

Annual Filing for Charitable Organizations
New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271
http://www.charitiesnys.com

Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

2011

Open to Public Inspection

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2011 and ending (mm/dd/yyyy) 12/31/2011

b. Check if applicable for NYS:

☐ Address change
☐ Name change
☐ Initial filing
☐ Final filing
☐ Amended filing
☐ NY registration pending

c. Name of organization
BERTRAND CHAFFEE HOSPITAL

Number and street (or P.O. box if mail not delivered to street address) Room/suite
224 EAST MAIN STREET

City or town, state or country and ZIP + 4
SPRINGVILLE, NY 14141

d. Fed. employer ID no. (EIN)
16-0743921

e. NY State registration no.
10-93-42

f. Telephone number
716 592-2871

g. Email

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer *Nils Gunner* **NILS GUNNERSEN** CEO 11-15-12
Signature Printed Name Title Date

b. Chief Financial Officer or Treas. *Teresa Donohue* **TERESA DONOHUE** DIR OF FINANCE 11-15-12
Signature Printed Name Title Date

3. Annual Report Exemption Information

a. **Article 7-A annual report exemption** (Article 7-A registrants and dual registrants)
Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.
NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL annual report exemption** (EPTL registrants and dual registrants)
Check ☐ if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.
Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... ☐ Yes* ☒ No
* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? ☒ Yes* ☐ No
* If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee \$ 25.

b. EPTL filing fee \$

c. Total fee \$ 25.

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ➡ ➡ ➡

Schedule 4b: Government Contributions (Grants)

If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

[illegible]

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

☒ IRS Form 990

☒ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ IRS Form 990-EZ

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ IRS Form 990-PF

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)

☐ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending																									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization BERTRAND CHAFFEE HOSPITAL</td> <td rowspan="4">D Employer identification number 16-0743921</td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">224 EAST MAIN STREET</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 SPRINGVILLE, NY 14141</td> <td>E Telephone number 716-592-2871</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: NILS GUNNERSEN SAME AS C ABOVE</td> <td> G Gross receipts \$ 12,416,926. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="3">J Website: ▶ CHAFFEEHOSPITALANDHOME.COM</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1946 M State of legal domicile: NY</td> </tr> </table>	C Name of organization BERTRAND CHAFFEE HOSPITAL		D Employer identification number 16-0743921	Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	224 EAST MAIN STREET		City or town, state or country, and ZIP + 4 SPRINGVILLE, NY 14141		E Telephone number 716-592-2871	F Name and address of principal officer: NILS GUNNERSEN SAME AS C ABOVE		G Gross receipts \$ 12,416,926. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ CHAFFEEHOSPITALANDHOME.COM			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1946 M State of legal domicile: NY
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Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BERTRAND CHAFFEE HOSPITAL PROVIDES ACUTE CARE SERVICES TO THE RESIDENTS OF SPRINGVILLE AND THE			
	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)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	265	
	6	Total number of volunteers (estimate if necessary)	20	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	151,947.	374,390.
	9	Program service revenue (Part VIII, line 2g)	12,127,386.	11,622,731.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,161.	805.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	336,912.	419,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,617,406.	12,416,926.
Expenses			Prior Year	Current Year
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,593,181.	8,562,482.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,455,543.	4,240,091.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,048,724.	12,802,573.	
19	Revenue less expenses. Subtract line 18 from line 12	-431,318.	-385,647.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	7,413,103.	7,394,074.
	21	Total liabilities (Part X, line 26)	3,116,859.	3,483,477.
22	Net assets or fund balances. Subtract line 21 from line 20	4,296,244.	3,910,597.	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer:		Date: 11-15-12
	Type or print name and title: TERESA DONOHUE, DIRECTOR OF FINANCE		
Paid Preparer Use Only	Print/Type preparer's name: THOMAS DALTON		Preparer's signature:
	Firm's name: FREED MAXICK CPAS, P.C.		Date: 11/14/12
	Firm's address: 800 LIBERTY BLDG. 420 MAIN ST. BUFFALO, NY 14202-3508		Check if self-employed <input type="checkbox"/> PTIN: P00645802
			Firm's EIN: 45-4051133
			Phone no.: 716-847-2651

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

BERTRAND CHAFFEE HOSPITAL PROVIDES ACUTE CARE SERVICES TO THE RESIDENTS OF SPRINGVILLE AND THE SURROUNDING REGION TO ENHANCE THE HEALTH STATUS OF RESIDENTS AND RESPOND TO COMMUNITY HEALTH CARE NEEDS.

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,947,853. including grants of \$) (Revenue \$ 11,974,983.)
DELIVER HIGH QUALITY ACUTE HOSPITAL CARE SERVICES TO THOSE IN NEED AND TO SERVE AS AN EDUCATIONAL RESOURCE PROMOTING WELLNESS AND POSTIVE HEALTH WITHIN THE ENTIRE COMMUNITY ALONG WITH ALL OTHER MEDICAL SUPPLIERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **9,947,853.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III</i>	27	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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?		X
b	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	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?		
b	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.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question 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 <u>14</u>		
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 <u>14</u>		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

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

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, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
TERESA DONOHUE - 716-592-2871
224 EAST MAIN STREET, SPRINGVILLE, NY 14141

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BOZA DIRECTOR	3.00	X						0.	0.	0.
(2) GARY EPPOLITO BOARD SECRETARY	2.00	X		X				0.	0.	0.
(3) STAN HANDZLIK DIRECTOR	2.00	X						0.	0.	0.
(4) ROBBIN HANSEN BOARD VICE PRESIDENT	2.00	X		X				0.	0.	0.
(5) TIMOTHY HORNER BOARD PRESIDENT	6.00	X		X				0.	0.	0.
(6) CLAUDIA MILLER DIRECTOR	2.00	X						0.	0.	0.
(7) KAREN STANFORD DIRECTOR	2.00	X						0.	0.	0.
(8) PETER SWALES DIRECTOR	2.00	X						0.	0.	0.
(9) CRAIG WIEDE DIRECTOR	2.00	X						0.	0.	0.
(10) CHARLES NUTTLE DIRECTOR	2.00	X						0.	0.	0.
(11) KELLY ADAMS DIRECTOR	2.00	X						0.	0.	0.
(12) ANNE COOPER DIRECTOR	2.00	X						0.	0.	0.
(13) PATRICIA SCHLEMMER BOARD TREASURER	2.00	X		X				0.	0.	0.
(14) WILLIAM WNUK DIRECTOR	2.00	X						0.	0.	0.
(15) TERESA DONOHUE DIRECTOR OF FINANCE	40.00			X				73,002.	0.	5,116.
(16) NILS GUNNERSEN CEO	40.00			X				236,298.	0.	0.
(17) MICHAEL BARNETT DIRECTOR OF PHARMACY	40.00					X		106,080.	0.	6,559.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) LISETTE A. DEON PRIMARY CARE PHYSICIAN	40.00					X		183,915.	0.	14,772.
1b Sub-total								599,295.	0.	26,447.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								599,295.	0.	26,447.

