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A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

Address Name of Initial r Termin Amend Applica I Tax-ex J Web K Type of	change return special	Doing Business As RUTLAND REGIONAL MEDICAL Number and street (or P O bo 160 ALLEN STREET City or town, state or country, RUTLAND, VT 05701 Name and address of Principal HOMAS W HUEBNER 60 ALLEN STREET UTLAND, VT 05701 501(c) (3) (insert no) 4947(a) MC ORG Orporation trust association of E SUPERIOR DIAGNOSTIC, THENT TO THOSE IN THE RUTLAND E & TECH	x if mail is not delivered to street address and ZIP + 4 Officer i)(1) or	H(a) Is thi affilia H(b) Are all (If "N H(c) Grou	s a group retui tes? I affiliates inclu o," attach a lis p Exemption N	rn for Yes No ded? Yes No st See instructions)
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Governance	1 Briefly descr TO PROVID ENVIRONM OUR PEOPL	be the organization's mission or E SUPERIOR DIAGNOSTIC, TH ENT TO THOSE IN THE RUTLAN E & TECH	ERAPEUTIC AND PREVENTAT	VE HEALTH		
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Governance	TO PROVID ENVIRONM OUR PEOPL	E SUPERIOR DIAGNOSTIC, THENT TO THOSE IN THE RUTLANE & TECH	ERAPEUTIC AND PREVENTAT	VE HEALTH		
	ENVIRONM OUR PEOPL	ENT TO THOSE IN THE RUTLAN E & TECH			SERVICES IN	LA CARING
	2 Check this b	ox 🗀 if the organization discontin		G COMMUNI	TIES THROU	GH THE STRENGTH OF
		,	ued its operations or disposed o	f more than 2	5% of its asse	ets
sel '	3 Number of v	ting members of the governing b	ody (Part VI, line 1a)		3	17
= .		dependent voting members of the)		11
토 °		r of employees (Part V , line 2a)			5	1,547
된 1		r of volunteers (estimate if neces			6	380
		inrelated business revenue from l d business taxable income from F		•	7a 7b	2,303,550 430,085
	b Net unrelate	d business taxable income nom r	onn 990-1, nne 34	Drie	or Year	Current Year
,	8 Contributio	ns and grants (Part VIII, line 1h)			754,627	605,252
_9 4		rvice revenue (Part VIII, line 2g)		161,227,300		
Heyen 10	-	income (Part VIII, column (A), I			5,264,490	-630,909
产 1:	1 Other reve	nue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		1,471,861	-185,966
12		ue—add lines 8 through 11 (must	equal Part VIII, column (A), lin	е	168,718,278	172,312,828
13	12) 3 Grants and	sımılar amounts paıd (Part IX, co	lumn (A.) lines 1 – 3.)		1,600,000	1,400,000
14		d to or for members (Part IX, col			1,000,000	0
15		her compensation, employee ben		5 –		
Expenses	10)	, , ,	, , , , , , , , , , , , , , , , , , , ,		80,037,161	92,649,450
कें वि	. 6a Professiona	I fundraising fees (Part IX, colum	n (A), line 11e)			0
五	•	sing expenses, Part IX, column (D), line	<u></u>			
17		nses (Part IX, column (A), lines 1			77,693,795	75,331,914
18		ses—add lines 13–17 (must equ			159,330,956	169,381,364
19 3x 30	Kevenue le	ss expenses Subtract line 18 fro	III IIIIE 12	Paris.	9,387,322	2,931,464 End of Year
Not Assets of Fund Balances	0 Tatal a	c (Dart V line 16)			ng of Year	
1 4 4 20 20 20 20 20 20 20 20 20 20 20 20 20		s (Part X, line 16)			164,585,284	166,287,139
전 21 전 21 전 31 전 31		ties (Part X, line 26)	1 from line 20		59,631,824	80,201,251
Z置 22 Part I		or fund balances Subtract line 2	ı ırom iine ZU		104,953,460	86,085,888
Pait.	_	s of perjury, I declare that I have exami	ned this return, including accompanying	schedules and s	tatements, and to	the best of my knowledge
	and belief, it i	strue, correct, and complete Declaration				
Please Sign		£ -56			08-09	
Here	Signature			Date		
		HUEBNER CEO nt name and title				
			Date	Check If	Preparer's PTIM	N (See Gen Inst)
Paid	Preparer's signature	Brian D Todd		self-	, reparer 3 F III	. (500 5011 11150)
Prepare	er's Firm's name (or yours 👠 BKD LLP		empolyed 🕨		
Use Onl	Iv If self-employe	d),	1100		EIN 🕨	
	address, and Z				Phone no 🕨	(417) 865-8701
	1	SPRINGFIELD, MO 6580625	73		1	• •

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission Additional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 33,591,692 including grants of \$) (Revenue \$ 43,670,138) INPATIENT CARE INPATIENT CARE SERVICES INCLUDE MEDICAL AND SURGICAL, INTENSIVE CARE, HOSPITALISTS, REHABILITATION, PSYCHIATRIC, OBSTETRICS AND GYNECOLOGY, NURSERY, AND NURSING SEE SCHEDULE O FOR MORE INFORMATION
4b	(Code) (Expenses \$ 54,481,932 including grants of \$) (Revenue \$ 70,828,033)
	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
4c	(Code) (Expenses \$ 22,808,509 including grants of \$) (Revenue \$ 29,651,698) DIAGNOSTIC SERVICES DIAGNOSTIC SERVICES INCLUDE LABORATORY, RADIOLOGY, ELECTROENCEPHALOGRAPHY, AND CT SCANNING SEE SCHEDULE O FOR MORE INFORMATION
4d	Other program services (Describe in Schedule O) (Expenses \$ 20,054,209 including grants of \$ 1,400,000) (Revenue \$ 26,071,032)
	Total program service expenses \$ 130,936,342 Must equal Part IX Line 25, column (B)

art IV	Che	cklist	of R	equire	dS	ched	dules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	Yes	
	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	168			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4-	V	
3 -	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
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	1,547			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule :		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
та	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	•		6a		N o
	If "Yes," did the organization include with every solicitation an express statement the					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\bf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?	La.		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?				<u> </u>	<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter	ı	I			
	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					
а	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	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Yes

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and Ma	nagement		

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	17					
b	Enter the number of voting members that are independent	1b	11					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?			6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes			
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during the					
а	the governing body?			8a	Yes			
b	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		No		
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		• •	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		<u> </u>	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		No		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

EDWARD OGORZALEK 160 ALLEN STREET RUTLAND,VT 05701 (802) 775-7111

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

					ck all	I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
_										
				\vdash						
1b Total							F	3,875,059	9	451,701
2 Total number of individuals (including	those in 1	2) who		v o d	more	thar	. d 1	00 000 in reportabl		•

