CURRENT EVIDENCE BASED PRACTICES TO MEET THE NEEDS OF CANCER PATIENTS. THE HOSPITAL PROVIDES 24-HOUR EMERGENCY CRISIS CARE, PSYCHIATRIC INTENSIVE CARE, MEDICAL DETOXIFICATION AND DUAL DIAGNOSIS AND TREATMENT OF SIMULTANEOUS SUBSTANCE ABUSE AND BEHAVIORAL

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.

HEALTH DISORDERS. THE 24-HOUR EMERGENCY DEPARTMENT PROVIDES CARE REGARDLESS OF A PATIENT'S ABILITY TO PAY. THE FAST-TRACK TREATMENT AREA ALLEVIATES WAIT TIMES FOR PATIENTS WITH LESS ACUTE ILLNESSES OR INJURIES. FOR MORE INFORMATION ABOUT RRMCC PROGRAMS AND SERVICES VISIT OUR WEBSITE AT WWW.RRMCC.ORG RRMCC PROVIDES CARE FOR BOTH MEDICARE AND MEDICAID PATIENTS; THESE POPULATIONS MAKE UP 65% OF THE PAYER MIX FOR RRMCC. BY WORKING COLLABORATIVELY WITH THE LOCAL FQHCs, COMMUNITY HEALTH CENTERS OF THE RUTLAND REGION, CAPACITY IS INCREASED IN THE SERVICE AREA. IN FY21, THE RRMCC VOLUNTEER PROGRAM WAS PROVIDED BY 237 INDIVIDUALS WHO DONATED 10,533 HOURS OF SERVICE TO RUTLAND REGIONAL MEDICAL CENTER. DUE TO COVID-19, THE VOLUNTEER PROGRAM WAS PAUSED FOR SEVERAL MONTHS IN FY21 WITH VOLUNTEERS RETURNING IN JUNE 2021. THE VOLUNTEERS ASSIST WITH THE NON-CLINICAL NEEDS OF PATIENTS IN THE HOSPITAL, AMONG OTHER ACTIVITIES. SINCE 1896, RRMCC HAS PROVIDED HEALTH CARE TO ALL WHO SEEK ITS SERVICES, REGARDLESS OF THEIR FINANCIAL SITUATION. OVER THE YEARS, RRMCC HAS BECOME AN IMPORTANT CENTER FOR PROMOTING HEALTH CARE AND WELLNESS FOR THE COMMUNITY - ACTIVITIES THAT SHOULD HELP CURB LONGER-TERM HEALTH CARE

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.

COSTS. WHILE A MAJORITY OF HOSPITAL COSTS ARE RECOVERED BY USERS OF THESE SERVICES, PATIENT CHARGES AND THIRD-PARTY INSURANCE, THE RUTLAND HEALTH FOUNDATION ACTIVELY SEEKS ADDITIONAL CHARITABLE RESOURCES TO MEET NEED NOT COVERED BY THESE PAYMENTS. HOWEVER, AS INSURANCE AND OTHER REIMBURSEMENTS CONTINUE TO DECREASE, RRMH HAS LESS MONEY FOR CAPITAL EXPENDITURES DIRECTED TOWARD NEW AND REPLACEMENT EQUIPMENT THAT IS INTEGRAL TO KEEP THE HOSPITAL TECHNOLOGICALLY CAPABLE OF SERVING OUR PATIENTS' NEEDS.

GRANT FUNDING IS PROVIDED TO NON-PROFIT COMMUNITY ORGANIZATIONS SERVING THE RUTLAND REGION, UNDER THE DIRECTION OF THE BOWSE COMMUNITY HEALTH IMPROVEMENT COMMITTEE. THE INTENTION OF THE COMMITTEE IS TO ACT AS A CATALYST FOR INITIATIVES THAT ARE INNOVATIVE, COLLABORATIVE AND SUSTAINABLE, AND FUNDING IS PROVIDED TO PROJECTS AIMED AT IMPROVING THE HEALTH STATUS OF THE HOSPITAL SERVICE AREA. FOR MORE INFORMATION: [HTTPS://WWW.RRMC.ORG/ABOUT/BOWSE-TRUST/](https://www.rrmc.org/about/bowse-trust/)

IN FY 2021, FUNDING WAS PROVIDED TO THE FOLLOWING PROGRAMS AND

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.

ORGANIZATIONS. FOR A FULL REVIEW OF CURRENT GRANTEE PROGRAMS AND OUTCOMES

PLEASE VISIT OUR WEBSITE:

[HTTPS://WWW.RRMC.ORG/ABOUT/BOWSE-TRUST/BOWSE-ANNUAL-REPORT/](https://www.rrmc.org/about/bowse-trust/bowse-annual-report/)

AWARDED 2021 MULTI-SITE SUPPORTIVE HOUSING SERVICES

HOSTED BY HOMELESS PREVENTION CENTER

AWARDED 2021 THE VERMONT YOUTH PROJECT OF RUTLAND COUNTY

HOSTED BY MENTOR CONNECTOR

AWARDED 2021 PEER RECOVERY OUTREACH PROGRAM: PROP

HOSTED BY TURNING POINT CENTER OF RUTLAND COUNTY

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

RRMC INCLUDES A VAST ARRAY OF SERVICES OFFERED IN THE HOSPITAL SETTING

AND IN A VARIETY OF CLINICS: CENTER FOR SLEEP DISORDERS, COMMUNITY HEALTH

TEAM, COMPREHENSIVE CARE AND INFECTIOUS DISEASES CLINIC, ENT AND

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.

AUDIOLOGY, FOLEY CANCER CENTER, KILLINGTON MEDICAL CLINIC, LABORATORY SERVICES AT SEVERAL LOCATIONS, MARBLE VALLEY EYE CARE, MARBLE VALLEY UROLOGY, PHYSICAL MEDICINE AND REHABILITATION, RUTLAND DIABETES AND ENDOCRINOLOGY CENTER, RUTLAND DIGESTIVE SERVICES, RUTLAND GENERAL SURGERY AND THE WOUND, OSTOMY AND CONTINENCE CLINIC, RUTLAND HEALTH FOUNDATION, RUTLAND HEART CENTER, RUTLAND KIDNEY CENTER, RUTLAND PULMONARY CENTER, RUTLAND REGIONAL BEHAVIORAL HEALTH, RUTLAND REGIONAL NEUROLOGY CENTER, RUTLAND WOMEN'S HEALTHCARE, VERMONT ORTHOPEDIC CLINIC, AND WEST RIDGE ADDICTION RECOVERY.

RRMC IS PART OF RUTLAND REGIONAL HEALTH SERVICES, INC. THIS PARENT ORGANIZATION IS A TAX-EXEMPT ENTITY AND INCLUDES, IN ADDITION TO RRMC AND IT SPECIALTY CLINICS, VERMONT SPORTS MEDICINE CENTER, THE GABLES AT EAST MOUNTAIN AND THE MEADOWS AT EAST MOUNTAIN. VERMONT SPORT MEDICINE CLINIC PROVIDES PHYSICAL THERAPY AND OTHER SERVICES TO PATIENTS RECOVERING FROM ILLNESS, INJURY OR SURGERY.

THE GABLES AT EAST MOUNTAIN PROVIDES SENIOR ADULTS ACCOMMODATIONS AND

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.

AMENITIES TO MAKE RETIREMENT RELAXING AND ENJOYABLE, AND THE MEADOWS AT EAST MOUNTAIN PROVIDE ASSISTED LIVING WITH AROUND-THE-CLOCK SERVICES TO SUPPORT RESIDENTS IN LIVING AN ACTIVE AND HEALTHY LIFESTYLE.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COME ALIVE OUTSIDE, INC. P.O. BOX 267 RUTLAND, VT 05701	47-2357025	501(C)(3)	54,166.				COMMUNITY HEALTH IMPROVEMENT
(2) THE MENTOR CONNECTOR 110 MERCHANTS ROW RUTLAND, VT 05701	65-1290104	501(C)(3)	46,638.				COMMUNITY HEALTH IMPROVEMENT
(3) GREEN MOUNTAIN RECOVERY FOUNDATION, INC. 141 STATE STREET RUTLAND, VT 05701	51-0425091	501(C)(3)	44,430.				COMMUNITY HEALTH IMPROVEMENT
(4) MILL RIVER UNIFIED UNION SCHOOL DISTRICT 2321 MIDDLE ROAD N. CLARENDON, VT 05759	23-7349055	STATE OF VT	19,740.				COMMUNITY HEALTH IMPROVEMENT
(5) CENTER FOR HEALTH AND LEARNING 28 VERNON ST, STE 319 BRATTLEBORO, VT 05301	03-0351024	501(C)(3)	17,057.				COMMUNITY HEALTH IMPROVEMENT
(6) RUTLAND AREA FARM AND FOOD LINK, INC. P.O. BOX 1008 RUTLAND, VT 05702	45-5293058	501(C)(3)	23,000.				COMMUNITY HEALTH IMPROVEMENT
(7) COMMUNITY HEALTH CENTERS OF RUTLAND REGION 375 ROUTE 30 NORTH BOMOSEEN, VT 05732	22-1179701	501(C)(3)	256,176.				COMMUNITY HEALTH IMPROVEMENT
(8) VERMONT CHAMBER FOUNDATION P.O. BOX 37 MONTPELIER, VT 05601	03-0335635	501(C)(3)	10,000.				COMMUNITY HEALTH IMPROVEMENT
(9) PARAMOUNT CENTER, INC. 30 CENTER STREET RUTLAND, VT 05701	22-2528303	501(C)(3)	340,000.				COMMUNITY HEALTH IMPROVEMENT
(10) UNITED WAY OF RUTLAND COUNTY 6 CHURCH ST, STE 1 RUTLAND, VT 05701	03-6000224	501(C)(3)	13,000.				COMMUNITY HEALTH IMPROVEMENT
(11) UNIVERSITY OF VERMONT 85 S. PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	54,000.				COMMUNITY HEALTH IMPROVEMENT
(12) RUTLAND MENTAL HEALTH SERVICES, INC. 78 S. MAIN ST, P.O. BOX 22	03-0210725	501(C)(3)	39,080.				COMMUNITY HEALTH IMPROVEMENT

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RUTLAND COMMUNITY PROGRAMS, INC. 78 MEADOW STREET RUTLAND, VT 05701	03-0307812	501(C)(3)	23,596.				COMMUNITY HEALTH IMPROVEMENT
(2) RUTLAND COUNTY HOUSING COALITION 56 HOWE ST, BLDG A, BX 7 RUTLAND, VT 05701	55-0822651	501(C)(3)	12,000.				COMMUNITY HEALTH IMPROVEMENT
(3) RUTLAND FREE CLINIC DBA PARK STREET HEALTH 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)	10,000.				COMMUNITY HEALTH IMPROVEMENT
(4) RUTLAND REGIONAL PLANNING COMMISION P.O. BOX 430 RUTLAND, VT 05702	03-0220669	501(C)(3)	25,000.				COMMUNITY HEALTH IMPROVEMENT
(5) RUTLAND ECONOMIC DEVELOPMENT CORPORATION 67 MERCHANTS ROW RUTLAND, VT 05701	03-0264949	501(C)(6)	15,005.				COMMUNITY HEALTH IMPROVEMENT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16.

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

GRANTS MONITORING:

EFFECTIVE DECEMBER 1, 2013, RRHS ENTERED INTO AN AGREEMENT TO PROVIDE CHCRR A COMMUNITY BENEFIT GRANT OVER A PERIOD OF FIFTY-EIGHT MONTHS FROM DECEMBER 1, 2013, TO SEPTEMBER 30, 2018. THE AGREEMENT WAS RENEWED DURING THE YEAR ENDED SEPTEMBER 30, 2019, FOR A PERIOD OF THIRTY-SIX MONTHS FROM OCTOBER 1, 2018, TO SEPTEMBER 20, 2021. THESE PAYMENTS ARE BEING MADE MONTHLY AND RANGE FROM \$20,123 TO \$21,348, FOR A TOTAL GRANT OF \$734,415. RRHS CONTINUALLY WORKS WITH CHCRR TO ENSURE THE ORGANIZATION IS USING FUNDS APPROPRIATELY AND FURTHERING THE CHCRR EXEMPT PURPOSE. THE OTHER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANTS LISTED ON SCHEDULE I, PART II, WERE PROVIDED BY THE JAMES T BOWSE HEALTH TRUST, A DEPARTMENT OF RUTLAND REGIONAL MEDICAL CENTER. THE BOWSE TRUST ONLY CONSIDERS GRANT PROPOSALS THROUGH ITS FORMAL GRANT PROPOSAL PROCESS, WHICH REQUIRES THAT THE REQUESTING ORGANIZATION MEET CERTAIN CRITERIA AND SUBMIT A PLANNING GRANT/LETTER OF INTENT, FULL PROPOSAL, AND PLANNING GRANT BUDGET FORM DESCRIBING HOW THE GRANT WILL BE USED.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART II, COLUMN H

PURPOSE OF GRANT OR ASSISTANCE:

ASSISTANCE FOR COME ALIVE OUTSIDE, INC., THE MENTOR CONNECTOR, GREEN MOUNTAIN RECOVERY FOUNDATION, INC., MILL RIVER UNIFIED UNION SCHOOL DISTRICT, CENTER FOR HEALTH AND LEARNING, RUTLAND MENTAL HEALTH SERVICES, INC., RUTLAND COMMUNITY PROGRAMS, INC. AND RUTLAND COUNTY HOUSING COALITION WAS PROVIDED BY THE JAMES T BOWSE HEALTH TRUST, A DEPARTMENT OF RUTLAND REGIONAL MEDICAL CENTER. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION REGARDING PROGRAMS FUNDED BY THE JAMES T BOWSE HEALTH TRUST.