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 **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CATHOLIC HEALTH SYSTEMS, SUITE 300, 2121 MAIN STREET, BUFFALO, NY 14214	MANAGEMENT SERVICES	236,298.
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	1	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	374,390.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		374,390.				
Program Service Revenue	2 a <u>NET PATIENT SERVICE RE</u>	Business Code	621110	11454163.	11454163.		
	b <u>DOH HEAL NY</u>		621110	119,568.	119,568.		
	c <u>NYS BIO TERRORISM GRAN</u>		621110	49,000.	49,000.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		11622731.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			805.		805.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)				66,748.		66,748.	
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue			Business Code				
11 a <u>MISCELLANEOUS REVENUE</u>		621110	174,810.	174,810.			
b <u>CAFETERIA SALES</u>		621110	88,837.	88,837.			
c <u>MEALS ON WHEELS</u>		621110	88,605.	88,605.			
d All other revenue							
e Total. Add lines 11a-11d			352,252.				
12 Total revenue. See instructions.			12416926.	11974983.	0.	67,553.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	309,300.		309,300.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,598,167.	4,921,960.	1,676,207.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	222,595.	158,710.	63,885.	
9 Other employee benefits	909,773.	648,668.	261,105.	
10 Payroll taxes	522,647.	372,647.	150,000.	
11 Fees for services (non-employees):				
a Management				
b Legal	22,684.		22,684.	
c Accounting	47,009.		47,009.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	19,404.	272.	19,132.	
12 Advertising and promotion	53,293.	53,293.		
13 Office expenses	964,498.	813,774.	150,724.	
14 Information technology				
15 Royalties				
16 Occupancy	220,977.	220,977.		
17 Travel	11,202.	8,872.	2,330.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,364.	5,364.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	706,322.	635,690.	70,632.	
23 Insurance	222,254.	222,254.		
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 BAD DEBT EXPENSE	627,757.	627,757.		
b OUTSIDE SERVICES	535,183.	479,924.	55,259.	
c EQUIPMENT REPAIRS & MAINTENANCE	469,867.	469,867.		
d PHYSICIAN FEES	218,587.	218,587.		
e All other expenses	115,690.	89,237.	26,453.	
25 Total functional expenses. Add lines 1 through 24e	12,802,573.	9,947,853.	2,854,720.	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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	699,153.	1	733,985.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,236,297.	4	1,320,709.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	206,275.	8	194,225.
	9 Prepaid expenses and deferred charges	146,017.	9	119,379.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,203,630.		
	b Less: accumulated depreciation	10b 14,288,863.		
		5,006,214.	10c	4,914,767.
	11 Investments - publicly traded securities	83,419.	11	82,899.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	35,728.	15	28,110.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	7,413,103.	16	7,394,074.
Liabilities	17 Accounts payable and accrued expenses	1,844,970.	17	1,921,783.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	1,271,889.	25	1,561,694.
	26 Total liabilities. Add lines 17 through 25	3,116,859.	26	3,483,477.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,663,844.	27	3,278,197.
	28 Temporarily restricted net assets	39,530.	28	39,530.
	29 Permanently restricted net assets	592,870.	29	592,870.
	Organizations that do not follow SFAS 117, 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	4,296,244.	33	3,910,597.
	34 Total liabilities and net assets/fund balances	7,413,103.	34	7,394,074.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,416,926.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,802,573.
3	Revenue less expenses. Subtract line 2 from line 1	3	-385,647.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,296,244.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,910,597.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number

16-0743921

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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- | | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) | | |
| (ii) A family member of a person described in (i) above? 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) | | |
- h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number

16-0743921

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes 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" to 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 XIV, 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) Revenues included in 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 Revenues included in 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 XIV.

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" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,980.		24,980.
b Buildings		8,340,961.	5,168,548.	3,172,413.
c Leasehold improvements				
d Equipment		10,560,108.	8,855,405.	1,704,703.
e Other		277,581.	264,910.	12,671.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,914,767.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION COSTS	840,000.
(3) DUE TO BERTRAND CHAFFEE HOSPITAL	
(4) FOUNDATION	14,961.
(5) DUE TO IRS	161,577.
(6) OTHER LONG TERM LIABILITIES	469,656.
(7) ASSET RETIREMENT OBLIGATIONS	75,500.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
1,561,694.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

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

PART X, LINE 2: THE BERTRAND CHAFFEE HOSPITAL IS A NOT-FOR-PROFIT

CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

(THE CODE), AND ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAXES ON

RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE HOSPITAL

ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH US GAAP, WHICH

REQUIRES THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THAT

THE HOSPITAL HAS TAKEN OR EXPECTS TO TAKE ON THE HOSPITAL'S TAX RETURN.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE

Part XIV Supplemental Information *(continued)*

FINANCIAL STATEMENTS. THE HOSPITAL IS NO LONGER SUBJECT TO FEDERAL AND
NYS INCOME TAX EXAMINATION FOR YEARS PRIOR TO 2008.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number

16-0743921

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.		
<input 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) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			102,050.	48,556.	53,494.	.42%
b Medicaid (from Worksheet 3, column a)			1392299.	1206822.	185,477.	1.45%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1494349.	1255378.	238,971.	1.87%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			1494349.	1255378.	238,971.	1.87%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: BERTRAND CHAFFEE HOSPITALLine Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input 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 Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) **BERTRAND CHAFFEE HOSPITAL**

	Yes	No	
10 Used FPG to determine eligibility for providing <i>discounted</i> care?	10	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11 Explained the basis for calculating amounts charged to patients?	11	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a <input checked="" type="checkbox"/> Income level			
b <input type="checkbox"/> Asset level			
c <input type="checkbox"/> Medical indigency			
d <input type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12	X	
13 Included measures to publicize the policy within the community served by the hospital facility?	13	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a <input type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input type="checkbox"/> The policy was available on request			
g <input type="checkbox"/> Other (describe in Part VI)			

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?	14	X	
15 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 patient's eligibility under the facility's FAP:			
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	X	
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input checked="" type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):			
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission			
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge			
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Part VI)			

Part V Facility Information (continued) **BERTRAND CHAFFEE HOSPITAL****Policy Relating to Emergency Medical Care**

- 18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?

