



Public Disclosure Copy

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

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

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

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

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

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021**Open to Public
Inspection****A** For the **2021** calendar year, or tax year beginning

10/01/2021 and ending

09/30/2022

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

RUTLAND HOSPITAL INC

Doing Business As RUTLAND REGIONAL MEDICAL CENTER

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

160 ALLEN STREET

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

RUTLAND, VT 05701

F Name and address of principal officer:

JUDI K. FOX

160 ALLEN STREET, RUTLAND, VT 05701

D Employer identification number

03-0183483

E Telephone number

(802) 775-7111

G Gross receipts \$ 337,028,423.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.RRMC.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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: <u>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.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 2,034
	6	Total number of volunteers (estimate if necessary)	6 197
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 4,506,381.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 962,921.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 19,533,756. Current Year 11,138,151.
	9	Program service revenue (Part VIII, line 2g)	294,017,187. 321,277,064.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,011,011. 4,094,439.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-127,317. -223,328.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321,434,637. 336,286,326.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	177,676,092. 207,690,891.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 514,603.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	125,321,047. 135,391,219.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	304,090,560. 343,940,086.
19	Revenue less expenses. Subtract line 18 from line 12	17,344,077. -7,653,760.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 380,016,568. End of Year 328,888,090.
	21	Total liabilities (Part X, line 26)	114,212,876. 107,450,860.
	22	Net assets or fund balances. Subtract line 21 from line 20.	265,803,692. 221,437,230.

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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN D TODD	Brian Todd	07/27/2023		P00422601
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶	44-0160260		
	Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523	Phone no.	417-865-8701		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

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

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

OMB No. 1545-0047

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	RUTLAND HOSPITAL INC	03-0183483
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	160 ALLEN STREET	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	RUTLAND, VT 05701	

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

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

- The books are in the care of ► JUDI K FOX
160 ALLEN STREET RUTLAND VT 05701
Telephone No. ► 802 775-7111 Fax No. ►

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 136,443,149. including grants of \$) (Revenue \$ 149,435,914.)

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 \$ 71,853,906. including grants of \$) (Revenue \$ 78,696,176.)

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 \$ 36,528,180. including grants of \$) (Revenue \$ 40,006,566.)

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 \$ 48,518,269. including grants of \$ 857,976.) (Revenue \$ 53,138,408.)

4e Total program service expenses ► 293,343,504.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2,034		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	19
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent.	1b	15
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 JUDI K FOX 160 ALLEN STREET RUTLAND, VT 05701

802-775-7111

Form 990 (2021)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELBOURNE D. BOYNTON, M.D. ORTHOPEDIC SRGN/CHIEF MED OFFR	40.00 NONE				X			1,341,634.	NONE	51,090.
(2) ERIC MARSH, M.D. ORTHOPEDICS	40.00 NONE					X		1,327,162.	NONE	41,789.
(3) MICHAEL ROBERTELLO, M.D. CARDIOLOGY	40.00 NONE					X		765,813.	NONE	47,515.
(4) HARVEY S. REICH, M.D. MEDICAL DIRECTOR CRITICAL CARE	40.00 NONE					X		714,058.	NONE	49,049.
(5) CLAUDIO D. FORT PRESIDENT / CEO	40.00 1.00			X				659,944.	NONE	98,699.
(6) ERNEST M. BOVE, M.D. UROLOGY	40.00 NONE					X		680,048.	NONE	40,120.
(7) JOHN W. KARL, M.D. ORTHOPEDICS	40.00 NONE					X		654,002.	NONE	41,010.
(8) MATTHEW CONWAY, M.D. DIRECTOR	40.00 1.00	X						627,274.	NONE	47,502.
(9) STANLEY M. SHAPIRO, M.D. CARDIOLOGIST/MEDICAL DIRECTOR	40.00 NONE				X			536,997.	NONE	52,518.
(10) TODD GREGORY, M.D. EMERGENCY PHYSICIAN/MED DRCTR	40.00 NONE				X			512,741.	NONE	47,518.
(11) MICHAEL J. KENOSH, M.D. DIRECTOR END 11/21	40.00 1.00	X						491,731.	NONE	50,551.
(12) ALISON DAVIS, M.D. DIRECTOR BEG 04/22	40.00 1.00	X						420,029.	NONE	44,675.
(13) RICK HILDEBRANT, M.D. HOSPITALISTS/MEDICAL DIRECTOR	40.00 NONE				X			404,867.	NONE	44,076.
(14) ANDREW P. DENICCO, M.D. EMERGENCY PHYS/ASSIS MED DRCTR	40.00 NONE				X			372,097.	NONE	24,298.

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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) PHILLIP R. LAPP, M.D. DIRECTOR	40.00 1.00	X						335,949.	NONE	56,202.
(16) JUDI K. FOX CFO	40.00 1.00			X				335,573.	NONE	56,279.
(17) JONATHAN REYNOLDS VP CLINICAL SERVICES	40.00 NONE				X			297,622.	NONE	38,810.
(18) THOMAS E. FRANK VP MEDICAL GROUP OPERATIONS	40.00 NONE				X			308,817.	NONE	14,393.
(19) JOHN WALLACE GEN COUNSEL CO END 12/21	40.00 NONE				X			283,283.	NONE	38,753.
(20) BRIAN KERNS VP HUMAN RESOURCES	40.00 NONE				X			268,644.	NONE	38,139.
(21) JAMES F. GREENOUGH, JR. VP CORP SUPPORT SVCS END 01/22	40.00 NONE				X			186,844.	NONE	28,546.
(22) MARY M. BEERWORTH, M.D. DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(23) DENISE A. CLARK SECRETARY; VICE CHAIR BEG 04/22	1.00 1.00	X		X				NONE	NONE	NONE
(24) MARK K. FOLEY VICE CHAIR; CHAIR BEG 04/22	1.00 1.00	X		X				NONE	NONE	NONE
(25) JOSEPH KRAUS CHAIR; DIRECTOR BEG 04/22	1.00 1.00	X		X				NONE	NONE	NONE
1b Sub-total								11,525,129.	NONE	951,532.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								11,525,129.	NONE	951,532.

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 ► 268

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) PAUL GALLO DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(27) MICHELE NELSON DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(28) HEATHER COOPER DIRECTOR END 01/22	1.00 1.00	X						NONE	NONE	NONE
(29) JOHN W. CASELLA DIRECTOR END 04/22	1.00 1.00	X						NONE	NONE	NONE
(30) DANIEL DOENGES DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(31) DICK COURCELLE DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(32) MARGO JONES DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(33) JOAN F. GAMBLE DIRECTOR; SECRETARY BEG 05/22	1.00 1.00	X		X				NONE	NONE	NONE
(34) S. PATRICK BENDER, M.D. DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(35) EDWARD J. MERRENS, M.D. DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(36) SARA KING DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	25,000.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	9,725,349.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,387,802.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		11,138,151.			
	Program Service Revenue				Business Code		
2a		NET PATIENT SERVICE REVENUE		621400	301,722,485.	301,722,485.	
b		PHARMACY		446110	12,700,440.	11,839,138.	861,302.
c		LAB AND SCREENING SERVICES		621500	3,645,079.	3,645,079.	
d		CAFETERIA		722514	791,162.	791,162.	
e		OTHER REVENUE		900099	2,417,898.	2,417,898.	
f		All other program service revenue					
g		Total. Add lines 2a-2f			321,277,064.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			4,093,337.		4,093,337.
	4	Income from investment of tax-exempt bond proceeds .			NONE		
	5	Royalties			NONE		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a	251,959.			
	b	Less: rental expenses	6b	475,614.			
	c	Rental income or (loss)	6c	-223,655.	NONE		
	d	Net rental income or (loss)			-223,655.		-223,655.
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			7a	220,813.	24,999.		
	b	Less: cost or other basis and sales expenses . .	7b	228,386.	16,324.		
	c	Gain or (loss)	7c	-7,573.	8,675.		
	d	Net gain or (loss)			1,102.		1,102.
	8a	Gross income from fundraising events (not including \$ 25,000. of contributions reported on line 1c). See Part IV, line 18	8a	22,100.			
	b	Less: direct expenses	8b	21,773.			
	c	Net income or (loss) from fundraising events			327.		327.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			NONE		
12	Total revenue. See instructions			336,286,326.	316,770,683.	4,506,381.	3,871,111.