**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

2020

**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		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) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL J. KENOSH, M.D. DIRECTOR	(i)	408,029.	37,561.	21,769.	24,225.	24,745.	516,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PHILIP R. LAPP, M.D. DIRECTOR	(i)	288,135.	1,889.	22,369.	29,866.	24,571.	366,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MATTHEW CONWAY, M.D. DIRECTOR	(i)	419,311.	126,241.	4,020.	24,225.	21,821.	595,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CLAUDIO D. FORT PRESIDENT / CEO	(i)	602,759.	0.	31,051.	12,825.	24,825.	671,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JUDI K. FOX CFO	(i)	319,083.	2,000.	1,663.	29,925.	24,637.	377,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ERIC MARSH M.D. ORTHOPEDICS	(i)	587,121.	467,643.	963.	24,225.	16,391.	1,096,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 WILLIAM A LIGHTHART, M. ORTHOPEDICS	(i)	604,632.	219,761.	1,015.	18,525.	24,575.	868,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MICHAEL ROBERTELLO, M.D CARDIOLOGY	(i)	401,708.	240,634.	25,884.	24,225.	21,835.	714,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ERNEST M BOVE, M.D. UROLOGY	(i)	433,100.	152,098.	32,850.	24,225.	14,791.	657,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 HARVEY S REICH, M.D. MEDICAL DIR OF CRITICAL CARE	(i)	494,195.	14,000.	21,903.	29,925.	17,126.	577,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MELBOURNE D BOYNTON, M. ORTHOPEDIC SRGN/CHIEF MED OFFR	(i)	630,096.	386,841.	24,402.	29,925.	14,831.	1,086,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 STANLEY M SHAPIRO, M.D. CARDIOLOGIST/MEDICAL DIRECTOR	(i)	286,662.	181,141.	9,085.	24,225.	21,598.	522,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 TODD GREGORY, M.D. EMERGENCY PHYSICIAN/MED DRCTR	(i)	421,210.	6,097.	1,388.	24,225.	21,816.	474,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 RICK HILDERBRANT, M.D. HOSPITALISTS/MEDICAL DIRECTOR	(i)	412,524.	6,286.	744.	18,525.	24,038.	462,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 ANDREW DENICCO, N EMERGENCY PHYS/ASSIT MED DRCTR	(i)	219,678.	109,700.	19,705.	6,353.	10,922.	366,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 MATTHEW D. SOMMONS, M.D PSYCHIATRY / MEDICAL DIRECTOR	(i)	287,694.	27,928.	20,549.	18,525.	22,109.	376,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS E. FRANK VP MEDICAL GROUP OPERATIONS	(i)	285,869.	3,302.	2,674.	1,425.	1,298.	294,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN WALLACE GEN COUNSEL COMPLIANCE OFFICER	(i)	266,398.	2,000.	2,571.	12,506.	24,581.	308,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 BRIAN KERNS VP HUMAN RESOURCES	(i)	257,718.	2,000.	1,303.	11,931.	18,934.	291,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JONATHAN REYNOLDS VP CLINICAL SERVICES	(i)	256,656.	2,000.	518.	12,090.	24,571.	295,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JAMES F GREENOUGH, JR. VP CORPORATE SUPPORT SERVICES	(i)	222,615.	2,000.	3,055.	1,599.	7,686.	236,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ELIZABETH H HASSAN VP CHIEF NRSING OFFR END 09/21	(i)	220,911.	2,000.	437.	10,408.	24,531.	258,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CAROL M EGAN INT VP CHF NRSNG OFR BEG 09/21	(i)	154,487.	0.	4,753.	16,696.	11,645.	187,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JEFFREY MCKEE VP COM & BEH HLTH SVC END 6/20	(i)	154,897.	0.	1,179.	7,140.	10,843.	174,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
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 THE 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.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

GROUP 1

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A VT EDUCATION & HEALTH BUILDING FINANCE AGENCY	23-7154467		09/30/2017	31,350,000.	PARTIAL REFUND 9/10 SERIES BOND		X		X		X
B											
C											
D											

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	17,401,426.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	31,350,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	31,157,038.			
7	Issuance costs from proceeds	192,962.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2013			
		Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

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

Schedule K (Form 990) 2020

JSA

0E1295 1.000

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

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

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	DEUTSCHE BANK/TD BAN							
c Term of hedge.	10.000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?	X							
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART IV, LINE 7

REQUIREMENTS OF SECTION 148:

THE TAX-EXEMPT BONDS DO NOT HAVE ANY OUTSTANDING PROCEEDS AND THEREFORE

ARE NOT SUBJECT TO THE ARBITRAGE REQUIREMENTS OF SECTION 148.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization: **RUTLAND HOSPITAL INC** Employer identification number: **03-0183483**

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.

1	(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.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FOLEY SERVICES & FOLEY DISTRIBUTING	MARK K. FOLEY, JR.	341,312.	SUPPLIES & JANITORIAL PRODUCTS		X
(2)					
(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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

MARK FOLEY, JR, CURRENT BOARD MEMBER, OWNS FOLEY SERVICES, INC WHILE HIS FATHER OWNS FOLEY DISTRIBUTING. THESE COMPANIES SUPPLIED PAPER AND JANITORIAL PRODUCTS TO THE ORGANIZATION FOR \$341,312 IN FISCAL YEAR 2021.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RUTLAND 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

2020

**Open to Public
Inspection**

Employer identification number

03-0183483

FORM 990, PART I, LINE 1

MISSION:

TO IMPROVE THE HEALTH OF THE RUTLAND REGIONAL AND SURROUNDING COMMUNITIES
BY PROVIDING APPROPRIATE, SUPERIOR, INTEGRATED, PREVENTATIVE, DIAGNOSTIC
AND THERAPEUTIC HEALTH SERVICES IN A CARING ENVIRONMENT THROUGH THE
STRENGTH OF OUR PEOPLE, TECHNOLOGY AND RELATIONSHIPS.

VISION: TO BE THE BEST COMMUNITY HEALTHCARE SYSTEM IN NEW ENGLAND.

GOALS:

***QUALITY:** WE WILL PROVIDE SUPERIOR HEALTH SERVICES WHICH MEET OUR
CUSTOMER NEEDS THROUGH: GOOD CLINICAL OUTCOMES, UP-TO-DATE TECHNOLOGY,
EFFECTIVE PROCESSES, COMPETENT AND CARING STAFF AND WELL MAINTAINED
FACILITIES.

***GROWTH:** WE WILL DEVELOP NEW SERVICES AND EXPAND EXISTING SERVICES TO
MEET CUSTOMER NEEDS RESULTING IN INCREASED MARKET SHARE AND EXPANSION
INTO NEW MARKETS.

***INFORMATION EXCELLENCE:** WE WILL PROVIDE SUPERIOR, COORDINATED
INFORMATION RESOURCES, PROCESSES, AND SYSTEMS THAT MEET CUSTOMER NEEDS
FOR EFFECTIVE INFORMATION GATHERING, RECORDING, ACCESS, ANALYSIS, AND
DISSEMINATION ACROSS THE HEALTHCARE CONTINUUM.

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

*FINANCIAL STRENGTH: WE WILL ACHIEVE FINANCIAL STRENGTH AND STABILITY BY OPTIMIZING REIMBURSEMENT AND IMPROVING OUR COSTS STRUCTURE TO PRODUCE SUFFICIENT MARGINS, AND INCREASING PHILANTHROPIC GIVING.

*EMPLOYMENT ENGAGEMENT: WE WILL CREATE AN ENVIRONMENT WHERE EMPLOYEE ENGAGEMENT FLOURISHES AND WE COMMIT OUR HEARTS AND MINDS TO MEETING AND EXCEEDING THE NEEDS OF OUR CUSTOMERS AND EACH OTHER. EXCEEDING THE NEEDS OF OUR CUSTOMERS AND EACH OTHER.

FORM 990, PART I, LINE 6

TOTAL NUMBER OF VOLUNTEERS:

THE TOTAL NUMBER OF VOLUNTEERS INCLUDING NON-COMPENSATED MEMBERS OF THE BOARD OF DIRECTORS AND OTHER INDIVIDUALS WHO VOLUNTEER TIME TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE.

FORM 990, PART III, LINES 4A-D

EXEMPT PURPOSE ACHIEVEMENTS:

RUTLAND REGIONAL MEDICAL CENTER FY 2019 COMMUNITY BENEFITS REPORT:

RUTLAND REGIONAL MEDICAL CENTER IS COMMITTED TO PROVIDING SUPERIOR, INTEGRATED, DIAGNOSTIC, THERAPEUTIC AND PREVENTATIVE HEALTH SERVICES AND TO PROMOTING OVERALL COMMUNITY HEALTH AND WELL-BEING. COMMUNITY BENEFITS ARE THE ACTIVITIES AND SERVICES RUTLAND REGIONAL ENGAGES IN AND SUPPORTS THAT GO BEYOND THE ROUTINE PATIENT CARE SERVICES. DOCUMENTING THESE EFFORTS IS A PART OF WHAT DIFFERENTIATES TAX-EXEMPT FROM TAXABLE HEALTH CARE ORGANIZATIONS.

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

FREE AND DISCOUNTED CARE

RUTLAND REGIONAL PROVIDES LOW- AND NO-COST CARE FOR ELIGIBLE RESIDENTS OF OUR AREA THROUGH A FINANCIAL ASSISTANCE PROGRAM. THE FREE CARE PROVISION FOR 2021 TOTALED \$5,119,561.

RRMC IS ADDRESSING THE KEY ISSUES THAT HAVE THE MOST SIGNIFICANT IMPACT ON THE COMMUNITY HEALTH AND WELL-BEING, WHICH INCLUDE THE FOLLOWING:

*CLINICAL CARE

-CONTINUING TO ADDRESS THE DRUG PROBLEM IN THE COMMUNITY THROUGH MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR ADULTS AND YOUTH, INCLUDING TREATMENT, AFTERCARE AND PREVENTION

-CONTINUING TO IMPROVE ACCESS TO CARE FOR ALL COMMUNITY MEMBERS BY CONTINUING FOCUSED PROVIDER RECRUITMENT, AND RETENTION, ACTIVITIES.

*HEALTHY BEHAVIORS

-IMPROVING AND PROMOTING HEALTHY CHOICES AND ACTIVITIES TO SUPPORT A HEALTHY COMMUNITY IN WHICH TO LIVE AND RAISE A FAMILY, BY SUPPORTING AND PROMOTING LIFE SKILLS DEVELOPMENT FOR AND BY YOUTH, AND PHYSICAL ACTIVITY AND HEALTHY EATING BY ADULTS AND YOUTH.

*SOCIAL & ECONOMIC DETERMINANTS

-IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY, MAKING IT AN ATTRACTIVE PLACE TO LIVE AND WORK.

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

*PHYSICAL ENVIRONMENT

-IMPROVING INFRASTRUCTURE TO SUPPORT A HEALTHY COMMUNITY WITH ACCESS TO WORK, RECREATIONAL OPPORTUNITIES AND SERVICES.

FOR MORE DETAILS ON THESE ACTIVITIES AND THE WORK PERFORMED BY RUTLAND REGIONAL WITH COMMUNITY PARTNERS, PLEASE REVIEW THE PROGRESS REPORT ON [HTTP://WWW.RRMC.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](http://www.rrmc.org/about/community-health-needs-assessment/).

IN ADDITION TO THESE ACTIVITIES, RUTLAND REGIONAL IS NOW REQUIRED BY FEDERAL REGULATIONS TO CONDUCT A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS. THE RUTLAND COUNTY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE WORKED HARD TO BE INCLUSIVE, BOTH IN THE INFORMATION COLLECTED AND REVIEWED, AND BY BROADLY REQUESTING INPUT FROM AROUND OUR COMMUNITIES. FROM START TO FINISH, THE ASSESSMENT TAKES ABOUT ONE YEAR TO COMPLETE, AND INCLUDES COMPILATION OF SECONDARY DATA FROM OTHER SOURCES, COLLECTING INDIVIDUAL INPUT THROUGH CONSUMER SURVEYS AND THROUGH FOCUS GROUP MEETINGS.

ALL OF THE INFORMATION GATHERED IS REVIEWED, AND PRIORITIZED BY A BROAD, COMMUNITY-BASED COMMITTEE. A FINAL REPORT HAS NOW BEEN PUBLISHED WITH THE FINDINGS. THIS REPORT IS MADE PUBLICLY AVAILABLE ON [WWW.RRMC.ORG](http://www.rrmc.org).

THE PURPOSE OF THE ASSESSMENT IS TO:

- DESCRIBE THE HEALTH STATUS OF THE COMMUNITY
- IDENTIFY THE COMMUNITY'S HEALTH NEEDS

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

-COMPARE THE NEEDS TO THOSE IDENTIFIED PREVIOUSLY

CONDUCTING ASSESSMENTS PERIODICALLY FOR MORE THAN 15 YEARS, WE HAVE SEEN SOME HEALTH INDICATORS IMPROVE AND OTHERS DECLINE. BY MONITORING THESE CHANGES, THE COMMITTEE IS ABLE TO IDENTIFY WHERE ADDITIONAL RESOURCES ARE NEEDED. ORGANIZATIONS, INCLUDING RUTLAND REGIONAL, USE THIS IMPORTANT INFORMATION TO GUIDE THEIR PLANNING. FOR RUTLAND REGIONAL SPECIFICALLY, IT HELPS WITH THE DEVELOPMENT OF NEW HOSPITAL SERVICES AND COMMUNITY PROGRAMS.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

THE REVENUES AND EXPENSES REPORTED ON PART III, LINE 4D, REPRESENT THOSE AMOUNTS THAT ARE ATTRIBUTABLE TO OTHER PROGRAM SERVICES CONDUCTED BY THE ORGANIZATION. THESE OTHER SERVICES PRIMARILY REPRESENT OTHER SUPPORT SERVICES THAT ARE PROVIDED TO HOSPITAL PATIENTS OR THAT ARE CONDUCTED TO SUPPORT THE OVERALL FUNCTION OF THE HOSPITAL, SUCH AS CENTRAL SUPPLY AND PHARMACY SERVICES. OTHER SERVICES ALSO INCLUDE BENEFIT TO THE COMMUNITY THROUGH THE PAYMENT OF GRANTS TO OTHER COMMUNITY ORGANIZATIONS. SEE SCHEDULE I FOR DETAIL REGARDING THESE GRANT PAYMENTS.