	Yes	No
18	X	

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d ☐ Other (describe in Part VI)

Individuals Eligible for Financial Assistance

- 19** 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 ☒ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d ☐ Other (describe in Part VI)

- 20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

	Yes	No
20		X

If "Yes," explain in Part VI.

- 21** Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?

	Yes	No
21		X

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.

PART I, LINE 7: TOTAL PATIENT GROSS CHARGES AND NET REIMBURSEMENT

DATA WAS OBTAINED FROM THE NEW YORK STATE INSTITUTIONAL COST REPORT

("ICR") WHICH REPORTS ALL REVENUE BY FINANCIAL CLASS. THE COST TO CHARGE

RATIO WAS DERIVED FROM USING WORKSHEET 2 OF THE INSTRUCTIONS FOR THIS

FORM. TOTAL OPERATING EXPENSES PER THE AUDITED FINANCIAL STATEMENTS WAS

OFFSET BY NON-OPERATING REVENUE, MEDICAID PROVIDER TAXES AND COMMUNITY

BENEFIT EXPENSE.

PART I, LINE 7G: THE HOSPITAL DID NOT INCLUDE ANY SUBSIDIZED HEALTH

SERVICES ON LINE 7(G)

PART I, LN 7 COL(F): BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE

25, COLUMN (A) THAT IS SUBTRACTED FOR PURPOSES OF CALCULATING THE

PERCENTAGE OF TOTAL EXPENSE IS \$627,757.

PART III, LINE 4: PER FINANCIAL STATEMENTS THE COMPANY ACCOUNTS

RECEIVABLE IS CARRIED AT NET ANTICIPATED AMOUNTS DUE FROM PRIVATE PAY AND

THIRD PARTY PAYORS. THE COMPANY ADJUSTS THE ALLOWANCE FOR DOUBTFUL

ACCOUNTS PERIODICALLY BASED UPON PRIOR HISTORY AND CURRENT DEVELOPMENTS.

Part VI Supplemental Information

BAD DEBTS AT COST WAS DERIVED USING THE COST TO CHARGE RATIO FROM WORKSHEET 2 OF THE INSTRUCTIONS. THE ESTIMATED AMOUNT OF BAD DEBTS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE COMPANY'S CHARITY CARE POLICY WAS ESTIMATED TO BE 5%.

PART III, LINE 8: THE HOSPITAL BELIEVES THAT THE SHORTFALL IN MEDICARE PAYMENTS ON PATIENTS THAT IT SERVES SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE THE HOSPITAL PROVIDES MEDICAL CARE TO ALL ITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY AND DOES NOT RESTRICT ACCESS OR THE LEVEL OF SERVICES TO PATIENTS BASED ON THE REIMBURSEMENT IT RECEIVES FOR THOSE SERVICES. THE HOSPITAL HAS THE ABILITY TO NEGOTIATE REIMBURSEMENT RATES WITH COMMERCIAL INSURANCES BUT IS RESTRICTED FROM NEGOTIATING RATES FOR ITS MEDICARE PATIENTS. MEDICARE REIMBURSEMENT IS SET BY CENTERS FOR MEDICARE SERVICES AND CANNOT BE NEGOTIATED BY THE HOSPITAL. THE HOSPITAL FEELS ANY SHORTFALL IN REIMBURSEMENT FOR SERVICES IT IS REQUIRED TO PROVIDE TO PATIENTS UNDER A GOVERNMENT SPONSORED PROGRAM WHERE THE RATE IS NOT NEGOTIABLE SHOULD BE INCLUDED AS A COMMUNITY BENEFIT. THE HOSPITAL USED ITS 2011 MEDICARE COST REPORT TO DETERMINE THE SHORTFALL IN MEDICARE PAYMENTS.

PART III, LINE 9B: OUR POLICY ALLOWS FOR ACCOUNTS ALREADY IN COLLECTION STATUS TO BECOME ELIGIBLE FOR HILL BURTON OR CHARTY CARE BASED UPON CURRENT INCOME LEVELS.

SCHEDULE H, PART VI, LINE 2:

THE HOSPITAL COOPERATES WITH MANY COMMUNITY GROUPS AND AGENCIES TO ASSESS THE NEEDS OF THE COMMUNITY. THE HOSPITAL CONTINUALLY MONITORS LOCAL DATA RELATED TO THE TYPES OF SERVICES COMMUNITY MEMBERS ARE

Part VI Supplemental Information

RECEIVING AND WHETHER THESE SERVICES ARE AVIALABLE LOCALLY TO
SUFFICIENTLY MEET COMMUNITY NEED.

SCHEDULE H, PART VI, LINE 3

THE HOSPITAL MAKES AVAILABLE ITS FINANCIAL ASSISTANCE POLICY PROGRAM TO
PATIENTS BY PROVIDING IT IN WRITING TO PATIENTS UPON ADMISSION TO THE
HOSPITAL.