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	857,976.	857,976.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	8,116,095.	6,121,391.	1,994,704.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	164,705,703.	149,995,726.	14,360,719.	349,258.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,830,828.	5,383,603.	434,451.	12,774.
9 Other employee benefits	19,639,499.	17,832,214.	1,762,694.	44,591.
10 Payroll taxes	9,398,766.	8,499,165.	880,307.	19,294.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	346,945.		346,945.	
c Accounting	252,167.	149,613.	102,340.	214.
d Lobbying	75,337.		75,337.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	61,885.	36,716.	25,116.	53.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	30,733,707.	13,379,810.	17,349,315.	4,582.
12 Advertising and promotion	438,026.	45,082.	392,944.	
13 Office expenses	7,217,227.	5,003,086.	2,143,334.	70,807.
14 Information technology	4,522,126.	273,481.	4,248,619.	26.
15 Royalties	NONE			
16 Occupancy	5,142,498.	3,832,101.	1,307,920.	2,477.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	413,016.	319,305.	92,963.	748.
20 Interest	1,413,988.	1,227,287.	186,015.	686.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	12,578,273.	10,917,452.	1,654,715.	6,106.
23 Insurance	2,799,541.	1,660,986.	1,136,174.	2,381.
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	48,402,857.	48,402,857.		
b MEDICAID TAX ASSESSMENT	18,349,219.	18,349,219.		
c LICENSES, DUES, SUBSCRIPTION	2,514,864.	1,021,766.	1,492,492.	606.
d MISCELLANEOUS	129,543.	34,668.	94,875.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	343,940,086.	293,343,504.	50,081,979.	514,603.
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)				

Part X Balance SheetCheck 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	6,847.	1	5,827.
	2 Savings and temporary cash investments.	49,755,439.	2	26,928,025.
	3 Pledges and grants receivable, net	7,668.	3	8,107.
	4 Accounts receivable, net	22,569,942.	4	23,867,766.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	3,535,174.	7	1,962,473.
	8 Inventories for sale or use	2,848,526.	8	2,919,757.
	9 Prepaid expenses and deferred charges	4,443,981.	9	4,100,356.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 298,968,784.		
	b Less: accumulated depreciation.	10b 203,928,014.		
	11 Investments - publicly traded securities.	99,704,646.	10c	95,040,770.
	12 Investments - other securities. See Part IV, line 11.	176,028,036.	11	153,128,720.
	13 Investments - program-related. See Part IV, line 11.	NONE	12	NONE
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,116,309.	15	20,926,289.	
17 Accounts payable and accrued expenses.	380,016,568.	16	328,888,090.	
Liabilities	18 Grants payable	32,548,466.	17	41,463,778.
	19 Deferred revenue	NONE	18	NONE
	20 Tax-exempt bond liabilities	NONE	19	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	13,833,833.	20	11,808,808.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	21	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	22	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	34,942,042.	23	33,765,674.
	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	NONE	24	NONE
	26 Total liabilities. Add lines 17 through 25.	32,888,535.	25	20,412,600.
	27 Net assets without donor restrictions	114,212,876.	26	107,450,860.
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.			
	28 Net assets with donor restrictions.	260,880,769.	27	217,775,675.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	4,922,923.	28	3,661,555.
	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	265,803,692.	32	221,437,230.
33 Total liabilities and net assets/fund balances.	380,016,568.	33	328,888,090.	

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Part XI Reconciliation of Net AssetsCheck 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	336,286,326.
2	Total expenses (must equal Part IX, column (A), line 25)	2	343,940,086.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,653,760.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	265,803,692.
5	Net unrealized gains (losses) on investments	5	-35,634,966.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-1,077,736.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	221,437,230.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

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

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

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2021

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

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

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

Schedule A (Form 990) 2021

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

RUTLAND HOSPITAL INC

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

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	\$ 38,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 6,646,588.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 727,276.	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	\$ 30,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	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
7	N/A	\$ 151,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 32,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 6,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 20,853.	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	\$ 232,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 53,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 334,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 2,312,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 61,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 30,000.	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="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 35,400.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 7,800.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 5,200.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 5,100.	Person <input checked="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	\$ 9,921.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 9,058.	Person <input checked="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="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 17,623.	Person <input checked="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	\$ 5,457.	Person <input checked="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.)
		\$	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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	Employer identification number
RUTLAND HOSPITAL INC	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) 2021

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		75,337.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		80,281.
j Total. Add lines 1c through 1i			155,618.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

LOBBYING EXPENSES:

THE ORGANIZATION PAID LOBBYING FEES OF \$75,337 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 \$45,723 OF HIS SALARY IS ALLOCATED TO THIS
ACTIVITY.

ALSO, DUES ARE PAID TO THE AMERICAN HOSPITAL ASSOCIATION, THE ALLIANCE
FOR RURAL HOSPITAL ACCESS, AND THE VERMONT ASSOCIATION OF HOSPITALS AND
HEALTH SYSTEMS. A PORTION OF DUES IS ATTRIBUTABLE TO LOBBYING:

\$ 16,160 VAHHS

9,759 AHA

8,250 ARHA

389 340B HEALTH

\$ 34,558

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

RUTLAND HOSPITAL INC

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

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

Schedule D (Form 990) 2021

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,358,194.	1,453,615.	1,592,292.	619,668.	689,107.
b Contributions				1,177,168.	
c Net investment earnings, gains, and losses	-496,432.	161,287.	83,281.	44,971.	30,561.
d Grants or scholarships					
e Other expenditures for facilities and programs	35,538.	256,708.	221,958.	249,515.	100,000.
f Administrative expenses					
g End of year balance	826,224.	1,358,194.	1,453,615.	1,592,292.	619,668.

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 ☒ 50.1700 %

c Term endowment ☒ 49.8300 %

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		645,676.		645,676.
b Buildings		59,950,134.	32,031,078.	27,919,056.
c Leasehold improvements		75,647,238.	46,878,042.	28,769,196.
d Equipment		156,404,879.	122,341,871.	34,063,008.
e Other		6,320,857.	2,677,023.	3,643,834.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				95,040,770.

Schedule D (Form 990) 2021

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	4,446,390.
(2) OTHER RECEIVABLES	7,672,056.
(3) INTEREST RECEIVABLE	30,353.
(4) INSURANCE RECEIVABLE	2,307,497.
(5) INVESTMENT IN VERMONT COMM FDN	293,339.
(6) PREPAID PENSION ASSET	6,176,654.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ►	20,926,289.

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	7,813,218.
(3)	ADVANCES FROM THIRD PTY PYRS	12,599,382.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		20,412,600.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	301,270,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-35,634,966.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	594,064.
e	Add lines 2a through 2d	2e	-35,040,902.
3	Subtract line 2e from line 1	3	336,311,396.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,885.
b	Other (Describe in Part XIII.)	4b	-86,955.
c	Add lines 4a and 4b	4c	-25,070.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	336,286,326.

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

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

1	Total expenses and losses per audited financial statements	1	344,375,588.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	497,387.
e	Add lines 2a through 2d	2e	497,387.
3	Subtract line 2e from line 1	3	343,878,201.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,885.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	61,885.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	343,940,086.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

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

Part XIII Supplemental Information (continued)

WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT. RRM C 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, RRM C 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 RRM C 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 RRM C

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.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

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

\$ (1,898,341) NET LOSS FROM DEF BEN PLAN & POSTRETIREMENT BEN COSTS

1,671,800 NET ASSETS RELEASED FROM RESTRICTION

820,605 GAIN ON INTEREST SWAP AGREEMENT

\$ 594,064

SCHEDULE D, PART XI, LINE 4B

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

\$ 854,144 TEMPORARILY RESTRICTED CONTRIBUTIONS

(475,614) RENTAL EXPENSES

(443,712) TEMPORARILY RESTRICTED INVESTMENT RETURN

(21,773) SPECIAL EVENTS EXPENSE

\$ (86,955)

SCHEDULE D, PART XII, LINE 2D

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

\$ 475,614 RENTAL EXPENSES

21,773 SPECIAL EVENTS EXPENSE

\$ 497,387

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	47,100.			47,100.
	2 Less: Contributions	25,000.			25,000.
	3 Gross income (line 1 minus line 2)	22,100.			22,100.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,750.			1,750.
	6 Rent/facility costs				
	7 Food and beverages	18,373.			18,373.
	8 Entertainment				
	9 Other direct expenses	1,650.			1,650.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				21,773.
11 Net income summary. Subtract line 10 from line 3, column (d)				327.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► **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 Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300.0000</u> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
6b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,188,868.		2,188,868.	0.64
b Medicaid (from Worksheet 3, column a)			85,178,237.	44,833,329.	40,344,908.	11.73
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d Total. Financial Assistance and Means-Tested Government Programs . . .			87,367,105.	44,833,329.	42,533,776.	12.37
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) .		921.	2,952,455.	2,344,659.	607,796.	0.18
f Health professions education (from Worksheet 5)		629.	1,541,549.		1,541,549.	0.45
g Subsidized health services (from Worksheet 6)			57,801,867.	42,754,769.	15,047,098.	4.37
h Research (from Worksheet 7)			4,736,598.		2,391,939.	0.70
i Cash and in-kind contributions for community benefit (from Worksheet 8)		1,310.	242,594.		242,594.	0.07
j Total. Other Benefits		2,860.	67,275,063.	45,099,428.	19,830,976.	5.77
k Total. Add lines 7d and 7j .		2,860.	154,642,168.	89,932,757.	62,364,752.	18.14

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

Schedule H (Form 990) 2021

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		220,984.		220,984.	0.06
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		182,853.		182,853.	0.05
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2		403,837.		403,837.	0.11

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	71,290,864.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	97,119,284.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-25,828,420.
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		MED DEV RURAL COMMUNITY HOSPITAL	
2	X	X								
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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	<input checked="" type="checkbox"/>
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	<input checked="" type="checkbox"/>
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	3	<input checked="" type="checkbox"/>
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>2021</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	<input checked="" type="checkbox"/>
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	<input checked="" type="checkbox"/>
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	<input checked="" type="checkbox"/>
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	<input checked="" type="checkbox"/>
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	<input checked="" type="checkbox"/>
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	<input checked="" type="checkbox"/>
a If "Yes," (list url): <u>SEE PART V SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	<input checked="" type="checkbox"/>
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group 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:	13 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?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <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?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
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)		

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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?	17 X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <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?	19	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
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?	21	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)		

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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.	23	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.	24	X

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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 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

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.