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

MEMBERS OR STOCKHOLDERS:

PER ARTICLE II, SECTION 1, OF THE ORGANIZATION'S BYLAWS, RUTLAND REGIONAL HEALTH SERVICES IS THE SOLE MEMBER OF RUTLAND REGIONAL MEDICAL CENTER.

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

ARTICLE III, SECTIONS 1 AND 2, OR THE BYLAWS STATE THAT THE BOARD SHALL CONSIST OF EIGHTEEN DIRECTORS. OF THESE DIRECTORS, FOURTEEN ARE CHOSEN OR APPROVED BY THE ORGANIZATION'S SOLE MEMBERS.

ARTICLE VIII, SECTION 5, OF THE BYLAWS DISCUSS POWERS RESERVED TO THE MEMBER, RUTLAND REGIONAL HEALTH SERVICES, INC., AND STATE THAT THE CORPORATION SHALL SUBMIT TO THE BOARD OF DIRECTORS OF THE MEMBER FOR ITS PRIOR APPROVAL THAT FOLLOWING: A) THE APPOINTMENT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, B) ALL OPERATING AND CAPITAL BUDGETS FOR THE CORPORATION, C) STRATEGIC PLANS FOR THE CORPORATION, D) CAPITAL EXPENDITURES OF \$100,000 OR MORE WHICH ARE UNBUDGETED, E) PURCHASE AND SALE OF ALL SIGNIFICANT ASSETS, AND F) THE BYLAWS AND ANY AMENDMENTS THERETO.

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

FORM 990 REVIEW PROCESS:

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. A DRAFT COPY IS THEN REVIEWED BY TOP MANAGEMENT. ONCE A FINAL DRAFT IS COMPLETE, THE PUBLIC DISCLOSURE COPY IS MAILED TO EACH MEMBER OF THE EXECUTIVE FINANCE COMMITTEE. THE COMMITTEE WILL MEET AND DISCUSS THE RETURN WITH A TAX ADVISOR. AFTER APPROVAL, A FINAL PUBLIC DISCLOSURE COPY 990 DRAFT WILL BE PROVIDED TO ALL BOARD MEMBERS.

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

CONFLICT OF INTEREST POLICY:

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

ANNUALLY, ALL ORGANIZATION LEADERS REVIEW THE SYSTEM-WIDE CONFLICT OF INTEREST POLICY TO ENSURE ALL CONFLICTS ARE MADE KNOWN. SEE THE POLICY BELOW.

POLICY

***DUTY TO DISCLOSE**

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, OR OTHER INDIVIDUALS WHO, ON BEHALF OF THE CORPORATION, ARE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

***DUTY TO VOICE CONCERN**

IN THE EVENT THAT AN INTERESTED PERSON BECOMES CONCERNED THAT ANOTHER INTERESTED PERSON WHO IS A BOARD MEMBER, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS HAS AN UNDISCLOSED FINANCIAL INTEREST OR IS EXERTING INAPPROPRIATE INFLUENCE RELATED TO A FINANCIAL INTEREST, THIS CONCERN SHOULD BE RAISED WITH THE CHAIR OF THE APPROPRIATE BOARD OR COMMITTEE OR, IF INVOLVING A MEMBER OF LEADERSHIP COUNCIL, A DIRECTOR OR MANAGER OR OTHER INTERESTED PERSON, AN APPROPRIATE CORPORATE OFFICER.

***DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS**

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING BOARD OR COMMITTEE MEMBERS. HOWEVER, IN NO EVENT SHALL AN INTERESTED PERSON PARTICIPATE IN THE DELIBERATION AND/OR DETERMINATION OF COMPENSATION THAT HE/SHE WILL RECEIVE FROM THE CORPORATION FOR EMPLOYMENT, PROFESSIONAL CONTRACT OR OTHERWISE.

***DEFINITIONS**

-INTERESTED PERSON - FOR THE PURPOSES OF THIS POLICY, AN INTERESTED PERSON IS ANY BOARD MEMBER, PRINCIPAL OFFICER, MEMBER OF THE LEADERSHIP COUNCIL, DIRECTOR, OR MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST. IF AN INDIVIDUAL IS AN INTERESTED PERSON WITH RESPECT TO ANY ENTITY IN THE RRMC/RRHS HEALTH CARE SYSTEM, HE OR SHE IS AN INTERESTED PERSON WITH RESPECT TO ALL ENTITIES IN THE HEALTH CARE SYSTEM.

***PROCEDURES**

-PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER EXERCISING DUE DILIGENCE, INCLUDING A CONSIDERATION OF INDEPENDENT COMPARABILITY DATA, VALUATIONS OR APPRAISALS, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

-ANNUAL STATEMENTS

AWARENESS/COMPLIANCE WITH POLICY - EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THIS CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY; HAS AGREED TO COMPLY WITH THE POLICY; AND UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST BE ENGAGED PRIMARILY IN ACTIVITIES THAT MAY ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

CONFLICT OF INTEREST SURVEY - EACH INTERESTED PERSON SHALL DISCLOSE ON AN ANNUAL SURVEY FORM POTENTIAL CONFLICTS OF INTEREST AND FINANCIAL

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

INTERESTS RELEVANT TO THIS POLICY.

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

COMPENSATION REVIEW POLICY:

THE FOLLOWING POLICY APPLIES TO THE OFFICERS AND KEY EMPLOYEES OF RUTLAND REGIONAL MEDICAL CENTER (RRMC):

-IT IS THE POLICY OF RRMC TO OFFER MARKET-COMPETITIVE PAY SO TO ATTRACT AND RETAIN THE BEST TALENT FROM OUR LABOR MARKET.

-DESIGNATION OF RRMC' KEY EMPLOYEES IS MADE IN ACCORDANCE WITH THE PREVAILING IRS KEY EMPLOYEE DEFINITION.

-THE RRMC KEY EMPLOYEE LABOR MARKET IS TYPICALLY ALL HOSPITALS WITH SIMILAR REVENUES, STAFFED BEDS, EMPLOYEE FULL-TIME EQUIVALENTS, OR REGIONAL GEOGRAPHY AS RRMC.

-KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY USING THREE SOURCES OF INDEPENDENT COMPETITIVE MARKET DATA.

-PERIODICALLY AN INDEPENDENT CONSULTANT ENGAGED BY THE COMPENSATION COMMITTEE WILL CONDUCT THE ANNUAL REVIEW. OTHERWISE THE REVIEW WILL BE PERFORMED BY HUMAN RESOURCES.

-JOBS HELD BY KEY EMPLOYEES ARE MATCHED WITH SIMILAR JOBS IN MARKET DATA WITH AN INDICATION OF JOB MATCH STRENGTH (WEAK, MODERATE OR STRONG).

-THE MARKET REVIEW PRODUCES A REPORT OF KEY EMPLOYEE CURRENT TOTAL CASH COMPENSATION VS. MARKET MEDIAN TOTAL CASH COMPENSATION AND ANY RECOMMENDED PAY ACTIONS.

-GENERALLY SPEAKING, KEY EMPLOYEE BASE PAY VARIANCES OF -5% VS. MARKET MEDIAN TOTAL CASH COMPENSATION ARE CONSIDERED FOR A BASE PAY INCREASE.

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

-THE RESULTS OF THE REVIEW AND RECOMMENDED PAY ACTIONS ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE.

-THE PRESIDENT AND CEO'S PAY IS REVIEWED SEPARATELY USING THE SAME APPROACH AND APPROVED BY THE BOARD OF DIRECTORS.

DURING FISCAL YEAR 9/30/19, A COMPENSATION COMMITTEE WAS ESTABLISHED BY THE BOARD.

THE COMPENSATION COMMITTEE SHALL BE COMPRISED OF NO FEWER THAN THREE (3) BOARD MEMBERS. THE MEMBER OF THE COMMITTEE SHALL BE APPOINTED BY THE CHAIR OF THE BOARD OF DIRECTORS, SUBJECT TO THE APPROVAL OF THE FULL BOARD.

THE COMPENSATION COMMITTEE SHALL RECOMMEND POLICIES AND PROCESSES TO THE BOARD FOR THE REGULAR REVIEW OF THE PERFORMANCE AND COMPENSATION OF (1) PRESIDENT, (2) VICE PRESIDENT, (3) HIGHEST COMPENSATION EMPLOYEES AND INDEPENDENT CONTRACTORS, AND (4) OTHER IDENTIFIED INDIVIDUALS OF THIS CORPORATION AND RRMC.

THE FUNCTIONS OF THE COMPENSATION COMMITTEE SHALL INCLUDE:

A - RECOMMENDING A CEO EVALUATION POLICY TO THE BOARD, INCLUDING GOALS FOR THE CEO AND A PROCESS FOR THE CEO PERFORMANCE EVALUATION. THE POLICY SHALL INCLUDE PROVISIONS FOR INPUT FOR THE BOARD AND A REPORT TO THE BOARD ON THE RESULTS OF THE EVALUATION AND COMPENSATION REVIEW.

B - CONDUCTING THE CEO EVALUATION PROCESS, CONSISTENT WITH BOARD-APPROVED

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

POLICY, AND IN A MANNER THAT PROMOTES TRUST AND CANDID COMMUNICATION BETWEEN THE BOARD AND CEO, AND ENSURES THAT THE CEO UNDERSTANDS THE BOARD'S EXPECTATIONS, AND PROVIDES CONSTRUCTIVE FEEDBACK TO THE CEO ON THEIR PERFORMANCE.

C - ENSURING THAT THE ORGANIZATION'S COMPENSATION PROGRAM COMPLIES WITH STATE AND FEDERAL LAW.

D - RECOMMENDING A COMPENSATION PHILOSOPHY AND PLAN TO THE BOARD.

E - REVIEWING AND MAKING RECOMMENDATIONS TO THE BOARD FOR THEIR ANNUAL REVIEW OF THE CEO'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENT DISCLOSURE:

CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE ANNUALLY IN THE ANNUAL REPORT, AND ARE ALSO AVAILABLE UPON WRITTEN REQUEST. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST. ALL REQUESTS MUST BE FOR A LEGITIMATE BUSINESS PURPOSE (AS DETERMINED BY TOP MANAGEMENT), AND REQUESTED DOCUMENTS WILL BE MAILED.

FORM 990, PART VII, COLUMN D

BOARD MEMBERS RECEIVING COMPENSATION:

NO BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR DUTIES AS DIRECTORS. THE FOLLOWING BOARD MEMBERS RECEIVED COMPENSATION FROM RUTLAND REGIONAL MEDICAL CENTER FOR SERVICES PROVIDED AS PHYSICIANS:

- MICHAEL KENOSH, MD
- PHILIP LAPP, MD
- MATTHEW CONWAY, MD

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

FORM 990, PART X, LINE 20B

TAX-EXEMPT BOND LIABILITIES:

THE ORGANIZATION'S TOTAL TAX-EXEMPT BOND LIABILITIES ON THE BALANCE SHEET

IS COMPRISED OF THE FOLLOWING:

\$ 13,948,574 BOND LIABILITIES

(114,741) UNAMORTIZED BOND ISSUANCE COSTS

\$ 13,833,833

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

\$ 4,194,109 GAIN FROM DEF BEN PLAN & POST RETIREMENT BEN COSTS

878,043 GAIN ON INTEREST RATE SWAP AGREEMENT

(500,000) TRANSFER TO AFFILIATE

\$ 4,572,152

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	PROFESSIONAL SERVICE	7,670,211.
CROSS COUNTRY STAFFING, INC. P.O. BOX 404674 ATLANTA, GA 30384-4674	TEMPORARY STAFF	2,639,163.
SHERIDAN HEALTHCARE OF VERMONT INC. P.O. BOX 744883 ALTLANTA, GA 30374-4883	TEMPORARY STAFF	2,225,764.
MAYO COLLABORATIVE SERVICE, INC. P.O. BOX 9146 MINNEAPOLIS, MN 55480-9146	LAB SERVICES	1,225,097.

Name of the organization RUTLAND HOSPITAL INC	Employer identification number 03-0183483
--	--

ATTACHMENT 1 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNIVERSITY OF VERMONT MEDICAL CENTER P.O. BOX 1902 BURLINGTON, VT 05402	PROFESSIONAL SERVICE	1,001,270.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

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) RUTLAND REGIONAL HEALTH SERVICES, INC. 22-2534389 160 ALLEN STREET RUTLAND, VT 05701	HOLDING CO	VT	501(C)(3)	12B II	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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) THE MEADOWS AT EAST MOUNTAIN 03-0330343 RUTLAND, VT	ELDER CARE	VT	RRHS									
(2) THE GABLES AT EAST MOUNTAIN 03-0358050 RUTLAND, VT	ELDER CARE	VT	RRHS									
(3) VERMONT SPORTS MEDICINE CENTER 06-1231501 RUTLAND, VT	PHYSICAL THERAPY	VT	RRHS									
(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)									
(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.

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?

