

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at [www.irs.gov/foi m990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
RUTLAND HOSPITAL INC

% JUDI K FOX

Doing business as
RUTLAND REGIONAL MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) Room/suite
160 ALLEN STREET

City or town, state or province, country, and ZIP or foreign postal code
RUTLAND, VT 05701

F Name and address of principal officer
THOMAS W HUEBNER
160 ALLEN STREET
RUTLAND,VT 05701

H(a) Is this a group return for subordinates?

No

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW RRM C ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

D Employer identification number
03-0183483

E Telephone number
(802) 775-7111

G Gross receipts \$ 264,359,738

L Year of formation 1892

M State of legal domicile VT

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE COMPREHENSIVE INPATIENT AND OUTPATIENT MEDICAL SERVICES AND TO IMPROVE HEALTH OF THE RESIDENTS OF RUTLAND & SURROUNDING COUNTIES SEE SCHEDULE O FOR ADD'L INFORMATION			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,880	
	6 Total number of volunteers (estimate if necessary)	6	336	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,947,032	
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	115,955	
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		3,199,041	2,385,744	
		240,131,510	256,648,259	
		38,067,774	3,262,431	
		-337,744	5,581	
Expenses		281,060,581	262,302,015	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	1,144,143	961,077		
	0	0		
	139,474,668	144,142,230		
	0	0		
	Net Assets or Fund Balances		98,005,263	102,531,129
			238,624,074	247,634,436
			42,436,507	14,667,579
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year		
	237,035,867	260,183,979		
	103,920,053	102,051,409		
	133,115,814	158,132,570		

Part II Signature Block

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

Sign Here

Signature of officer

JUDI K FOX CFO

Type or print name and title

2017-01-31

Date

Paid Preparer Use Only

Prnt/Type preparer's name
Brian D Todd

Firm's name ▶ BKD LLP

Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190
SPRINGFIELD, MO 658062523

Preparer's signature
Brian D Todd

Firm's EIN ▶

Phone no (417) 865-8701

Date

Check ☐ if self-employed

PTIN P00422601

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

4a	(Code) (Expenses \$ 105,703,336 including grants of \$) (Revenue \$ 136,526,484)
See Additional Data	
























4b	(Code) (Expenses \$ 39,305,557 including grants of \$) (Revenue \$ 50,767,078)
See Additional Data	

4c	(Code) (Expenses \$ 24,017,342 including grants of \$) (Revenue \$ 31,020,811)
See Additional Data	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 29,679,367 including grants of \$ 961,077) (Revenue \$ 38,333,886)	

4e	Total program service expenses ▶ 198,705,602
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	174	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	1,880	
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records JUDI K FOX 160 ALLEN STREET RUTLAND, VT 05701 (802) 775-7111	

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	9,225,422	0	1,033,299

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 116

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER, CORP ST LOUIS, MO 631959156	PROFESSIONAL SERVICE	4,804,144
SHERIDAN HEALTHCARE OF, VERMONT SUNRISE, FL 33323	ANESTHESIOLOGISTS	1,662,441
UNIV OF VERMONT MEDICAL, CENTER BURLINGTON, VT 05402	LAB SERVICES	1,173,616
RANDTAD NORTH, AMERICA CHICAGO, IL 60693	TEMPORARY STAFF	928,804
BALANCED HEALTH RECEIVABLES, LLC NASHUA, NH 03060	BILLING SERVICE	689,311

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 27

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	100,355				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,030,072				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,255,317				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		2,385,744				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621400	248,059,612	248,059,612			
	b	LAB AND SCREENING SERVICES	621500	1,947,032		1,947,032		
	c	PHARMACY	446110	3,758,876	3,758,876			
	d	EHR REVENUE	621400	1,017,651	1,017,651			
	e	CAFETERIA	722514	938,844	938,844			
	f	All other program service revenue		926,244	926,244			
	g	Total. Add lines 2a-2f		256,648,259				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,783,938			2,783,938
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		0				
6a		Gross rents	(i) Real 184,230	(ii) Personal				
		b	Less rental expenses	173,746				
		c	Rental income or (loss)	10,484	0			
		d	Net rental income or (loss)		10,484			10,484
7a		Gross amount from sales of assets other than inventory	(i) Securities 2,316,407	(ii) Other				
		b	Less cost or other basis and sales expenses	1,831,694	6,220			
		c	Gain or (loss)	484,713	-6,220			
		d	Net gain or (loss)		478,493			478,493
8a		Gross income from fundraising events (not including \$ 100,355 of contributions reported on line 1c) See Part IV, line 18	a	41,160				
		b	Less direct expenses	b	46,063			
		c	Net income or (loss) from fundraising events		-4,903			-4,903
9a		Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities		0			
10a		Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue		Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See Instructions		262,302,015	254,701,227	1,947,032	3,268,012		

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	961,077	961,077		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,636,359	4,800,797	1,835,562	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	198,279		198,279	
7	Other salaries and wages	111,052,859	94,577,767	16,475,092	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,398,617	4,799,574	1,599,043	
9	Other employee benefits	13,310,767	9,922,966	3,387,801	
10	Payroll taxes	6,545,349	4,846,447	1,698,902	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	353,940		353,940	
c	Accounting	303,717		303,717	
d	Lobbying	103,498		103,498	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	27,690		27,690	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,802,654	9,141,001	8,661,653	
12	Advertising and promotion	763,207	40,434	722,773	
13	Office expenses	5,739,962	4,184,419	1,555,543	
14	Information technology	3,318,711	210,640	3,108,071	
15	Royalties	0			
16	Occupancy	5,236,787	3,993,892	1,242,895	
17	Travel	52,906	38,994	13,912	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,045,332	685,380	359,952	
20	Interest	1,735,481	1,285,022	450,459	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,664,251	10,117,576	3,546,675	
23	Insurance	2,398,266		2,398,266	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDICAL SUPPLIES & DRUGS	30,226,575	30,226,575		
b	MEDICAID TAX ASSESSMENT	14,052,304	14,052,304		
c	BAD DEBTS	4,183,690	4,183,690		
d	LICENSES, DUES, SUBSCRIPTIONS	1,124,808	531,615	593,193	
e	All other expenses	397,350	105,432	291,918	
25	Total functional expenses. Add lines 1 through 24e	247,634,436	198,705,602	48,928,834	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		4,353	1	5,412	
	2	Savings and temporary cash investments		17,921,548	2	14,381,749	
	3	Pledges and grants receivable, net		121,616	3	165,061	
	4	Accounts receivable, net		22,123,839	4	24,064,311	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		2,980,682	7	2,577,374	
	8	Inventories for sale or use		1,360,083	8	1,442,117	
	9	Prepaid expenses and deferred charges		3,104,444	9	3,148,062	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	242,799,231			
	b	Less—accumulated depreciation	10b	161,073,106	73,717,871	10c	81,726,125
	11	Investments—publicly traded securities		105,372,127	11	120,103,600	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		10,329,304	15	12,570,168	
16	Total assets. Add lines 1 through 15 (must equal line 34)		237,035,867	16	260,183,979		
Liabilities	17	Accounts payable and accrued expenses		31,320,701	17	31,559,422	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		31,350,000	20	31,350,000	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		11,070,141	23	8,791,244	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		30,179,211	25	30,350,743	
	26	Total liabilities. Add lines 17 through 25		103,920,053	26	102,051,409	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		128,500,956	27	153,266,261	
	28	Temporarily restricted net assets		3,936,216	28	4,187,667	
	29	Permanently restricted net assets		678,642	29	678,642	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		133,115,814	33	158,132,570	
	34	Total liabilities and net assets/fund balances		237,035,867	34	260,183,979	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	262,302,015
2	Total expenses (must equal Part IX, column (A), line 25)	2	247,634,436
3	Revenue less expenses Subtract line 2 from line 1	3	14,667,579
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,115,814
5	Net unrealized gains (losses) on investments	5	-463,914
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,813,091
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	158,132,570

Part XII

Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:**Software Version:**

EIN: 03-0183483

Name: RUTLAND HOSPITAL INC

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	105,703,336	including grants of \$) (Revenue \$	136,526,484)
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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

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 39,305,557 including grants of \$) (Revenue \$ 50,767,078)

INPATIENT CARE INPATIENT CARE SERVICES INCLUDE MEDICAL AND SURGICAL, INTENSIVE CARE, HOSPITALISTS, PSYCHIATRIC, OBSTETRICS AND GYNECOLOGY,
NURSERY, AND NURSING SEE SCHEDULE O FOR MORE INFORMATION

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 24,017,342 including grants of \$) (Revenue \$ 31,020,811)

DIAGNOSTIC SERVICES DIAGNOSTIC SERVICES INCLUDE LABORATORY, RADIOLOGY, ELECTROENCEPHALOGRAPHY, AND CT SCANNING SEE SCHEDULE O FOR MORE INFORMATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J KENOSH MD DIRECTOR	40 0 1 0	X						521,624	0	69,090
JOSEPH KRAUS DIRECTOR/SECRETARY BEG 4/2016	1 0 1 0	X		X				0	0	0
RICHARD LLOYD DIRECTOR ENDING 6/2016	1 0 1 0	X						0	0	0
DENISE CLARK DIRECTOR BEGINNING 7/2016	1 0 1 0	X						0	0	0
MIKE SOLIMANO SECRETARY/VICE CHAIR BEG 4/16	1 0 1 0	X		X				0	0	0
TODD GREGORY MD DIRECTOR	40 0 1 0	X						370,667	0	45,553
PAUL GALLO DIRECTOR BEGINNING 4/2016	1 0 1 0	X						0	0	0
MARK K FOLEY DIRECTOR ENDING 4/2016	1 0 1 0	X						0	0	0
JOHN CASELLA VICE CHAIR/CHAIR BEG 4/2016	1 0 1 0	X		X				0	0	0
JESSICA ANDERSON DIRECTOR	1 0 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEGAN SMITH DIRECTOR	10	X						0	0	0
MICHAEL DICK DMD CHAIR ENDING 4/2016/DIRECTOR	10 10	X		X				0	0	0
CORT JONES DIRECTOR	10 10	X						0	0	0
TJ SABOTKA DIRECTOR	10 10	X						0	0	0
LARRY JENSEN DIRECTOR	10 10	X						0	0	0
STEPHEN LEFFLER MD DIRECTOR	10 10	X						0	0	0
JOHN R BUTTERLY MD DIRECTOR	10 10	X						0	0	0
ROSHAN SIVA MD DIRECTOR ENDING 6/2016	10 10	X						0	0	0
ERIC MARSH MD DIRECTOR BEGINNING 7/2016	400 10	X						892,034	0	45,405
STANLEY M SHAPIRO MD DIRECTOR	400 10	X						516,104	0	50,752