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►60

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHERIDAN HEALTHCARE OF VERMONT	ANESTHETISTS	1,790,246
CHG MEDICAL STAFFING DBA COMPHEALTH	TEMPORARY STAFFING	752,915
C AND A INDUSTRIES INC	LAB TESTING	455,619
GE MEDICAL SYSTEMS	SERVICE CONTRACTS	806,870
MEDQUIST TRANSCRIPTIONS LTD	TRANSCRIPTION	545,263
2 Total number of independent contractors (including those in 1) who receive from the organization	ed more than \$100,000 in compensation	35

Part VIII

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated can	npaigns 1a			Revenue		512, 513, or 514
mts nts	b	Membership d	ues					
gra	С	Fundraising ev	1b vents					
iit ¥iits	d	Related organ	1c izations1d	80,055				
% E∰	e		nts (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contribut similar amounts r	tions, gifts, grants, and not included above	399,162				
artrib ad ott	g		1f ributions included in					
ඊ≅	h	lines 1a-1f \$ Total (Add line	es 1a-1f)	<u>.</u>	605,252			
				Business Code				
ne n	2a	NET PATEIENT SE	ERVICE REVENUE	900,099	168,632,030	168,632,030		
æ. €	b	CAFETERIA		722,210	1,004,214	1,004,214		
Ф. П	C		NURSING SERVICES	623,000	83,076		83,076	
ž a	d		HEALTH SERVICES	621,400	· · · · · · · · · · · · · · · · · · ·		83,521	
S =	e	LABORATORY DIA SCREENING SERV		621,500	2,136,953		2,136,953	
Program Serwoe Revenue	f		ram service revenue		584,657	584,657		
<u>~</u>	g	Total. Add line ▶ \$ 172,524,4	es 2a-2f 51					
	3		come (including dividence of the come (including dividence of the company)	•	492,891			492,891
	4		estment of tax-exempt be	▶	0			,
	5	Royalties .		· · · · · · ·	0			
		Noyunites 1	(ı) Real	(II) Personal				
	6a	Gross Rents	78,029					
	b	Less rental expenses	263,995					
	с	Rental income or (loss)	-185,966					
	d	Net rental inco	ome or (loss)	▶	-185,966			-185,966
	7a	Gross amount	(ı) Securities 14,174,851	(II) O ther 70,120				
	"	from sales of assets other than inventory	- 1,-1 1,	,				
	ь	Less cost or other basis and sales expenses	15,238,956	129,815				
	с	Gain or (loss)	-1,064,105	-59,695				
	d			. ▶	-1,123,800			-1,123,800
Other Revenue	8a	events (not in \$	ns reported on line IV, line 18 e G if total exceeds					
<u>.</u>	ь	\$15,000 Less directe:	a xpensesb					
ŧ	с		· (loss) from fundrais	ing events	0			
	9a	Gross income activities See Complete Sched exceeds \$15,00	e part IV , line 19 dule G if total					
	b c		xpensesb	activities •	0			
	10a	Gross sales o returns and al	finventory, less lowances . a					
	b		goods sold b	Inventory	0			
		Miscellaneou		Business Code				
	11a							
	b							
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d	\$				
	12	8c,	. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	172,312,828	170,220,901	2,303,550	-816,875

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) but are not required to complete columns (B), (C), and (D).						
Do ı	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 governments and organizations in the U.S. See Part IV, line 21	1,400,000	1,400,000			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	2,227,130	1,429,309	797,821		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0				
7	Other salaries and wages	69,496,039	59,799,781			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,715,847	3,468,939	1,246,908		
9	Other employee benefits	11,415,349	8,439,545	2,975,804		
10	Payroll taxes	4,795,085	3,527,226	1,267,859		
11	Fees for services (non-employees)					
а	Management	0				
b	Legal	377,327	27,760	349,567		
С	Accounting	153,165		153,165		
d	Lobbying	76,459		76,459		
e	Professional fundraising See Part IV, line 17	0				
f	Investment management fees	267,469		267,469		
g	Other	13,277,059	10,174,264	3,102,795		
12	Advertising and promotion	1,070,044	344,474	725,570		
13	Office expenses	26,727,263	25,753,244	974,019		
14	Information technology	1,905,510	140,382	1,765,128		
15	Royalties	0				
16	Occupancy	4,057,752	2,783,439	1,274,313		
17	Travel	704,416	479,757	224,659		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0				
19	Conferences, conventions and meetings	0				
20	Interest	595,680	438,177	157,503		
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	7,839,948	5,767,002	2,072,946		
23	Insurance	2,600,041		2,600,041		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)					
а	DUES	564,350	93,281	471,069		
b	OTHER	1,817,065	526,426	1,290,639		
c	MEDICAID TAX ASSESSMENT	6,955,030		6,955,030		
d	Bad Debt	6,343,336	6,343,336			
f	All other expenses					
25	Total functional expenses. Add lines 1 through 24f	169,381,364	130,936,342	38,445,022	0	
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

Dart V	Balance	Shoot
Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2.640	1	2,855
	2	Savings and temporary cash investments	12,681,446		18,840,203
	3	Pledges and grants receivable, net	12,000,000	3	,,
	4	Accounts receivable, net	21,950,566	_	21,512,754
	5	Receivables from current and former officers, directors, trustees, key employees or		•	
		other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,283,922	8	1,257,259
\$	9	Prepaid expenses and deferred charges	1,834,250	9	1,735,438
Assets	10a	Land buildings and squipment soot basis			
AS		Land, buildings, and equipment cost basis 10a 139,327,374			
	b	Less accumulated depreciation Complete Part VI of	52,843,427	40	E0 746 406
		Schedule D 10b 88,581,178	65,785,228		50,746,196
	11	Investments—publicly traded securities	65,765,228	11	65,183,266
	12	Investments—other securities See Part IV , line 11 <i>Complete Part VII of Schedule D</i>		12	
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	8,203,805	4=	7,009,168
	1.0	D	164,585,284	15 16	166,287,139
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	23,096,548	17	23,598,489
	18	Accounts payable and accrued expenses . Grants payable	25,030,540	18	25,550,405
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	27,840,000	20	27,045,000
<u>ن</u> 1	21		27,040,000	21	27,043,000
¥	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	employees, highest compensated employees, and disqualified		Ī	
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,198,287	23	3,818,915
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	4,496,989	25	25,738,847
	26	Total liabilities. Add lines 17 through 25	59,631,824	26	80,201,251
φ		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
3UC	27	Unrestricted net assets	101,725,306	27	82,851,156
Balance	28	Temporarily restricted net assets	2,580,673	28	2,587,251
Ξ	29	Permanently restricted net assets	647,481	29	647,481
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
2.0	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	104,953,460		86,085,888
Ż	34	Total liabilities and net assets/fund balances	164,585,284		166,287,139
	·				
Pa	rt XI	Financial Statements and Reporting			

		_	_	
Part XI	Financial	Statements	and	Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a			
b	b Were the organization's financial statements audited by an independent accountant?			
С	c If "Yes" to lines 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? 2c			
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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b	Ī	

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As Filed Data -

DLN: 93493222011170

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization RUTLAND HOSPITAL INC