- PSYCHIATRIC SERVICES AND WEST RIDGE TREATMENT CENTER, RUTLAND REGIONAL MEDICAL CENTER
- DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS, VERMONT DEPARTMENT OF HEALTH
- 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)

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

CHNA AVAILABILITY TO PUBLIC:

THE COMMUNITY IMPACT COORDINATOR DEVELOPED AND FOLLOWED A COMMUNICATION PLAN UTILIZING ELECTRONIC COMMUNICATION, ZOOM AND VIRTUAL MEETINGS, SOCIAL MEDIA, WEBSITE LINKS, PRESS RELEASES, NEWS ARTICLES 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.

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 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.

- 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-ASSISTANCE/](https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistance/)

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-ASSISTANCE/](https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistance/)

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-ASSISTANCE/](https://www.rrmc.org/patient-visitors/billing-insurance/financial-assistance/)

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 DOREST 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 STREET RUTLAND VT 05701	PATIENT CLINIC

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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	PATIENT CLINIC
1 ALBERT CREE	
RUTLAND VT 05701	
2 RUTLAND REGIONAL NEUROLOGY CENTER	PATIENT CLINIC
1 ALBERT CREE DRIVE	
RUTLAND VT 05701	
3	
4	
5	
6	
7	
8	
9	
10	

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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.

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, 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).

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.

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 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 \$8,614,029. 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 UPON 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

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.

OUR HOSPITAL AND REVIEW IN THE CONTEXT OF OUR COMMUNITY AND OUR HEALTH 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 AND ESTEEM IN ADDITION TO CORE ACADEMIC ACHIEVEMENT, ALONG WITH WORKFORCE DEVELOPMENT, ESPECIALLY AS RELATED TO 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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE:

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

Part VI Supplemental Information

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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 2022, APPROXIMATELY 10.5% PERCENT OF RUTLAND COUNTY WAS CONSIDERED TO LIVE IN POVERTY.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT EXPENSE FOOTNOTE:

PATIENT ACCOUNTS RECEIVABLE REFLECTS THE OUTSTANDING AMOUNT OF CONSIDERATION TO WHICH RRMIC 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, RRMIC BILLS THIRD-PARTY PAYORS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S RESPONSIBILITY FOR COPAYS,

Part VI Supplemental Information

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COINSURANCE, AND DEDUCTIBLES IS DETERMINED. PATIENT ACCOUNT RECEIVABLE

PAYMENT PLAN OR FOR PATIENT FINANCIAL ASSISTANCE.

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.

Part VI Supplemental Information

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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. RPMC 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 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 RPMC FINANCIAL ASSISTANCE POLICY.

BASED ON ACCOUNT BALANCE WE WILL APPROVE PAYMENT PLANS UP TO 24 MONTHS, IT WILL BE BASED ON MANAGEMENT APPROVAL. 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

Part VI Supplemental Information

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THAT THE HOSPITAL SEND 3 STATEMENTS AND A FINAL NOTICE BEFORE SENDING AN
ACCOUNT TO BAD DEBT. IT ALSO STATES THAT RRMCM WILL REFRAIN FROM
EXTRAORDINARY COLLECTION ACTIONS TO OBTAIN PAYMENT FOR A DEBT.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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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 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 AND FINANCIAL COUNSELING OFFERS FINANCIAL

Part VI Supplemental Information

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ASSISTANCE PROGRAM APPLICATIONS TO ALL MEDICARE INSURED PATIENTS WITH NO OTHER INSURANCE, ALL SELF-PAY / UNDERINSURED 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 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 RRMC WEB SITE DESCRIBES THE FINANCIAL ASSISTANCE PROGRAM AND SHOWS 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.

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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 DEPENDENT UPON 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 47 YEARS OLD, COMPARED TO VERMONT'S AVERAGE AGE OF 43.

Part VI Supplemental Information

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ADDITIONALLY, THE SENIOR POPULATION CONTINUES TO GROW - 24% OF RUTLAND COUNTY RESIDENTS ARE 65 YEARS AND OLDER, SLIGHTLY MORE THAN THE STATEWIDE AVERAGE (20%).

RUTLAND COUNTY MEDIAN HOUSEHOLD INCOME (\$59,751) CONTINUES TO LAG BEHIND THE STATE (\$67,647). IN 2021, RUTLAND COUNTY WAS CONSISTENT WITH THE STATE RATE OF 10.5% OF THE POPULATION LIVING BELOW THE POVERTY RATE.

WHILE RUTLAND COUNTY HAS A COMPARABLE PERCENTAGE OF HIGH SCHOOL GRADUATES (OR EQUIVALENCE) AT 84%, COMPARED TO THE STATE AT 85%, WE LAG BEHIND IN HIGHER EDUCATION (SOME COLLEGE WITH NO DEGREE, ASSOCIATE'S, AND BACHELOR'S) AT 64% COMPARED TO THE STATE AT 70%.

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

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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 THE REGION FOR AREAS OF SHORTAGE AND/OR NEED. IN FY22, TWENTY-FOUR PROVIDERS WERE RECRUITED IN SPECIALTY AREAS INCLUDING ANESTHESIOLOGY, CRITICAL CARE, HOSPITAL AND EMERGENCY MEDICINE, OCCUPATIONAL AND EMPLOYEE WELLNESS, ORTHOPAEDICS, OTOLARYNGOLOGY, GENERAL SURGERY, SLEEP MEDICINE, GASTROENTEROLOGY, PSYCHIATRY AND WOUND OSTOMY AND CONTINENCE CARE. RRMC 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. RRMC CONTINUES TO SUPPORT A HOSPITALIST PROGRAM WHERE HOSPITAL PHYSICIANS PROVIDE CARE FOR PRIMARY CARE PROVIDER'S PATIENTS

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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 RRMV 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
INCREASE ACCESS TO CARE FOR MEDICAID PATIENTS. RRMV ALSO PROVIDES SUPPORT
FOR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN THE REGION BY HAVING A
LEADER REPRESENTATIVE ON THE BOARD OF THE ORGANIZATION. RRMV 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.
RRMV PARTNERS WITH UNITED WAY OF RUTLAND COUNTY TO PROVIDE A LEADERSHIP

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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.

RRMC 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
IMPLICATIONS OF ECONOMIC DIVERSITY AND VARYING NEEDS OF DIFFERENT
SOCIOECONOMIC CLASSES. RRMC 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 RRMC

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Provide the following information.

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

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. RRM C 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.

BONE MARROW PROGRAM - THE MARROW DONOR PROGRAM AT RRM C 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.

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.

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, 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

Part VI Supplemental Information

Provide the following information.

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

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 19 BOARD MEMBERS WHO REPRESENT THE RESIDENTS OF RUTLAND COUNTY IN THEIR SERVICE; 3 ARE PHYSICIANS, 1 RETIRED PHYSICIAN, 2 PHYSICIANS REPRESENTING HEALTH CARE PARTNERS, 1 NON-PHYSICIAN REPRESENTING HEALTH CARE PARTNERS, 12 ARE RUTLAND COUNTY RESIDENTS REPRESENTING A VARIETY OF BUSINESS SECTORS. 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

Part VI Supplemental Information

Provide the following information.

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

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 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. RRMHC'S CREDENTIALING PROCESS HAS BEEN SURVEYED BY BOTH THE JOINT COMMISSION AND THE CENTERS FOR MEDICARE

Part VI Supplemental Information

Provide the following information.

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

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, RPMC PROVIDES A BROAD ARRAY OF
SERVICES. THE FOLEY CANCER CENTER AT RPMC 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
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 RPMC PROGRAMS AND SERVICES VISIT OUR WEBSITE
AT WWW.RPMC.ORG. RPMC PROVIDES CARE FOR BOTH MEDICARE AND MEDICAID
PATIENTS; THESE POPULATIONS MAKE UP 65% OF THE PAYER MIX FOR RPMC. BY
WORKING COLLABORATIVELY WITH THE LOCAL FQHCs, COMMUNITY HEALTH CENTERS OF
THE RUTLAND REGION, CAPACITY IS INCREASED IN THE SERVICE AREA. IN FY22,
THE RPMC VOLUNTEER PROGRAM WAS PROVIDED BY 198 INDIVIDUALS WHO DONATED

Part VI Supplemental Information

Provide the following information.

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

37,214 HOURS OF SERVICE TO RUTLAND REGIONAL MEDICAL CENTER. THE
VOLUNTEERS ASSIST WITH THE NON-CLINICAL NEEDS OF PATIENTS IN THE
HOSPITAL, AMONG OTHER ACTIVITIES.