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON CIOFFI DIRECTOR	1 0	X						0	0	0
THOMAS W HUEBNER PRESIDENT/CEO	40 0			X				490,485	0	74,553
EDWARD T OGORZALEK CFO ENDING 7/2016/TREASURER	40 0			X				272,539	0	74,049
JUDI K FOX CFO BEGINNING 7/2016	40 0			X				163,135	0	42,240
MELBOURNE D BOYNTON MD CHIEF MEDICAL DIRECTOR	40 0				X			1,052,856	0	69,131
BAXTER C HOLLAND VP PROF SUPPORT SERVICES	40 0				X			369,795	0	52,339
BARBARA M ROBINSON VP CLINICAL SERVICES	40 0				X			266,515	0	44,993
CAROL M EGAN VP CHIEF NURSING OFFICER	40 0				X			222,322	0	44,489
MARY T NEMETH VP CORPORATE SUPPORT SERVICES	40 0				X			220,085	0	34,319
ALLISON M WOLLEN VP HUMAN RESOURCES END 12/2015	40 0				X			217,440	0	37,153

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY MCKEE VP COMMUNITY & BEHAV HEALTH	40 0 0 0				X			159,998	0	8,430
JOHN WALLACE GEN COUNSEL COMPLIANCE OFF	40 0 0 0				X			173,561	0	36,003
WILLIAM A LIGHTHART MD ORTHOPAEDICS	40 0 0 0					X		946,481	0	48,967
MICHAEL ROBERTELLO MD CARDIOLOGY	40 0 0 0					X		743,451	0	50,985
DALE JANIK MD GASTRONENTEROLOGY	40 0 0 0					X		552,289	0	63,167
ERNEST M BOVE MD UROLOGY	40 0 0 0					X		462,629	0	38,602
MATTHEW ZUMRKO MD ORTHOPAEDICS	40 0 0 0					X		454,644	0	61,568
DARREN CHILDS FORMER VP QUALITY IMPROVEMENT	0 0 0 0						X	156,768	0	41,511

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						►
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						►
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

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
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

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

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

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

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

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

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

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

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

☐ **Y e s** ☒ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		77,173
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		26,325
j	Total. Add lines 1c through 1i.			103,498
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	LOBBYING EXPENSES THE ORGANIZATION PAID LOBBYING FEES OF \$75,873 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 00265%, OR \$1,300, OF HIS SALARY IS ALLOCATED TO THIS ACTIVITY. ALSO, DUES ARE PAID TO THE HOSPITAL ASSOCIATION AND THE VERMONT HOSPITAL ASSOCIATION. A PORTION OF DUES IS ATTRIBUTABLE TO LOBBYING. \$ 19,045 VHA 7,280 AHA ----- \$ 26,325

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RUTLAND HOSPITAL INC

Employer identification number

03-0183483

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

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

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

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,285,252	7,589,626	7,458,038	7,419,888	6,260,684
b Contributions					
c Net investment earnings, gains, and losses	348,827	21,075	376,664	303,224	1,265,080
d Grants or scholarships					
e Other expenditures for facilities and programs		325,449	245,076	265,074	105,876
f Administrative expenses					
g End of year balance	7,634,079	7,285,252	7,589,626	7,458,038	7,419,888

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

90 360 %

b

Permanent endowment ▶

6 370 %

c

Temporarily restricted endowment ▶

3 270 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

b

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

☐ 3b

4

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		645,676		645,676
b Buildings		42,271,274	24,791,598	17,479,676
c Leasehold improvements		56,760,956	26,344,377	30,416,579
d Equipment		136,742,754	107,977,883	28,764,871
e Other		6,378,571	1,959,248	4,419,323
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				81,726,125

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

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

1	Total revenue, gains, and other support per audited financial statements	1	268,408,170
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-463,914
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	7,157,913
e	Add lines 2a through 2d	2e	6,693,999
3	Subtract line 2e from line 1	3	261,714,171
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	587,844
c	Add lines 4a and 4b	4c	587,844
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	262,302,015

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

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

1	Total expenses and losses per audited financial statements	1	243,642,865
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	219,809
e	Add lines 2a through 2d	2e	219,809
3	Subtract line 2e from line 1	3	243,423,056
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,690
b	Other (Describe in Part XIII)	4b	4,183,690
c	Add lines 4a and 4b	4c	4,211,380
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	247,634,436

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 03-0183483
Name: RUTLAND HOSPITAL INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUND PURPOSE RPMC'S ENDOWMENTS CONSIST OF VARIOUS INDIVIDUAL DONOR-RESTRICTED A ND BOARD DESIGNATED FUNDS WHICH WERE ESTABLISHED FOR GENERAL OPERATIONAL AND CERTAIN DEPAR TMENTAL PURPOSES AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED ST ATES OF AMERICA (GAAP), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPO RTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS RPMC'S GOVERNING BOD Y HAS INTERPRETED THE STATE OF VERMONT PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (SPMI FA), ADOPTED IN MAY OF 2009, AS REQUIRING PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL G IFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIP ULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, RPMC CLASSIFIES AS PERMANENT LY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMEN T, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT AND (C) ACCUMULAT IONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DO NOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTI ON OF DONOR-RESTRICTED ENDOWMENT FUNDS IS CLASSIFIED AS TEMPORARILY RESTRICTED N ASSETS UN TIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY RPMC IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY SPMIFA IN ACCORDANCE WITH SPMIFA, RPMC CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR- RESTRICTED ENDOWMENT FUNDS 1 DURATION AND PRESERVATION OF THE FUND 2 PURPOSES OF RPMC AND THE FUND 3 GENERAL ECONOMIC CONDITIONS 4 POSSIBLE EFFECT OF INFLATION AND DEFLATION 5 EXPECTED TOTAL RETURN FROM INVESTMENT INCOME AND APPRECIATION OR DEPRECIATION OF INVESTMENTS 6 OTH ER RESOURCES OF RPMC 7 INVESTMENT POLICIES OF RPMC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 \$ 8,120,724 CHANGE IN FV OF INVESTMENTS ACCT FOR UNDER FASB 825 3,136,339 TRANSFER FROM AFFILIATE 877,562 NET AS SETS RELEASED FROM RESTRICTIONS (27,690) INVESTMENT EXPENSES (208,837) NET LOSS FROM DEF BEN PLAN & POSTRETIRMENT BEN COSTS (235,135) LOSS ON INTEREST RATE SWAP AGREEMENT (321, 360) CHANGE IN DONOR DESIGNATION (4,183,690) PROVISION FOR UNCOLLECTIBLE ACCOUNTS ----- - ---- \$ 7,157,913

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 \$ 575,429 TEMPORARILY RESTRICTED CONTRIBUTIONS 232,224 TEMPORARILY RESTRICTED INVESTMENT RETURN (173,746) RENTA L EXPENSES (46,063) SPECIAL EVENTS EXPENSE ----- \$ 587,844

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 \$ 173,746 RENTAL EXPENSE S 46,063 SPECIAL EVENTS EXPENSE ----- \$ 219,809

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1 \$ 4,183,690 PROVISION FOR UNCOLLECTIBLE ACCOUNTS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RUTLAND HOSPITAL INC

Employer identification number
03-0183483

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

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

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

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		GOLF TOURN (event type)	GREEN MT GALA (event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	42,880	98,635		141,515
	2 Less Contributions	19,480	80,875		100,355
	3 Gross income (line 1 minus line 2)	23,400	17,760		41,160
Direct Expenses	4 Cash prizes	265			265
	5 Noncash prizes	4,215			4,215
	6 Rent/facility costs				
	7 Food and beverages	8,481	14,673		23,154
	8 Entertainment				
	9 Other direct expenses	9,283	9,146		18,429
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				46,063
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,903

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No
- 13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

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

Return Reference	Explanation
------------------	-------------

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

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

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 300 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,957,900		2,957,900	1 210 %
b Medicaid (from Worksheet 3, column a)			64,155,405	38,084,458	26,070,947	10 710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			995	1,167	-172	
d Total Financial Assistance and Means-Tested Government Programs			67,114,300	38,085,625	29,028,675	11 920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	9	25,744	2,206,661	1,565,606	641,055	0 260 %
f Health professions education (from Worksheet 5)	6	523	847,990		847,990	0 350 %
g Subsidized health services (from Worksheet 6)			20,595,396	15,768,300	4,827,097	1 970 %
h Research (from Worksheet 7)	1	6	136,223		136,223	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	46,610	1,084,441		1,084,441	0 450 %
j Total. Other Benefits	22	72,883	24,870,711	17,333,906	7,536,806	3 090 %
k Total. Add lines 7d and 7j	22	72,883	91,985,011	55,419,531	36,565,481	15 010 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support	1	331	31,876	31,876	0 010 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building	1	300	36,387	36,387	0 020 %
7	Community health improvement advocacy	1		60,962	60,962	0 020 %
8	Workforce development	1	220	8,083	8,083	0 010 %
9	Other					
10	Total	4	851	137,308	137,308	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