PART VI, LINE 5: BERTRAND CHAFFEE HOSPITAL IS A NOT-FOR-PROFIT ACUTE
CARE HOSPITAL LOCATED IN SPRINGVILLE, NEW YORK. THE HOSPITAL PROVIDES
INPATIENT, OUTPATIENT AND EMERGENCY SERVICES FOR THE RESIDENTS IN THE
SURROUNDING AREA. THE MISSION IS TO ENHANCE THE HEALTH STATUS OF THE
RESIDENTS BY RESPONDING TO THE COMMUNITY HEALTHCARE NEEDS. THAT INCLUDES
COMPASSION, DEDICATION, AND A COMMITMENT TO QUALITY WHILE MAINITAINING
ECONOMIC VIABILITY AND A VISION FOR THE FUTUTRE.

SCHEDULE H, PART VI, LINE 6

NOT APPLICABLE

SCHEDULE H, PART VI, LINE 7:

THE HOSPITAL COMPLETES AND FILES A REPORT WITH THE NEW YORK STATE
DEPARTMENT OF HEALTH WHICH INCLUDES COMMUNITY BENEFITS THAT THE
HOSPITAL PROVIDES. IN 2010, THE HOSPITAL FILED A TWO-YEAR PLAN WITH
THE DEPARTMENT.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number

16-0743921

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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. Explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011

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

Note. The sum of columns (B)(i)-(iii) 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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NILS GUNNERSEN	(i)	220,000.	0.	16,298.	0.	0.	236,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LISETTE A. DEON	(i)	183,915.	0.	0.	0.	14,772.	198,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number
16-0743921

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**SURROUNDING REGION TO ENHANCE THE HEALTH STATUS OF RESIDENTS AND
RESPOND TO COMMUNITY HEALTH CARE NEEDS.**

**FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWED THE ORGANIZATION
FORM 990 PRIOR TO FILING AT THE BOARD MEETING.**

**FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST QUESTIONNAIRE
FORMS ARE COMPLETED BY DIRECTORS AND MANAGERS ANNUALLY. THEY ARE REVIEWED
BY THE COMPLIANCE OFFICER AND ADDRESSED AS NEEDED.**

**FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION FORMED AN
INDEPENDENT SEARCH COMMITTEE THAT WAS INVOLVED IN NEGOTIATING THE CONTRACT
OF THE CURRENT CEO. OTHER OFFICER AND KEY EMPLOYEE SALARIES ARE REVIEWED
BY THE BOARD OF DIRECTORS AND COMPARED TO PEERS IN SURROUNDING AREA TO
DETERMINE AN APPROPRIATE PAY SCALE.**

**FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.**

**FORM 990, PART XII, LINE 2C: AUDIT OVERSIGHT
THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**

SCHEDULE R, PART V, LINE 2: TRANSACTIONS WITH RELATED ORGANIZATIONS

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number

16-0743921

THE AMOUNTS REFLECTED IN LINE 2 MAY INCLUDE SHARING OF EMPLOYEES (LINE 1N), EQUIPMENT AND OTHER ASSETS (LINE 1M) AS WELL AS SPECIFIC EXPENSES REIMBURSED (LINE 1P).

FORM 990, PART IV, LINE 34: RELATED PARTIES

THE BERTRAND CHAFFEE HOSPITAL FOUNDATION, INC. (THE FOUNDATION) WAS ORGANIZED TO RECEIVE AND ADMINISTER FUNDS AND BEQUESTS TO BENEFIT THE COMMUNITY. WHILE THE FOUNDATION MAY, AT TIMES, MAKE DONATIONS TO BERTRAND CHAFFEE HOSPITAL ("BCH") OR JENNIE B. RICHMOND CHAFFEE NURSING HOME COMPANY ("JBR"), THERE IS NO OBLIGATION TO DO SO. THE FOUNDATION WAS NOT ORGANIZED SOLELY TO BENEFIT EITHER OF THESE ENTITIES. THE RELATIONSHIP BETWEEN THE FOUNDATION, BCH AND JBR DOES NOT MEET ANY "RELATED PARTY" OR "CONTROL" DEFINITIONS STATED IN THE FORM 990 INSTRUCTIONS.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number
16-0743921

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
JENNIE B. RICHMOND CHAFFEE NURSING HOME COMPANY, INC. - 23-7259920, 222 EAST MAIN STREET, SPRINGVILLE, NY 14141	NURSING HOME	NEW YORK	501(C)(3)	LINE 9	N/A		X

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

Schedule R (Form 990) 2011

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

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**AUDITED
COMBINED
FINANCIAL STATEMENTS**

**BERTRAND CHAFFEE HOSPITAL
AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

DECEMBER 31, 2011

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Bertrand Chaffee Hospital and
Jennie B. Richmond Chaffee Nursing Home Company, Inc.

We have audited the accompanying combined balance sheets of Bertrand Chaffee Hospital and Jennie B. Richmond Chaffee Nursing Home Company, Inc. as of December 31, 2011 and 2010, and the related combined statements of operations and changes in net assets, and cash flows for the years then ended. These combined financial statements are the responsibility of management. Our responsibility is to express an opinion on these combined financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Bertrand Chaffee Hospital and Jennie B. Richmond Chaffee Nursing Home Company, Inc. as of December 31, 2011 and 2010, and the combined results of their operations and changes in net assets and their cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

The accompanying combined financial statements have been prepared assuming that Bertrand Chaffee Hospital and Jennie B. Richmond Chaffee Nursing Home Company, Inc. will continue as a going concern. In June 2009, Bertrand Chaffee Hospital and Jennie B. Richmond Chaffee Nursing Home Company, Inc.'s, plan of reorganization was confirmed by the Bankruptcy Court. Even upon approval of the plan of reorganization by the Bankruptcy Court, there is substantial doubt about Bertrand Chaffee Hospital and Jennie B. Richmond Chaffee Nursing Home Company, Inc.'s ability to continue as a going concern. The business after reorganization is dependent upon the Bertrand Chaffee Hospital and Jennie B. Richmond Chaffee Nursing Home Company, Inc.'s ability to achieve successful future operations. The accompanying combined financial statements do not include any adjustments relating to the recoverability and classifications of recorded asset amounts or the amounts and classification of liabilities that might be necessary should Bertrand Chaffee Hospital and Jennie B. Richmond Chaffee Nursing Home Company, Inc. be unable to continue as a going concern.

Freed Maxick CPAs, P.C.