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

								03	-018348	3		
Pa	rt I	I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)										
The	organiz	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon j)				
1	Γ	A church, c	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	Γ	A school de	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	굣	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	hospital's name, city, and state									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	eral public	:
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gro	s s
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	ee instruc	tions)	
11	Γ			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3)	. Check
				type of supporting organiza Type II c	Type III				n d	□ Type	III - Ot	ner
e	Г		• •	rtıfy that the organization is				•				
_	,	•		agers and other than one or						-	-	
		section 50										
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organiz	ation,
g		check this		as the organization accepte	dany dift	or contrib	ution from	any of the	,			1
9		following pe		as the organization decepte	a any gne	or continb	4011 110111	any or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	Νο
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	Νo
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)	Νο
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports					
(i) Name of			(ii) EIN	(iii) Type of organization	I	s the		ou notify		s the	(vii) An	
Supported				(described on lines 1-9 above or IRC section	organız col (i)	ation in		inization i) of your		ation in rganized	supp	ort?
Organization				(See Instructions)	I	verning	1	ort?		US?		
				(000 2,		ment?						
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					<u> </u>		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

	me of the organization			Employer iden	tıfıcatıon number
RUT	TLAND HOSPITAL INC			03-0183483	
ar		by all organizations exemp			527
	organizations. (Se	ee the instructions for Schedule	e C for details.)		
1	Provide a description of the or	ganization's direct and indirect pol	litical campaign act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	t I-B To be completed l for Schedule C for d	by all organizations exemp letails.)	t under section	n 501(c)(3). (See the i	nstructions
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any excis	e tax incurred by organization man	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	n 4720 for this year	، ک	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par		by all organizations exemps for Schedule C for details.)	t under section	n 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contri	buted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lii	nes 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receive	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If additio	paid from the filing ed to a separate po	g organization's own internal olitical organization, such as	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none enter - 0 -

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ 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 instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line d, column (e))						
f	Grassroots lobbying expenditures						

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		78,597	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		33,365	
i	Other activities If "Yes," describe in Part IV		Νo		
j	Total lines 1c through			111,962	
	1)				
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo		
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?				
Dai	$\pm 111-A$. To be completed by all organizations exempt under section $501(c)/A$	Section	501/6	\/5\ or	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.) 1 Dues, assessments and similar amounts from members

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	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	4 \$	
	expenditure next year?	· 'T	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
LOBBYING EXPENSES	SCHEDULE C, PART II-B, LINE 1G AND 1I	THE ORGANIZATION PAID LOBBYING FEES OF \$76,459 TO A PROFESSIONAL GOVERNMENT AFFAIRS AND COMMUNICATION STRATEGIES COMPANY THE ORGANIZATION'S CEO, THOMAS HUEBNER, SPENDS TIME EACH YEAR WORKING DIRECTLY WITH STATE LEGISLATORS TO IMPROVE SERVICES FOR THE RUTLAND REGION APPROXIMATELY \$2,138 OF HIS SALARY IS ALLOCATED TO THIS ACTIVITY ALSO, DUES ARE PAID TO THE AMERICAN HOSPITAL ASSOCIATION AND THE VERMONT HOSPITAL ASSOCIATION A PORTION OF DUES IS ATTRIBUTABLE TO LOBBYING 7,616 AHA 25,749 VHA 33,365

Part IV Supplemental I	Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization **Employer identification number** RUTLAND HOSPITAL INC 03-0183483 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, 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

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

- 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 SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Schedule D (Form 990) 2008

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art	, His	tori	cal Treas	sures, or Othe	er Similar Ass	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing that	are a significant i	ıse of its collecti	on	
а	Public exhibition		d	Γ	Loan or ex	change programs	S		
ь	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further the	e organization's e	xempt purpose ir	1	
	Part XIV				,	.			
5	During the year, did the organization solicit of						nılar		-
Day	assets to be sold to raise funds rather than t							Yes	∏ No
Pal	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					janization answ	vereu res to	ruiiii :	190,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other assets	not [Yes	
ь	If "Yes," explain why in Part XIV and comple	te the following tab	le						
		g					A m	ount	
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 Fo	orm 990, Part X. line	e 21?				Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV						,		,
	rt V Endowment Funds. Complete		n ans	wer	ed "Yes" to	Form 990, Pa	rt IV, line 10.		
	<u>'</u>	(a)Current Year) Prior		Two Years Back (d		(e)Four \	ears Back
1a	Beginning of year balance	2,589,796							
b	Contributions	129,954							
c	Investment earnings or losses	-4,322							
d	Grants or scholarships								
e	Other expenditures for facilities and programs	23,442							
f	Administrative expenses								
g	End of year balance	2,691,986							
2	Provide the estimated percentage of the yea	r end balance held a	as						
а	Board designated or quasi-endowment 🕨								
ь	Permanent endowment 100 %								
с	Term endowment ►								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held and	l administered for	the		
	organization by							Yes	No
	(i) unrelated organizations		•				3a(i		No
	(ii) related organizations						3a(i	<u>) </u>	No_
ь 4	Describe in Part XIV the intended uses of th	•					3b		
	t VI Investments—Land, Buildings					Part X line 10			
		o, and Equipme			Cost or other				
	Description of investment				s (investment		(c) Depreciation	(d) B	ook value
1a	Land					24,161	1		24,161
ь	Buildings					35,474,020	ገ		
c	Leasehold improvements					21,129,405	1	<u> </u>	11,411,617
d	Equipment					80,640,797		 	18,345,620
e	Other					2,058,991	932,735		1,126,256
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B,), lıne	10(c).)		▶		50,746,196
							Schedule D	(Form	990) 2008

uncertain tax positions under FIN 48

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of Gild of year market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) -	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) -	
Part IX Other Assets. See Form 990, Part X	•	
	scription	(b) Book value
DUE FROM AFFILIATES		3,134,670
OTHER RECEIVABLES		2,149,770
UNAMORTIZED BOND ISSUANCE COST		751,248
INTEREST RECEIVABLE GUARANTEED INVESTMENT CONTRACT		15,980 957,500
GOARANTEED INVESTMENT CONTRACT		937,300
Total. (Column (b) should equal Form 990, Part X, col.(B)	line 15.)	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DUE TO THIRD PARTY REIMBURSING	2,757,544	
ACCRUED PENSION	22,981,303	
	+	
	+	
	+	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
IULAL (COMINII (D) SHOUN EQUAL FORM 990. PAIL A. COLLET THE 23) ▶ 25,738,847	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	172,312,828
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	169,381,364
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,931,464
4	Net unrealized gains (losses) on investments	4	850,451
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-22,649,487
9	Total adjustments (net) Add lines 4 - 8	9	-21,799,036
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-18,867,572
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u> </u>
1	Total revenue, gains, and other support per audited financial		150,510,318
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-22,066,505
3	Subtract line 2e from line 1	3	172,576,823
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4с	-263,995
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	172,312,828
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	169,377,896
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	264,007
3	Subtract line 2e from line 1	3	169,113,889
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	267,475
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	169,381,364
Dar	t XIV Supplemental Information		