SINCE 1896, RRM HAS PROVIDED HEALTH CARE TO ALL WHO SEEK ITS SERVICES,
REGARDLESS OF THEIR FINANCIAL SITUATION. OVER THE YEARS, RRM HAS BECOME
AN IMPORTANT CENTER FOR PROMOTING HEALTH CARE AND WELLNESS FOR THE
COMMUNITY - ACTIVITIES THAT SHOULD HELP CURB LONGER-TERM HEALTH CARE
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 NEEDS
NOT COVERED BY THESE PAYMENTS. HOWEVER, AS INSURANCE AND OTHER
REIMBURSEMENTS CONTINUE TO DECREASE, RRM 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

Part VI Supplemental Information

Provide the following information.

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

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 2022, FUNDING WAS PROVIDED TO THE FOLLOWING PROGRAMS AND
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 2022 OUTDOOR PASSPORT MOBILE APPLICATION FOR UNDERSERVED
POPULATIONS
HOSTED BY COME ALIVE OUTSIDE

AWARDED 2022 ENERGY WORKS
HOSTED BY VERMONT ADULT LEARNING

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AWARDED 2022 EVERYONE EATS 2.0

HOSTED BY VERMONT FARMERS FOOD NETWORK

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
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 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.

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RRMC IS PART OF RUTLAND REGIONAL HEALTH SERVICES, INC. THIS PARENT ORGANIZATION IS A TAX-EXEMPT ENTITY AND INCLUDES, IN ADDITION TO RRMC AND ITS 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 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)**

Department of the Treasury
Internal Revenue Service

**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.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

Part I General Information on Grants and Assistance

- 1 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
- 2 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 MENTAL HEALTH SERVICES, INC. 78 S. MAIN ST, P.O. BOX 22	03-0210725	501(C)(3)	27,797.				COMMUNITY HEALTH IMPROVEMENT
(2) RUTLAND COMMUNITY PROGRAMS, INC. 78 MEADOWS STREET RUTLAND, VT 05701	03-0307812	501(C)(3)	18,060.				COMMUNITY HEALTH IMPROVEMENT
(3) GREEN MOUNTAIN RECOVERY FOUNDATION, INC. 141 STATE STREET RUTLAND, VT 05701	51-0425091	501(C)(3)	32,830.				COMMUNITY HEALTH IMPROVEMENT
(4) THE MENTOR CONNECTOR 110 MERCHANTS ROW RUTLAND, VT 05701	65-1290104	501(C)(3)	25,000.				COMMUNITY HEALTH IMPROVEMENT
(5) RUTLAND COUNTY HOUSING COALITION 56 HOWE ST, BLDG A, BX 7 RUTLAND, VT 05701	55-0822651	501(C)(3)	37,104.				COMMUNITY HEALTH IMPROVEMENT
(6) VERMONT ADULT LEARNING 16 EVELYN STREET RUTLAND, VT 05701	03-0276755	501(C)(3)	50,000.				COMMUNITY HEALTH IMPROVEMENT
(7) COME ALIVE OUTSIDE, INC. P.O. BOX 267 RUTLAND, VT 05701	47-2357025	501(C)(3)	105,666.				COMMUNITY HEALTH IMPROVEMENT
(8) VERMONT FARMERS MARKET EDUCATION CENTER PO BOX 833 RUTLAND, VT 05702-0833	45-5293058	501(C)(3)	24,000.				COMMUNITY HEALTH IMPROVEMENT
(9) COMMUNITY HEALTH CENTERS OF RUTLAND REGION 375 ROUTE 30 NORTH BOMOSEEN, VT 05732	22-1179701	501(C)(3)	235,114.				COMMUNITY HEALTH IMPROVEMENT
(10) PARAMOUNT CENTER, INC. 30 CENTER STREET RUTLAND, VT 05701	22-2528303	501(C)(3)	10,000.				COMMUNITY HEALTH IMPROVEMENT
(11) RUTLAND FREE CLINIC DBA PARK STREET HEALTH 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)	10,000.				COMMUNITY HEALTH IMPROVEMENT
(12) RUTLAND ECONOMIC DEVELOPMENT CORPORATION 67 MERCHANTS ROW RUTLAND, VT 05701	03-0264949	501(C)(3)	21,755.				COMMUNITY HEALTH IMPROVEMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19

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) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

RUTLAND HOSPITAL INC

Employer identification number

03-0183483

Part I General Information on Grants and Assistance

- 1 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
- 2 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) UNIVERSITY OF VERMONT & STATE AGRICULTURAL 1 SOUTH PROSPECT ST BURLINGTON, VT 05401	03-0179440	501(C)(3)	55,625.				COMMUNITY HEALTH IMPROVEMENT
(2) UNITED WAY OF RUTLAND COUNTY 6 CHURCH ST, STE 1 RUTLAND, VT 05701	03-6000224	501(C)(3)	12,500.				COMMUNITY HEALTH IMPROVEMENT
(3) AMERICAN CANCER SOCIETY 55 DAY LANE WILLISTON, VT 05495	13-1788491	501(C)(3)	5,500.				COMMUNITY HEALTH IMPROVEMENT
(4) HOUSING TRUST OF RUTLAND COUNTY INC 27 WALES STREET, SUITE 201	03-0280726	501(C)(3)	25,500.				COMMUNITY HEALTH IMPROVEMENT
(5) VERMONT SYMPHONY ORCHESTRA ASSOCIATION 2 CHURCH STREET, 3B BURLINGTON, VT 05401	03-0222134	501(C)(3)	50,000.				COMMUNITY HEALTH IMPROVEMENT
(6) WONDERFEET KID'S MUSEUM PO BOX 6243, 11 CENTER STREET	45-4692194	501(C)(3)	27,500.				COMMUNITY HEALTH IMPROVEMENT
(7) HOUSING INITIATIVES, INC. 5 TREMONT STREET RUTLAND, VT 05701	20-1914244	501(C)(3)	25,375.				COMMUNITY HEALTH IMPROVEMENT
(8)							
(9)							
(10)							
(11)							
(12)							

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) 2021

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:

THE PURPOSE OF THIS POLICY IS TO ESTABLISH A FORMALIZED PROCESS FOR GRANT

MANAGEMENT INCLUDING THE:

- (1) DEVELOPMENT AND REVIEW OF PROPOSALS FOR GRANT FUNDING;
- (2) REVIEW AND APPROVAL OF GRANT AGREEMENTS AND CONTRACTS ASSOCIATED WITH GRANT PROGRAMS;
- (3) MANAGEMENT OF GRANT AWARDS; AND,
- (4) OVERSIGHT OF COMPLIANCE WITH GRANT REPORTING AND CLOSE OUT

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.

REQUIREMENTS.

THE POLICY IS INTENDED TO CREATE A SINGLE UNIFORM PROCESS FOR ALL GRANT

FUNDING TO ENSURE THAT THE ORGANIZATION COMPLIES WITH GRANT AGREEMENT

OBLIGATIONS, AND STATE AND FEDERAL LAWS THAT GOVERN GRANTS.

SCHEDULE I, PART II, COLUMN H

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.

PURPOSE OF GRANT OR ASSISTANCE:

ASSISTANCE FOR COME ALIVE OUTSIDE, INC., THE MENTOR CONNECTOR, GREEN
MOUNTAIN RECOVERY FOUNDATION, INC., 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

Name of the organization

RUTLAND HOSPITAL INC

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

03-0183483

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
1b		
2		
4a	X	
4b	X	
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL J. KENOSH, M.D.	(i)	415,031.	52,971.	23,729.	24,650.	25,901.	542,282.	NONE
1 DIRECTOR END 11/21	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW CONWAY, M.D.	(i)	412,846.	210,372.	4,056.	24,650.	22,852.	674,776.	NONE
2 DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PHILLIP R. LAPP, M.D.	(i)	275,381.	38,190.	22,378.	30,450.	25,752.	392,151.	NONE
3 DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALISON DAVIS, M.D.	(i)	379,673.	39,110.	1,246.	18,850.	25,825.	464,704.	NONE
4 DIRECTOR BEG 04/22	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CLAUDIO D. FORT	(i)	614,268.	11,669.	34,007.	72,694.	26,005.	758,643.	NONE
5 PRESIDENT / CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JUDI K. FOX	(i)	326,672.	7,180.	1,721.	30,450.	25,829.	391,852.	NONE
6 CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERIC MARSH, M.D.	(i)	578,972.	747,227.	963.	24,650.	17,139.	1,368,951.	NONE
7 ORTHOPEDICS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL ROBERTELLO, M.	(i)	403,965.	335,935.	25,913.	24,650.	22,865.	813,328.	NONE
8 CARDIOLOGY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HARVEY S. REICH, M.D.	(i)	480,319.	203,451.	30,288.	30,450.	18,599.	763,107.	NONE
9 MEDICAL DIRECTOR CRITICAL CARE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERNEST M. BOVE, M.D.	(i)	435,684.	211,450.	32,914.	24,650.	15,470.	720,168.	NONE
10 UROLOGY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN W, KARL, M.D.	(i)	372,764.	280,882.	356.	18,850.	22,160.	695,012.	NONE
11 ORTHOPEDICS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MELBOURNE D. BOYNTON,	(i)	628,317.	686,394.	26,923.	30,450.	20,640.	1,392,724.	NONE
12 ORTHOPEDIC SRGN/CHIEF MED OFFR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STANLEY M. SHAPIRO, M.	(i)	267,250.	241,936.	27,811.	30,450.	22,068.	589,515.	NONE
13 CARDIOLOGIST/MEDICAL DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TODD GREGORY, M.D.	(i)	465,361.	45,912.	1,468.	24,650.	22,868.	560,259.	NONE
14 EMERGENCY PHYSICIAN/MED DRCTR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RICK HILDEBRANT, M.D.	(i)	366,004.	38,103.	760.	18,850.	25,226.	448,943.	NONE
15 HOSPITALISTS/MEDICAL DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW P. DENICCO, M.D.	(i)	239,116.	132,773.	208.	13,050.	11,248.	396,395.	NONE
16 EMERGENCY PHYS/ASSIS MED DRCTR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS E. FRANK	(i)	298,709.	5,835.	4,273.	13,050.	1,343.	323,210.	NONE
1 VP MEDICAL GROUP OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONATHAN REYNOLDS	(i)	263,643.	33,443.	536.	13,050.	25,760.	336,432.	NONE
2 VP CLINICAL SERVICES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN WALLACE	(i)	274,758.	5,867.	2,658.	12,983.	25,770.	322,036.	NONE
3 GEN COUNSEL CO END 12/21	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIAN KERNS	(i)	261,688.	5,606.	1,350.	12,383.	25,756.	306,783.	NONE
4 VP HUMAN RESOURCES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES F. GREENOUGH, JR	(i)	160,588.	4,950.	21,306.	19,830.	8,716.	215,390.	NONE
5 VP CORP SUPPORT SVCS END 01/22	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
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 4A