	Yes	No
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)													

Part VII **Supplemental Information**

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

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center

Independent Auditor's Report and Financial Statements

September 30, 2021 and 2020

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
September 30, 2021 and 2020

Contents

Independent Auditor's Report.....	1
 Financial Statements	
Balance Sheets.....	3
Statements of Operations.....	4
Statements of Changes in Net Assets	5
Statements of Cash Flows	6
Notes to Financial Statements	8

Independent Auditor's Report

Board of Directors
The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Rutland, Vermont

We have audited the accompanying financial statements of The Rutland Hospital, Inc., d/b/a Rutland Regional Medical Center (RRMC), a subsidiary of Rutland Regional Health Services, Inc., which comprise the balance sheets as of September 30, 2021 and 2020, 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.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

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

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

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

Board of Directors
The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Page 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Rutland Hospital, Inc., d/b/a Rutland Regional Medical Center, as of September 30, 2021 and 2020, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in *Note 1* to the financial statements, in 2021, RRMC adopted Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606). Our opinion is not modified with respect to this matter.

BKD, LLP

Springfield, Missouri
January 19, 2022

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Balance Sheets
September 30, 2021 and 2020

Assets

	<u>2021</u>	<u>2020</u>
Current Assets		
Cash and cash equivalents	\$ 46,507,969	\$ 54,980,026
Patient accounts receivable, net of 2020 allowance of \$7,125,000	22,569,942	24,324,318
Other receivables	7,606,762	8,723,360
Due from affiliates	3,411,634	3,081,168
Supplies	2,848,526	2,835,878
Prepaid expenses and other	4,451,649	4,078,868
	<u>87,396,482</u>	<u>98,023,618</u>
Assets Limited As To Use		
Workers' compensation trust fund	2,435,970	1,747,409
Restricted by donors	4,913,338	4,431,806
Internally designated	172,349,015	146,789,705
	<u>179,698,323</u>	<u>152,968,920</u>
Property and Equipment, At Cost		
Land and land improvements	4,438,628	4,418,544
Buildings and leasehold improvements	133,710,824	129,602,831
Equipment	152,932,504	142,147,061
Construction in progress	927,981	4,453,071
	<u>292,009,937</u>	<u>280,621,507</u>
Less accumulated depreciation	192,305,291	180,785,058
	<u>99,704,646</u>	<u>99,836,449</u>
Other Assets		
Pledges receivable	-	10,196
Prepaid pension asset	7,594,793	2,781,446
Other	5,622,324	4,972,161
	<u>13,217,117</u>	<u>7,763,803</u>
Total assets	<u>\$ 380,016,568</u>	<u>\$ 358,592,790</u>

Liabilities and Net Assets

	2021	2020
Current Liabilities		
Current maturities of long-term debt	\$ 3,225,290	\$ 2,241,677
Accounts payable and accrued expenses	10,891,085	14,431,500
Accrued compensation and related taxes	13,856,632	18,350,232
Deferred revenue – provider relief funds	-	13,547,104
Current portion – contract liabilities	20,310,538	5,208,333
Estimated amounts due to and advances from third-party payors	<u>12,577,997</u>	<u>8,352,638</u>
Total current liabilities	60,861,542	62,131,484
Contract Liabilities	-	19,791,667
Other Liabilities	7,800,749	8,025,460
Long-Term Debt	<u>45,550,585</u>	<u>42,575,177</u>
Total liabilities	<u>114,212,876</u>	<u>132,523,788</u>
Net Assets		
Without donor restrictions	260,880,769	221,608,667
With donor restriction	<u>4,922,923</u>	<u>4,460,335</u>
Total net assets	<u>265,803,692</u>	<u>226,069,002</u>
Total liabilities and net assets	<u><u>\$ 380,016,568</u></u>	<u><u>\$ 358,592,790</u></u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Statements of Operations
Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient service revenue (net of contractual discount and allowances)		\$ 236,825,186
Provision for uncollectible accounts		9,177,446
Patient service revenue	\$ 230,171,855	<u>227,647,740</u>
Fixed payment revenue	45,868,730	11,611,003
Provider relief funds	14,304,723	5,357,449
Other revenue	20,413,039	36,812,451
Net assets released from restrictions used for operations	<u>597,546</u>	<u>466,351</u>
Total revenues, gains, and other support without donor restrictions	<u>311,355,893</u>	<u>281,894,994</u>
Expenses and Losses		
Salaries and benefits	177,804,198	170,927,566
Supplies and other	112,766,690	96,527,154
Depreciation and amortization	12,633,291	12,612,561
Interest	<u>1,181,728</u>	<u>1,282,220</u>
Total expenses and losses	<u>304,385,907</u>	<u>281,349,501</u>
Operating Income	<u>6,969,986</u>	<u>545,493</u>
Other Income (Expense)		
Investment return, net	7,659,764	3,443,152
Contributions received and other	1,457,195	194,343
Other components of net periodic pension costs	619,238	1,926,335
Change in unrealized gains and losses on trading securities	17,669,152	8,468,388
Gain (loss) on interest rate swap agreements	<u>878,043</u>	<u>(278,176)</u>
Total other income	<u>28,283,392</u>	<u>13,754,042</u>
Excess of Revenues Over Expenses	35,253,378	14,299,535
Contributions received for purchase of property and equipment	-	886,995
Net assets released from restriction for purchase of property and equipment	324,615	234,200
Transfer to affiliates	(500,000)	-
Change in defined benefit pension plan	<u>4,194,109</u>	<u>(2,085,563)</u>
Increase in Net Assets Without Donor Restrictions	<u>\$ 39,272,102</u>	<u>\$ 13,335,167</u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Statements of Changes in Net Assets
Years Ended September 30, 2021 and 2020

	2021	2020
Net Assets Without Donor Restrictions		
Excess of revenues over expenses	\$ 35,253,378	\$ 14,299,535
Grants and contributions received for purchase of property and equipment	-	886,995
Net assets released from restriction used for purchase of property and equipment	324,615	234,200
Transfer to affiliates	(500,000)	-
Change in defined benefit pension plan	4,194,109	(2,085,563)
Increase in net assets without donor restrictions	39,272,102	13,335,167
Net Assets With Donor Restrictions		
Contributions received	1,050,882	100,774
Investment return, net	333,867	141,309
Net assets released from restrictions	(922,161)	(700,551)
Increase (decrease) in net assets with donor restrictions	462,588	(458,468)
Change in Net Assets	39,734,690	12,876,699
Net Assets, Beginning of Year	226,069,002	213,192,303
Net Assets, End of Year	\$ 265,803,692	\$ 226,069,002

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Statements of Cash Flows
Years Ended September 30, 2021 and 2020

	2021	2020
Operating Activities		
Change in net assets	\$ 39,734,690	\$ 12,876,699
Items not requiring (providing) operating cash flow		
Depreciation and amortization	12,633,291	12,612,561
Gain on disposal of property and equipment	(109,599)	(6,441)
Net gain on investments	(21,883,645)	(8,577,549)
Restricted contributions received	(1,050,882)	(100,774)
Change in defined benefit pension and postretirement benefit plans	(4,194,109)	2,085,563
Change in fair value of interest rate swap agreements and loss on swap termination	(1,487,043)	278,176
Changes in		
Patient accounts receivable	1,754,376	5,420,978
Other receivables	1,103,106	(3,782,851)
Deferred revenue	(13,547,104)	13,547,104
Contract liabilities	(4,689,462)	25,000,000
Estimated third-party settlements and advances	4,225,359	(889,304)
Other current assets and liabilities	(4,708,791)	3,580,118
Net cash provided by operating activities	7,780,187	62,044,280
Investing Activities		
Proceeds from disposition of trading securities	10,276,309	648,499
Purchases of trading securities	(14,060,781)	(4,145,965)
Net advances (to) from related parties	(330,466)	2,918,134
Proceeds from sale of property and equipment	258,370	24,000
Purchase of property and equipment	(15,761,167)	(23,345,401)
Net cash used in investing activities	(19,617,735)	(23,900,733)
Financing Activities		
Principal payments on long-term debt	(36,561,901)	(6,938,600)
Proceeds from issuance of long-term debt	40,677,561	13,784,759
Proceeds from restricted contributions	1,074,570	103,022
Payment of swap termination fee	(609,000)	-
Payment of debt issuance costs	(154,453)	(16,646)
Net cash provided by financing activities	4,426,777	6,932,535
Increase (Decrease) in Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents	(7,410,771)	45,076,082
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Beginning of Year	57,173,057	12,096,975
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, End of Year	\$ 49,762,286	\$ 57,173,057

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Statements of Cash Flows
Years Ended September 30, 2021 and 2020

	2021	2020
Reconciliation of Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents to the Balance Sheets		
Cash and cash equivalents	\$ 46,507,969	\$ 54,980,026
Workers' compensation trust fund	2,035,970	1,347,409
Internally designated	1,218,347	845,622
	\$ 49,762,286	\$ 57,173,057
Supplemental Cash Flows Information		
Interest paid	\$ 1,270,621	\$ 1,494,181
Property and equipment purchases in accounts payable	\$ 1,241,922	\$ 4,352,830

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

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

Nature of Operations

The Rutland Hospital, Inc., d/b/a Rutland Regional Medical Center (RRMC), is a not-for-profit acute care hospital which provides inpatient, outpatient, emergency care, and physician services to residents in the Rutland, Vermont, area. RRMC is a controlled subsidiary of Rutland Regional Health Services, Inc. (RRHS). RRHS is a tax-exempt holding company, pursuant to Section 501(c)(3) of the Internal Revenue Code, organized to carry on planning, fundraising activities, and manage related investments.

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

RRMC considers all liquid investments with original maturities of three months or less to be cash equivalents. At September 30, 2021 and 2020, cash equivalents consisted primarily of money market accounts and short-term government obligations.

The FDIC's insurance limits have been permanently increased to \$250,000. RRMC has entered into an agreement with a local financial institution to purchase fully collateralized U.S. government securities with RRMC's funds that exceed FDIC insurance limits. At September 30, 2021, cash accounts did not exceed federally insured limits.

Debt Investments

Debt securities held by RRMC 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 specific identification method.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Equity Investments

RRMC 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 specific identification method.

RRMC measures equity securities and equity investments without a readily determinable fair value at cost, minus impairment, if any, plus or minus changes resulting from observable price changes for the identical or a similar investment.

Net Investment Return

Investment return includes dividend, interest, and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments, less external and direct internal investment expenses.

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.

RRMC maintains pooled investment accounts for its endowments. Investment income and realized and unrealized gains and losses from securities in the pooled investment accounts are allocated monthly to the individual endowments based on the relationship of the fair value of the interest of each endowment to the total fair value of the pooled investments accounts, as adjusted for additions to or deductions from those accounts.

Assets Limited As To Use

Assets limited as to use include (1) assets held by trustees, (2) assets restricted by donors, and (3) assets set aside by the Board of Directors 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 RRMC are included in current assets.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Patient Accounts Receivable

Subsequent to adoption of ASU 2014-09, Revenue from Contracts with Customers (Topic 606)

Patient accounts receivable reflects the outstanding amount of consideration to which RRMC 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, RRMC bills third-party payors directly and bills the patient when the patient's responsibility for co-pays, 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.

For select patients, RRMC preforms individual credit risk assessments which evaluates the individual circumstances, abilities, and intentions of each patient prior to providing the patient services. RRMC 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 RRMC 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 RRMC 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.

Prior to adoption of ASU 2014-09, Revenue from Contracts with Customers (Topic 606)

Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, RRMC analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for uncollectible accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts.

For receivables associated with services provided to patients who have third-party coverage, RRMC analyzes contractually due amounts and provides an allowance for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), RRMC records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. For those who do not qualify for charity care the difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

RRMC's allowance for uncollectible accounts for self-pay patients was 89 percent of self-pay accounts receivable at September 30, 2020. In addition, RRMC's write-offs were approximately \$8,121,000 for the year ended September 30, 2020.

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 RRMC at the end of the year. Contract assets are included in patient accounts receivable at September 30, 2021 and 2020.

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 28*.

Supplies

Supply inventories are stated at the lower of cost, determined using the average cost method, or net realizable value.

Property and Equipment

Property and equipment acquisitions are recorded at cost and are depreciated on a straight-line basis over the estimated useful life of each asset. 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 leasehold improvements	4 – 40 years
Equipment	3 – 25 years

Donations of property and equipment are reported at fair value as an increase in net assets without donor restrictions unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in net assets without donor restrictions when the donated asset is placed in service.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Long-Lived Asset Impairment

RRMC 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 estimated 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, 2021 and 2020.

Debt Issuance Costs

Debt issuance costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the straight line method.

Net Assets With Donor Restrictions

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

Patient Service Revenue

Subsequent to Adoption of ASU 2014-09, Revenue from Contracts with Customers (Topic 606)

Patient service revenue is recognized as RRMC 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 RRMC expects to be entitled in exchange for providing patient care. RRMC 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 RRMC's policies and implicit price concessions provided to uninsured patients.

RRMC 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. RRMC 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.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Prior to Adoption of ASU 2014-09, Revenues from Contracts with Customers (Topic 606)

RRMC has agreements with third-party payors that provide for payments to RRMC at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Fixed Prospective Revenue

Beginning January 1, 2019, RRMC began to receive monthly fixed prospective payments for services provided by the Hospital and Hospital-owned physician practices participating in the Vermont Medicaid next Generation Accountable Care Organization (ACO) Pilot Program, and beginning January 1, 2021, RRMC expanded its involvement within the program to include Medicare and some other commercial payors in addition to Medicaid. This is a monthly, per member payment received in advance of the services being performed and is recognized as revenue in the month to which it relates.