4,183,690

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

476,941

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

67,587,720

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

92,875,847

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-25,288,127

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

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

9b

Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Section A. Hospital Facilities

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

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

RUTLAND HOSPITAL

Name of hospital facility or letter of facility reporting group

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V SECTION C</u> b <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V SECTION C</u> c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input checked="" type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	7 8 10	Yes
a If "Yes" (list url) <u>SEE PART V SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)***Financial Assistance Policy (FAP)**

RUTLAND HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16 Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group		RUTLAND HOSPITAL		
			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B.
Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **13**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3B	ELIGIBILITY FOR DISCOUNTED CARE THE ORGANIZATION WILL PROVIDE DISCOUNTED CARE TO LOW INCOME INDIVIDUALS WHOSE FAMILY INCOME FALLS BETWEEN 301% AND 500% OF THE FEDERAL POVERTY GUIDELINES USING A GRADUATED RANGE OF DEDUCTIBLES FROM \$250 AT THE LOWEST LEVEL TO \$3,000 AT THE HIGHEST LEVEL

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	OTHER FACTORS USED TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE THE ORGANIZATION USES ASSET LEVEL, MEDICAL INDIGENCY, INSURANCE STATUS AND UNDERINSURANCE STATUS IN ADDITION TO FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSES THE PERCENT OF TOTAL EXPENSE ON SCHEDULE H, PART I, LINE 7, COLUMN (F), WAS CALCULATED USING TOTAL EXPENSES ON FORM 990, PART IX, LINE 25, COLUMN (A) LESS BAD DEBT EXPENSE OF \$4,183,690

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1 AND 3

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>COMMUNITY BUILDING ACTIVITIES RUTLAND REGIONAL MEDICAL CENTER IS THE ONLY MAJOR MEDICAL CENTER IN CENTRAL VERMONT, AND IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AS SUCH, WE ARE RELIED UPON BY THE COMMUNITIES WE SERVE TO PROVIDE HEALTH RESOURCES AND LEADERSHIP WE RECOGNIZE THAT THERE IS MORE TO HEALTH THAN ILLNESS AND DISEASE, SOCIAL DETERMINANTS SUCH AS LOW INCOME LEVELS, AND AN AGING POPULATION, ALONG WITH A SAFE ENVIRONMENT AND A WELL-ROUNDED CULTURE CONTRIBUTE TO THE HEALTH AND WELL-BEING OF OUR POPULATION THEREFORE, OUR LEADERSHIP AND COMMITMENT TO OUR COMMUNITY THROUGH A VARIETY OF INITIATIVES AND SUPPORTS BEYOND PROVIDING ESSENTIAL HOSPITAL-BASED CARE, ENCOMPASSING SOCIAL, PERSONAL, COMMUNITY AND HEALTH-RELATED ISSUES IMPACTING THE CITIZENS OF THE RUTLAND REGION MANY STAFF AND LEADERS ARE INVOLVED IN LOCAL, REGIONAL AND STATEWIDE COALITIONS, COLLABORATIVES AND COMMITTEES OF OTHER ORGANIZATIONS, WHERE WE LEARN ABOUT TRENDS AND ISSUES OF INTEREST OR CONCERN TO BRING BACK TO OUR HOSPITAL AND REVIEW IN THE CONTEXT OF OUR COMMUNITY AND OUR HEALTH SYSTEM, THESE INCLUDE THE RUTLAND FREE CLINIC, RUTLAND AREA PHYSICAL ACTIVITY COALITION, UNITED WAY OF RUTLAND COUNTY, RUTLAND REGION CHAMBER OF COMMERCE, TO NAME A FEW ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT AT THE REGIONAL, STATE AND NATIONAL LEVEL ALSO IMPACTS OUR COMMUNITY IN ADDITION TO THESE EFFORTS, OUR COMMUNITY BUILDING ACTIVITIES IN THE PAST YEAR INCLUDED EFFORTS TO SUPPORT VIBRANCY IN THE COMMUNITY THROUGH THE ARTS, A VARIETY OF EVENTS AND ACTIVITIES BY SCHOOLS TO PROMOTE STRONG EDUCATION AND POSITIVE DECISION-MAKING, MENTORING YOUNG CHILDREN THROUGH READING TO BUILD SELF-CONFIDENCE AND ESTEEM IN ADDITION TO CORE ACADEMIC ACHIEVEMENT, ALONG WITH WORKFORCE DEVELOPMENT, ESPECIALLY AS RELATED TO THE HEALTH CARE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT EXPENSE THE AMOUNT OF BAD DEBT LISTED ON LINE 2 AGREES TO BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED USING POVERTY LIMIT DEMOGRAPHIC INFORMATION OBTAINED THROUGH THE US CENSUS BUREAU USING AN AVERAGE OF DATA FROM 2011-2015, APPROXIMATELY 11.4 PERCENT OF RUTLAND COUNTY WAS CONSIDERED TO LIVE IN POVERTY

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	<p>BAD DEBT EXPENSE FOOTNOTE ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, RRM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, RRM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), RRM RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE FOR THOSE WHO DO NOT QUALIFY FOR CHARITY CARE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	COMMUNITY BENEFIT SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE HELD TO THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THE ORGANIZATION USES INFORMATION FROM THE MEDICARE COST REPORT TO COMPUTE THE MEDICARE ALLOWABLE COSTS OF CARE ON LINE 6