SEVERANCE PAYMENT:

DURING FY22, JOHN WALLACE RECEIVED A SEVERANCE PAYMENT OF \$375,426.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

CLAUDIO D. FORT IS COVERED WITH A 457(F) SUPPLEMENTAL RETIREMENT
AGREEMENT (SERP).

IN THE CURRENT YEAR, A CONTRIBUTION OF \$59,644 WAS MADE.

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

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.

INCREASED REVENUES FOR THE ORGANIZATION.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**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	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired	19,435,867.							
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							
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) 2021

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							

Schedule K (Form 990) 2021

Part IV Arbitrage (continued)

GROUP 1

	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	TD BANK							
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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization

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.

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FOLEY SERVICES & FOLEY DISTRIB	MARK K. FOLEY, JR.	310,283.	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 \$310,283 IN FISCAL YEAR 2022.

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

2021

**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.

*FINANCIAL STRENGTH: WE WILL ACHIEVE FINANCIAL STRENGTH AND STABILITY BY

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.

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Inspection**

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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 2022 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.

FREE AND DISCOUNTED CARE

RUTLAND REGIONAL PROVIDES LOW- AND NO-COST CARE FOR ELIGIBLE RESIDENTS OF

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Name of the organization

RUTLAND HOSPITAL INC

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OUR AREA THROUGH A FINANCIAL ASSISTANCE PROGRAM. THE FREE CARE PROVISION
FOR 2022 TOTALED \$4,274,298.

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.

***PHYSICAL ENVIRONMENT**

-IMPROVING INFRASTRUCTURE TO SUPPORT A HEALTHY COMMUNITY WITH ACCESS TO

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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.

THE PURPOSE OF THE ASSESSMENT IS TO:

- DESCRIBE THE HEALTH STATUS OF THE COMMUNITY
- IDENTIFY THE COMMUNITY'S HEALTH NEEDS
- COMPARE THE NEEDS TO THOSE IDENTIFIED PREVIOUSLY

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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.

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

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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, IT 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 990 DRAFT WILL BE PROVIDED TO ALL BOARD MEMBERS.

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

CONFLICT OF INTEREST POLICY:

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

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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
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

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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
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

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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
INTERESTS RELEVANT TO THIS POLICY.

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

COMPENSATION REVIEW POLICY:

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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.

-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

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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 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
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.

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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
- ALISON DAVIS, MD

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:

\$ 11,914,133 BOND LIABILITIES

(105,325) UNAMORTIZED BOND ISSUANCE COSTS

\$ 11,808,808

FORM 990, PART XI, LINE 9

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OTHER CHANGES IN NET ASSETS:

\$ (1,898,341) LOSS FROM DEF BEN PLAN & POST RETIREMENT BEN COSTS

820,605 GAIN ON INTEREST RATE SWAP AGREEMENT

\$ (1,077,736)

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RUTLAND HOSPITAL INC**03-0183483**

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CERNER CORPORATION 8779 HILLCREAST ROAD KANSAS CITY , MO 64138	PROFESSIONAL SERVICE	13,043,418.
CROSS COUNTRY STAFFING, INC. P.O. BOX 404674 ATLANTA, GA 30384-4674	TEMPORARY STAFF	8,561,612.
SHERIDAN HEALTHCARE OF VERMONT INC. PO BOX 744883 ATLANTA, GA 30374-4883	TEMPORARY STAFF	1,504,075.
MAYO COLLABORATIVE SERVICE, INC. P.O. BOX 9146 MINNEAPOLIS, MN 55480-9146	LAB SERVICES	1,462,720.
UNIVERSITY OF VERMONT MEDICAL CENTER P.O. BOX 1902 BURLINGTON, VT 05402	PROFESSIONAL SERVICE	585,631.

**SCHEDULE R
(Form 990)**

Department of the Treasury
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Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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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) 2021

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(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)													
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**The Rutland Hospital,
Inc., d/b/a Rutland
Regional Medical
Center**

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

September 30, 2022 and 2021



The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
September 30, 2022 and 2021

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Independent Auditor's Report

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

Opinion

We have audited the 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, 2022 and 2021, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

FORVIS, LLP

Springfield, Missouri
January 26, 2023

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Balance Sheets
September 30, 2022 and 2021

Assets

	2022	2021
Current Assets		
Cash and cash equivalents	\$ 22,964,286	\$ 46,507,969
Patient accounts receivable	23,867,766	22,569,942
Other receivables	7,672,056	7,606,762
Due from affiliates	4,446,390	3,411,634
Supplies	2,919,757	2,848,526
Prepaid expenses and other	4,108,463	4,451,649
	<hr/>	<hr/>
Total current assets	65,978,718	87,396,482
	<hr/>	<hr/>
Assets Limited As To Use	157,421,978	179,698,323
	<hr/>	<hr/>
Property and Equipment, At Cost		
Land and land improvements	5,389,975	4,438,628
Buildings and leasehold improvements	135,597,372	133,710,824
Equipment	156,404,879	152,932,504
Construction in progress	1,576,558	927,981
	<hr/>	<hr/>
	298,968,784	292,009,937
Less accumulated depreciation	203,928,014	192,305,291
	<hr/>	<hr/>
	95,040,770	99,704,646
	<hr/>	<hr/>
Other Assets		
Prepaid pension asset	6,176,654	7,594,793
Other	4,269,970	5,622,324
	<hr/>	<hr/>
	10,446,624	13,217,117
	<hr/>	<hr/>
Total assets	\$ 328,888,090	\$ 380,016,568
	<hr/> <hr/>	<hr/> <hr/>

Liabilities and Net Assets

	2022	2021
Current Liabilities		
Current maturities of long-term debt	\$ 3,372,765	\$ 3,225,290
Accounts payable and accrued expenses	12,173,827	10,891,085
Accrued compensation and related taxes	14,160,374	13,856,632
Current portion – contract liabilities	8,225,632	20,310,538
Estimated amounts due to and advances from third-party payors	12,186,968	12,577,997
Total current liabilities	50,119,566	60,861,542
Other Liabilities	15,129,577	7,800,749
Long-Term Debt	42,201,717	45,550,585
Total liabilities	107,450,860	114,212,876
Net Assets		
Without donor restrictions	217,775,675	260,880,769
With donor restriction	3,661,555	4,922,923
Total net assets	221,437,230	265,803,692
Total liabilities and net assets	\$ 328,888,090	\$ 380,016,568

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Statements of Operations
Years Ended September 30, 2022 and 2021