(Formerly known as Freed Maxick & Battaglia, CPAs, PC)
Buffalo, New York
May 31, 2012

**BERTRAND CHAFFEE HOSPITAL AND
JENNIE B. RICHMOND CHAFFEE NURSING HOME COMPANY, INC.**

**COMBINED BALANCE SHEETS
December 31,**

ASSETS	2011	2010
Current assets		
Cash and cash equivalents	\$ 1,918,351	\$ 1,805,316
Patient/resident accounts receivable, net of an allowance for doubtful accounts of approximately \$ 1,663,000 (\$1,389,000 - 2010)	1,978,409	1,822,660
Other receivables	2,997	12,133
Supplies on hand	194,225	206,275
Prepaid expenses	162,588	163,009
Other current assets	21,633	25,030
Assets whose use is limited, current portion	82,899	83,419
Total current assets	4,361,102	4,117,842
Resident funds	6,499	14,425
Assets whose use is limited	216,712	206,797
Property, plant and equipment, net	5,381,010	5,561,735
Total assets	\$ 9,965,323	\$ 9,900,799
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable	\$ 1,017,681	\$ 779,540
Accrued expenses	1,133,087	1,305,050
Current portion of long-term debt	789,095	1,032,080
Current portion of estimated amounts due to third party payors, net	464,517	402,540
Total current liabilities	3,404,380	3,519,210
Estimated amounts due to third party payors	530,541	465,541
Resident funds	6,499	14,425
Asset retirement obligation	75,500	75,500
Long term debt	850,937	869,148
Total liabilities	4,867,857	4,943,824
Net assets:		
Unrestricted	4,465,066	4,324,575
Temporarily restricted	39,530	39,530
Permanently restricted	592,870	592,870
Total net assets	5,097,466	4,956,975
Total liabilities and net assets	\$ 9,965,323	\$ 9,900,799

See accompanying notes.

**BERTRAND CHAFFEE HOSPITAL AND
JENNIE B. RICHMOND CHAFFEE NURSING HOME COMPANY, INC.**

**COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
For the Years Ended December 31,**

	2011	2010
Unrestricted operating revenue and other support:		
Net patient/resident service revenue	\$ 17,272,535	\$ 17,275,613
Contribution revenue	375,539	152,146
Other revenue	480,962	372,111
Net assets released from restrictions used in operations	-	272,385
Total unrestricted operating revenue and other support	18,129,036	18,072,255
Operating expenses:		
Salaries and wages	9,172,536	9,334,290
Employee benefits and payroll taxes	2,214,061	2,170,953
Supplies and materials	2,032,065	2,116,282
Other direct expenses	1,952,793	1,952,815
Professional fees	1,285,831	1,121,184
Depreciation and amortization	827,821	884,395
Interest	24,190	23,644
Bad debts	599,910	600,086
Total operating expenses	18,109,207	18,203,649
Income (loss) from operations	19,829	(131,394)
Other income (expense):		
Grant income	119,568	378,591
Impairment of physician loan receivable	-	(242,754)
Realized gain on sale of investments	122	514
Interest income	972	848
	120,662	137,199
Excess of unrestricted operating revenue and other support over expenses before reorganization items	140,491	5,805
Reorganization items:		
Gain on extinguishment of debt from reorganization	-	93,901
	-	93,901
Increase in unrestricted net assets	140,491	99,706
Permanently restricted net assets		
Net assets released from restrictions used in operations		(272,385)
Decrease in permanently restricted net assets	-	(272,385)
Increase (decrease) in net assets	140,491	(172,679)
Net assets - beginning of year	4,956,975	5,129,654
Net assets - end of year	\$ 5,097,466	\$ 4,956,975

See accompanying notes.

**BERTRAND CHAFFEE HOSPITAL AND
JENNIE B. RICHMOND CHAFFEE NURSING HOME COMPANY, INC.**

**COMBINED STATEMENTS OF CASH FLOWS
For the Years Ended December 31,**

	<u>2011</u>	<u>2010</u>
Cash flows from operating activities:		
Change in net assets	\$ 140,491	\$ (172,679)
Adjustments to reconcile change in net assets to cash and cash equivalents provided by operating activities:		
Depreciation and amortization	827,821	884,395
Net gain on extinguishment/settlement from reorganization	-	(93,901)
Increase in allowance for doubtful accounts	274,000	101,000
(Increase) decrease in assets:		
Patient/resident accounts receivable	(429,749)	(212,984)
Supplies on hand	12,050	11,526
Prepaid expenses	421	(58,849)
Other receivables	9,136	303,253
Increase (decrease) in liabilities:		
Accounts payable	238,141	(484,613)
Accrued expenses	(171,963)	150,870
Estimated amounts due to third-party payors, net	126,977	195,741
Net cash and cash equivalents provided by operating activities	<u>1,027,325</u>	<u>623,759</u>
Cash flows from investing activities:		
(Increase) decrease in assets limited as to use	(9,395)	263,926
Purchases of property, plant and equipment	(478,178)	(696,198)
Net cash and cash equivalents used by investing activities	<u>(487,573)</u>	<u>(432,272)</u>
Cash flows from financing activities:		
Repayment of indebtedness	(426,717)	(419,607)
Net cash and cash equivalents used by financing activities	<u>(426,717)</u>	<u>(419,607)</u>
Net increase (decrease) in cash and cash equivalents	113,035	(228,120)
Cash and cash equivalents - beginning of year	1,805,316	2,033,435
Cash and cash equivalents - end of year	<u>\$ 1,918,351</u>	<u>\$ 1,805,316</u>
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	<u>\$ 24,190</u>	<u>\$ 23,467</u>
Equipment acquired under capital lease arrangements	<u>\$ 165,520</u>	<u>\$ 116,000</u>

See accompanying notes.

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization: Bertrand Chaffee Hospital (the Hospital) is a voluntary not-for-profit hospital located in Springville, New York. The Hospital operates 24 acute care beds, (22 medical surgical and 2 intensive care), and provides inpatient, outpatient and emergency services for residents in and around its surrounding area. Jennie B. Richmond Chaffee Nursing Home Company, Inc. (the Home) operates a not-for-profit 80-bed nursing facility also in Springville, New York. The accompanying combined financial statements include the results of operations of both entities for the years ended December 31, 2011 and 2010.