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION C, LINE 9B</p>	<p>COLLECTION POLICY HOSPITAL CARE WILL NOT BE DENIED TO ANY PERSON SOLELY ON THE BASIS OF THEIR ABILITY TO PAY HOWEVER, ANY INDIGENT PATIENTS WILL BE REFERRED FOR FINANCIAL ASSISTANCE RPMC DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS BEFORE MAKING REASONABLE COLLECTION EFFORTS TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE UNDER THAT HOSPITAL'S FINANCIAL ASSISTANCE POLICY ACCOUNTS ARE CONSIDERED BAD DEBT, AND ARE TRANSFERRED TO AN OUTSIDE AGENCY FOR COLLECTION, WHEN GUARANTOR HAS BEEN OFFERED (AND HAS DENIED OR FAILS TO RETURN APPLICATION FOR) ASSISTANCE UNDER THE RPMC FINANCIAL ASSISTANCE POLICY THE PAYMENT PLAN POLICY REQUIRES PAYMENTS OF A MINIMUM OF \$25 00 PER MONTH, AND THAT ALL BALANCES BE PAID WITHIN 10 MONTHS THE FREE CARE POLICY SPECIFICALLY STATES THAT ALL UNINSURED AND UNDERINSURED PATIENTS BE GIVEN INFORMATION ON THE FREE CARE PROGRAM, AND THAT STAFF PERFORM DUE DILIGENCE TO GIVE THEM INFORMATION AND HAVE THE APPLICATION RETURNED, AND THAT THE HOSPITAL SEND 3 STATEMENTS AND A FINAL NOTICE BEFORE SENDING AN ACCOUNT TO BAD DEBT IT ALSO STATES THAT RPMC WILL REFRAIN FROM EXTRAORDINARY COLLECTION ACTIONS TO OBTAIN PAYMENT FOR A DEBT</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT RUTLAND REGIONAL MEDICAL CENTER CONTINUALLY ASSESSES THE NEEDS OF THE COMMUNITY WE SERVE THROUGH INTERACTIONS WITH THE STATE OF VERMONT HEALTH DEPARTMENT AND THE DEPARTMENT OF VERMONT HEALTH ACCESS, THE PUBIC, OTHER COMMUNITY ORGANIZATIONS, FEEDBACK FROM MEDICAL PROVIDERS AND PATIENTS, ALONG WITH NOTING TRENDS IN UTILIZATION OF SERVICES AND PRESENTATION OF ILLNESS, INJURY AND DISEASE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE RPMC HAS "DO YOU NEED HELP WITH YOUR MEDICAL BILLS?" SIGNAGE POSTED AT EVERY ACCESS POINT THROUGHOUT THE HOSPITAL AND ITS OFF-SITE CLINICS (RUTLAND GENERAL SURGERY, WOMEN'S HEALTH ETC) THE SIGNAGE PROVIDES CONTACT INFORMATION FOR THE PATIENTS TO CALL THE FINANCIAL COUNSELORS FOR HELP AS NEEDED REGISTRATION OFFERS FINANCIAL ASSISTANCE PROGRAM APPLICATIONS TO ALL MEDICARE INSURED PATIENTS WITH NO OTHER INSURANCE, ALL SELF-PAY PATIENTS, AND ANY OTHER PERSON REQUESTING THE INFORMATION OR ANYONE WHO SPEAKS TO BEING IN FINANCIAL NEED ALL SELF-PAY PATIENTS ARE VISITED BY A FINANCIAL COUNSELOR WHILE THEY ARE AN IN-PATIENT AND THEY WILL ASSIST THEM IN APPLYING FOR OUR FINANCIAL ASSISTANCE, AS WELL AS, APPLYING FOR STATE AND FEDERAL PROGRAMS ALL STATEMENTS HAVE THE RPMC WEBSITE ADDRESS TO VIEW OUR FINANCIAL ASSISTANCE PROGRAM AND THE BILLING AND COLLECTIONS POLICY AND PROCEDURE THE WEBSITE ALSO HAS CONTACT PHONE NUMBERS FOR THE PATIENT TO CALL WITH QUESTIONS OR CONCERNS ABOUT THEIR BILL THE RPMC WEB SITE NOT ONLY DESCRIBES THE FINANCIAL ASSISTANCE PROGRAM BUT, ALSO SHOWS THE INCOME GUIDELINES (BASED ON THE FEDERAL POVERTY) FOR FINANCIAL ASSISTANCE, AN ON-LINE APPLICATION, AS WELL AS, INFORMATION ON MEDICAID PROGRAMS AVAILABLE WITH SHORT DESCRIPTIONS LASTLY, ALL PATIENTS WHO ARE SENT A STATEMENT SHOWING THEIR OF POCKET EXPENSES ARE CALLED TO DEVELOP A PAYMENT PLAN AT THIS TIME FINANCIAL ASSISTANCE APPLICATIONS ARE OFFERED AND MAILED AS REQUESTED</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION A GEOGRAPHIC DESCRIPTION RUTLAND COUNTY, COMPOSED OF 933 SQUARE MILES, IS LOCATED IN CENTRAL VERMONT THE POPULATION MOSTLY RESIDES IN THE 27 SMALL TOWNS AND OUTLYING RURAL AREAS RUTLAND CITY IS THE LARGEST POPULATION CENTER (ESTIMATED AT 16,495 IN 2010) RUTLAND REGIONAL MEDICAL CENTER (RRMC) IS DEPENDENT UPON BY MORE THAN 60,000 RESIDENTS OF THE HOSPITAL SERVICE AREA (HSA), WHICH INCLUDES RUTLAND COUNTY AND SOME PORTIONS OF SOUTHERN AND NORTH CENTRAL VERMONT AND EVEN WASHINGTON COUNTY, NEW YORK B TARGET POPULATIONS THE POPULATION OF RUTLAND COUNTY CONTINUES TO BE OLDER THE MEDIAN AGE FOR MALES AND FEMALES IN RUTLAND COUNTY IS HIGHER THAN THE STATE RUTLAND COUNTY'S MEDIAN AGE WAS 44 8 YEARS OLD, COMPARED TO VERMONT'S AVERAGE AGE OF 42 ADDITIONALLY, THE SENIOR POPULATION CONTINUES TO GROW - 25 3% OF RUTLAND COUNTY RESIDENTS ARE 60 YEARS AND OLDER, SLIGHTLY MORE THAN THE STATEWIDE AVERAGE (22 7%), RUTLAND COUNTY'S POPULATION ALSO OVER 65 YEARS OR OLDER IS ALSO HIGHER (17 3%) COMPARED TO THE STATE (15 2%) RUTLAND COUNTY MEDIAN HOUSEHOLD INCOME (\$49,271) CONTINUES TO LAG BEHIND THE STATE (\$54,267) AND THE NATION OVERALL (\$53,046) FOR 2009-2013 FROM 2006 TO 2012, THE PROPORTION OF ALL INDIVIDUALS IN RUTLAND COUNTY LIVING BELOW POVERTY INCREASED FROM 11 8% TO 13 0%, CONTINUING TO BE ABOVE STATE AVERAGE WHILE RUTLAND COUNTY HAS A HIGHER PERCENTAGE OF HIGH SCHOOL GRADUATES (OR EQUIVALENCE) AT 34 1%, COMPARED TO THE STATE AT 30 3% AND THE NATION AT 28%, WE LAG BEHIND IN HIGHER EDUCATION (SOME COLLEGE WITH NO DEGREE, ASSOCIATE'S, AND BACHELOR'S) AT 45 6% COMPARED TO THE STATE AND NATION AT 47 3% SPECIFIC TARGET POPULATIONS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDE I SENIOR POPULATIONS II INDIVIDUALS LIVING IN POVERTY III ADULTS AND YOUTH WITH SUBSTANCE ABUSE ISSUES IV YOUTH AND ADULTS WHO ARE OVERWEIGHT OR OBESE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH RUTLAND REGIONAL MEDICAL CENTER (RRMC) ENGAGES IN A NUMBER OF COMMUNITY SUPPORTIVE ACTIVITIES IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY THE ORGANIZATION SERVES RUTLAND COUNTY CONTINUES TO NEED PRIMARY CARE PROVIDERS AND HAS SHORTAGES OR IS AT RISK FOR SHORTAGES IN MANY SPECIALTY SERVICES RRMC ACTIVELY RECRUITS BOTH PRIMARY CARE AND SPECIALTY PRACTICE PROVIDERS FOR THE REGION IN FY16, NINE PROVIDERS WERE RECRUITED TO THE REGION, INCLUDING CARDIOLOGY, INFECTIOUS DISEASE, OBSTETRICS/GYNECOLOGY, ANESTHESIOLOGY, PSYCHIATRY, NEPHROLOGY AND EMERGENCY MEDICINE, ONE WAS RECRUITED FOR SERVICE OUTSIDE OF RRMC AND ITS SPECIALTY CLINICS RRMC ALSO SUPPORTS A HOSPITALIST PROGRAM WHERE HOSPITAL PHYSICIANS PROVIDE CARE FOR PRIMARY CARE PROVIDER'S PATIENTS THAT ARE ADMITTED TO THE HOSPITAL THIS ALLOWS THE PRIMARY CARE PROVIDER TO PROVIDE MORE HOURS OF OFFICE CARE WHILE THEIR HOSPITALIZED PATIENTS HAVE 24 HOUR ACCESS TO A DOCTOR THIS SYSTEM PROVIDES EFFICIENCIES TO THE HEALTH CARE SYSTEM IN RUTLAND COUNTY RUTLAND COUNTY'S MEDICAID POPULATION CONTINUES TO INCREASE THIS PUTS FINANCIAL STRAIN ON THE HEALTH SYSTEM IN OUR REGION, AS THE CARE PROVIDED FOR THIS GROWING POPULATION IS NOT REIMBURSED FOR THE FULL COST OF CARE LEADERS AT RRMC ADVOCATE AT THE STATE AND LOCAL LEVEL TO MAINTAIN THE MEDICAID REIMBURSEMENT RATES FOR BOTH IN-PATIENT AND OUT-PATIENT CARE IN ORDER TO MAINTAIN ACCESS FOR MEDICAID PATIENTS RRMC ALSO PROVIDES SUPPORT FOR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN THE REGION BY HAVING A LEADER REPRESENTATIVE ON THE BOARD OF THE ORGANIZATION THE FQHCs ARE REIMBURSED AT A HIGHER LEVEL FOR CARING FOR MEDICAID PATIENTS RRMC LEADERS AND STAFF ALSO PARTICIPATE AS BOARD AND COMMITTEE MEMBERS IN SUPPORT OF OTHER NON-PROFIT ORGANIZATIONS, SUCH AS UNITED WAY OF RUTLAND COUNTY, RUTLAND AREA VISITING NURSE ASSOCIATION AND HOSPICE, RUTLAND AREA PHYSICAL ACTIVITY COALITION, RUTLAND COUNTY NUTRITION COALITION, RUTLAND'S PROJECT VISION, RUTLAND-ADDISON COUNTY MEDICAL RESERVE CORPS, AND MANY OTHERS RRMC PARTNERS WITH UNITED WAY OF RUTLAND COUNTY TO OFFER AND PROVIDE A LEADERSHIP AND BOARD TRAINING PROGRAM EACH YEAR, GRADUATING ON AVERAGE TWELVE COMMUNITY MEMBERS READY TO SERVE AS ACTIVE CONTRIBUTORS TO NON-PROFIT ORGANIZATIONS THROUGHOUT OUR REGION RUTLAND COUNTY IS ECONOMICALLY CHALLENGED AND RRMC SUPPORTS WORK TO HELP THOSE IN POVERTY AS WELL AS TO BRING NEW BUSINESSES TO THE AREA RRMC PARTICIPATES IN BRIDGES OUT OF POVERTY, A PROGRAM WHICH AIMS TO KEEP THE WORKING POOR EMPLOYED THIS PROGRAM NOT ONLY BENEFITS THOSE LIVING IN POVERTY IN RUTLAND COUNTY, BUT RRMC'S OWN WORKFORCE IN CONJUNCTION WITH FOR-PROFIT, NON-PROFIT AND GOVERNMENT AGENCIES, THE BRIDGES OUT OF POVERTY COUNCIL DELIVERS THE WORKING BRIDGES TRAINING TO HR PROFESSIONALS AND LINE MANAGERS ON THE WORKPLACE IMPLICATIONS OF ECONOMIC DIVERSITY, IMPLEMENTED AN EMERGENCY LOAN AND SAVINGS PROGRAM FOR EMPLOYEES, HOUSED WORKSITE RESOURCE COORDINATORS IN COMPANIES TO HELP EMPLOYEES FIND HELP WITH HOUSING, CHILDCARE, TRANSPORTATION, ECONOMIC ASSISTANCE AND OTHER RESOURCES WITHOUT HAVING TO LEAVE WORK, AND BEGAN DISCUSSION OF HOW TO ENCOURAGE THE EMPLOYEES TO USE HEALTH AND WELLNESS STRATEGIES TRAUMA SUPPORT - ESTABLISHED IN 1993, THE TRAUMA SUPPORT PROGRAM AT RRMC WAS THE FIRST OF ITS KIND IN VERMONT IT WAS DEVELOPED TO MEET THE IMMEDIATE AND LONG-TERM NEEDS OF FAMILIES IMPACTED BY SUDDEN DEATH OR TRAUMATIC INJURY OR ILLNESS RRMC STAFF, ON THEIR OWN TIME, AND OTHER COMMUNITY VOLUNTEERS TAKE TURNS BEING ON CALL 24 HOURS A DAY, 7 DAYS A WEEK TO PERSONALLY PROVIDE SUPPORT AND ASSISTANCE TO FAMILIES IMPACTED BY TRAUMA OR DEATH IN MANY WAYS, E.G., BY BEING A LIAISON WITH MEDICAL PERSONNEL TO GET INFORMATION OR OFFERING CONTINUED SUPPORT VIA PHONE AND CORRESPONDENCE BONE MARROW PROGRAM - THE MARROW DONOR PROGRAM AT RRMC WAS ESTABLISHED IN 1998 SINCE THEN, WE HAVE SUCCESSFULLY ADDED OVER 3,000 POTENTIAL DONORS TO THE NATIONAL REGISTRY, HELPING TO GIVE HOPE TO MORE THAN 6,000 PEOPLE SEARCHING EVERY DAY FOR AN UNRELATED MATCH TO SAVE THEIR LIVES RRMC IS CURRENTLY THE ONLY HOSPITAL IN NEW ENGLAND WITH THIS TYPE OF PROGRAM RRMC DOES NOT HOLD PATIENT-SPECIFIC DRIVES, INSTEAD, ALL DRIVES ARE DESIGNED TO RAISE GENERAL AWARENESS OF THE NEED AND TO REGISTER AS MANY POTENTIAL DONORS AS POSSIBLE, SO THAT NOW OR IN THE FUTURE A MATCH MAY BE MADE BRIDGES & BEYOND - THIS PROGRAM IS RUN OUT OF THE SOCIAL WORK DEPARTMENT AND WORKS WITH PATIENTS AND FAMILIES TO ARRANGE TRANSPORTATION, GENERAL ASSISTANCE (SUCH AS MEAL PREPARATION), OR COMPANIONSHIP FOR THOSE DISABLED AND FRAIL PATIENTS RETURNING HOME FROM A HOSPITAL STAY DIABETES EDUCATION AND SELF-MANAGEMENT - THIS PROGRAM IS OPERATED FROM THE DIABETES CENTER AND IS RECOGNIZED AND CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION THROUGH THIS WORK, PEOPLE WITH DIABETES LEARN HEALTH AND LIFESTYLE SKILLS TO HELP THEM MANAGE THEIR DISEASE SYMPTOMS OTHER BENEFITS INCLUDE PATIENT AND FAMILY S</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>UPPORT GROUPS, AND GLUCOSE METER AND INSULIN INSTRUCTION ADVANCE DIRECTIVES PROGRAM - IN 2013, A NEW PROGRAM WAS DESIGNED AND IMPLEMENTED THROUGH THE COMMUNITY HEALTH IMPROVEMENT OFFICE, WHERE TRAINED VOLUNTEERS FROM THE COMMUNITY PROVIDE SUPPORT TO COMMUNITY MEMBERS TO COMPLETE ADVANCE DIRECTIVE FORMS ON A BY-APPOINTMENT BASIS COMMUNITY RESOURCE GUIDE - BEGINNING IN 2012, THE COMMUNITY HEALTH IMPROVEMENT STAFF COLLECTED AND VERIFIED INFORMATION FROM ACROSS THE REGION FOR INCLUSION IN A RESOURCE GUIDE FOR USE BY HEALTH CARE PROVIDERS AND SOCIAL AND HUMAN SERVICES PERSONNEL TO HELP THEM READILY IDENTIFY POTENTIAL RESOURCES FOR THEIR CLIENTS THIS GUIDE WAS DEVELOPED IN RESPONSE TO AN IDENTIFIED NEED FOR INFORMATION, AND IS UPDATED AND DISTRIBUTED ANNUALLY TO PROVIDER AND SOCIAL AND HUMAN SERVICES OFFICES OFFICES ACROSS THE REGION, PHYSICALLY AND ELECTRONICALLY FOR EASE OF USE COMMUNITY HEALTH TEAM - THE COMMUNITY HEALTH TEAM PROVIDES PATIENT CARE COORDINATION, CASE MANAGEMENT AND PANEL MANAGEMENT FOR NCQA PATIENT CENTERED MEDICAL HOME PRACTICES IN OUR REGION THERE ARE 8 PRACTICES ACCOUNTING FOR 28,000 PATIENTS IN THE RUTLAND REGION THE COMMUNITY HEALTH TEAM ALSO PROVIDES SELF-MANAGEMENT PROGRAMMING TO THE COMMUNITY AT LARGE, INCLUDING TOBACCO CESSATION, HEALTHIER LIVING WORKSHOPS, DIABETES PREVENTION PROGRAM, WELLNESS RECOVERY ACTION PLANNING, IN-HOME ASTHMA INTERVENTION PROGRAM, HEALTHY NUTRITION WORKSHOPS, AND SUPPORTS THE DIABETES PHYSICAL ACTIVITY PROGRAM WORKING WITH THE STATE OF VERMONT AND OTHER PARTNERS IN OUR REGION, WE SUPPORT AND PROMOTE QUALITY IMPROVEMENT COLLABORATIVES FOCUSED ON LEARNING, ENHANCING SERVICES, AND BRIDGING SERVICE GAPS OTHER INFORMATION RPMC HAS 18 BOARD MEMBERS WHO REPRESENT THE RESIDENTS OF RUTLAND COUNTY IN THEIR SERVICE, 7 OF THESE ARE PHYSICIANS, 2 REPRESENT HEALTH CARE PARTNERS, AND 9 ARE RUTLAND COUNTY RESIDENTS WHO REPRESENT A VARIETY OF BUSINESS SECTORS ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE PROCESS WHICH IS NECESSARY TO COMPLY WITH FEDERAL AND STATE LAWS, INCLUDING THE FEDERAL ANTI-KICKBACK STATUTE AND THE TAX CODE RPMC HAS PREDOMINANTLY AN OPEN MEDICAL STAFF THE ONLY EXCEPTIONS ARE THE FOLLOWING SPECIALTIES FOR WHICH THERE ARE EITHER BOARD-APPROVED EXCLUSIVE CONTRACTS OR HOSPITAL-EMPLOYED PHYSICIANS ONLY ANESTHESIA, EMERGENCY MEDICINE, CRITICAL CARE, MEDICAL ONCOLOGY, RADIATION ONCOLOGY, ORTHOPEDICS, AND RADIOLOGY ALL NEW APPLICANTS UNDERGO AN EXTENSIVE REVIEW PROCESS, INCLUDING PRIMARY SOURCE VERIFICATION OF THEIR EDUCATION, TRAINING, BOARD CERTIFICATION, MALPRACTICE HISTORY, AND PREVIOUS HOSPITAL AFFILIATIONS WHEN DEEMED COMPLETE, THEIR APPLICATION IS REVIEWED BY THE CREDENTIALS COMMITTEE, WHICH IS MADE UP OF PHYSICIANS AND AT LEAST ONE BOARD MEMBER THE CREDENTIAL COMMITTEE MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE, WHICH INCLUDES THE CHAIRMAN OF THE BOARD THE MEDICAL EXECUTIVE COMMITTEE MAKES THE FINAL RECOMMENDATION TO THE FULL BOARD, WHICH HAS THE ULTIMATE AUTHORITY TO GRANT MEDICAL STAFF PRIVILEGES ALL MEDICAL STAFF APPOINTMENTS ARE FOR A TWO YEAR PERIOD ALL MEDICAL STAFF IS SUBJECT TO ONGOING PEER REVIEW OF THEIR CLINICAL WORK EVERY TWO YEARS, EVERY MEMBER OF THE MEDICAL STAFF MUST UNDERGO A REAPPOINTMENT PROCESS WHICH IS DESIGNED TO REVIEW THEIR CLINICAL AND PROFESSIONAL ACTIVITY AND BEHAVIOR THOSE REAPPOINTMENTS GO THROUGH THE SAME SEQUENCE AS THE NEW APPLICANTS RPMC'S CREDENTIALING PROCESS HAS BEEN SURVEYED BY BOTH THE JOINT COMMISSION AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AND FOUND TO BE IN FULL COMPLIANCE WITH THEIR STANDARDS (TJC) AND THEIR CONDITIONS OF PARTICIPATION (CMS) AS A RURAL COMMUNITY HEALTH SYSTEM, RPMC PROVIDES A BROAD ARRAY OF SERVICES THE FOLEY CANCER AT RPMC PROVIDES TREATMENT TECHNOLOGIES THAT INCLUDE HIGH TECH DIAGNOSTIC IMAGING, MEDICAL ONCOLOGY WITH TRADITIONAL IV THERAPIES (SUCH AS CHEMOTHERAPY), AND RADIATION ONCOLOGY FEATURING A STATE-OF-THE-ART LINEAR ACCELERATOR SUPPORTIVE CARE PROGRAMS INCLU</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM RPMC INCLUDES A VAST ARRAY OF SERVICES OFFERED IN THE HOSPITAL SETTING AND IN A VARIETY OF CLINICS CENTER FOR SLEEP DISORDERS, COMMUNITY HEALTH TEAM, COMPREHENSIVE CARE & INFECTIOUS DISEASES CLINIC, ENT & AUDIOLOGY, FOLEY CANCER CENTER, KILLINGTON MEDICAL CLINIC, LABORATORY SERVICES AT SEVERAL LOCATIONS, MARBLE VALLEY EYE CARE, MARBLE VALLEY UROLOGY, PHYSICAL MEDICINE & REHABILITATION, RUTLAND DIABETES & ENDOCRINOLOGY CENTER, RUTLAND DIGESTIVE SERVICES, RUTLAND GENERAL SURGERY AND THE WOUND, OSTOMY & CONTINENCE CLINIC, RUTLAND HEALTH FOUNDATION, RUTLAND HEART CENTER, RUTLAND KIDNEY CENTER, RUTLAND PULMONARY CENTER, RUTLAND REGIONAL BEHAVIORAL HEALTH, RUTLAND REGIONAL NEUROLOGY CENTER, RUTLAND WOMENS HEALTHCARE, VERMONT ORTHOPEDIC CLINIC, AND WEST RIDGE ADDICTION RECOVERY RPMC IS PART OF RUTLAND REGIONAL HEALTH SERVICES, INC THIS PARENT ORGANIZATION IS A TAX-EXEMPT ENTITY AND INCLUDES, IN ADDITION TO RPMC AND IT SPECIALTY CLINICS, VERMONT SPORTS MEDICINE CENTER, THE GABLES AT EAST MOUNTAIN AND THE MEADOWS AT EAST MOUNTAIN VERMONT SPORT MEDICINE CLINIC PROVIDES PHYSICAL THERAPY AND OTHER SERVICES TO PATIENTS RECOVERING FROM ILLNESS, INJURY OR SURGERY THE GABLES AT EAST MOUNTAIN PROVIDES SENIOR ADULTS ACCOMMODATIONS AND AMENITIES TO MAKE RETIREMENT RELAXING AND ENJOYABLE, AND THE MEADOWS AT EAST MOUNTAIN PROVIDE ASSISTED LIVING WITH AROUND-THE-CLOCK SERVICES TO SUPPORT RESIDENTS IN LIVING AN ACTIVE AND HEALTHY LIFESTYLE SUPPORT RESIDENTS IN LIVING AN ACTIVE AND HEALTHY LIFESTYLE</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 03-0183483
Name: RUTLAND HOSPITAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	RUTLAND HOSPITAL 160 ALLEN STREET RUTLAND,VT 05701 WWW.RRMC.ORG 868	X	X				X		MED DEV RURAL COMMUNITY HOSPITAL	