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V. line 4. Part X. Part XI, line 8. Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X	IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) SECTION 740-10-65, THE SYSTEM HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB ASC 740, INCOME TAXES, CONCERNING THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS UNTIL ITS FISCAL YEAR ENDING SEPTEMBER 30, 2010 THE SYSTEM PRESENTLY RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS BY APPLYING FASB ASC 450, CONTINGENCIES
OTHER CHANGES IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	(20,375,096) NET LOSS FROM DEF BEN PEN PLAN AND POSTRETRMT BEN COSTS (1,437,871) TRANSFER TO AFFILIATES (706,520) CHANGE IN FV OF INVESTMENTS ACCT FOR UNDER FASB 825 (130,000) LOSS ON INTEREST RATE SWAP AGREEMENT (22,649,487)
RECONCILIATION OF REVENUE PER AUDITED STATEMENTS AND REVENUE PER RETURN	SCHEDULE D, PART XII	REVENUE ON AUDITED STATEMENTS NOT ON RETURN - LINE 2D (20,375,096) NET LOSS FROM DEF BEN PEN PLAN AND POSTRETRMT BEN COSTS (1,437,871) TRANSFER TO AFFILIATES (706,520) CHANGE IN FV OF INVESTMENTS ACCT FOR UNDER FASB 825 (130,000) LOSS ON INTEREST RATE SWAP AGREEMENT (267,469) INVESTMENT FEES TRANSFERRED TO EXPENSE (22,916,956) REVENUE ON RETURN NOT ON AUDITED STATEMENTS - LINE 4B (263,995) RENT EXPENSE
RECONCILIATION OF EXPENSE PER AUDITED STATEMENTS AND EXPENSE PER RETURN	SCHEDULE D, PART XIII	REVENUE ON AUDITED STATEMENTS NOT ON RETURN - LINE 2D 263,995 RENT EXPENSE 12 DIFFERENCE DUE TO AUDIT ROUNDING 264,007 REVENUE ON RETURN NOT ON AUDITED STATEMENTS - LINE 4B (267,469) INVESTMENT FEES TRANSFERRED TO EXPENSE
ENDOWMENT FUND PURPOSE	SCHEDULE D, PART V, QUESTION 4	ENDOWMENTS CONSIST OF VARIOUS INDIVIDUAL DONOR-RESTRICTED FUNDS WHICH WERE ESTABLISHED FOR GENERAL OPERATIONAL AND CERTAIN DEPARTMENTAL PURPOSES AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS

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DLN: 93493222011170

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

Hospitals

Name of the organization RUTLAND HOSPITAL INC

Employer identification number

						-0183483				
Pā	ort I Charity Care and	Certain O	ther Comi	munity Benefits a	t Cost (Optional fo	r 2008)				
								Yes	No	
1a	Does the organization have a						1a			
b	If "Yes," is it a written policy?						1b			
2	If the organization has multip care policy to the various hos		ındıcate whic	h of the following best	describes application	of the charity				
	Applied uniformly to all hospitals Generally tailored to individual hospitals									
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients									
а	Does the organization use Fe									
				C Other		ioi ii de cui e	3a			
b	Does the organization use FP "Yes," indicate which of the fo					ndıvıduals? If	3ь			
	Г200% Г250%	Г 300	ь% Г	T 400	%	%				
c	If the organization does not u determining eligibility for free test or other threshold, regard	se FPG to de or discounte	termine eligi d care Inclu	bility, describe in Part de in the description w	— VI the income based hether the organization	criteria for				
4	Does the organization's polic	y provide free	or discount	ed care to the "medica	lly indigent"?		4			
5a	Does the organization budget	amounts for	free or disco	unted care provided un	der its charity care p	olicy?	5a			
b	b If "Yes," did the organization's charity care expenses exceed the budgeted amount?									
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?									
6a	ia Does the organization prepare an annual community benefit report?									
6b	If "Yes," does the organizatio	n make it ava	allable to the	public?			6b			
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H									
7	Charity Care and Certain O	ther Commu	nity Benefits	at Cost						
	Charity Care 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 b expense	enefit	(f) Pero total ex		
а	Charity care at cost (from	,								
b	worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a)									
С	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)									
d	Total Charity Care and Means-Tested Government Programs									
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)									
f	Health professions education (from worksheet 5)									
g	Subsidized health services (from worksheet 6)									
h	Research (from worksheet 7)					1				
i	Cash and ın-kınd contributions to community groups (from worksheet 8)									
-	Total Other Benefits									
k	Total (line 7d and 7յ)									

activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsett revenue	(e) Net communit building expense		(f) Perc total ex	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members								
Coalition buildingCommunity health improvement								
advocacy								
Workforce development Other								
9 Other								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15?	zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica	ebt expense (ar look) shad debt expense (ar look) shad debt expense (ar look) shad debt expense (ar look) shortfall reported determine the are officed contain processes (ar look) shortfall reported determine the are officed contain processes (ar look) shortfall reported determine the architection policy?	t cost)	anents that describes reported on lines 5 6 7 be treated as commine 6 and indicates Other Cother Illection practices cribe in Part VI	pes bad debt expense s 2 and 3, or rationale s which of the to be followed for	9a 9b		
Management Com (a) Name of entity		Doint Ventu Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physion of it % or wnership	r stock
1								
2						1		
· I								
						-		
3								
<u> </u>								
1								
	<u> </u>					-		
3								
9							_	
10								
1								
L &			I		i .	1		
						+		
12								

Part V Facility Information (Required for 2008) ER-other ER-24 hours Children's hospital Teaching hospital General medical & Research facility Licensed hospital Critical access hospital Other Name and address (Describe) . surgical RUTLAND HOSPITAL 160 ALLEN STREET Χ MED DEV RURAL COMM HOSP Χ RUTLAND, VT 05701 RUTLAND REG DIABETES & ENDOCRINOLOGY CTR 8 ALBERT CREE DRIVE Χ RUTLAND, VT 05701 RUTLAND REGIONAL GENERAL SURGERY Χ 241 STRATTON ROAD RUTLAND, VT 05701

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
2	Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
_	
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 charity care policy
_	
4	Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals 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)
_	
_	
7	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 communites served
	Francisco de contratina de con
_	
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493222011170 OMB No 1545-0047

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Inspection

Name of the organization Employer identification number RUTLAND HOSPITAL INC 03-0183483 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is (c) IRC section (f) Method of valuation (h) Purpose of grant 1(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 22-1179701 COMMUNITY HLTH COMMUNITY HEALTH 501(C)(3) 1,400,000 IMPROVE CENTERS OF THE **RUTLAND REGION375** ROUTE 30 NORTH BOMOSEEN, VT 05732