Principles of Combination: The accompanying combined financial statements include the accounts of Bertrand Chaffee Hospital and Jennie B. Richmond Chaffee Nursing Home Company, Inc. (hereinafter collectively referred to as the Company) both of which are not-for-profit corporations and share a common Board of Directors. Intercompany balances and transactions have been eliminated in the combined financial statements.

Going Concern: In June 2009, upon the final approval of the Company's plan of reorganization, the Company ceased operating as a debtor-in-possession. The accompanying combined financial statements have been prepared on a going concern basis, which contemplates continuity of operations, realization of assets and liquidation of liabilities in the ordinary course of business. Although the approval of the plan of reorganization did materially change the amounts and classifications reported in these historical combined financial statements, it does not determine future viability. The appropriateness of using the going concern basis is dependent upon, among other things, future profitable operations and the ability to generate sufficient cash flow from operations and financing sources to meet obligations. The accompanying combined financial statements do not include any adjustment relating to the recoverability and classification of recorded asset amounts and classification of liabilities that would be necessary should the Company be unable to continue in existence.

The items that gave rise to the consideration of a going concern are minimal income or losses from operations, the New York State reimbursement healthcare landscape, the decrease in Hospital volumes and the Company's difficulty in obtaining working capital. Management's plans going forward are to negotiate enhanced reimbursement rates through ongoing negotiations with third party payors, align the Hospital with area physicians to increase volumes and continue efforts to obtain working capital financing. Additionally, the Hospital will continually evaluate internal staffing needs to improve services and efficiencies.

Use of Estimates: The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the combined financial statements and accompanying notes. Actual results could differ from those estimates and the difference in estimates from actual results could be significant. Significant estimates made by the Company include, but are not limited to, reserves for bad debts, reserves for third party payor adjustments and contractual allowances and the provision for estimated receivables and payables for final settlements with those payors.

Display of Net Assets by Class: The accompanying combined financial statements have been prepared in conformity with the disclosure and display requirements of accounting principles generally accepted in the United States of America (US GAAP). US GAAP requires that resources be classified for reporting purposes into three net asset categories (temporarily restricted, permanently restricted and unrestricted) according to the existence or absence of donor-imposed restrictions.

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose and amounted to \$39,530 (\$39,530 - 2010). Permanently restricted net assets have been restricted by donors to be maintained by the Company in perpetuity. Permanent assets consist of four endowments that amounted to \$592,870 (\$592,870 - 2010). One of the endowments was utilized in 2010 as requested and approved by a Court to make payments to creditors as part of the approved plan of reorganization. Any interest or investment earnings derived from the endowments are recorded as temporarily restricted and may be used for operations when appropriated by the Company.

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents: The Company considers all highly liquid investments with a maturity of three months or less, and short term investments (certificates of deposit), excluding amounts limited as to use, to be cash equivalents.

Investments and Investment Income: Investments in equity securities with readily determinable fair values and all investments in debt securities are presented in the combined financial statements at fair value. The cost of specific securities sold is used to compute realized gains and losses on sales. Investment income or loss (including interest and dividends) is included in the excess of revenues over expenses. Unrealized gains and losses on investments are excluded from income from operations and included in excess of unrestricted revenues and other support over expenses before reorganization items due to their trading nature.

Fair Value: As defined in US GAAP, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value provisions apply to all assets and liabilities that are being measured and reported on a fair value basis. US GAAP requires disclosure that establishes a framework for measuring fair value and expands disclosure about fair value measurements. This enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. US GAAP requires that assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by market data.

Patient/Resident Accounts Receivable: The Company carries its patient/resident accounts receivable at the net anticipated amounts due from private pay patients and third-party payors. Periodically, the Company adjusts the allowance for doubtful accounts based upon prior history and current developments. The Company does not charge interest on past due accounts.

Supplies on Hand: Supplies on hand consists principally of drugs and medical supplies and are valued at the lower of cost (first-in, first-out) or market.

Assets Whose Use is Limited: Assets whose use is limited include assets set aside for debt service as required by trustee or indenture agreements, assets held in perpetuity pursuant to donor restrictions and assets set aside by the Board of Directors for specific future purposes.

Property, Plant and Equipment: Property, plant and equipment is carried at cost less accumulated depreciation, and adjusted for impairment to fair value, if any. The Hospital provides for depreciation on the straight-line method over the estimated useful lives of the assets. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life. Such amortization is included in depreciation expense in the accompanying financial statements. Depreciation and amortization expense for the years ended December 31, 2011 amounted to approximately \$824,000 (\$881,000 - 2010).

Impairment of Long-Lived Assets: Under the provisions of US GAAP the Company evaluates its long-lived assets for financial impairment as events or changes in circumstances indicate that the carrying amount of such assets may not be fully recoverable. If such evaluations indicate that the future undiscounted cash flows of certain long-lived assets are not sufficient to recover the carrying value of such assets, the assets are adjusted to their fair values. No impairment loss was recognized in 2011 and 2010.

Resident Funds: The Home acts as custodian for resident personal funds.

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Concentrations of Credit Risk: The Company grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net receivables from patients and third-party payors was approximately as follows as of December 31:

	<u>2011</u>	<u>2010</u>
Medicare	25%	21%
Medicaid	10	9
Other third-party payors	54	56
Private pay	<u>11</u>	<u>14</u>
	<u>100%</u>	<u>100%</u>

In addition, financial instruments that potentially subject the Company to concentration of credit risk consist principally of cash accounts in financial institutions. Although the cash accounts exceed the federally insured deposit amount, management does not anticipate nonperformance by the financial institutions. Management reviews the financial viability of these institutions on a periodic basis.

Recent Accounting Pronouncements: In August 2010, the FASB issued guidance that prescribes a specific measurement basis of charity care for disclosure purposes. This guidance requires that the measurement of charity care for disclosure purposes be based on the direct and indirect costs of providing the charity care. A health care entity does not recognize revenue when charity care is provided; accordingly, this guidance will have no effect on the amounts reported in the primary financial statements. The Company adopted the guidance for the year ended December 31, 2011.