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 RUTLAND HEART CENTER 12 COMMONS STREET RUTLAND,VT 05701	PATIENT CLINIC
1 RUTLAND REG DIABETES & ENDOCRINOLOGY CTR 8 ALBERT CREE DRIVE RUTLAND,VT 05701	PATIENT CLINIC
2 RUTLAND REGIONAL GENERAL SURGERY 6 COMMONS STREET RUTLAND,VT 05701	PATIENT CLINIC
3 RUTLAND REGIONAL WOMEN'S HEALTH 147 ALLEN STREET RUTLAND,VT 05701	PATIENT CLINIC
4 RUTLAND REGIONAL DIGESTIVE SERVICES 1 ALBERT CREE DRIVE RUTLAND,VT 05701	PATIENT CLINIC
5 RUTLAND ENT 69 ALLEN ST SUITE 1 RUTLAND,VT 05701	PATIENT CLINIC
6 RUTLAND BEHAVIORAL HEALTH CLINIC 1 COMMONS STREET RUTLAND,VT 05701	PATIENT CLINIC
7 VERMONT ORTHOPAEDIC CLINIC 3 ALBERT CREE DRIVE RUTLAND,VT 05701	PATIENT CLINIC
8 DORSET ENT 51A TENNIS WAY EAST DORSET,VT 05253	PATIENT CLINIC
9 KILLINGTON MEDICAL CLINIC 3902 KILLINGTON ROAD KILLINGTON,VT 05751	PATIENT CLINIC
10 WESTRIDGE TREATMENT CENTER 1 SCALE AVE BLDG 10 RUTLAND,VT 05701	PATIENT CLINIC
11 MARBLE VALLEY UROLOGY 145 ALLEN ST RUTLAND,VT 05701	PATIENT CLINIC
12 MARBLE VALLEY EYE CARE 1 ALBERT CREE DRIVE RUTLAND,VT 05701	PATIENT CLINIC