The revenues for the ACO are recorded on the fixed payment revenue line on the statement of operations. Revenues recorded under these arrangements represent the fixed, agreed upon amounts as a result of RRMC'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 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 the quality of care for each attributed member, regardless of individual member's utilization. RRMC is subject to an annual contracted maximum risk corridor, of which for calendar 2021 and 2020 the risk corridor was waived due to the COVID-19 pandemic and therefore RRMC had zero down-side risk for both calendar years. As of September 30, 2021, RRMC has recorded a receivable related to the calendar year 2020 settlement of approximately \$2,149,660 which is recorded within other receivables. At September 30, 2020, RRMC had determined that a settlement estimate was not estimable for the calendar 2020 settlement and therefore no amounts were recorded. In addition, in fiscal year 2021, RRMC also estimated amounts due to and advances from third-party payors. In the previous fiscal year 2020, RRMC recorded a settlement liability of \$780,000 within estimated amounts due to and advances from third-party payors for the 2019 calendar year, this amount was paid in 2021.

Charity Care

RRMC provides charity care to patients who are unable to pay for services. The amount of charity care is included in net patient service revenue and is not separately classified from the provision for uncollectible accounts.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Contributions

Contributions are provided to RRMC 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 Gift	Value Recognized
<i>Conditional gifts, with or without restrictions</i>	
Gifts that depend on RRMC 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
<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 stipulated 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 operations as net assets released from restrictions. Absent explicit donor restrictions for gifts of land, buildings, equipment, and other long-lived assets are reported when those assets are placed in service.

Gifts having donor stipulations which are satisfied in the period the gift is received are reported 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.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Conditional contributions and investment income having donor stipulations which are satisfied when the gift is received, and the investment income is earned are recorded as revenue with donor restrictions and then released from restriction. Conditional contributions at September 30, 2021 and 2020, include Provider Relief Fund amounts of approximately \$0 and \$14,305,000, respectively (*Note 28*).

Professional Liability and Workers' Compensation Claims

RRMC 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 and workers' compensation claims are described more fully in *Note 5*.

Self-Insurance

RRMC accrues estimated liabilities for self-insurance losses associated with employee health insurance claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported. Costs resulting from self-insured claims are charged to expense when incurred. RRMC has purchased stop-loss coverage for any individual claim in excess of \$200,000.

Government Grants

Support funded by grants is recognized as RRMC meets the conditions prescribed by the grant agreement, 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 and, as a result of such audit, adjustments could be required.

Income Taxes

RRMC has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, RRMC is subject to federal income tax on any unrelated business taxable income. RRMC files tax returns in the U.S. federal jurisdiction.

Excess of Revenues Over Expenses

The statements of operations include excess 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 and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets) and defined benefit plan changes.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Change in Accounting Principles

Topic 606 Revenue from Contracts with Customers

During the year ended September 30, 2021, RRMC adopted *Topic 606, Revenue from Contracts with Customers* (Topic 606), using a modified-retrospective method of adoption to all contracts with patients. The core guidance in Topic 606 is to recognize revenue to depict the transfer of promised goods or services to customers or patients in an amount that reflects the consideration to which RRMC expects to be entitled in exchange for those goods or services. The amount to which RRMC expects to be entitled is calculated as the transaction price and recorded as revenue in exchange for providing patient care services to its patients. Adoption of Topic 606 resulted in changes in presentation of the financial statements and related disclosures in the notes to the financial statements. Prior to the adoption of Topic 606, the majority of the provision for uncollectible accounts related to patients without insurance, as well as patient responsibility balances for copays, coinsurance, and deductibles for patients with insurance. Under Topic 606, the estimated amounts due from patients for which RRMC does not expect to be entitled or collect from the patients are considered implicit price concessions and excluded from RRMC's estimation of the transaction price or revenue recorded.

The following table presents the related effect of the adoption of Topic 606 on the statement of operations for the year ended September 30, 2021:

	September 30, 2021		
	Balances Without Adoption of Topic 606	As Reported	Effect of Adoption
Statements of Operations			
Revenues, Gains, and Other Support Without Donor Restrictions			
Patient service revenue (net of contractual discounts and allowances)	\$ 235,687,333		\$ (235,687,333)
Provision for uncollectible accounts	<u>(5,515,478)</u>		<u>5,515,478</u>
Net patient service revenue less provision for uncollectible accounts	<u>\$ 230,171,855</u>	<u>\$ 230,171,855</u>	<u>\$ -</u>

The adoption had no impact on expenses and losses, operating income, overall change in net assets, or net cash provided by (used in) operating activities.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 2: Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which RRMC 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, RRMC 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 RRMC. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. RRMC 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 RRMC receiving inpatient acute care services or patients receiving services in its outpatient. RRMC 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. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to its patients and customers in a retail setting (for example, pharmaceuticals and medical equipment) and RRMC does not believe it is required to provide additional goods related to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, RRMC 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 of the end of the reporting period.

Transaction Price

RRMC 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 RRMC's policy, and implicit price concessions provided to uninsured patients. RRMC determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. RRMC determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Third-Party Payors

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

Medicare. Inpatient acute care and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. RRMC is reimbursed for certain services at tentative rates with final settlements determined after submission of annual cost reports by RRMC and audits thereof by the Medicare administrative contractor. Beginning January 1, 2021, RRMC has entered into a contractual agreement with OneCare Vermont to include Medicare participation. Therefore, a significant portion of RRMC's patients now receive payments under a fixed prospective payment instead of the traditional payment methodology described above.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. RRMC has entered into a contractual agreement with the state to care for patients with intensive inpatient psychiatric needs. RRMC is reimbursed for these services using a cost reimbursed methodology. RRMC has entered into a contractual agreement with One Care Vermont (OCV) to include Medicaid participation. Therefore, a significant portion of RRMC's patients now receive payments under a fixed prospective payment instead of the traditional payment methodology described above.

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 RRMC'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 RRMC. In addition, the contracts RRMC has with commercial payors also provide for retroactive audit and review of claims.

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 RRMC'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.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Refund Liabilities

From time to time RRMC 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, 2021, RRMC has a liability for refunds to third-party payors and patients recorded of approximately \$450,387 and it is included in accounts payable and accrued expenses on the balance sheet.

Patient and Uninsured Payors

Consistent with RRMC's mission, care is provided to patients regardless of their ability to pay. Therefore, RRMC has determined it has provided 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 RRMC expects to collect based on its collection history with those patients.

Patients who meet RRMC'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. RRMC also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. RRMC 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. For the years ended September 30, 2021 and 2020, changes in its estimates of implicit price concessions, discounts, and contractual adjustments for performance obligations satisfied in prior years was not significant. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Revenue Composition

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

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

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

The composition of patient care service revenue and fixed payment revenue by primary payor for the years ended September 30, 2021 and 2020, is as follows:

	2021	2020
Medicare	\$ 104,857,616	\$ 91,066,951
Medicaid	37,988,592	18,950,346
Other third-party payors	124,813,475	117,513,601
Patients	8,380,902	9,294,288
	<u>\$ 276,040,585</u>	<u>\$ 236,825,186</u>

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

	2021	2020
Hospital inpatient	\$ 84,425,950	\$ 72,432,071
Hospital outpatient	162,782,507	139,656,991
Physician services	28,832,128	24,736,124
	<u>\$ 276,040,585</u>	<u>\$ 236,825,186</u>

Nearly all revenue is related to health care services which are transferred and rendered over time, except for retail and 340B contact pharmacy revenue of \$16,115,200 for 2021, which is point in time.

Note 3: Concentration of Credit Risk

RRMC 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, 2021 and 2020, was:

	Concentration of Credit Risk	
	2021	2020
Medicare	31%	36%
Medicaid	4%	6%
Other third-party payors and patients	65%	58%
	<u>100%</u>	<u>100%</u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 4: Investments and Investment Return

Assets Limited As To Use

Assets limited as to use, at September 30, include:

	2021	2020
Cash	\$ 3,254,317	\$ 2,193,031
Mutual funds – equity	107,340,620	91,523,495
Mutual funds – fixed	68,687,416	58,908,281
Interest in assets of Vermont Community Foundation	389,331	315,499
Interest receivable	26,639	28,614
	<u>179,698,323</u>	<u>152,968,920</u>
Less worker’s compensation trust fund	2,435,970	1,747,409
Less restricted by donor	4,913,338	4,431,806
	<u>172,349,015</u>	<u>146,789,705</u>
Internally designated	<u>\$ 172,349,015</u>	<u>\$ 146,789,705</u>

Total investment return is comprised of the following:

	2021	2020
Interest and dividend income, net of investment expenses	\$ 3,779,138	\$ 3,475,300
Realized gains on trading securities	4,065,184	10,851
Unrealized gains on trading securities	17,818,461	8,566,698
	<u>\$ 25,662,783</u>	<u>\$ 12,052,849</u>

Total investment return is reflected in the statements of operations and changes in net assets as follows:

	2021	2020
Net assets without donor restrictions		
Investment return, net	\$ 7,659,764	\$ 3,443,152
Change in unrealized gains and losses on trading securities	17,669,152	8,468,388
Net assets with donor restrictions	<u>333,867</u>	<u>141,309</u>
	<u>\$ 25,662,783</u>	<u>\$ 12,052,849</u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 5: Professional Liability and Self-Insurance Claims

Professional Liability Claims

RRMC 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. RRMC 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 RRMC's claims experience, an accrual had been made for RRMC's estimated medical malpractice costs, including costs associated with litigating or settling claims, under its malpractice insurance policy. Claim liabilities are to be determined without regard for recoveries. Expected recoveries are presented separately. RRMC recorded \$2,090,000 and \$1,940,000, respectively, of estimated insurance coverage receivables and recorded \$3,670,000 and \$2,920,000, respectively, of estimated insurance liabilities as of September 30, 2021 and 2020. It is reasonably possible that this estimate could change materially in the near term.

Self-Insurance

RRMC is self-insured for employee health insurance and has accrued an estimate of the ultimate costs for both reported claims and claims incurred for the years ending September 30, 2021 and 2020. Actual results could differ from these estimates.

Estimated employee health insurance and dental claim liabilities recorded by RRMC totaled \$1,334,378 and \$1,114,700 as of September 30, 2021 and 2020, respectively.

Workers' Compensation

RRMC has purchased insurance that limits its exposure for individual workers' compensation claims with claim coverage of \$350,000 for individuals and \$1,600,000 in the aggregate with this coverage. RRMC has obtained an outstanding letter of credit to be used for outstanding workers' compensation claims as of September 30, 2021 and 2020, the balance of the letter of credit was \$0.

Note 6: Interest in Assets at the Vermont Community Foundation

RRMC has transferred assets to the Vermont Community Foundation and retained a beneficial interest in those assets. RRMC is to receive the interest annually, but none of the principal. RRMC has granted variance power to the Vermont Community Foundation to modify any restriction or condition on the distribution of funds for any specified charitable purposes or to a specified organization if, in the sole judgment of the Board of Trustees of the Vermont Community Foundation, such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served. The cumulative amount of the retained beneficial interest included in the balance sheets was \$389,331 and \$315,499 at September 30, 2021 and 2020, respectively (*Note 4*).

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 7: Lines of Credit

RRMC has a \$5,000,000 revolving bank line of credit that expires July 31, 2022. In addition, during 2020, RRMC also entered into a \$20,000,000 revolving bank line of credit which expires June 17, 2022. At September 30, 2021 and 2020, there was \$0 borrowed against these lines. The lines are collateralized by substantially all of RRMC's revenues without donor restrictions. Interest varies with the bank's prime rate but shall never be less than a rate of 3.25 percent per annum, which was 3.25 percent on September 30, 2021, and is payable monthly.

Note 8: Long-Term Debt

	2021	2020
Vermont Educational and Health Buildings Financing Agency (VEHBFA) Hospital Revenue Bonds, Rutland Regional Medical Center Project Series 2013A (A)	\$ 13,948,574	\$ 31,350,000
Note payable, bank (B)	-	1,056,064
Capital lease (C)	20,886	33,189
Note payable, bank (D)	201,869	259,125
Construction loan, bank (E)	-	12,691,064
USDA loans (F)	28,271,108	-
Note payable, bank (G)	3,698,164	-
Note payable, bank (H)	3,352,197	-
	<u>49,492,798</u>	<u>45,389,442</u>
Less unamortized costs of issuance	716,923	572,588
Less current maturities	<u>3,225,290</u>	<u>2,241,677</u>
	<u>\$ 45,550,585</u>	<u>\$ 42,575,177</u>

(A) VEHBFA Series 2013A Bonds (tax exempt), issued during the year ended September 30, 2013, bearing a variable interest rate of the one-month LIBOR plus 1.5 percent times 71 percent. Effective February 1, 2016, the variable interest rate was reduced to 70 percent of the one-month LIBOR rate plus 0.826 percent per annum with principal payments due in monthly installments beginning in April 2021, ranging from approximately \$77,000 to \$179,000, due on demand on September 1, 2023, and in the absence of such demand on September 1, 2033, with final payments of \$26,500,000. The bonds are secured by gross receipts of RRMC. The effective interest rate was .93 percent and 2.30 percent at September 30, 2021 and 2020, respectively. During the year ended September 30, 2021, a partial redemption of the Series 2013A bonds occurred of \$16,500,000. The partial redemption was funded by the new USDA loans (F).

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

RRMC has entered into an interest rate swap agreement to help mitigate exposure to future changes in interest rates on the Series 2013A Bonds. See *Note 9* for additional discussion on the interest rate swap agreement.

- (B) Note payable (taxable) with a local financial institution, with a variable rate of LIBOR plus 1.5 percent, per annum based on a 360-day year, due in monthly installments, including principal and interest, maturing April 1, 2021, and is secured by certain property. Effective February 1, 2016, the variable interest rate was reduced to the one-month LIBOR rate plus 1.02 percent. The effective interest rate was 1.13 percent and 1.17 percent at September 30, 2021 and 2020, respectively. During 2021, the note was paid in full.

RRMC has entered into an interest rate swap agreement to help mitigate exposure to future changes in interest rates on the note payable. See *Note 9* for additional discussion on the interest rate swap agreement.