Enter total number of section 501(c)(3) and government

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
GRANT MONITORING	SCHEDULE I, PART I, QUESTION 2	RUTLAND REGIONAL HEALTH SERVICES (RRHS), THROUGH RUTLAND REGIONAL MEDICAL CENTER (RRMC), AWARDED A FIVE-YEAR COMMUNITY BENEFIT GRANT TO COMMUNITY HEALTH CENTERS OF THE RUTLAND REGION, INC (CHCRR) IN THE AMOUNT OF \$4,600,000 THAT IS FUNDED BY RRMC AND WAS EFFECTIVE MAY 1, 2008 FOR THE YEARS ENDED SEPTEMBER 30, 2009 AND 2008, RESPECTIVELY, \$1,400,000 AND \$1,600,000 WAS EXPENDED FOR THE GRANT AWARD FROM RRMC AND IS INCLUDED IN RUTLAND REGIONAL MEDICAL CENTER'S GENERAL OPERATING EXPENSES RRHS CONTINUALLY WORKS WITH CHCRR TO ENSURE THE ORGANIZATION IS USING FUNDS APPROPRIATELY AND FURTHERING THE CHCRR EXEMPT PURPOSE

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DLN: 93493222011170

OMB No 1545-0047

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008
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Name of the organization RUTLAND HOSPITAL INC

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

03-0183483

Рa	Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		,			
	First class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
ь	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	У			
	Compensation committee	<u> -</u>				
	Independent compensation consultant	ᄀ	·			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7	Yes	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		·			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred compensation	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation		benefits	(B)(ı)-(D)	
THOMAS W HUEBNER	(ı) (ıı)	300,899 0	82,429	36,000	21,850	21,187	462,365 0	
EDWARD T OGORZALEK	(ı) (ıı)	170,649 0	36,297	36,000	26,450	18,872	288,268 0	
KIRK DUFTY MD	(ı) (ıı)	218,865 0	0	30,975	17,521	2,978	270,339 0	
MARY T NEMETH	(ı) (ıı)	141,575 0	27,399	17,877	19,219	7,657	213,727 0	
BAXTER HOLLAND	(ı) (ıı)	256,713 0	47,175	20,500	21,850	20,346	366,584 0	
DORCAS WARD	(ı) (ıı)	108,319 0	24,918	36,000	19,090	13,512	201,839	
BARBARA ROBINSON	(ı) (ıı)	125,342 0	22,991	9,678	15,324	15,219	188,554 0	
JI CHEN	(ı) (ıı)	140,918 0	11,627	0	6,102	3,020	161,667 0	
HARVEY REICH	(ı) (ıı)	319,266 0	22,252	151,660	21,850	19,613	534,641 0	
MICHAEL KENOSH	(ı) (ıı)	362,189 0	74,934	31,000	17,250	18,351	503,724 0	
ROBERT GIERING	(ı) (ıı)	332,793 0	80,574	15,500	17,250	18,985	465,102 0	
TODD LEFKOE	(1) (11)	217,199 0	36,409	15,500	17,250	17,950	304,308 0	
MARIE PAVINI	(ı) (ıı)	200,167 0	9,626	56,655	17,250	8,155	291,853 0	
	(ii)					_		
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
COMPENSATION CONTINGENT ON THE REVENUES OF THE ORGANIZATION	PART I,	PHYSICIANS EARN COMPENSATION BASED UPON THEIR PRODUCTIVITY AGAINST ESTABLISHED TARGETS INCREASED PRODUCTIVITY IS DIRECTLY RELATED TO INCREASED REVENUES FOR THE ORGANIZATION
NON-FIXED PAYMENTS	PART I,	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER, AND VICE PRESIDENTS RECEIVED LEADERSHIP COUNCIL INCENTIVE PAYMENTS WHICH WERE ACCRUED IN FY 2008 AND PAID IN CALENDAR 2008 THE INCENTIVE PAYMENTS ARE BASED ON THE ACCOMPLISHMENTS OF THE OBJECTIVES OF THE ORGANIZATION THESE OBJECTIVES ARE REVIEWED AT END OF YEAR AND EACH SCORED BY LEADERSHIP COUNSEL THE SCORE MUST BE APPROVED BY THE BOARD THE PARTICIPANTS EACH HAVE A PERCENTAGE OF THEIR SALARIES WITHHELD UNTIL THE END OF THE YEAR WHEN THE OBJECTIVES ARE SCORED AND APPROVED BY THE BOARD THE LEADERSHIP INCENTIVE PROGRAM WAS DISCONTINUED IN FISCAL 2009
	1	

(A) Name

(F) Compensation

Software ID: **Software Version:**

EIN: 03-0183483

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(B) Breakdown of W-2 and/or 1099-MISC compensation

Name: RUTLAND HOSPITAL INC

(A) Name		(B) Breakdown o	rw-2 and/or 1099-Mis	sc compensation	(C) Deferred	(D) Nontaxable	(E) I otal of columns	(i) compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
THOMAS WHUEBNER	(I) (II)	300,899 0	82,429	36,000	21,850	21,187	462,365 0	
EDWARD T O GO RZALEK	(ı) (ıı)	170,649 0	36,297	36,000	26,450	18,872	288,268 0	
KIRK DUFTY MD	(ı) (ıı)	218,865 0	0	30,975	17,521	2,978	270,339 0	
MARY T NEMETH	(I) (II)	_	27,399	17,877	19,219	7,657	213,727 0	

(C) Deferred

(D) Nontaxable

(E) Total of columns

MARY T NEMETH	(I) (II)	141,575 0	27,399	17,877	19,219	7,657	213,727 0	
BAXTER HOLLAND	(ı) (ıı)	256,713 0	47,175	20,500	21,850	20,346	366,584 0	
DORCAS WARD	(ı) (ıı)	108,319 0	24,918	36,000	19,090	13,512	201,839 0	
BARBARA ROBINSON	(I) (II)	125,342 0	22,991	9,678	15,324	15,219	188,554 0	
JI CHEN	(I) (II)	140,918 0	11,627	0	6,102	3,020	161,667 0	
HARVEY REICH	(I) (II)	319,266 0	22,252	151,660	21,850	19,613	534,641 0	
MICHAEL KENOSH	(I) (II)	362,189 0	74,934	31,000	17,250	18,351	503,724 0	
ROBERT GIERING	(I) (II)	332,793 0	80,574	15,500	17,250	18,985	465,102 0	
TODD LEFKOE	(ı) (ıı)	217,199 0	36,409	15,500	17,250	17,950	304,308 0	
MARIE PAVINI	(I) (II)	200,167 0	9,626	56,655	17,250	8,155	291,853 0	

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DLN: 93493222011170

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

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Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization Employer identification number RUTLAND HOSPITAL INC 03-0183483 **Bond Issues** (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No **VERMONT EDUCATIONAL &** HEALTH BUILDINGS FIN AGENCY 23-7154467 9241604A9 07-02-2003 9,575,000 CAPITAL PROJECTS Х Χ Part II Proceeds (Optional for 2008) В C D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds Working Capital Expenditures from Proceeds Capital Expenditures from Proceeds Year of Substantial Completion