2015

03-0183483

Schedule I (Form 990) 2015

Part IIIGrants and Other Assistance to Domestic Individuals.

Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IVSupplemental Information.

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	GRANTS MONITORING 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, 2016 AND 2015, RESPECTIVELY, \$669,908 AND \$813,506 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 THE OTHER GRANTS LISTED ON SCHEDULE I, PART II, WERE PROVIDED BY THE JAMES T BOWSE HEALTH TRUST, A DEPARTMENT OF RUTLAND REGIONAL MEDICAL CENTER THE BOWSE TRUST ONLY CONSIDERS GRANT PROPOSALS THROUGH ITS FORMAL GRANT PROPOSAL PROCESS, WHICH REQUIRES THAT THE REQUESTING ORGANIZATION MEET CERTAIN CRITERIA AND SUBMIT A PLANNING GRANT/LETTER OF INTENT, FULL PROPOSAL, AND PLANNING GRANT BUDGET FORM DESCRIBING HOW THE GRANT WILL BE USED
SCHEDULE I, PART II, COLUMN H	PURPOSE OF GRANT OR ASSISTANCE ASSISTANCE FOR RUTLAND AREA FARM FOOD, VERMONT ADULT LEARNING, PREVENT CHILD ABUSE, FOXCRAFT FARM HARVEST, RUTLAND DISMAS HOUSE, RUTLAND MENTAL HEALTH, VERMONT FARMERS FOOD, VERMONT ADAPTIVE SKI & SPORTS, RECOVERY HOUSE, AND RUTLAND REGION EDUCATION CORPORATION WAS PROVIDED BY THE JAMES T BOWSE HEALTH TRUST, A DEPARTMENT OF RUTLAND REGIONAL MEDICAL CENTER SEE SCHEDULE H, PART VI, LINE 6 FOR MORE INFORMATION REGARDING PROGRAMS FUNDED BY THE JAMES T BOWSE HEALTH TRUST

Additional Data

Software ID:
Software Version:
EIN: 03-0183483
Name: RUTLAND HOSPITAL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTLAND AREA FARM FOOD PO BOX 561 POULTNEY,VT 05741	20-8283600	501(C)(3)	31,600				COMMUNITY HEALTH IMPROVEMENT
VERMONT ADULT LEARNING 60 S MAIN STREET WATERBURY,VT 05676	03-0276755	501(C)(3)	5,187				COMMUNITY HEALTH IMPROVEMENT
PREVENT CHILD ABUSE PO BOX 829 MONTPELIER,VT 05601	03-0267183	501(C)(3)	6,000				COMMUNITY HEALTH IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOXCRAFT FARM HARVEST 898 DELORM ROAD LEICESTER, VT 05733	03-0364354	501(C)(3)	12,500				COMMUNITY HEALTH IMPROVEMENT
RUTLAND DISMAS HOUSE 103 PARK AVENEUE RUTLAND, VT 05701	03-0369442	501(C)(3)	22,000				COMMUNITY HEALTH IMPROVEMENT
RUTLAND MENTAL HEALTH 80 SOUTH MAIN STREET RUTLAND, VT 05701	03-0210725	501(C)(3)	18,249				COMMUNITY HEALTH IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF ST JOSEPH 71 CLEMENT ROAD RUTLAND, VT 05701	03-0213180	501(C)(3)	32,000				COMMUNITY HEALTH IMPROVEMENT
VERMONT FARMERS FOOD CENTER 22 ROBERTS AVENUE RUTLAND, VT 05701	45-5293058	501(C)(3)	34,269				COMMUNITY HEALTH IMPROVEMENT
COMMUNITY HEALTH CENTERS OF RUTLAND REG 375 ROUTE 30 NORTH BOMOSEEN, VT 05732	22-1179701	501(C)(3)	669,908				COMMUNITY HEALTH IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT ADAPTIVE SKI & SPORTS PO BOX 139 KILLINGTON, VT 05701	74-2472938	501(C)(3)	16,250				COMMUNITY HEALTH IMPROVEMENT
WONDERFEET PO BOX 6243 RUTLAND, VT 05701	45-4692194	501(c)(3)	32,794				COMMUNITY HEALTH IMPROVEMENT
BROC COMMUNITY ACTION SW VT 60 CENTER STREET RUTLAND, VT 05701	03-0216505	501(c)(3)	43,466				COMMUNITY HEALTH IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RUTLAND PO BOX 969 RUTLAND, VT 05701	03-6000658	GOVT	9,354				COMMUNITY HEALTH IMPROVEMENT
RUTLAND WEST NEIGHBORHOOD 110 MARBLE STREET RUTLAND, VT 05701	03-0301526	501(C)(3)	22,500				COMMUNITY HEALTH IMPROVEMENT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RUTLAND HOSPITAL INC

Employer identification number
03-0183483

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization?	5a	Yes
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 5A	COMPENSATION CONTINGENT ON THE REVENUES OF THE ORGANIZATION. PHYSICIANS EARN COMPENSATION BASED UPON THEIR PRODUCTIVITY AGAINST ESTABLISH TARGETS. INCREASED PRODUCTIVITY IS DIRECTLY RELATED TO INCREASED REVENUES FOR THE ORGANIZATION.

Additional Data

Software ID:

Software Version:

EIN: 03-0183483

Name: RUTLAND HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL J KENOSH MD DIRECTOR	(i)	426,173	94,070	1,381	40,500	28,590	590,714	0
	(ii)	0	0	0	0	0	0	0
1TODD GREGORY MD DIRECTOR	(i)	367,050	2,896	721	17,200	28,353	416,220	0
	(ii)	0	0	0	0	0	0	0
2ERIC MARSH MD DIRECTOR BEGINNING 7/2016	(i)	518,432	372,462	1,140	17,200	28,205	937,439	0
	(ii)	0	0	0	0	0	0	0
3STANLEY M SHAPIRO MD DIRECTOR	(i)	337,170	175,778	3,156	22,500	28,252	566,856	0
	(ii)	0	0	0	0	0	0	0
4THOMAS W HUEBNER PRESIDENT/CEO	(i)	484,131	0	6,354	45,800	28,753	565,038	0
	(ii)	0	0	0	0	0	0	0
5EDWARD T OGORZALEK CFO ENDING 7/2016/TREASURER	(i)	265,270	0	7,269	45,800	28,249	346,588	0
	(ii)	0	0	0	0	0	0	0
6WILLIAM A LIGHTHART MD ORTHOPAEDICS	(i)	637,498	307,843	1,140	17,200	31,767	995,448	0
	(ii)	0	0	0	0	0	0	0
7MICHAEL ROBERTELLO MD CARDIOLOGY	(i)	433,823	305,830	3,798	22,500	28,485	794,436	0
	(ii)	0	0	0	0	0	0	0
8DALE JANIK MD GASTRONENTEROLOGY	(i)	400,425	150,537	1,327	35,200	27,967	615,456	0
	(ii)	0	0	0	0	0	0	0
9ERNEST M BOVE MD UROLOGY	(i)	394,246	65,928	2,455	19,300	19,302	501,231	0
	(ii)	0	0	0	0	0	0	0
10MATTHEW ZUMRKO MD ORTHOPAEDICS	(i)	370,224	83,833	587	35,200	26,368	516,212	0
	(ii)	0	0	0	0	0	0	0
11MELBOURNE D BOYNTON MD CHIEF MEDICAL DIRECTOR	(i)	691,016	359,579	2,261	40,500	28,631	1,121,987	0
	(ii)	0	0	0	0	0	0	0
12BAXTER C HOLLAND VP PROF SUPPORT SERVICES	(i)	359,874	0	9,921	27,800	24,539	422,134	0
	(ii)	0	0	0	0	0	0	0
13BARBARA M ROBINSON VP CLINICAL SERVICES	(i)	261,665	0	4,850	25,488	19,505	311,508	0
	(ii)	0	0	0	0	0	0	0
14CAROL M EGAN VP CHIEF NURSING OFFICER	(i)	218,713	0	3,609	23,854	20,635	266,811	0
	(ii)	0	0	0	0	0	0	0
15MARY T NEMETH VP CORPORATE SUPPORT SERVICES	(i)	217,592	0	2,493	23,218	11,101	254,404	0
	(ii)	0	0	0	0	0	0	0
16ALLISON M WOLLEN VP HUMAN RESOURCES END 12/2015	(i)	216,260	0	1,180	10,102	27,051	254,593	0
	(ii)	0	0	0	0	0	0	0
17DARREN CHILDS FORMER VP QUALITY IMPROVEMENT	(i)	156,302	0	466	13,769	27,742	198,279	0
	(ii)	0	0	0	0	0	0	0
18JEFFREY MCKEE VP COMMUNITY & BEHAV HEALTH	(i)	159,321	0	677	7,180	1,250	168,428	0
	(ii)	0	0	0	0	0	0	0
19JOHN WALLACE GEN COUNSEL COMPLIANCE OFF	(i)	172,062	0	1,499	8,140	27,863	209,564	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21JUDI K FOX CFO BEGINNING 7/2016	(i)	162,457	0	678	14,498	27,742	205,375	0
	(ii)	0	0	0	0	0	0	0

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As Filed Data -

DLN: 93493216006257

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

RUTLAND HOSPITAL INC

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

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

03-0183483

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A VT EDUCATIONAL & HLTH BUILDING FINANCE AGENCY	23-7154467		09-03-2013	31,350,000	PARTIAL REFUND 9/10 SERIES BONDS		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	0									
2	Amount of bonds legally defeased	0									
3	Total proceeds of issue	31,350,000									
4	Gross proceeds in reserve funds	0									
5	Capitalized interest from proceeds	0									
6	Proceeds in refunding escrows	31,157,038									
7	Issuance costs from proceeds	192,962									
8	Credit enhancement from proceeds	0									
9	Working capital expenditures from proceeds	0									
10	Capital expenditures from proceeds	0									
11	Other spent proceeds	0									
12	Other unspent proceeds	0									
13	Year of substantial completion	2013									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X									
15	Were the bonds issued as part of an advance refunding issue?		X								
16	Has the final allocation of proceeds been made?	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	DEUTSCHE BANKTD BAN							
c	Term of hedge	10 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?	X							

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 7	REQUIREMENTS OF SECTION 148 THE TAX-EXEMPT BONDS DO NOT HAVE ANY OUTSTANDING PROCEEDS AND THEREFORE ARE NOT SUBJECT TO THE ARBITRAGE REQUIREMENTS OF SECTION 148

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FOLEY DISTRIBUTING FOLEY SERVICES	M FOLEY - SEE PART V	363,880	SUPPLIES & JANITORIAL PRODUCTS		No
(2) CASELLA WASTE MANAGMENT	J CASELLA - SEE PART V	124,553	PURCHASED WASTE SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN B	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS MARK K FOLEY, BOARD MEMBER, OWNS FOLEY DISTRIBUTING AND FOLEY SERVICES, INC THESE COMPANIES SUPPLIED PAPER AND JANITORIAL PRODUCTS TO THE ORGANIZATION FOR \$363,880 IN FISCAL YEAR 2016 JOHN CASELLA, BOARD MEMBER, OWNS CASELLA WASTE MANAGEMENT THIS COMPANY RECEIVED \$124,553 FOR WASTE MANAGEMENT SERVICES PROVIDED TO THE ORGANIZATION DURING FISCAL YEAR 2016