	2022	2021
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient service and fixed payment revenue	\$ 305,367,564	\$ 276,040,585
Provider relief funds	6,646,588	14,304,723
Other revenue	19,437,866	20,413,039
Net assets released from restrictions used for operations	<u>639,800</u>	<u>597,546</u>
Total revenues, gains, and other support without donor restrictions	<u>332,091,818</u>	<u>311,355,893</u>
Expenses and Losses		
Salaries and benefits	207,694,667	177,804,198
Supplies and other	122,688,660	112,766,690
Depreciation and amortization	12,578,273	12,633,291
Interest	<u>1,413,988</u>	<u>1,181,728</u>
Total expenses and losses	<u>344,375,588</u>	<u>304,385,907</u>
Operating Income (Loss)	<u>(12,283,770)</u>	<u>6,969,986</u>
Other Income (Expense)		
Investment return, net	4,059,869	7,659,764
Contributions received and other	111,352	1,457,195
Other components of net periodic pension costs	280,435	619,238
Change in unrealized gains and losses on securities	(35,227,244)	17,669,152
Gain on interest rate swap agreements	<u>820,605</u>	<u>878,043</u>
Total other income (expense)	<u>(29,954,983)</u>	<u>28,283,392</u>
Excess (Deficiency) of Revenues Over Expenses	<u>(42,238,753)</u>	<u>35,253,378</u>
Net assets released from restriction for purchase of property and equipment	1,032,000	324,615
Transfer to affiliates	-	(500,000)
Change in defined benefit pension plan	<u>(1,898,341)</u>	<u>4,194,109</u>
Increase (Decrease) in Net Assets Without Donor Restrictions	<u><u>\$ (43,105,094)</u></u>	<u><u>\$ 39,272,102</u></u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Statements of Changes in Net Assets
Years Ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Net Assets Without Donor Restrictions		
Excess (deficiency) of revenues over expenses	\$ (42,238,753)	\$ 35,253,378
Net assets released from restriction used for purchase of property and equipment	1,032,000	324,615
Transfer to affiliates	-	(500,000)
Change in defined benefit pension plan	<u>(1,898,341)</u>	<u>4,194,109</u>
Increase (decrease) in net assets without donor restrictions	<u>(43,105,094)</u>	<u>39,272,102</u>
Net Assets With Donor Restrictions		
Contributions received	854,144	1,050,882
Investment return, net	(443,712)	333,867
Net assets released from restrictions	<u>(1,671,800)</u>	<u>(922,161)</u>
Increase (decrease) in net assets with donor restrictions	<u>(1,261,368)</u>	<u>462,588</u>
Change in Net Assets	(44,366,462)	39,734,690
Net Assets, Beginning of Year	<u>265,803,692</u>	<u>226,069,002</u>
Net Assets, End of Year	<u><u>\$ 221,437,230</u></u>	<u><u>\$ 265,803,692</u></u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Statements of Cash Flows
Years Ended September 30, 2022 and 2021

	2022	2021
Operating Activities		
Change in net assets	\$ (44,366,462)	\$ 39,734,690
Items not requiring (providing) operating cash flow		
Depreciation and amortization	12,578,273	12,633,291
Gain on disposal of property and equipment	(8,675)	(109,599)
Net loss (gain) on investments	35,642,539	(21,883,645)
Restricted contributions received	(854,144)	(1,050,882)
Change in defined benefit pension and postretirement benefit plans	1,898,341	(4,194,109)
Change in fair value of interest rate swap agreements and loss on swap termination	(820,605)	(1,487,043)
Changes in		
Patient accounts receivable	(1,297,824)	1,754,376
Other receivables	(64,855)	1,103,106
Deferred revenue	-	(13,547,104)
Contract liabilities	(12,084,906)	(4,689,462)
Estimated third-party settlements and advances	(391,029)	4,225,359
Other current assets and liabilities	1,754,074	(4,708,791)
Net cash provided by (used in) operating activities	<u>(8,015,273)</u>	<u>7,780,187</u>
Investing Activities		
Proceeds from disposition of securities	220,813	10,276,309
Purchases of securities	(4,135,014)	(14,060,781)
Net advances to related parties	(1,034,756)	(330,466)
Proceeds from sale of property and equipment	24,999	258,370
Purchase of property and equipment	<u>(7,538,363)</u>	<u>(15,761,167)</u>
Net cash used in investing activities	<u>(12,462,321)</u>	<u>(19,617,735)</u>
Financing Activities		
Principal payments on long-term debt	(3,204,545)	(36,561,901)
Proceeds from issuance of long-term debt	-	40,677,561
Proceeds from restricted contributions	853,705	1,074,570
Payment of swap termination fee	-	(609,000)
Payment of debt issuance costs	<u>-</u>	<u>(154,453)</u>
Net cash provided (used in) by financing activities	<u>(2,350,840)</u>	<u>4,426,777</u>
Decrease in Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents	(22,828,434)	(7,410,771)
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Beginning of Year	<u>49,762,286</u>	<u>57,173,057</u>
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, End of Year	<u>\$ 26,933,852</u>	<u>\$ 49,762,286</u>

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Statements of Cash Flows
Years Ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Reconciliation of Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents to the Balance Sheets		
Cash and cash equivalents	\$ 22,964,286	\$ 46,507,969
Workers' compensation trust fund	2,592,766	2,035,970
Internally designated	<u>1,376,800</u>	<u>1,218,347</u>
	<u><u>\$ 26,933,852</u></u>	<u><u>\$ 49,762,286</u></u>
Supplemental Cash Flows Information		
Interest paid	\$ 1,455,733	\$ 1,270,621
Property and equipment purchases in accounts payable	\$ 1,693,163	\$ 1,241,922

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2022 and 2021

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, other than deferred compensation plan assets, with original maturities of three months or less to be cash equivalents. At September 30, 2022 and 2021, 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, 2022, 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, 2022 and 2021

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) of 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, (3) deferred compensation plan assets, and (4) 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.

Patient Accounts Receivable

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 copays, coinsurance, and deductibles is determined. Patient accounts receivable are due in full when billed, unless the patient has previously been approved for an alternative payment plan or for patient financial assistance.

The Rutland Hospital, Inc.
d/b/a Rutland Regional Medical Center
Notes to Financial Statements
September 30, 2022 and 2021

Contract Assets and Liabilities

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

Amounts received related to health care services that have not yet been provided to patients are contract liabilities. Contract liabilities consist of Medicare advanced payments received in April 2020 under the provisions of the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act). In general, advanced amounts will be recouped from remittances starting 12 months after the advance was made (see *Note 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, 2022 and 2021

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, 2022 and 2021.

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

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, 2022 and 2021

Fixed Prospective Revenue

Beginning January 1, 2019, RRMC began participating in the Vermont Medicaid Next Generation Model Accountable Care Organization (ACO) Pilot Program, and to receive monthly fixed prospective payments for services provided by the Hospital and Hospital-owned physician practices. 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. 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.

Beginning January 1, 2021, RRMC began participating in the Vermont Medicare Accountable Care Organization Initiative and other commercial payor risk programs. RRMC receives a monthly Medicare fixed prospective payment for services provided by the Hospital and Hospital-owned physician practices. The Medicare program monthly fixed prospective payment is settled annually at fee for service rates. The commercial payor programs continue fee for service payments and settlements vary.

The revenues for the ACO are recorded on the patient service fixed payment revenue line on the statements of operations.

The ACO programs place RRMC 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 2022 and 2021 the risk corridor was waived due to the COVID-19 pandemic and therefore RRMC had zero down-side risk for both calendar years. For the year ended September 30, 2021, RRMC recorded a receivable related to the calendar year 2020 settlement of approximately \$2,149,660 which was recorded within other receivables. At September 30, 2022, RRMC has not recorded a settlement related to the ACO.

Fee-for-service (FFS) payments continue for all providers and payers who are not a part of the ACO, and for all services that are not included in the fixed prospective payment (FPP).

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
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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.

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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, 2022 and 2021, include Provider Relief Fund amounts of approximately \$6,646,588 and \$0, respectively (see *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 (Deficiency) of Revenues Over Expenses

The statements of operations include excess (deficiency) of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess (deficiency) 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.

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Revisions

Certain immaterial revisions have been made to the 2021 financial statements for the disclosure of the amount of net assets released from restriction for the purchase of capital assets (*Note 10*) and the accumulated benefit plan obligation disclosure included in the pension plan disclosure (*Note 17*). These revisions did not have an impact on the financial statements.

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.

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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.

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 (OCV) 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 OneCare 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.

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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.

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, 2022 and 2021, RRMC has a liability for refunds to third-party payors and patients recorded of approximately \$788,290 and \$457,387, respectively, 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, 2022 and 2021, 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.

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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.)
- Method of reimbursement

The composition of patient care service revenue and fixed payment revenue by primary payor for the years ended September 30, 2022 and 2021, is as follows:

	2022	2021
Medicare	\$ 112,264,107	\$ 104,857,616
Medicaid	41,491,187	37,988,592
Other third-party payors	141,961,980	124,813,475
Patients	<u>9,650,290</u>	<u>8,380,902</u>
	<u><u>\$ 305,367,564</u></u>	<u><u>\$ 276,040,585</u></u>

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

	2022	2021
Hospital inpatient	\$ 93,794,081	\$ 84,786,258
Hospital outpatient	185,473,163	167,660,637
Physician services	<u>26,100,320</u>	<u>23,593,690</u>
	<u><u>\$ 305,367,564</u></u>	<u><u>\$ 276,040,585</u></u>

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The composition of patient care service revenue and fixed payment revenue based on method of reimbursement for the years ended September 30, 2022 and 2021, is as follows:

	2022	2021
Method of reimbursement		
Fee for service	\$ 225,556,730	\$ 239,049,319
Fixed payment revenue and risk sharing through OneCare Vermont	<u>79,810,834</u>	<u>36,991,266</u>
	<u><u>\$ 305,367,564</u></u>	<u><u>\$ 276,040,585</u></u>

Nearly all revenue is related to health care services which are transferred and rendered over time, except for retail and 340B pharmacy contract revenue of \$14,135,000 and \$16,115,200 for the years ended September 30, 2022 and 2021, respectively, which is point in time.