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Were the bonds issued as part of a current refunding issue?										
Were the bonds issued as part of an advance refunding issue?										
Has the final allocation of proceeds been made?										
Does the organization maintain adequate books and records to support the final allocation of proceeds?										
	Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the	Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the

Part III Private Business Use (Optional for 2008)

		A		E	3	(C	D		E	
		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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		E	3	С		D		I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Transactions with Interested Persons

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** RUTLAND HOSPITAL INC Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or Approved (e) In (g)Written from the (a) Name of interested person and (c)Original principal default? (d)Balance due by board or agreement? organization? amount purpose committee? Τо From Yes Yes Yes No **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
JOSEPH GIANCOLA	J GIANCOLA - SEE SCH O	129,084	RENTAL OF REAL PROPERTY		No
FOLEY DISRIBUTING FOLEY SERVICES	M FOLEY - SEE SCH O	l '	PAPER & JANITORIAL SUPPLIES		No
CENTRAL VERMONT PUBLIC SERVICE	J GAMBLE - SEE SCH O	1,188,636	ELECTRICITY		No

DLN: 93493222011170

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

03-0183483

Open to Public Inspection

Name of the organization RUTLAND HOSPITAL INC Employer identification number

ldentifier	Return Reference	Explanation
TOTAL NUMBER OF VOLUNTEERS	FORM 990, PART I, QUESTION 6	THE TOTAL NUMBER OF VOLUNTEERS INCLUDES NON-COMPENSATED MEMBERS OF THE BOARD OF DIRECTORS AND OTHER INDIVIDUALS WHO VOLUTEER TIME TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, QUESTION 1	MISSION TO PROVIDE SUPERIOR, INTEGRATED, DIAGNOSTIC, THERAPEUTIC AND PREVENTATIVE HEALTH SERVICES IN A CARING ENVIRONMENT TO THOSE IN THE RUTLAND REGION AND SURROUNDING COMMUNITIES THROUGH THE STRENGTH OF OUR PEOPLE, TECHNOLOGY AND RELATIONSHIPS VISION TO BE THE BEST COMMUNITY HOSPITAL AND HEALTH 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 OPTIMIZING REIMBURSEMENT AND IMPROVING OUR COST STRUCTURE TO PRODUCE SUFFICIENT MARGINS, AND INCREASING PHILANTHROPIC GIVING *EMPLOYEE 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

		WE WILL CREATE AN ENVIRONMENT WHERE EMPLOY EE ENGAGEMENT FLOURISHES AND WE COMMIT OUR HEARTS AND MINDS TO MEETING AND EXCEEDING THE NEEDS OF OUR CUSTOMERS AND EACH OTHER
ldentifier	Return Reference	Explanation
EXEMPT PURPOSE A CHIEV EMENTS	FORM 990, PART III, QUESTIONS 4A-C	RUTLAND RESIGNAL MEDICAL CENTER FY 2009 COMMUNITY BENEFITS REPORT RUTLAND RESIONAL HEALTH SERVICES (RRHS) IS A COLLABORATIVE SYSTEM OF HEALTH CARE PROVIDERS OFFERING INPATENT AND OUTPATEINS A CUTE CARE, REHABILITATION, EDUCATION, RIMMARY CARE, GRANT FUNDING AND ASSISTED LYNG HOUSING RUTLAND RESIONAL MEDICAL CENTER (RRWG) IS A 188 LICENSED BED RURLAL HOSPITAL SERVING OVER 93,000 PEOPLE IN RUTLAND COUNTY AND BEYOND RUTLAND RESIONAL MEDICAL CENTER'S COMMUNITY SENERT PROGRAMS A MED THER EFFORTS AT THE COMMUNITES HEALTH NEEDS IN 2009, RRWD PROVIDED S.7 MILLION IN COMMUNITY BENEFITS, 27 MILLION WAS PROVIDED AT COST FOR FREE AND DISCOUNTED CARE AND S.3 MILLION IN SUPPORT OF RECGRAMS AND SERVICES HERE S.A LIST OF SOME OF THE PROGRAM SUPPORTED COMMUNITY HEALTH ASSESSMENT (\$6.900), A COMMUNITY HEALTH ASSESSMENT (\$6.900), A COMMUNITY HEALTH ASSESSMENT (\$6.900), A COMMUNITY HEALTH ASSESSMENT WAS STARTED IN 2009 AND COMPLETED IN 2009 THE ASSESSMENT IS CUIDED BY A TEAM REPRESENTING AREA HEALTH ORGANIZATIONS THAT INCLIDE THE VERMONT I DEPARTMENT OF HEALTH, RUTLAND AREA VISITING NURSES AND HOSPICE BOWSE HEALTH RUSLS, RUTLAND COUNTY UNITED WAY AND THE COMMUNITY HEALTH CONTROL OF THE RUTLAND REGION THE ASSESSMENT HAS THREE STAGES, ONE IS TO ANALYZE EXISTING DATA THAT DESCRIBE THE HEALTH OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY RESIDENTS AND THE THRID IS TO HOLD OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY RESIDENTS AND THE THRID IS TO HOLD OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY RESIDENTS AND THE THRID IS TO HOLD OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY RESIDENTS AND THE THRID IS TO HOLD OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY RESIDENTS AND THE THRID IS TO HOLD OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY RESIDENTS AND THE THRID IS TO HOLD OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY RESIDENTS AND THE THRID IS TO HOLD OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY RESIDENTS AND THE THRID IS TO HOLD OF RUTLAND COUNTY, THE SECOND IS TO SURVEY COMMUNITY