In July 2011, the FASB issued guidance which amends the current presentation and disclosure requirements for health care entities that recognize significant amounts of patient service revenue at the time the services are rendered without assessing the patient's ability to pay. This guidance requires health care entities to reclassify the provision for bad debts from an operating expense to a deduction from patient service revenues. In addition, this guidance requires more disclosure on the policies for recognizing revenue, assessing bad debts, as well as quantitative and qualitative information regarding changes in the allowance for doubtful accounts. This guidance is applied retrospectively to all prior periods presented and is effective for the first annual period ending after December 15, 2012. The adoption of this guidance is not expected to have a material impact on the Company's financial position, results of operations or cash flows. Upon adoption of this guidance, the Company will reclassify the provision for bad debts related to prior period patient service revenue from operating expenses to a reduction in revenue.

Charity Care: The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Hospital does not pursue collection of amounts determined to qualify as charity care; therefore these amounts are not reported in net operating revenues or in provisions for doubtful accounts. The estimated cost of providing uncompensated care to patients was approximately \$ 78,000 for the year ended December 31, 2011 (\$71,000 - 2010), as measured utilizing a calculated ratio of costs to charges.

Contributions: Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities and changes in net assets as "net assets released from restrictions". Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying combined financial statements.

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes: The Hospital and Home are not-for-profit corporations as described in Section 501(c) (3) of the Internal Revenue Code (the Code), and accordingly, are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital and Home account for uncertain tax positions in accordance with US GAAP, which requires the recognition and measurement of uncertain tax positions that the Hospital and Home have taken or expects to take in the Hospital or Home's tax returns. Accordingly, no provision for income taxes has been reflected in the accompanying combined financial statements. The Hospital and Home are no longer subject to federal and NYS income tax examination for years prior to 2008.

Excess of Revenues over Expenses: The combined statement of operations and changes in net assets includes excess of unrestricted operating revenue and other support over expenses before reorganization items. Changes in unrestricted net assets which are excluded from the excess of revenues and other support over expenses before reorganization items, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, reorganization items and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Reclassifications: Certain 2010 amounts have been reclassified to conform to the 2011 presentation. These reclassifications had no effect on income from operations, net assets or the change in net assets.

Subsequent Event: These financial statements have not been updated for subsequent events occurring after May 31, 2012 which is the date these financial statements were available to be issued.

NOTE 2. NET PATIENT SERVICE REVENUE

The Company has agreements with third-party payors that provide for payments to the Company at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows:

- **Medicare** – Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Company is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Company and audits thereof by the Medicare fiscal intermediary.
- **Medicaid** – Inpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology using a base year for operating costs and actual costs for capital. The Company is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports. Outpatient services are paid based upon a fee schedule and amounts are determined by New York State.
- **Commercial** - The Company has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Company under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.
- **Workers's Compensation and No-Fault** - Reimbursement rates for Workers' Compensation and No-Fault patients are paid at prospectively determined rates per discharge, as determined by the New York Health Care Reform Act (NYHCRA). These rates vary according to a patient classification system defined by NYHCRA that is based on clinical, diagnostic and other factors

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 2. NET PATIENT SERVICE REVENUE (CONTINUED)

The Company is eligible to receive funds from several pools established under NYHCRA. Amounts received or to be received from the pools have been included as increases to net patient service revenue. Differences between amounts recorded and final distributions from the pools will be included as adjustments to net patient service revenue in the year that such distributions are received.

Revenue from Medicare and Medicaid programs accounted for approximately, 16% and 14%, respectively of the Company's net patient service revenue for the year ended December 31, 2011 (25% and 12% - 2010). Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates may change by a material amount in the near term. The Company has recorded estimates related to these possible changes. These are recorded in estimated amounts due to third party payors.

Additionally, the Home provides long term care services for which they are reimbursed on a per diem rate by third party payors. The Medicaid program is governed by the New York State Department of Health (DOH). Effective April 1, 2009, Legislation required DOH to revise its reimbursement formula for the Medicaid rates paid to skilled nursing facilities. During the year ended December 31, 2011, DOH paid rates for 2011 and made retroactive payments to providers for the period April 1, 2009 thru December 31, 2010 which incorporated the changes to the reimbursement formula. The Organization had accrued the estimated impact from this change in Medicaid reimbursement in prior years.

The Company believes that it is in compliance, in all material respects, with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future governmental review and interpretations. Non compliance with such laws and regulations could result in repayments of amounts improperly reimbursed, interest, substantial monetary fines, civil and criminal penalties, and exclusion from the Medicare and Medicaid programs.

NOTE 3. ASSETS WHOSE USE IS LIMITED

The Company has received funds that are permanently restricted by the donor and require the principal to be maintained in perpetuity. Earnings on the non-endowment investments are allowed to be used in operations. The earnings derived from the endowments are rendered as temporarily restricted and may be used for operations when appropriated by the Company.

The composition of assets limited as to use, which are stated at fair value on a recurring basis as Level 1 within the hierarchy, is as follows at December 31:

	<u>2011</u>	<u>2010</u>
Held by Trustee under Indenture Agreement		
Mortgage and operating escrow funds:		
Cash and cash equivalents	\$ 72,983	61,480
U.S. Government obligations	<u>143,729</u>	<u>145,317</u>
	216,712	206,797
Donor restricted to include the Bertrand Chaffee Fund:		
Cash and cash equivalents	<u>82,899</u>	<u>83,419</u>
Total assets whose use is limited	<u>\$ 299,611</u>	<u>\$ 290,216</u>
Current portion of assets whose use is limited	<u>\$ 82,899</u>	<u>\$ 83,419</u>
Long-term portion of assets whose use is limited	<u>\$ 216,712</u>	<u>\$ 206,797</u>

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 3. ASSETS WHOSE USE IS LIMITED (CONTINUED)

The Company's investment portfolio is classified as a trading portfolio. As a result of this classification cumulative unrealized net gains or losses are recorded as a component of other income and expense on the statement of operations and changes in net assets.