- (C) Capital lease obligation due in monthly installments of \$2,437 through June 2021; collateralized by certain equipment of RRMC.
- (D) Note payable in the original amount of \$550,000 secured by real property that was purchased during the year ended September 30, 2015, bearing a fixed interest rate of 3.59 percent, with principal and interest payments of \$5,475 due monthly beginning on January 1, 2015, and continuing until the maturity date of December 1, 2024.
- (E) During the year ended September 30, 2019, RRMC obtained a \$17,400,000 construction loan to partially finance the construction of a new facility. This loan represents a bridge loan with a local financial institution which will partially convert to a USDA loan in 2021. At September 30, 2020, there was \$12,691,064 borrowed against this loan. During 2021 the loan was paid in full with the issuance of the long-term USDA debt, see (F), and has a balance of \$0 at September 30, 2021. Interest was accrued at a rate of 3.10 percent and is added to the loan balance each month.
- (F) During the year ended September 30, 2021, RRMC obtained four USDA loans totaling \$28,271,108, secured by real property, bearing a fixed interest rate of 2.5 percent, with principal and interest payments of \$97,328 due monthly beginning October 10, 2021, and continuing until the maturity date of September 23, 2056.
- (G) During the year ended September 30, 2021, RRMC obtained a \$3,698,164 loan, secured by real property and guaranteed by the USDA, bearing a fixed interest rate of 1.1 percent, with varying principal and interest payments due monthly beginning November 1, 2021, and continuing until the maturity date of October 1, 2031.
- (H) During the year ended September 30, 2021, RRMC obtained a \$3,352,197 loan, secured by real property and guaranteed by the USDA, bearing a fixed interest rate of 1.1 percent, with varying principal and interest payments due monthly beginning November 1, 2021, and continuing until the maturity date of October 1, 2031.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

The bonds and notes contain certain restrictive covenants, which among other provisions, require that RRMC maintain certain financial covenants which include maximum annual debt service, debt to capitalization, and days cash on hand ratios.

Aggregate annual maturities of long-term debt and payments on capital lease obligations at September 30, 2021, are:

	Long-Term Debt	Capital Lease Obligations
2022	\$ 3,204,404	\$ 20,886
2023	13,168,779	-
2024	1,284,466	-
2025	1,266,207	-
2026	1,283,752	-
Thereafter	29,264,304	-
	\$ 49,471,912	20,886
Less amount representing interest		-
Present value of future minimum lease payments		20,886
Less current maturities		20,886
Noncurrent portion		\$ -

Note 9: Derivative Financial Instruments

RRMC has entered into an interest rate swap agreement with TD Bank, N.A. in conjunction with the Series 2013A Bonds. The swap agreement terminates on September 1, 2023, and provides for monthly settlement with RRMC to pay a fixed rate of 4.068 percent and receive a variable rate equal to the 71 percent of the one-month LIBOR plus a spread of 650 basis points on a notional amount equal to a portion of the outstanding balance of the Series 2013A Bonds, original notional amount of \$11,683,802. RRMC entered into the swap agreement with the objective of reducing its exposure to future variability in interest rates on the Series 2013A Bonds by effectively fixing the interest rate thereon at 4.068 percent. At September 30, 2021 and 2020, the notional amount was \$16,848,574 and \$17,624,346, respectively.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

RRMC had entered into an interest rate swap agreement with TD Bank, N.A. in conjunction with the 2013 note payable. The swap agreement terminated on April 1, 2021 and provided for monthly settlement with RRMC to pay a fixed rate of 4.022 percent and receive a variable rate equal to the 71 percent of the one-month LIBOR plus a spread of 650 basis points on a notional amount equal to a portion of the outstanding balance of the note payable, original notional amount of \$12,712,652. RRMC entered into the swap agreement with the objective of reducing its exposure to future variability in interest rates on the note payable by effectively fixing the interest rate thereon at 4.022 percent. The notional amount was being reduced over the term of the note payable. At September 30, 2021 and 2020, the notional amounts were \$0 and \$1,056,064, respectively.

RRMC had entered into an interest rate swap agreement with Deutsche Bank in conjunction with the Series 2010A Bonds. The swap agreement originally terminated on December 1, 2020 and provided for monthly settlement with RRMC to pay a fixed rate of 4.61 percent and receive a variable rate equal to the 69 percent of the one-month LIBOR plus a spread of 241.50 basis points on a notional amount equal to the then outstanding balance of the Series 2010A Bonds, original notional amount of \$19,100,000. RRMC entered into the swap agreement with the objective of reducing its exposure to future variability in interest rates on the Series 2010A Bonds by effectively fixing the interest rate thereon at 4.61 percent. The terms of this swap agreement were revised on September 17, 2013, with this issuance of the Series 2013A Bonds. The swap agreement was to terminate on September 1, 2023, which provided for monthly settlement with RRMC to pay a fixed rate of 4.828 percent and receive a variable rate equal to the 69 percent of the one-month LIBOR plus a spread of 241.50 basis points on a notional amount in the swap agreement. RRMC terminated this swap agreement and paid a termination fee of \$609,000 during the year ended September 30, 2021.

The table below presents certain information regarding RRMC's interest rate swap agreements designated as a fair value hedge. RRMC did not have any derivative instruments at September 30, 2021 and 2020, that were designated as hedging instruments.

	2021	2020
Other Liabilities		
Fair value of interest rate swap agreements	\$ 831,839	\$ 2,318,882
Interest Expense		
Additional interest expense incurred from interest rate swap agreements	806,863	654,495
Other Income (Expense)		
Swap termination fee	(609,000)	-
Gain (loss) recognized in change in interest rate swap agreements	1,487,043	(278,176)

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 10: Net Assets With Donor Restrictions

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

	2021	2020
Subject to expenditure for specified purpose		
Capital	\$ 5,050	\$ 23,996
Special purpose endowments	1,196,923	806,951
Various departments and other	617,022	533,827
	<u>1,818,995</u>	<u>1,364,774</u>
Subject to appropriation and expenditure when a specified event occurs	<u>1,358,194</u>	<u>1,453,615</u>
Not subject to appropriation or expenditure		
Beneficial interests in perpetual trusts	1,356,403	1,326,446
Beneficial interests in assets held by Foundation	389,331	315,500
	<u>1,745,734</u>	<u>1,641,946</u>
	<u><u>\$ 4,922,923</u></u>	<u><u>\$ 4,460,335</u></u>

During the years ended September 30, 2021 and 2020, net assets of \$597,546 and \$466,351, respectively, were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time or other events specified by donors. Net assets of \$0 and \$234,200 were released from donor restriction for the purchase of capital assets during the years ended September 30, 2021 and 2020, respectively.

Note 11: Endowments

RRMC's endowments consist of various individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the governing body to function as endowments (Board-designated endowment funds). As required by accounting principles generally accepted in the United States of America (GAAP), net assets associated with endowment funds, including Board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

RRMC's governing body has interpreted the State of Vermont Prudent Management of Institutional Funds Act (SPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the Board appropriates such amounts for expenditure. Most of those net assets are also subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. RRMC's governing body has interpreted SPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund,

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

unless a donor stipulates to the contrary. As a result of this interpretation, when reviewing its donor-restricted endowment funds, RRMC considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. RRMC has interpreted SPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. In addition, in accordance with SPMIFA, RRMC considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. Duration and preservation of the fund
2. Purposes of RRMC and the fund
3. General economic conditions
4. Possible effect of inflation and deflation
5. Expected total return from investment income and appreciation or depreciation of investments
6. Other resources of RRMC

The composition of net assets by type of endowment fund at September 30, 2021 and 2020, was:

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 1,358,194	\$ 1,358,194
Total endowment funds	<u>\$ -</u>	<u>\$ 1,358,194</u>	<u>\$ 1,358,194</u>
	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 1,453,615	\$ 1,453,615
Total endowment funds	<u>\$ -</u>	<u>\$ 1,453,615</u>	<u>\$ 1,453,615</u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Changes in endowment net assets for the years ended September 30, 2021 and 2020, were:

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of the year	\$ -	\$ 1,453,615	\$ 1,453,615
Investment return and net appreciation	-	161,287	161,287
Appropriation of endowment net assets for expenditure	-	(256,708)	(256,708)
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ 1,358,194</u>	<u>\$ 1,358,194</u>
	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of the year	\$ -	\$ 1,592,292	\$ 1,592,292
Investment return and net appreciation	-	83,281	83,281
Appropriation of endowment net assets for expenditure	-	(221,958)	(221,958)
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ 1,453,615</u>	<u>\$ 1,453,615</u>

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level RRMC is required to retain as a fund of perpetual duration pursuant to donor stipulation or SPMIFA. In accordance with GAAP, deficiencies of this nature are reported in net assets without restriction and aggregated \$0 at September 30, 2021 and 2020. These deficiencies resulted from unfavorable market fluctuations that occurred shortly after investment of new permanently restricted contributions and continued appropriation for certain purposes that was deemed prudent by the governing body.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

RRMC has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchasing power of the endowment. Endowment assets include those assets of donor-restricted endowment funds RRMC must hold in perpetuity or for donor-specified periods, as well as those of Board-designated endowment funds. Under RRMC's policies, the primary investment goal is generation of income. RRMC expects its endowment funds to provide an average rate of return of approximately 5 percent gross of fees annually over time. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate of return objectives, RRMC relies on a total return strategy in which investment returns are achieved through both current yield (investment income such as dividends and interest) and capital appreciation (both realized and unrealized). RRMC targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Note 12: Liquidity and Availability

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

	<u>2021</u>	<u>2020</u>
Financial assets at year-end		
Cash and cash equivalents	\$ 46,507,969	\$ 54,980,026
Patient accounts receivable, net	22,569,942	24,324,318
Other receivables	7,606,762	8,723,360
Assets limited as to use	179,698,323	152,968,920
Pledges receivable	768	31,356
Due from affiliates	3,411,634	3,081,168
Total financial assets	<u>259,795,398</u>	<u>244,109,148</u>
Less amounts not available to be used within one year		
Pledges receivable	-	10,196
Funds held by trustees	2,435,970	1,747,409
Donor restricted with liquidity horizons greater than one year	4,913,338	4,431,806
Financial assets not available to be used within one year	<u>7,349,308</u>	<u>6,189,411</u>
Financial assets available to meet general expenditures within one year	<u>\$ 252,446,090</u>	<u>\$ 237,919,737</u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

RRMC has certain Board-designated assets limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above for financial assets to meet general expenditures within one year. RRMC has other assets limited to use for donor-restricted purposes and for workers' compensation. In addition, certain other Board-designated assets are designated for future capital expenditures and an operating reserve. These assets limited to use, which are more fully described in *Notes 1* and *4*, are not available for general expenditure within the next year. However, the Board-designated amounts could be made available, if necessary.

RRMC also has line of credit agreements (*Note 7*) to support liquidity, as needed.

Note 13: Charity Care

The costs of charity care provided under RRMC's charity care policy were approximately \$2,401,000 and \$2,452,000 for 2021 and 2020, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Note 14: Functional Expenses

RRMC provides general health care services to residents within its geographic area. Certain costs attributable to more than one function have been allocated among the health care services, general and administrative, and fundraising functional expense classifications based on the direct assignment, expenses, and other methods. The following schedule presents the natural classification of expenses by function as follows:

	2021			
	Health Care Services	General and Administrative	Fundraising Expenses	Total
Salaries and wages	\$ 130,300,070	\$ 14,566,624	\$ 320,644	\$ 145,187,338
Employee benefits	29,272,374	3,272,452	72,034	32,616,860
Total personnel expenses	<u>159,572,444</u>	<u>17,839,076</u>	<u>392,678</u>	<u>177,804,198</u>
Supplies and other	67,009,719	45,678,642	78,329	112,766,690
Depreciation and amortization	10,876,688	1,742,340	14,263	12,633,291
Interest	<u>1,017,414</u>	<u>162,980</u>	<u>1,334</u>	<u>1,181,728</u>
Total expenses	<u>\$ 238,476,265</u>	<u>\$ 65,423,038</u>	<u>\$ 486,604</u>	<u>\$ 304,385,907</u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

	2020			Total
	Health Care Services	General and Administrative	Fundraising Expenses	
Salaries and wages	\$ 116,097,474	\$ 21,883,239	\$ 272,686	\$ 138,253,399
Employee benefits	24,943,105	7,672,476	58,586	32,674,167
Total personnel expenses	<u>141,040,579</u>	<u>29,555,715</u>	<u>331,272</u>	<u>170,927,566</u>
Supplies and other	59,357,733	37,105,693	63,728	96,527,154
Depreciation and amortization	11,054,890	1,540,706	16,965	12,612,561
Interest	<u>1,123,864</u>	<u>156,631</u>	<u>1,725</u>	<u>1,282,220</u>
Total expenses	<u>\$ 212,577,066</u>	<u>\$ 68,358,745</u>	<u>\$ 413,690</u>	<u>\$ 281,349,501</u>

Note 15: Operating Leases

Rental expense under operating lease agreements totaled \$1,687,428 and \$1,712,479 for the years ended September 30, 2021 and 2020, respectively.

Note 16: Significant Commitments

Service Agreement

RRMC and Cerner Corporation (Cerner) have entered into a strategic information technology service agreement. Cerner has assumed operational and administrative responsibilities for RRMC's information technology environment and services, including remote hosting, monitoring, and system performance capabilities. The agreement is effective through December 31, 2029. At the end of the initial term, the agreement will automatically renew in one-year increments. The payments on these agreements are recognized as expense when incurred.