ldentifier	Return Reference	Explanation
EXEMPT PURPOSE A CHIEV EMENTS, CONTINUED	FORM 990, PART III, QUESTIONS 4A-C	COMMUNITY HEALTH IMPROVEMENT SERVICES (\$228,500) RRIMC PROVIDES A BROAD ARRAY OF HEALTH EDUCATION PROGRAMS THAT INCLUDE CLASSES, NEWSLETTERS, WEB BASED CONSUMER HEALTH INFORMATION, SUPPORT GROUPS AND HEALTH FAIRS. THE TOBACCO CESSATION PROGRAM PROVIDES GROUP AND INDIVIDUAL CESSATION SUPPORTS TO 1,500 PEOPLE. THE SAFE SITTER CLASSES ARE PROVIDED TO 11-14 YEAR OLDS THROUGHOUT THE COUNTY AND SERVED 152 YOUTH RRIMC SPONSORED A COMMUNITY HEALTH FAIR THAT ATTRACTED OVER 3,000 RESIDENTS. THE HEALTH FAIR PROVIDED HEALTH EDUCATION AND HEALTH SCREENINGS (200 BLOOD PRESSURES, 110 BLOOD SUGARS, 70 BALANCE SCREENINGS, AND 15 SPROMETRIES) IN ADDITION TO HEALTH FAIR SCREENINGS, THE PUBLIC CAN USE A BLOOD PRESSURE MACHINE IN THE DIAMOND RUN MALL ADDITIONAL COMMUNITY-FOCUSED PROGRAMS THAT SUPPORT HEALTH IMPROVEMENT ARE OFFERED THROUGH RRIMC'S SOCIAL WORK DEPARTMENT. THE ONGOING LIVING WITH LOSS BEREAVEMENT SUPPORT GROUP MEETS TWICE A MONTH TO HELP INDIVIDUALS COPE WITH THE LOSS BEREAVEMENT SUPPORT GROUP MEETS TWICE A MONTH TO HELP INDIVIDUALS COPE WITH THE LOSS OF LOVED ONES THE TRAUMA SUPPORT TEAM, PRIMARILY BASED IN THE EMERGENCY DEPARTMENT, IS AVAILABLE TO ASSIST FAMILES AND FRIENDS IN THE ATTEMATOR OF A TRAUMATIC EVENT THE LIFELINE PROGRAM OFFERED PEACE OF MIND TO 706 SUBSCRIBERS AND THEIR FAMILES DURING THIS PAST YEAR BRIDGES AND BEY OND VOLUNTEERS PROVIDED TRANSPORTATION SERVICES FOR 280 INDIVIDUALS, THESE WERE PRIMARILY TRIPS HOME FROM THE HOSPITAL, TRIPS TO DOCTORS' APPOINTMENTS AND/OR PHARMACIES RRIMC SUPPORTS THE PLANING, COORDINATION, AND PROMOTION OF COMMUNITY BENEFITS BY APPOINTING AN OVERSIGHT COMMITTEE. THAT REVIEWS POLICIES, PRACTICES, AND PLANS TO ASSURE THAT THE PROGRAMS ARE MEETING THE COMMUNITY'S NEEDS PATIENT ACCOUNTS STAFF PROVIDE SUPPORT TO PATIENTS BY PROVIDING ASSISTANCE IN APPLYING TO HEALTH PROFESSIONALS. HIGH SCHOOL STUDENTS AND CONTINUED FOR HEALTH CAREERS EXPLORATION, HEALTH PROFESSIONALS HEALTH PROFESSIONALS THE MEDICAL TION IS PROVIDED THROUGH HIGH SCHOOL PROGRAMS AND SUMMER MEDQUEST CAMP NURSING

ldentifier	Return Reference	Explanation
990 REVIEW POLICY	FORM 990, PART VI, QUESTION 10	THE ORGANIZATION'S FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, THEN A DRAFT COPY IS REVIEWED BY TOP MANAGEMENT ONCE A FINAL DRAFT IS COMPLETE, IT IS MAILED TO EACH MEMBER OF THE SYSTEM FINANCE COMMITTEE THE COMMITTEE WILL MEET AND DISCUSS THE RETURN WITH A TAX ADVISOR PRIOR TO PRESENTING THE FINAL DRAFT TO THE FULL BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12	ANNUALLY, ALL ORGANIZATION LEADERS REVIEW THE SYSTEM-WIDE CONFLICT OF INTEREST POLICY TO ENSURE ALL CONFLICTS ARE MADE KNOWN SEE THE POLICY BELOW POLICY "DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MURBERS 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 A NOTHER 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 RASED WITH THE CHAR OF THE A PROPORTIAL TO A FINANCIAL INTEREST, THIS CONCERN SHOULD BE RASED WITH THE CHAR OF THE A PROPORTIAL TO A FINANCIAL INTEREST, THIS CONCERN SHOULD BE RASED WITH THE CHAR OF THE A PROPORTIAL TE 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, HEISHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DELETEMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING BOARD OR COMMITTEE MEMBERS HOWEVER, IN NO EVENT SHALL AN INTERESTED PERSON PARTICIPATE IN THE DELIBERATION ANDOR DETERMINATION OF COMPENSATION THAT HEYSHE WILL RECEIVE FROM THE CORPORATION FOR EMPLOYMENT, PROFESSIONAL CONTRACT OR OTHERWISE "DEFINITIONS - INTERESTED PERSON WITH RESPECT TO ANY ENTITY IN THE REMAINSTANCE HEALTH CARE SYSTEM "PROCEDURES PROCEDURES FOR A DORRESSING THE CONFLICT OF INTEREST DANACAL CONTRACT OR OTHERWISE "DEPSON MAY MAKE A P

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW POLICY	FORM 990, PART VI, QUESTION 15	THE FOLLOWING POLICY APPLIES TO THE ENTIRE RUTLAND REGIONAL HEALTH SERVICES (RRHS) SYSTEM, AND THE POLICY COVERS OFFICER & KEY EMPLOYEE COMPENSATION *IT IS THE POLICY OF RRHS TO OFFER MARKET-COMPETITIVE PAY SO TO ATTRACT AND RETAIN THE BEST TALENT FROM OUR LABOR MARKET *DESIGNATION OF RRHS' KEY EMPLOYEES IS MADE BY THE COMPLIANCE DEPARTMENT *THE RRHS KEY EMPLOYEE LABOR MARKET IS TYPICALLY ALL HOSPITALS NATIONALLY WITH SIMILAR REVENUES AS RRHS *KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY EACH FALL USING THREE SOURCES OF INDEPENDENT COMPETITIVE MARKET DATA *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 BASE PAY AND TOTAL CASH COMPENSATION VS MARKET BASE PAY AND TOTAL CASH COMPENSATION WITH ANY RECOMMENDED PAY ACTIONS *GENERALLY SPEAKING, KEY EMPLOYEE BASE PAY VARIANCES OF -5% VS MARKET TOTAL CASH COMPENSATION ARE CONSIDERED TO BE NON-COMPETITIVE PROMPTING A RECOMMENDED BASE PAY INCREASE TO BE CONSIDERED *THE RESULTS OF THE REVIEW AND RECOMMENDED PAY ACTIONS ARE REVIEWED AND APPROVED BY THE CEO INFORMATION IS MADE AVAILABLE TO SYSTEM FINANCE *THE CEO PAY IS REVIEWED AND APPROVED BY THE CEO INFORMATION IS MADE AVAILABLE TO SYSTEM FINANCE *THE CEO PAY IS REVIEWED AND APPROVED BY THE CEO INFORMATION IS MADE AVAILABLE TO SYSTEM FINANCE *THE CEO PAY IS REVIEWED AND APPROVED BY THE CEO INFORMATION IS MADE AVAILABLE TO SYSTEM FINANCE *THE CEO PAY IS REVIEWED AND APPROVED BY THE CEO INFORMATION IS MADE AVAILABLE TO SYSTEM FINANCE *THE CEO PAY IS REVIEWED AND APPROVED BY THE CEO INFORMATION IS MADE AVAILABLE TO SYSTEM FINANCE *THE CEO PAY IS REVIEWED AND APPROVED BY THE

ldentifier	Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, QUESTION 19	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

ldentifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	JOSEPH GIANCOLA, BOARD MEMBER, IS THE OWNER OF A BUILDING WHICH WAS RENTED TO THE ORGANIZATION FOR \$129,084 IN FY 2009 MARK K FOLEY, BOARD MEMBER, OWNS FOLEY DISTRIBUTING AND FOLEY SERVICES, INC THESE COMPANIES SUPPLIED PAPER AND JANITORIAL PRODUCTS TO THE ORGANIZATION JOAN F GAMBLE, BOARD MEMBER, IS AN OFFICER AT CENTRAL VERMONT PUBLIC SERVICES (CVPS) IN FY 2009, THE ORGANIZATION PAID CVPS \$1,188,636 FOR ELECTRICITY

ldentifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6, 7A & 7B	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 SEVENTEEN DIRECTORS OF THESE DIRECTORS, FOURTEEN ARE CHOSEN OR APPROVED BY THE ORGANIZATION'S SOLE MEMBER 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 THE 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