Contract Balances

The following tables provide information about RRMHC's receivables and liabilities from contracts with customers:

	Contract Assets	
	2022	2021
In house accounts receivable, end of year	\$ 4,073,733	\$ 5,074,182
	Contract Liabilities	
	2022	2021
Contract liabilities, beginning of year	\$ 20,310,538	\$ 25,000,000
Contract liabilities, end of year	8,225,632	20,310,538

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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, 2022 and 2021, was:

	2022	2021
Medicare	32%	31%
Medicaid	4%	4%
Other third-party payors and patients	64%	65%
	<u>100%</u>	<u>100%</u>

Note 4: Investments and Investment Return

Assets Limited As To Use

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

	2022	2021
Cash	\$ 3,969,566	\$ 3,254,317
Mutual funds – equity	85,076,229	107,340,620
Mutual funds – fixed	59,315,747	68,687,416
Deferred compensation agreement plan assets – mutual funds	8,736,744	-
Interest in assets of Vermont Community Foundation	293,339	389,331
Interest receivable	30,353	26,639
	<u>157,421,978</u>	<u>179,698,323</u>
Less worker’s compensation trust fund	2,992,766	2,435,970
Less deferred compensation agreement plan assets	8,736,744	-
Less restricted by donor	3,635,957	4,913,338
	<u>\$ 142,056,511</u>	<u>\$ 172,349,015</u>
Internally designated		

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Total investment return is comprised of the following:

	2022	2021
Interest and dividend income, net of investment expenses	\$ 4,031,452	\$ 3,779,138
Realized gains (losses) on trading securities	(7,573)	4,065,184
Unrealized gains (losses) on trading securities	<u>(35,634,966)</u>	<u>17,818,461</u>
	<u><u>\$ (31,611,087)</u></u>	<u><u>\$ 25,662,783</u></u>

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

	2022	2021
Net assets without donor restrictions		
Investment return, net	\$ 4,059,869	\$ 7,659,764
Change in unrealized gains and losses on trading securities	(35,227,244)	17,669,152
Net assets with donor restrictions	<u>(443,712)</u>	<u>333,867</u>
	<u><u>\$ (31,611,087)</u></u>	<u><u>\$ 25,662,783</u></u>

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 \$2,310,000 and \$2,090,000, respectively, of estimated insurance coverage receivables and recorded \$3,790,000 and \$3,670,000, respectively, of estimated insurance liabilities as of September 30, 2022 and 2021. It is reasonably possible that this estimate could change materially in the near term.

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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 ended September 30, 2022 and 2021. Actual results could differ from these estimates.

Estimated employee health insurance and dental claim liabilities recorded by RRMC totaled \$823,129 and \$1,334,378 as of September 30, 2022 and 2021, 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 \$2,478,000 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, 2022 and 2021, 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 \$293,339 and \$389,331 at September 30, 2022 and 2021, respectively (see *Note 4*).

Note 7: Lines of Credit

RRMC had a \$5,000,000 revolving bank line of credit that expired July 31, 2022. RRMC also had a \$20,000,000 revolving bank line of credit which expired June 17, 2022. At September 30, 2022 and 2021, respectively, there was \$0 borrowed against these lines. The lines are collateralized by substantially all of RRMC's revenues without donor restrictions. Interest varied 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.

Subsequent to September 30, 2022, these two lines of credit were consolidated into one line of credit for \$25,000,000, expiring January 20, 2024. The line bears interest based on the SOFR Reference Rate plus 1.8645 percent with interest due monthly. The line of credit is collateralized by substantially all of RRMC's revenues without donor restrictions.

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Note 8: Long-Term Debt

	<u>2022</u>	<u>2021</u>
Vermont Educational and Health Buildings Financing Agency (VEHBFA) Hospital Revenue Bonds, Rutland Regional Medical Center Project Series 2013A (A)	\$ 11,914,133	\$ 13,948,574
Capital lease (B)	-	20,886
Note payable, bank (C)	142,389	201,869
USDA loans (D)	27,733,853	28,271,108
Note payable, bank (E)	3,397,490	3,698,164
Note payable, bank (F)	<u>3,079,675</u>	<u>3,352,197</u>
	46,267,540	49,492,798
Less unamortized costs of issuance	693,058	716,923
Less current maturities	<u>3,372,765</u>	<u>3,225,290</u>
	<u><u>\$ 42,201,717</u></u>	<u><u>\$ 45,550,585</u></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 February 1, 2026, and in the absence of such demand on September 1, 2033, with final payments of \$26,500,000. Beginning February 1, 2023, the interest rate will be based on 70 percent of the sum of the term SOFR, plus 0.1148 percent of the term SOFR plus 118 basis points. The bonds are secured by gross receipts of RRM. The effective interest rate was 2.62 percent and .93 percent at September 30, 2022 and 2021, 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).

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.

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- (B) Capital lease obligation due in monthly installments of \$2,437 through June 2022; collateralized by certain equipment of RRMC. This capital lease was paid in full during the year ended September 30, 2022.
- (C) 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.
- (D) 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.
- (E) 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 variable interest rate based on a formula using LIBOR of 3.15 and 1.1 percent, respectively, with varying principal and interest payments due monthly beginning November 1, 2021, and continuing until the maturity date of October 1, 2031.
- (F) 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 variable interest rate based on a formula using LIBOR of 3.15 and 1.1 percent, respectively, with varying principal and interest payments due monthly beginning November 1, 2021, and continuing until the maturity date of October 1, 2031.

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. For the year ended September 30, 2022, RRMC did not meet the debt service coverage ratio required under the covenants. Management has obtained a waiver for the debt outstanding issued through VEHBFA, USDA, and T.D. Bank, n.a. for September 30, 2022, and December 31, 2022. Management believes it is reasonably possible they will continue to meet interim and annual covenant requirements throughout fiscal year 2023, therefore the outstanding debt has been classified based on regularly scheduled maturities at September 30, 2022.

Aggregate annual maturities of long-term debt at September 30, 2022, are:

2023	\$ 3,372,765
2024	3,528,012
2025	3,598,425
2026	6,504,003
2027	1,312,299
Thereafter	<u>27,952,036</u>
	<u><u>\$ 46,267,540</u></u>

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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, 2022 and 2021, the notional amount was \$14,814,133 and \$16,848,574, 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, 2022 and 2021, that were designated as hedging instruments.

	2022	2021
Other Liabilities		
Fair value of interest rate swap agreements	\$ 11,234	\$ 831,839
Interest Expense		
Additional interest expense incurred from interest rate swap agreement	385,884	806,863
Other Expense		
Swap termination fee	-	(609,000)
Gain recognized in change in interest rate swap agreement	820,605	1,487,043

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Note 10: Net Assets With Donor Restrictions

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

	2022	2021
Subject to expenditure for specified purpose		
Indigent care or operating room equipment	\$ 87,333	\$ -
Capital	14,312	5,050
Special purpose endowments	1,258,781	1,196,923
Various departments and other	486,202	617,022
	<u>1,846,628</u>	<u>1,818,995</u>
Subject to appropriation and expenditure when a specified event occurs	<u>826,224</u>	<u>1,358,194</u>
Not subject to appropriation or expenditure		
Beneficial interests in perpetual trusts	695,364	1,356,403
Beneficial interests in assets held by Foundation	293,339	389,331
	<u>988,703</u>	<u>1,745,734</u>
	<u><u>\$ 3,661,555</u></u>	<u><u>\$ 4,922,923</u></u>

During the years ended September 30, 2022 and 2021, net assets of \$639,800 and \$597,546, 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 \$1,032,000 and \$324,615 were released from donor restriction for the purchase of capital assets during the years ended September 30, 2022 and 2021, 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.

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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 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, 2022 and 2021, was:

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 826,224	\$ 826,224
Total endowment funds	<u>\$ -</u>	<u>\$ 826,224</u>	<u>\$ 826,224</u>
	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>

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Changes in endowment net assets for the years ended September 30, 2022 and 2021, were:

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of the year	\$ -	\$ 1,358,194	\$ 1,358,194
Investment return and net appreciation	-	(496,432)	(496,432)
Appropriation of endowment net assets for expenditure	-	(35,538)	(35,538)
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ 826,224</u>	<u>\$ 826,224</u>
	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>

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, 2022 and 2021. 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.

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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>2022</u>	<u>2021</u>
Financial assets at year-end		
Cash and cash equivalents	\$ 22,964,286	\$ 46,507,969
Patient accounts receivable	23,867,766	22,569,942
Other receivables	7,672,056	7,606,762
Assets limited as to use	157,421,978	179,698,323
Pledges receivable	8,107	7,668
Due from affiliates	4,446,390	3,411,634
Total financial assets	<u>216,380,583</u>	<u>259,802,298</u>
Less amounts not available to be used within one year		
Funds held by trustees and		
deferred compensation plan assets	11,729,510	2,435,970
Donor restricted with liquidity horizons		
greater than one year	<u>3,635,957</u>	<u>4,913,338</u>
Financial assets not available to be used within one year	<u>15,365,467</u>	<u>7,349,308</u>
Financial assets available to meet general expenditures within one year	<u><u>\$ 201,015,116</u></u>	<u><u>\$ 252,452,990</u></u>

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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.