Future minimum payments required under these agreements at September 30, 2021, are summarized as follows:

2022	\$ 13,260,405
2023	13,279,278
2024	12,757,254
2025	12,743,190
2026	<u>43,068,438</u>
	<u>\$ 95,108,565</u>

Expenses under this agreement totaled \$12,710,181 and \$12,715,263 for the years ended September 30, 2021 and 2020, respectively.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 17: Pension Plans

Defined Benefit Plans

RRMC has a noncontributory defined benefit pension plan and had a defined benefit postretirement health care plan covering all employees who meet the eligibility requirements. RRMC's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as RRMC may determine to be appropriate from time to time. RRMC expects to contribute \$0 to the defined benefit pension plan in 2021. For the year ended September 30, 2020, RRMC completed its obligations related to the defined benefit post retirement plan and will no longer be required to fund future obligations of the plan.

Effective January 1, 2006, RRMC's defined benefit pension plan was frozen and stopped accruing benefits. All employees in the defined benefit plan were enrolled into RRMC's newly established tiered contribution plan.

RRMC uses a September 30 measurement date for the plans. Information about the plan's funded status follows:

	Pension Benefits	
	2021	2020
Benefit obligation	\$ 127,493,404	\$ 139,037,150
Fair value of plan assets	135,088,197	141,818,596
Funded status	\$ 7,594,793	\$ 2,781,446

Assets and liabilities recognized in the balance sheets:

	Pension Benefits	
	2021	2020
Noncurrent asset	\$ 7,594,793	\$ 2,781,446

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Amounts recognized in net assets without restriction not yet recognized as components of net periodic benefit cost consist of:

	Pension Benefits	
	2021	2020
Net loss	\$ 24,545,588	\$ 28,739,697

The accumulated benefit obligation for the defined benefit pension plan was \$139,037,150 and \$130,156,649 at September 30, 2021 and 2020, respectively.

Other significant balances and costs are:

	Pension Benefits	
	2021	2020
Benefit credit	\$ (619,238)	\$ (1,666,875)
Employer contributions	-	500,000
Benefits paid	8,915,942	6,237,286

The following amounts have been recognized in the statements of operations and changes in net assets for the years ended September 30, 2021 and 2020:

	Pension Benefits	
	2021	2020
Amounts arising during the period		
Net loss (gain)	\$ (2,666,529)	\$ 3,292,083
Amortization of net loss	1,527,580	1,384,056

The estimated net loss for the defined benefit pension plan that will be amortized from net assets without restriction into net periodic benefit cost over the next fiscal year is \$1,372,732.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Significant assumptions include:

	Pension Benefits	
	2021	2020
Weighted average assumptions used to determine benefit obligations		
Discount rate	2.75%	2.50%
Rate of compensation increase	N/A	N/A
Weighted average assumptions used to determine benefit costs		
Discount rate	2.50%	3.25%
Expected return on plan assets	4.00%	5.50%

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

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of September 30, 2021:

	Pension Benefits
2022	\$ 7,123,983
2023	7,315,108
2024	7,455,107
2025	7,550,727
2026	7,645,451
2027 – 2031	37,813,735

Pension Plan Assets

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include common trust funds invested in equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of plan assets with similar characteristics, or discounted cash flows. Level 2 plan assets include common trust funds invested in fixed income securities. In certain cases where Level 1 or Level 2 inputs are not available, plan assets are classified within Level 3 of the hierarchy.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

The fair values of RRMC's pension plan assets at September 30, 2021 and 2020, by asset class are as follows:

	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)
	2021			
Investments				
Money market funds	\$ 1,912,117	\$ 1,912,117	\$ -	\$ -
Mutual funds – equity	13,135,120	13,135,120	-	-
Mutual funds – fixed	106,513,889	106,513,889	-	-
Mutual funds – balanced	13,527,071	13,527,071		
Total	\$ 135,088,197	\$ 135,088,197	\$ -	\$ -
	2020			
Investments				
Money market funds	\$ 1,439,717	\$ 1,439,717	\$ -	\$ -
Mutual funds – equity	14,143,856	14,143,856	-	-
Mutual funds – fixed	126,235,023	126,235,023		
Total	\$ 141,818,596	\$ 141,818,596	\$ -	\$ -

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

Plan assets are rebalanced quarterly. The postretirement health care plan is conducted on a pay-as-you-go basis, thus there are no assets available for investment. At September 30, 2021 and 2020, plan assets by category are as follows:

	Pension Benefits	
	2021	2020
Equity securities	10%	10%
Debt securities	79%	89%
Balanced securities	10%	0%
Cash and cash equivalents	1%	1%
	100%	100%

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Defined Contribution Plan

RRMC has a defined contribution plan which they contribute to the plan on behalf of each eligible employee a percentage of employee’s eligible compensation based on age and years of service to the plan, as follows:

<u>Combined Age and Years of Service</u>	<u>Percentage of Compensation</u>
Less than 40 years	4%
40 – 59 years	6%
60 – 79 years	8%
80 + years	10%

For employees hired on or after April 4, 2004, RRMC contributes to the plan on behalf of each eligible employee an amount equal to 4 percent of the eligible employee’s compensation.

403(b) Plan – Employer Matching Contributions

Employees may elect to contribute from 1 percent to 100 percent of their compensation to the tax sheltered 403(b) plan. Employer matching contributions are made equal to 25 percent of a participant’s contribution to the plan, up to a maximum of 1 percent compensation for all employees.

Pension plan expense for these two plans for the years ended September 30, 2021 and 2020, was \$5,780,789 and \$5,628,189, respectively.

Note 18: Executive Option Plan

Prior to 2002, RRMC offered an Executive Option Plan for certain senior management and employed physicians. Through the plan, administered under Section 83 of the Internal Revenue Code, a designated group of employees is granted options to purchase shares, through salary reduction, of one or more mutual funds at a price that is equal to a specified percentage of the fair value of the shares on the date of the exercise. During 2002, contributions to the plan were frozen and no future options are expected to be granted. At September 30, 2021 and 2020, plan assets amounted to \$2,570,174 and \$2,069,303, respectively.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 19: Related Party Transactions

A receivable from RRHS, RRMC's parent organization, of \$3,391,055 and \$3,081,168 is recorded at September 30, 2021 and 2020, respectively. RRMC has advanced RRHS funds to cover operating expenses.

Note 20: Community Health Centers of the Rutland Region, Inc.

Effective December 1, 2013, RRHS entered into an agreement to provide Community Health Centers of the Rutland Region, Inc. a community benefit grant over a period of fifty-eight months from December 1, 2013, to September 30, 2018. The agreement was renewed during the year ended September 30, 2019, for a period of thirty-six months from October 1, 2018, to September 20, 2021, and then was extended through December 31, 2021. These payments are being made monthly and range from \$20,123 to \$21,348 for a total grant of \$746,364.

For the years ended September 30, 2021 and 2020, \$256,176 and \$248,712, respectively, was expended for the grant award from RRMC and is included in RRMC's general operating expenses.

Note 21: Disclosures About Fair Value of Financial Instruments

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.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Recurring Measurements

The following table presents 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, 2021 and 2020:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2021				
Investments				
Money market funds	\$ 3,254,317	\$ 3,254,317	\$ -	\$ -
Mutual funds – equity	107,340,620	107,340,620	-	-
Mutual funds – fixed	68,687,416	68,687,416	-	-
Interest in assets of Vermont				
Community Foundation	389,331	-	-	389,331
Interest rate swap agreements	(831,839)	-	(831,839)	-
September 30, 2020				
Investments				
Money market funds	\$ 2,193,031	\$ 2,193,031	\$ -	\$ -
Mutual funds – equity	91,523,495	91,523,495	-	-
Mutual funds – fixed	58,908,281	58,908,281	-	-
Interest in assets of Vermont				
Community Foundation	315,499	-	-	315,499
Interest rate swap agreements	(2,318,882)	-	(2,318,882)	-

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, 2021.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Investments

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 value of certain investments, classified as alternative investments, is determined using net asset value (or its equivalent) as a practical expedient. Investments for which RRMC expects to have the ability to redeem its investments with the investee within 12 months after the reporting date are categorized as Level 2. Investments for which RRMC does not expect to be able to redeem its investments with the investee within 12 months after the reporting date are categorized as Level 3.

Fair value determinations for Level 3 measurements of securities are the responsibility of management. Management contracts with a pricing specialist to generate fair value estimates on a monthly or quarterly basis. Management challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States.

Interest in Assets of Vermont Community Foundation

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of valuation inputs, the interest is classified within Level 3 of the hierarchy.

Interest Rate Swap Agreements

The fair value is estimated using forward-looking interest rate curves and discounted cash flows that are observable or can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

Realized and unrealized gains and losses are included in excess of revenues over expenses.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 22: Contract Pharmacy Program

RRMC participates in the 340B outpatient drug discount program administered by the Office of Pharmacy Affairs of the Health Resources and Services Administration (HRSA). In 2011, RRMC began operating a 340B retail drug program by contracting with local pharmacies. The net revenue from this program for the years ended September 30, 2021 and 2020, respectively, was approximately \$6,328,000 and \$7,716,000 greater than the cost of operating the program. RRMC continues to experience adverse impacts to this program due to a limited group of manufacturers no longer recognizing 340B drug pricing on contract pharmacy agreement pharmaceuticals. Laws and regulations surrounding the 340B drug program are complex and are subject to interpretation and change.

Note 23: 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 *2*.

Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Notes 1* and *5*.

Investments

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

Collective Bargaining Agreement

Approximately 22 percent of RRMC's employees are covered by a collective bargaining agreement. The collective bargaining agreement covering these employees expires September 30, 2024.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Asset Retirement Obligation

RRMC has recorded a liability for its conditional asset retirement obligations related to both its administrative and patient care buildings. Additionally, there remains a liability that has not been recognized in the accompanying financial statements because the range of time over which RRMC may settle is unknown and cannot be reasonably estimated. RRMC will recognize a liability when sufficient information is available to reasonably estimate fair value.

Derivative Financial Instruments

As discussed in *Note 9*, RRMC has entered into interest rate swap agreements and has estimated the fair value of the swaps at September 30, 2021 and 2020. Due to the level of risk associated with the swaps it is reasonably possible that changes in the fair value will occur in the near term and that such change could materially affect the amounts reported in the accompanying balance sheets.

Pension Benefit Obligations

RRMC has a noncontributory defined benefit pension plan whereby it agrees to provide certain postretirement benefits to eligible employees. The plan is frozen and is no longer actively accruing additional benefits for participants. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date based on the linear method. It is reasonably possible that events could occur that would change the estimated amount of this liability materially in the near term.

Note 24: Construction in Progress

The construction in progress at September 30, 2021, primarily relates to numerous smaller projects. To date, RRMC has spent approximately \$928,000 on these projects, and anticipates spending an additional \$6,000,000 to complete these projects. The current construction in progress projects are anticipated to be funded with current operating and investing cash flows.

Project Description	Estimated Total Cost	Estimated Remaining to be Spent	Estimated Completion Date
Window Replacement	\$ 364,277	\$ 116,399	July 2022
Psych Renovations	\$ 2,867,086	\$ 2,817,590	March 2022
Albert Cree Parking Lot	\$ 403,593	\$ 138,714	May 2022
MRI Replacement	\$ 3,116,567	\$ 3,107,437	CoN Pending
Xeleris Server Upgrade	\$ 10,000	\$ 2,000	February 2022
HVAC S3 and S6 Controls Upgrade	\$ 41,800	\$ 21,540	November 2021
Video Equipment For Marketing & Communications	\$ 5,243	\$ 3,469	November 2021
ACU Door Replacement	\$ 19,366	\$ 14,996	February 2022
Registration at 215 Stratton RD	\$ 19,156	\$ 13,784	December 2021
SPD Floor Replacement	\$ 21,411	\$ 2,751	November 2021

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Note 25: Contingent Liabilities

Litigation

In the normal course of business, RRMC 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 commercial insurance; for example, allegations regarding employment practices or performance of contracts. RRMC 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.

Note 26: Other Liabilities

Other liabilities consisted of the following at September 30, 2021 and 2020:

	2021	2020
Employee option payable	\$ 2,570,174	\$ 2,069,303
Accrued claims liabilities	3,672,772	2,922,777
Asset retirement obligations	610,514	611,678
Interest rate swap agreements	831,839	2,318,882
Other	115,450	102,820
	<u>\$ 7,800,749</u>	<u>\$ 8,025,460</u>

Note 27: Future Changes in Accounting Principles

Accounting for Leases

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. 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 RRMC's fiscal year ending September 30, 2023. RRMC is evaluating the impact the standard will have on the financial statements.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Accounting for Financial Instruments – Credit Losses

The Financial Accounting Standards Board amended its standards related to the accounting for credit losses on financial instruments. This amendment introduces new guidance for accounting for credit losses on instruments including trade receivables and finance receivables. The new standard is effective for RRMC's fiscal year ending September 30, 2023. RRMC is in the process of evaluating the impact the amendment will have on the financial statements.

Note 28: COVID-19

On March 11, 2020, the World Health Organization designated the SARS-CoV-2 virus and the incidence of COVID-19 (COVID-19) as a global pandemic. Patient volumes and the related revenues were significantly affected by COVID-19 as various policies were implemented by federal, state, and local governments in response to the pandemic that led many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.

While most of these policies have been eased and states have lifted moratoriums on nonemergent procedures, some restrictions remain in place, and some state and local governments re-imposed certain restrictions due to increasing rates of COVID-19 cases prior to the widespread availability of a vaccine.

RRMC's pandemic response plan has multiple facets and continues to evolve as the pandemic unfolds. RRMC has taken precautionary steps to enhance its operational and financial flexibility and react to the risks the COVID-19 pandemic presents to its business.

In addition, RRMC received approximately \$20,420,000 in general and targeted Provider Relief Fund distributions, both as provided for under the CARES Act, \$25,000,000 of accelerated Medicare payments and other COVID-19 funding of approximately \$973,000.