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

Cat No 51056K

Sc hedule O (Form 990) 2008

DLN: 93493222011170

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

RUTLAND HOSPITAL INC

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions. Internal Revenue Service Name of the organization

Employer identification number

03-0183483

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN 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
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sec	(F) Public charity state (if section 501(c)	atus (F) Direct controlling entity
RUTLAND REGIONAL HEALTH SERVICES					
160 ALLEN STREET RUTLAND, VT05701 22-2534389	HOLDING CO	VT	501(C)(3)	11A I	NA
JAMES T BOWSE COMMUNITY HEALTH TRUST 160 ALLEN STREET RUTLAND, VT05701 04-3368673	SUPPORT	VT	501(C)(3)	11A I	NA
RUTLAND HEALTH FOUNDATION 160 ALLEN STREET RUTLAND, VT05701 03-0349681	FUNDRAISING	VT	501(C)(3)	7	NA
VERMONT ORTHOPAEDIC CLINIC 160 ALLEN STREET RUTLAND, VT05701 20-8089565	ORTHO SVC	VT	501(C)(3)	9	NA

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Dart V	Transactions with Related Organizations
	iransactions with kelated Organizations

- 6	iransactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No				
b	Gift, grant, or capital contribution to other organization(s)	1b		No				
С	Gift, grant, or capital contribution from other organization(s)	1c	Yes					
d	Loans or loan guarantees to or for other organization(s)							
e	Loans or loan guarantees by other organization(s)	1e		No				
f	Sale of assets to other organization(s)	1f		No				
g	Purchase of assets from other organization(s)	1g		No				
h	Exchange of assets	1h		No				
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No				
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes					
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No				
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No				
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	ı	No				
n	Sharing of paid employees	1n	Yes					
0	Reimbursement paid to other organization for expenses	10	Yes					
р	Reimbursement paid by other organization for expenses	1р	Yes					
q	O ther transfer of cash or property to other organization(s)	1q	Yes					
r	O ther transfer of cash or property from other organization(s)	1r	Yes					
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							
	(B)							
	(A) Transaction Name of other organization(s) (C) Amount Involved							
(1)								
(2)								
(3)								
(4)								
/E \								
(5)								

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: Software Version:

EIN: 03-0183483

Name: RUTLAND HOSPITAL INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		Posit t	(C ion (d hat a	chec		I			/E\	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
BILL BANNERMAN , DIRECTOR	1 0	Х						0	0	0		
GORDON H CHADER , DIRECTOR	1 0	Х						0	0	0		
J CHRISTIAN HIGGINS MD , DIRECTOR	1 0	Х						26,600	0	0		
JESSICA L ANDERSON , SECRETARY	1 0	Х		Χ				0	0	0		
JOAN F GAMBLE , DIRECTOR	10	Х						0	0	0		
JOHN C COLLINS , DIRECTOR	1 0	Х						0	0	0		
JOHN R BRUMSTEAD MD , VICE CHAIRMAN	1 0	Х		х				0	0	0		
JON S READNOUR ESQ , DIRECTOR	1 0	Х						0	0	0		
JOSEPH GIANCOLA , DIRECTOR	1 0	Х						89	0	0		
KIRK DUFTY MD , DIRECTOR	10	Х						249,840	0	20,499		
MARK K FOLEY , DIRECTOR	1 0	Х						0	0	0		
MARY E MORAN , DIRECTOR	1 0	X						0	0			
MATTHEW A CONWAY MD , DIRECTOR	1 0	X						12,750	0	· · · · · · · · · · · · · · · · · · ·		
MICHAEL MCCORMACK, DIRECTOR	1 0	X						0	0			
RICHARD D LOVETT MD , DIRECTOR	10	Х						6,750	0			
RON J CIOFFI , DIRECTOR	10	Х						0	0			
VICTORIA P YOUNG , CHAIRMAN	10	Х		Х				0	0	0		
THOMAS W HUEBNER , PRESIDENT & CEO	40 0			Х				419,328	0	43,037		
EDWARD T OGORZALEK, CFO	400			Χ				242,946	0	45,322		
MARY T NEMETH , VP CORPORATE SUPPORT SVCS	40 0				Х			186,851	0	26,876		
BAXTER HOLLAND , VP PROFESSIONAL SUPPORT SVCS	40 0				х			324,388	0	42,196		
DORCAS WARD , VP HOSPITAL SVC	40 0				Χ			169,237	0	32,602		
BARBARA ROBINSON , VP CLINICAL SERVICES	40 0				х			158,011	0	30,543		
JI CHEN , PHARMACY DIRECTOR	40 0				Х			152,545	0	9,122		
HARVEY REICH , MEDICAL DIRECTOR ICU	40 0					Х		493,178	0	41,463		
MICHAEL KENOSH , MEDICAL DIRECTOR REHAB SVCS	40 0					Х		468,123	0	35,601		
ROBERT GIERING , PHYSICIAN	40 0					Х		428,867	0	36,235		
TODD LEFKOE , PHYSICIAN	40 0					Х		269,108	0	35,200		
MARIE PAVINI , PHYSICIAN	40 0					Х		266,448	0	25,405		

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

		Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
а	NET PATEIENT SERVICE REVENUE	900,099	168,632,030	168,632,030		
Ь	CAFETERIA	722,210	1,004,214	1,004,214		
С	ENTEROSTOMAL NURSING SERVICES	623,000	83,076		83,076	
d	OCCUPATIONAL HEALTH SERVICES	621,400	83,521		83,521	
e	LABORATORY DIAGNOSTIC AND SCREENING SERVICES	621,500	2,136,953		2,136,953	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

MISSION: TO PROVIDE COMPREHENSIVE INPATIENT AND OUTPATIENT MEDICAL SERVICES AND TO IMPROVE HEALTH OF THE RESIDENTS OF RUTLAND AND SURROUNDING COMMUNITIES. VISION: TO BE THE BEST COMMUNITY HOSPITAL AND HEALTH 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. *FINANCIAL STRENGTH: WE WILL ACHIEVE FINANCIAL STRENGTH AND STABILITY BY IMPROVING REIMBURSEMENT, INCREASING PHILANTHROPIC GIVING AND GRANTS, AND DEVELOPING AND MANAGING