Note 13: Charity Care

The costs of charity care provided under RRMC's charity care policy were approximately \$1,823,000 and \$2,401,000 for 2022 and 2021, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

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 schedules present the natural classification of expenses by function as follows:

	2022			
	Health Care Services	General and Administrative	Fundraising Expenses	Total
Salaries and wages	\$ 153,826,948	\$ 15,934,811	\$ 349,258	\$ 170,111,017
Employee benefits	33,762,316	3,497,553	76,659	37,336,528
Total personnel expenses	<u>187,589,264</u>	<u>19,432,364</u>	<u>425,917</u>	<u>207,447,545</u>
Supplies and other	72,791,689	49,792,609	104,362	122,688,660
Depreciation and amortization	10,917,451	1,654,715	6,107	12,578,273
Interest	<u>1,227,286</u>	<u>186,015</u>	<u>687</u>	<u>1,413,988</u>
Total expenses	<u><u>\$ 272,525,690</u></u>	<u><u>\$ 71,065,703</u></u>	<u><u>\$ 537,073</u></u>	<u><u>\$ 344,128,466</u></u>

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	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><u>\$ 238,476,265</u></u>	<u><u>\$ 65,423,038</u></u>	<u><u>\$ 486,604</u></u>	<u><u>\$ 304,385,907</u></u>

Note 15: Operating Leases

Rental expense under operating lease agreements totaled \$1,274,019 and \$1,687,428 for the years ended September 30, 2022 and 2021, 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, 2022, are summarized as follows:

2023	\$ 13,279,278
2024	12,757,254
2025	12,743,190
2026	12,895,527
2027	13,034,292
Thereafter	<u>30,034,146</u>
	<u><u>\$ 94,743,687</u></u>

Expenses under this agreement totaled \$13,260,405 and \$12,710,181 for the years ended September 30, 2022 and 2021, respectively.

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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 \$5,000,000 to the defined benefit pension plan in 2023, and is working with its actuary and plan advisors to terminate the plan during 2023.

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:

	2022	2021
Benefit obligation	\$ 92,937,395	\$ 127,493,404
Fair value of plan assets	99,114,049	135,088,197
Funded status	<u>\$ 6,176,654</u>	<u>\$ 7,594,793</u>

Assets and liabilities recognized in the balance sheets:

	2022	2021
Noncurrent asset	<u>\$ 6,176,654</u>	<u>\$ 7,594,793</u>

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

	2022	2021
Net loss	<u>\$ 26,443,929</u>	<u>\$ 24,545,588</u>

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The accumulated benefit obligation for the defined benefit pension plan was \$92,937,395 and \$127,493,404 at September 30, 2022 and 2021, respectively.

Other significant balances and costs are:

	2022	2021
Benefit credit	\$ (480,202)	\$ (619,238)
Benefits paid	6,804,405	8,915,942

The following amounts have been recognized in the statements of operations and changes in net assets for the years ended September 30, 2022 and 2021:

	2022	2021
Amounts arising during the period		
Net loss (gain)	\$ 3,271,073	\$ (2,666,529)
Amortization of net loss	1,372,732	1,527,580

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 \$2,133,229.

Significant assumptions include:

	2022	2021
Weighted average assumptions used to determine benefit obligations		
Discount rate	5.75%	2.75%
Rate of compensation increase	N/A	N/A
Weighted average assumptions used to determine benefit costs		
Discount rate	2.75%	2.50%
Expected return on plan assets	4.00%	4.00%

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.

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The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of September 30, 2022:

2023	\$ 7,243,809
2024	7,390,025
2025	7,489,411
2026	7,595,703
2027	7,616,956
2028–2032	37,292,499

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.

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The fair values of RPMC's pension plan assets at September 30, 2022 and 2021, by asset class are as follows:

		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)
Fair Value				
2022				
Investments				
Money market funds	\$ 1,712,277	\$ 1,712,277	\$ -	\$ -
Mutual funds – equity	9,530,349	9,530,349	-	-
Mutual funds – fixed	77,562,697	77,562,697	-	-
Mutual funds – balanced	10,308,726	10,308,726	-	-
Total	<u>\$ 99,114,049</u>	<u>\$ 99,114,049</u>	<u>\$ -</u>	<u>\$ -</u>
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	-	-
Common trust funds	13,527,071	13,527,071	-	-
Total	<u>\$ 135,088,197</u>	<u>\$ 135,088,197</u>	<u>\$ -</u>	<u>\$ -</u>

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.

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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, 2022 and 2021, plan assets by category are as follows:

	<u>2022</u>	<u>2021</u>
Equity securities	10%	10%
Debt securities	78%	79%
Balanced securities	10%	10%
Cash and cash equivalents	<u>2%</u>	<u>1%</u>
	<u>100%</u>	<u>100%</u>

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, 2022 and 2021, was \$6,156,767 and \$5,780,789, respectively.

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Note 18: Executive Option Plan and Deferred Compensation Plans

Prior to 2002, RPMC 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, 2022 and 2021, plan assets amounted to \$1,962,473 and \$2,570,174, respectively.

RPMC funds a deferred compensation plan for the benefit of certain highly compensated employees. The trust account assets are classified as investments and a corresponding other long-term liability is recorded in the amount of \$246,985 at September 30, 2022. No amounts were recorded at September 30, 2021.

RPMC maintains an IRS Code Section 457 plan for the benefit of certain highly compensated employees. The plan allows for employee contributions only. At September 30, 2022, the funded portion of the plan assets was \$8,489,759. No amounts were recorded at September 30, 2021. The plans assets reported as investments and the associated liability as other long term liabilities in the accompanying balance sheets.

Note 19: Related Party Transactions

A receivable from RRHS, RPMC's parent organization, of \$4,418,115 and \$3,391,055 is recorded at September 30, 2022 and 2021, respectively. RPMC 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 30, 2021, and then was extended through December 31, 2021. The agreement was extended during the year ended September 30, 2022, for a period of thirty-three months from January 1, 2022, to September 30, 2024. These payments are being made monthly and range from \$10,944 to \$19,769 for a total grant of \$441,594.

For the years ended September 30, 2022 and 2021, \$235,114 and \$256,176, respectively, was expended for the grant award from RPMC and is included in RPMC's general operating expenses.

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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.

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, 2022 and 2021:

		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)
	Fair Value			
September 30, 2022				
Investments				
Money market funds	\$ 3,969,566	\$ 3,969,566	\$ -	\$ -
Mutual funds – equity	85,076,229	85,076,229	-	-
Mutual funds – fixed	59,315,747	59,315,747	-	-
Interest in assets of Vermont Community Foundation	293,339	-	-	293,339
Deferred compensation assets – mutual funds	8,736,744	8,736,744	-	-
Total fair value of recurring measurements	157,391,625	157,098,286	-	293,339
Interest receivable	30,353			
Total Investments	<u>\$ 157,421,978</u>	<u>\$ 157,098,286</u>	<u>\$ -</u>	<u>\$ 293,339</u>
Interest rate swap agreement	(11,234)	-	(11,234)	-

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		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)
	Fair Value			
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
Total fair value of recurring measurements	179,671,684	179,282,353	-	389,331
Interest receivable	26,639			
Total Investments	<u>\$ 179,698,323</u>	<u>\$ 179,282,353</u>	<u>\$ -</u>	<u>\$ 389,331</u>
Interest rate swap agreement	(831,839)	-	(831,839)	-

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

Investments

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.

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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.

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, 2022 and 2021, respectively, was approximately \$4,820,000 and \$6,328,000 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*.

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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.

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, 2022 and 2021. 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.

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Note 24: Construction in Progress

The construction in progress at September 30, 2022, primarily relates to numerous smaller projects. RRMC anticipates spending an additional \$6,250,000 to complete these projects, with one project, the MRI project, being the primary project at year-end with an anticipated completion cost of \$3,022,000. The current construction in progress projects are anticipated to be funded with current operating and investing cash flows over the next fiscal year.

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, 2022 and 2021:

	2022	2021
Employee option payable	\$ 1,962,473	\$ 2,570,174
Accrued claims liabilities	3,785,779	3,672,772
Asset retirement obligations	535,506	610,514
Interest rate swap agreement	11,234	831,839
Deferred compensation plan liability	8,736,744	-
Other	97,841	115,450
	<u>\$ 15,129,577</u>	<u>\$ 7,800,749</u>

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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.

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, 2025. 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.

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 \$27,000,000 in general and targeted Provider Relief Fund distributions, both as provided for under the CARES Act, and \$25,000,000 of accelerated Medicare payments.

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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.

Provider Relief Funds

During the years ended September 30, 2022 and 2021, RRMC received \$6,646,588 and \$0, 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 \$6,650,000 and \$14,300,000, respectively, during the years ended September 30, 2022 and 2021, 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, 2022, 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 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

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may be affected. Additionally, the amounts recorded in the financial statements compared to RRMC's Provider Relief Fund reporting could differ. Provider Relief Fund payments are subject to government oversight, including potential audits.

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 years ended September 30, 2022 and 2021, RRMC received and recognized approximately \$727,276 and \$747,846 of funds, respectively. These funds are included in other operating revenues in the accompanying financial statements.

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 expected 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, 2022 and 2021, Medicare has applied approximately \$12,100,000 and \$4,700,000, 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. Subsequent to September 30, 2022, RRMC paid back to CMS the remaining outstanding balance of the Medicare advance.

Note 29: Subsequent Events

Subsequent events have been evaluated through January 26, 2023, which is the date the financial statements were available to be issued.