The extent of the COVID-19 pandemic's adverse effect on the Medical Center's operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond RRMC's control and ability to forecast. Such factors include, but are not limited to, the scope and duration of stay-at-home practices and business closures and restrictions, government-imposed or recommended suspensions of elective procedures, continued declines in patient volumes for an indeterminable length of time, increases in the number of uninsured and underinsured patients as a result of higher sustained rates of unemployment, incremental expenses required for supplies and personal protective equipment, and changes in professional and general liability exposure.

Because of these and other uncertainties, RRMC cannot estimate the length or severity of the effect of the pandemic on RRMC's business. Decreases in cash flows and results of operations may have an effect on debt covenant compliance and on the inputs and assumptions used in significant accounting estimates, including estimated implicit price concessions related to uninsured patient accounts, and potential impairments of goodwill and long-lived assets.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Provider Relief Funds

During the years ended September 30, 2021 and 2020, RRMC received \$0 and \$19,660,000, respectively, of distributions from the CARES Act Provider Relief Fund (collectively the “Provider Relief Fund”). These distributions from the Provider Relief Fund are not subject to repayment, provided RRMC is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by the Department of Health and Human Services.

RRMC has 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 Provider Relief Fund and the effect of the pandemic on RRMC’s revenues and expenses through year-end, RRMC recognized approximately \$14,300,000 and \$6,115,000, respectively, during the years ended September 30, 2021 and 2020, related to the distributions from the Provider Relief Fund, and these payments are recorded as other revenue in the accompanying statements of operations. The unrecognized amount of distributions from the Provider Relief Fund are recorded as deferred grant revenue in the accompanying balance sheets. Guidance for reporting use of Provider Relief Fund payments received has changed significantly since distributions were authorized through the CARES Act in March 2020.

RRMC has recognized revenue from the Provider Relief Fund based on guidance issued by HHS as of September 30, 2021 and any clarifications issued by HHS subsequent to year-end, including any referenced above as recognized subsequent events. RRMC will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the effect of the pandemic on the RRMC’s revenues and expenses. The terms and conditions governing the Provider Relief Fund are complex and subject to interpretation and change. If the RRMC is unable to attest to or comply with current or future terms and conditions, its ability to retain some or all of the distributions received may be affected. Additionally, the amounts recorded in the financial statements compared to the RRMC’s Provider Relief Fund reporting could differ. Provider Relief Fund payments are subject to government oversight, including potential audits.

Vermont Grants

RRMC received a grant through the state of Vermont for \$0 and \$13,912,676 during the year ended September 30, 2021 and 2020, respectively, from the Health Care Provider Stabilization Grant program and the Hazard Pay program. This grant is included in other operating revenues in the accompanying financial statements.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2021 and 2020

Federal Emergency Management Agency (FEMA) Assistance

On March 13, 2020, a nationwide emergency declaration was declared for COVID-19. Under this emergency declaration, and subsequent major disaster declarations, certain organizations are eligible to apply for funding through FEMA's public assistance program. Funds are to be utilized to combat certain expenses to navigate the impact of the COVID-19 outbreak.

During the year ended September 30, 2021, RRMC received and recognized approximately \$747,846 of funds. These funds are included in other operating revenues in the accompanying financial statements. No such contribution took place for the year ended September 30, 2020.

Medicare Accelerated and Advanced Payment Program

During the year ended September 30, 2020, RRMC 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 health systems or up to three months of advance Medicare payments for other health care providers. These amounts are expected to be recaptured by CMS according to the payback provisions.

Effective September 30, 2020, the payback provisions were revised and extended the payback period to begin one year after the issuance of the advance payment through a phased payback period approach. The first 11 months of the payback period will be at 25 percent of the remittance advice payment followed by a six-month payback period at 50 percent of the remittance advice payment. After 29 months, CMS expects any amount not paid back through withholding amounts to be paid back in a lump sum or interest will begin to accrue subsequent to the 29th month at a rate of 4 percent.

During the year ended September 30, 2020, RRMC received approximately \$25,000,000 from these accelerated Medicare payment requests. During the years ended September 30, 2021 and 2020, Medicare has applied approximately \$4,700,000 and \$0, respectively, from these accelerated Medicare payment requests against filed claims. The unapplied amount of accelerated Medicare payment requests are recorded under contract liabilities in the accompanying balance sheets.

Note 29: Subsequent Events

Subsequent to September 30, 2021, RRMC received a distribution from the *American Rescue Plan* of \$5,931,361 and an additional distribution of \$715,227 from the Provider Relief Funds. Additionally, the System received a distribution from the Federal Emergency Management Agency, through the Vermont State Department of Public Safety of \$727,276. These funds were received to support ongoing COVID-19 response efforts. The amounts have not been included within the financial statements as of September 30, 2021.

Subsequent events have been evaluated through January 19, 2022, which is the date the financial statements were available to be issued.

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A. 2021 Estimated Tax		A	
B. Enter 100 % of Line A	B		
C. Enter 100 % of tax on 2020 FORM 990-T	C		
D. Required Annual Payment (Smaller of lines B or C)		D	
E. Income tax withheld (if applicable)		E	
F. Balance (As rounded to the nearest multiple of)		F	60,000.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2019 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	01/15/2022		8,836.	8,836.
2	03/15/2022		8,836.	8,836.
3	06/15/2022	60,000.	8,836.	68,836.
4	09/15/2022		8,835.	8,835.
Total		60,000.	35,343.	95,343.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

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

For calendar year 2020 or other tax year beginning 10/01, 2020, and ending 09/30, 2021

2020

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.) RUTLAND HOSPITAL INC	D Employer identification number 03-0183483
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 160 ALLEN STREET	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code RUTLAND, VT 05701	
C Book value of all assets at end of year		▶ 380,016,568.	F <input type="checkbox"/> Check box if an amended return.
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 <input type="checkbox"/> Applicable reinsurance entity			
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) ▶ 2			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶ ATCH 1			
L The books are in care of ▶ JUDI K FOX		Telephone number ▶ 802-775-7111	

160 ALLEN STREET
RUTLAND VT 05701

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	451,645.
2 Reserved	2	
3 Add lines 1 and 2	3	451,645.
4 Charitable contributions (see instructions for limitation rules) ATCH 2.	4	45,165.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	406,480.
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	406,480.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	405,480.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	85,151.
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	85,151.

For Paperwork Reduction Act Notice, see 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		85,151.
3 Other taxes. 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		85,151.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6 a Payments: A 2019 overpayment credited to 2020	6a	39,102.	
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	77,898.	
c Tax deposited with Form 8868	6c	4,000.	
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		121,000.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input checked="" type="checkbox"/>	8		506.
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10		35,343.
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input checked="" type="checkbox"/> 35,343. Refunded <input type="checkbox"/> 11	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ _____		X
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 a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

Sign Here Signature of officer _____ Date _____ Title _____

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

Paid Preparer Use Only

Print/Type preparer's name BRIAN D TODD	Preparer's signature <i>Brian Todd</i>	Date 07/19/2022	Check <input type="checkbox"/> if self-employed	PTIN 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 65806-2523				

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0074

2020

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 Name of the organization RUTLAND HOSPITAL INC	B Employer identification number 03-0183483
C Unrelated business activity code (see instructions) ▶ 621500	D Sequence: 1 of 2

E Describe the unrelated trade or business ▶ LABORATORY DIAGNOSTIC AND SCREENING SERVICES

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>2,935,220.</u>			
b Less returns and allowances _____ c Balance ▶			
1c	2,935,220.		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		2,935,220.
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	2,935,220.	2,935,220.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts.	4		
5 Interest (attach statement) (see instructions)	5		
6 Taxes and licenses	6		32,246.
7 Depreciation (attach Form 4562) (see instructions)	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) ATTCH. 3	14		2,504,840.
15 Total deductions. Add lines 1 through 14	15		2,537,086.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		398,134.
17 Deduction for net operating loss (see instructions)	17		
18 Unrelated business taxable income. Subtract line 17 from line 16.	18		398,134.

For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Part IV with 4 columns (A, B, C, D) and 2 rows for property descriptions.

Table for Part IV with 4 columns (A, B, C, D) and 3 rows for rent received or accrued (a, b, c).

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table for Part V with 4 columns (A, B, C, D) and 1 row for debt-financed property description.

Table for Part V with 4 columns (A, B, C, D) and 7 rows for gross income, deductions, and average acquisition debt.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A []
B []
C []
D []

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns: A, B, C, D. Row 2: Gross advertising income. Row 3a: Add columns A through D.

Table with 4 columns: A, B, C, D. Row 3: Direct advertising costs by periodical. Row 3a: Add columns A through D.

Table with 4 columns: A, B, C, D. Row 4: Advertising gain (loss). Row 5: Readership costs. Row 6: Circulation income. Row 7: Excess readership costs. Row 8: Excess readership costs allowed as a deduction. Row 8a: Add line 8, columns A through D.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Rows (1) through (4). Total row at the bottom.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0074

2020

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 Name of the organization RUTLAND HOSPITAL INC	B Employer identification number 03-0183483
C Unrelated business activity code (see instructions) ▶ 446110	D Sequence: 2 of 2

E Describe the unrelated trade or business ▶ PHARMACY SERVICES

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 519,769.			
b Less returns and allowances c Balance ▶	1c 519,769.		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 519,769.		519,769.
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 519,769.		519,769.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income	7	8a	8b
1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts.	4		
5 Interest (attach statement) (see instructions)	5		
6 Taxes and licenses	6		4,902.
7 Depreciation (attach Form 4562) (see instructions)	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14	ATCH 4	461,356.
15 Total deductions. Add lines 1 through 14	15		466,258.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		53,511.
17 Deduction for net operating loss (see instructions)	17		
18 Unrelated business taxable income. Subtract line 17 from line 16.	18		53,511.

For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table with 1 row for Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions). Columns A, B, C, D.

Table with 2 rows for Rent received or accrued. Row 2a: From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%). Row 2b: From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income). Row 2c: Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table with 1 row for Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement). Columns A, B, C, D.

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table with 1 row for Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions). Columns A, B, C, D.

Table with 2 rows for Unrelated Debt-Financed Income. Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property. Sub-rows 3a: Straight line depreciation, 3b: Other deductions, 3c: Total deductions. Row 4: Amount of average acquisition debt on or allocable to debt-financed property. Row 5: Average adjusted basis of or allocable to debt-financed property. Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Multiply line 2 by line 6.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

Table with 1 row for Allocable deductions. Multiply line 3c by line 6. Columns A, B, C, D.

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- | | | |
|---|--------------------------|-------|
| A | <input type="checkbox"/> | _____ |
| B | <input type="checkbox"/> | _____ |
| C | <input type="checkbox"/> | _____ |
| D | <input type="checkbox"/> | _____ |

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A),	▶ _____			

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B),	▶ _____			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . .				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ _____

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

990-T: ITEM K - NAME AND FEIN OF PARENT CORPORATION

RUTLAND REGIONAL HEALTH SERVICES
22-2534389

FORM 990T - PART I LINE 4 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	451,645.
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	451,645.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	45,165.
CHARITABLE CONTRIBUTION	<u>1,093,421.</u>
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	<u>45,165.</u>

SCHEDULE A: LABORATORY DIAGNOSTIC AND SCREENING

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

LAB EXPENSES	2,387,502.
LAB TESTING EXPENSES	117,338.
TOTAL OTHER DEDUCTIONS	<u>2,504,840.</u>

SCHEDULE A: PHARMACY SERVICES

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

PHARMACY EXPENSES	461,356.
TOTAL OTHER DEDUCTIONS	<u>461,356.</u>

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

2020

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name RUTLAND HOSPITAL INC	Employer identification number 03-0183483
-------------------------------------	---

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	85,151.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	85,151.
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	85,151.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/>	The corporation is using the annualized income installment method.
8	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	02/15/2021	03/15/2021	06/15/2021	09/15/2021
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	21,288.	21,288.	21,288.	21,287.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	39,102.			22,898.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		17,814.		
13 Add lines 11 and 12	13		17,814.		22,898.
14 Add amounts on lines 16 and 17 of the preceding column	14			3,474.	24,762.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	39,102.	17,814.		
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16			3,474.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17		3,474.	21,288.	21,287.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	17,814.			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2020)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions				
20 Number of days from due date of installment on line 9 to the date shown on line 19.				
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 5% (0.05)	\$	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	ATTACHMENT 1			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 3% (0.03)	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	SEE PENALTY COMPUTATION WHITEPAPER DETAIL			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 3% (0.03)	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x %	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	\$	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	\$	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	\$	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				\$ 506.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

PENALTY COMPUTATION DETAIL - FORM 2220

<u>DATE PD</u>	<u>UNDERPAYMENT</u>	<u>BEG.DATE</u>	<u>END DATE</u>	<u>DAYS</u>	<u>%</u>	<u>PENALTY</u>
<u>QUARTER 2, RATE PERIOD 1 (03/15/2021 - 02/15/2022)</u>						
09/15/2021	3,474.	03/15/2021	09/15/2021	184	3	53.
TOTAL FOR QUARTER 2, RATE PERIOD 1						<u>53.</u>
<u>QUARTER 3, RATE PERIOD 1 (06/15/2021 - 02/15/2022)</u>						
09/15/2021	19,424.	06/15/2021	09/15/2021	92	3	147.
	1,864.	06/15/2021	02/15/2022	245	3	38.
TOTAL FOR QUARTER 3, RATE PERIOD 1						<u>185.</u>
<u>QUARTER 4, RATE PERIOD 1 (09/15/2021 - 02/15/2022)</u>						
	21,287.	09/15/2021	02/15/2022	153	3	268.
TOTAL FOR QUARTER 4, RATE PERIOD 1						<u>268.</u>
TOTAL UNDERPAYMENT PENALTY						<u>506.</u>