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
RUTLAND HOSPITAL INC

Employer identification number

03-0183483

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	ORGANIZATION'S MISSION AND MOST SIGNIFICANT ACTIVITIES MISSION TO IMPROVE THE HEALTH OF THE RUTLAND REGION AND SURROUNDING COMMUNITIES BY PROVIDING APPROPRIATE, SUPERIOR, INTEGRATED, PREVENTATIVE, DIAGNOSTIC AND THERAPEUTIC HEALTH SERVICES IN A CARING ENVIRONMENT THROUGH THE STRENGTH OF OUR PEOPLE, TECHNOLOGY AND RELATIONSHIPS VISION TO BE THE BEST COMMUNITY HEALTHCARE SYSTEM IN NEW ENGLAND GOALS *QUALITY WE WILL PROVIDE SUPERIOR HEALTH SERVICES WHICH MEET OUR CUSTOMER NEEDS THROUGH GOOD CLINICAL OUTCOMES, UP-TO-DATE TECHNOLOGY, EFFECTIVE PROCESSES, COMPETENT AND CARING STAFF AND WELL MAINTAINED FACILITIES *GROWTH WE WILL DEVELOP NEW SERVICES AND EXPAND EXISTING SERVICES TO MEET CUSTOMER NEEDS RESULTING IN INCREASED MARKET SHARE AND EXPANSION INTO NEW MARKETS *INFORMATION EXCELLENCE WE WILL PROVIDE SUPERIOR, COORDINATED INFORMATION RESOURCES, PROCESSES, AND SYSTEMS THAT MEET CUSTOMER NEEDS FOR EFFECTIVE INFORMATION GATHERING, RECORDING, ACCESS, ANALYSIS, AND DISSEMINATION ACROSS THE HEALTHCARE CONTINUUM *FINANCIAL STRENGTH WE WILL ACHIEVE FINANCIAL STRENGTH AND STABILITY BY 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. EXCEEDING THE NEEDS OF OUR CUSTOMERS AND EACH OTHER.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A-D	<p>EXEMPT PURPOSE ACHIEVEMENTS. RUTLAND REGIONAL MEDICAL CENTER FY 2016 COMMUNITY BENEFITS RE PORT</p> <p>RUTLAND REGIONAL MEDICAL CENTER IS COMMITTED TO PROVIDING SUPERIOR, INTEGRATED, DIAG NOSTIC, THERAPEUTIC AND PREVENTATIVE HEALTH SERVICES AND TO PROMOTING OVERALL COMMUNITY HE ALTH AND WELL-BEING</p> <p>COMMUNITY BENEFITS ARE THE ACTIVITIES AND SERVICES RUTLAND REGIONAL E NGAGES IN AND SUPPORTS THAT GO BEYOND THE ROUTINE PATIENT CARE SERVICES. DOCUMENTING THESE EFFORTS IS A PART OF WHAT DIFFERENTIATES TAX-EXEMPT FROM TAXABLE HEALTH CARE ORGANIZATION S. FREE AND DISCOUNTED CARE RUTLAND REGIONAL PROVIDES LOW- AND NO-COST CARE FOR ELIGIBLE R ESIDENTS OF OUR AREA THROUGH A FINANCIAL ASSISTANCE PROGRAM. THE FREE CARE PROVISION FOR 2 016 TOTALED \$5,838,729. RRMC IS ADDRESSING THE KEY ISSUES THAT HAVE THE MOST SIGNIFICANT I MPACT ON THE COMMUNITY HEALTH AND WELL-BEING, WHICH INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none">*CLINICAL CARE -CONTINUING TO ADDRESS THE DRUG PROBLEM IN THE COMMUNITY THROUGH Mental Health and Substan ce Abuse services for adults and youth, including TREATMENT, AFTERCARE AND PREVENTION -CON TINUING TO IMPROVE ACCESS TO CARE FOR ALL COMMUNITY MEMBERS by continuing focused provider recruitment, and retention, activities*HEALTHY BEHAVIORS -IMPROVING AND PROMOTING HEALTH Y CHOICES AND ACTIVITIES TO SUPPORT A HEALTHY COMMUNITY IN WHICH TO LIVE AND RAISE A FAMIL Y, by supporting and promoting life skills development for and by youth, and physical acti vity and health eating by adults and youth*SOCIAL & ECONOMIC DETERMINANTS -IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITY, MAKING IT AN ATTRACTIVE PLACE TO LIVE AND WORK*PH YSICAL ENVIRONMENT -IMPROVING INFRASTRUCTURE TO SUPPORT A HEALTHY COMMUNITY WITH ACCESS TO WORK, RECREATIONAL OPPORTUNITIES AND SERVICES <p>For more details on these activities and th e w ork performed by Rutland Regional w ith community partners, please review the Progress R eport on http://www.rrmc.org/about/community-health-needs-assessment/. IN ADDITION TO THES E ACTIVITIES, RUTLAND REGIONAL IS NOW REQUIRED BY FEDERAL REGULATIONS TO CONDUCT A COMMUNI TY NEEDS ASSESSMENT EVERY THREE YEARS. THE RUTLAND COUNTY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE WORKED HARD TO BE INCLUSIVE, BOTH IN THE INFORMATION COLLECTED AND REVIEWED, AND BY BROADLY REQUESTING INPUT FROM AROUND OUR COMMUNITIES. FROM START TO FINISH, THE ASSES SMENT TAKES ABOUT ONE YEAR TO COMPLETE, AND INCLUDES COMPILATION OF SECONDARY DATA FROM OT HER SOURCES, COLLECTING INDIVIDUAL INPUT THROUGH CONSUMER SURVEYS AND THROUGH FOCUS GROUP MEETINGS. ALL OF THE INFORMATION GATHERED IS REVIEWED, AND PRIORITIZED BY A BROAD, COMMUNI TY-BASED COMMITTEE. A FINAL REPORT HAS NOW BEEN PUBLISHED WITH THE FINDINGS. THIS REPORT I S MADE PUBLICALLY AVAILABLE ON WWW.RRMC.ORG. THE PURPOSE OF THE ASSESSMENT IS TO:</p> <ul style="list-style-type: none">-DESCRIB E THE HEALTH STATUS OF THE COMMUNITY-IDENTIFY THE COMMUNITY'S HEALTH NEEDS-COMPARE THE N EEDS TO THOSE IDENTIFIED PREVIOUSLY <p>CONDUCTING ASSESSMENTS PERIODICALLY FOR MORE THAN 15 Y EARS, WE HAVE SEEN SOME HEALTH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A-D	INDICATORS IMPROVE AND OTHERS DECLINE BY MONITORING THESE CHANGES, THE COMMITTEE IS ABLE TO IDENTIFY WHERE ADDITIONAL RESOURCES ARE NEEDED ORGANIZATIONS, INCLUDING RUTLAND REGIONAL, USE THIS IMPORTANT INFORMATION TO GUIDE THEIR PLANNING FOR RUTLAND REGIONAL SPECIFICALLY, IT HELPS WITH THE DEVELOPMENT OF NEW HOSPITAL SERVICES AND COMMUNITY PROGRAMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES THE REVENUES AND EXPENSES REPORTED ON PART III, LINE 4D, REPRESENT THOSE AMOUNTS THAT ATTRIBUTABLE TO OTHER PROGRAM SERVICES CONDUCTED BY THE ORGANIZATION THESE OTHER SERVICES PRIMARILY REPRESENT OTHER SUPPORT SERVICES THAT ARE PROVIDED TO HOSPITAL PATIENTS OR THAT ARE CONDUCTED TO SUPPORT THE OVERALL FUNCTION OF THE HOSPITAL, SUCH AS CENTRAL SUPPLY AND PHARMACY SERVICES OTHER SERVICES ALSO INCLUDE BENEFIT TO THE COMMUNITY THROUGH THE PAYMENT OF GRANTS TO OTHER COMMUNITY ORGANIZATIONS SEE SCHEDULE I FOR DETAIL REGARDING THESE GRANT PAYMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 6, 7A, & 7B	MEMBERS OR STOCKHOLDERS PER ARTICLE II, SECTION 1, OF THE ORGANIZATION'S BYLAWS, RUTLAND REGIONAL HEALTH SERVICES IS THE SOLE MEMBER OF RUTLAND REGIONAL MEDICAL CENTER ARTICLE III, SECTIONS 1 AND 2, OF THE BYLAWS STATE THAT THE BOARD SHALL CONSIST OF EIGHTEEN 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION A DRAFT COPY IS THEN REVIEWED BY TOP MANAGEMENT ONCE A FINAL DRAFT IS COMPLETE, IT IS MAILED TO EACH MEMBER OF THE EXECUTIVE FINANCE COMMITTEE THE COMMITTEE WILL MEET AND DISCUSS THE RETURN WITH A TAX ADVISOR AFTER APPROVAL, A FINAL 990 DRAFT WILL BE PROVIDED TO ALL BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY ANNUALLY, ALL ORGANIZATION LEADERS REVIEW THE SYSTEM-WIDE CONFLICT OF INTEREST POLICY TO ENSURE ALL CONFLICTS ARE MADE KNOWN SEE THE POLICY BELOW POLICY *DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, OR OTHER INDIVIDUALS WHO, ON BEHALF OF THE CORPORATION, ARE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT *DUTY TO VOICE CONCERN IN THE EVENT THAT AN INTERESTED PERSON BECOMES CONCERNED THAT ANOTHER INTERESTED PERSON WHO IS A BOARD MEMBER, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS HAS AN UNDISCLOSED FINANCIAL INTEREST OR IS EXERTING INAPPROPRIATE INFLUENCE RELATED TO A FINANCIAL INTEREST, THIS CONCERN SHOULD BE RAISED WITH THE CHAIR OF THE APPROPRIATE BOARD OR COMMITTEE OR, IF INVOLVING A MEMBER OF LEADERSHIP COUNCIL, A DIRECTOR OR MANAGER OR OTHER INTERESTED PERSON, AN APPROPRIATE CORPORATE OFFICER. *DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING BOARD OR COMMITTEE MEMBERS HOWEVER, IN NO EVENT SHALL AN INTERESTED PERSON PARTICIPATE IN THE DELIBERATION AND/OR DETERMINATION OF COMPENSATION THAT HE/SHE WILL RECEIVE FROM THE CORPORATION FOR EMPLOYMENT, PROFESSIONAL CONTRACT OR OTHERWISE *DEFINITIONS - INTERESTED PERSON - FOR THE PURPOSES OF THIS POLICY, AN INTERESTED PERSON IS ANY BOARD MEMBER, PRINCIPAL OFFICER, MEMBER OF THE LEADERSHIP COUNCIL, DIRECTOR, OR MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IF AN INDIVIDUAL IS AN INTERESTED PERSON WITH RESPECT TO ANY ENTITY IN THE RRM/RRHS HEALTH CARE SYSTEM, HE OR SHE IS AN INTERESTED PERSON WITH RESPECT TO ALL ENTITIES IN THE HEALTH CARE SYSTEM *PROCEDURES -PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, INCLUDING A CONSIDERATION OF INDEPENDENT COMPARABILITY DATA, VALUATIONS OR APPRAISALS, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT -ANNUAL STATEMENTS AWARENESS/COMPLIANCE WITH POLICY - EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THIS CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST BE ENGAGED PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES CONFLICT OF INTEREST SURVEY - EACH INTERESTED PERSON SHALL DISCLOSE ON AN ANNUAL SURVEY FORM POTENTIAL CONFLICTS OF INTEREST AND FINANCIAL INTERESTS RELEVANT TO THIS POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>COMPENSATION REVIEW POLICY THE FOLLOWING POLICY APPLIES TO THE OFFICERS AND KEY EMPLOYEES OF RUTLAND REGIONAL MEDICAL CENTER (RRMC) -IT IS THE POLICY OF RRMC TO OFFER MARKET-COMPETITIVE PAY SO TO ATTRACT AND RETAIN THE BEST TALENT FROM OUR LABOR MARKET -DESIGNATION OF RRMC' KEY EMPLOYEES IS MADE BY THE HUMAN RESOURCE DEPARTMENT USING IRS GUIDELINES -THE RRHS KEY EMPLOYEE LABOR MARKET IS TYPICALLY ALL HOSPITALS NATIONALLY WITH SIMILAR REVENUES AS RRMC -KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT 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 VS MARKET TOTAL CASH COMPENSATION AND 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 EXECUTIVE FINANCE UPON REQUEST -THE CEO PAY IS REVIEWED AND APPROVED BY THE CHAIR AND CO-CHAIR OF THE BOARD OF DIRECTORS THIS REVIEW IS DOCUMENTED IN THE EXECUTIVE SESSION BOARD MINUTES - THE MOST RECENT COMPENSATION REVIEW OCCURRED DURING DECEMBER OF 2016 -THE KEY EMPLOYEES REVIEW WAS CONDUCTED IN DECEMBER OF 2016 COVERING NON-PHYSICIAN EMPLOYEE EARNING AT LEAST \$170,000</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT DISCLOSURE CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE ANNUALLY IN THE ANNUAL REPORT, AND ARE ALSO AVAILABLE UPON WRITTEN REQUEST THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST ALL REQUESTS MUST BE FOR A LEGITIMATE BUSINESS PURPOSE (AS DETERMINED BY TOP MANAGEMENT), AND REQUESTED DOCUMENTS WILL BE MAILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, COLUMN D	BOARD MEMBERS RECEIVING COMPENSATION NO BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR DUTIES AS DIRECTORS THE FOLLOWING BOARD MEMBERS RECEIVED COMPENSATION FROM RUTLAND REGIONAL MEDICAL CENTER FOR SERVICES PROVIDED AS PHYSICIANS - MICHAEL KENOSH, MD - TODD GREGORY, MD - STANLEY SHAPIRO, MD - ERIC MARSH, MD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS \$ 8,120,724 CHANGE IN FV OF INVESTMENTS ACCT FOR UNDER FASB 825 3,136,339 TRANSFER FROM AFFILIATES (208,837) LOSS FROM DEF BEN PLAN & POSTRETIREMENT BEN COSTS (235,135) LOSS ON INTEREST RATE SWAP AGREEMENT ----- \$ 10,813,091

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
RUTLAND HOSPITAL INC

Employer identification number
03-0183483

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)RUTLAND REGIONAL HEALTH SERVICES INC 160 ALLEN STREET RUTLAND, VT 05701 22-2534389	HOLDING CO	VT	501(C){3}	11B II	NA		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE MEADOWS AT EAST MOUNTAIN 157 HERITAGE HILL PLACE RUTLAND, VT 05701 03-0330343	ELDER CARE	VT	RRHS									
(2) THE GABLES AT EAST MOUNTAIN ONE GABLES PLACE RUTLAND, VT 05701 03-0358050	ELDER CARE	VT	RRHS									
(3) VERMONT SPORTS MEDICINE CENTER 160 ALLEN ST RUTLAND, VT 05701 06-1231501	PHYSICAL THERAPY	VT	RRHS									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2015

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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