Investment income and losses on investments are as follows as of December 31:

	<u>2011</u>	<u>2010</u>
Interest and dividends	\$ 972	\$ 848
Realized gains	<u>122</u>	<u>514</u>
	<u>\$ 1,094</u>	<u>\$ 1,362</u>

Prior to 2005, the Company utilized approximately \$177,000 of permanently restricted resources to pay certain debt obligations. In 2006, the New York State Surrogate Court determined that this expenditure was inappropriate and thus ordered to Company to repay the funds, at zero percent interest, prior to 2018. The repayment of funds by the Company would be recorded as additions to the assets in the trust maintained for other permanently restricted resources at the time payment is made. As of December 31, 2011 and 2010, the Company has not made any payments on this obligation.

NOTE 4. PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment consist of the following at December 31:

	<u>2011</u>	<u>2010</u>
Land	\$ 40,980	\$ 40,980
Building and building improvements	10,979,411	10,900,788
Equipment	11,570,193	11,182,469
Equipment under capital leases	<u>454,629</u>	<u>289,109</u>
	23,045,213	22,413,346
Less: Accumulated depreciation	<u>17,664,203</u>	<u>16,851,611</u>
	<u>\$ 5,381,010</u>	<u>\$ 5,561,735</u>

Accumulated amortization on capital leases for the year ended December 31, 2011 amounted to approximately \$197,000 (\$161,000 - 2010).

Management has performed an asset impairment review in accordance with US GAAP and has concluded that no impairment charge should be recognized in 2011 and 2010. Included in management's analysis were factors related to ongoing efforts to improve operations, financial results as well as other factors. Certain factors involved in the US GAAP evaluation are subject to various regulatory processes whose outcome may not be known in the next year or operating cycle. Management will continue to evaluate the potential for an asset impairment charge as the various uncertainties are clarified or if other events occur that may influence management's ongoing analysis.

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 5. LONG-TERM DEBT

The following is a description of long-term debt obligations at December 31:

	<u>2011</u>	<u>2010</u>
Note payable to the Pension Benefit Guaranty Corporation (PBGC), interest free, related to settlement of defined benefit plan.	\$ 900,000	\$ 1,200,000
Mortgage notes payable to the New York State Housing Finance Agency (HFA), with varying installments of principal and interest (4.78% effective rate) due through October 2016, secured by property and equipment of the Home.	298,036	393,036
Note payable to the Internal Revenue Service without interest, payable in monthly amounts of \$4,488, beginning in September 2012. Secured by the Company's real property.	161,577	161,577
Capital lease obligation with a payment of \$2,282 including interest at 12.031% through December 2015 secured by related equipment.	106,420	-
Capital lease obligation with a payment of \$2,400 including interest at 8.86% through December 2015 secured by related equipment.	93,320	112,902
Capital lease obligation with a payment of \$2,153 including interest at 7.00% through December 2015 secured by related equipment.	64,464	-
Note payable to Bertrand Chaffee Hospital Foundation, Inc. payable in semi-annual installments of \$4,987 plus interest at 3.75% through May 2013.	14,961	24,935
Note payable to a bank, bearing interest at 9.25% secured by property, payable in monthly installments of \$627 through March 2012.	<u>1,253</u>	<u>8,778</u>
Total long-term debt	1,640,031	1,901,228
Less current portion	<u>789,095</u>	<u>1,032,080</u>
	<u>\$ 850,936</u>	<u>\$ 869,148</u>

Aggregate maturities of long-term obligations for the four years subsequent to 2012 are as follows:

2013	\$ 529,423
2014	194,158
2015	92,606
2016	<u>34,749</u>
	<u>\$ 850,936</u>

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 6. PENSION PLAN

The Company's employees participated in a defined benefit pension plan (the "Plan") covering substantially all full time employees. In November 2008, the Plan was terminated by an agreement between the PBGC and the Plan's administrator. The agreement terminated the Plan as of February 26, 2008 and the PBGC was appointed trustee of the Plan. As part of the Plan termination a Settlement Agreement was entered into with the PBGC. The Company agreed to pay the PBGC \$1,700,000 over four years. The Settlement Agreement was approved by the Bankruptcy Court and the Creditors Committee. If the Company defaults on the PBGC Settlement Agreement, then it is reasonably possible that these liabilities, as well as others, may be assessed by the PBGC. Further, upon default, the PBGC could take further actions which could have a material adverse effect on the Company. Currently, the Company is having ongoing discussions with the PBGC to renegotiate the repayment terms as noted in the settlement agreement.

403 (b) Plan: The Company also offers a 403(b) defined contribution retirement plan to its employees. Under the plan, the Company contributes 1% (depending on employee age and years of service) of each employee's wage to their specific 403(b) account. Additionally, employees may also elect to contribute to the plan through salary and wage deferral up to maximum amounts established by the Internal Revenue Service (currently established at 100% of annual salary and wage up to \$16,500 or \$22,000 if over age 50). The Company matches such employee contributions at a rate of 50% of employee contribution up to a maximum 3% and an additional 25% of an additional 1% of an employee's wage. The Company contributed approximately \$292,000 to the Plan during the year ended December 31, 2011 (\$283,000 - 2010).

NOTE 7. GUARANTEE

The Company entered into agreements with service providers which pays compensation as well as potential guaranteed payments to the service providers through future periods. The potential income guarantee to be paid to the service providers is to cover the difference between stated revenue thresholds. As of December 31, 2011, the Company has recorded liabilities for anticipated future payments to these service providers of approximately \$221,000 (\$167,000 - 2010).

NOTE 8. MEDICAL MALPRACTICE

The Company is insured for medical malpractice risks through a claims-made professional liability insurance policy. Should the annual claims-made policy not be renewed or replaced with equivalent insurance, claims based on incidents during its term, but reported subsequently, will be uninsured. There are several open malpractice claims as of December 31, 2011 which the insurer advises fall within the limits of the Company's malpractice coverages, individually and collectively.

NOTE 9. TRANSACTIONS WITH AFFILIATED FOUNDATION

The Company is affiliated with the Bertrand Chaffee Hospital Foundation, Inc. (the "Foundation"). The Foundation is a separate legal entity whose mission is to support the activities of the Company as well as other local organizations.

The Company considered US GAAP, "Transfers of Assets to a Not-for-Profit Organization or Charitable Trust that Raises or Holds Contributions for Others", in determining whether or not an interest in the net assets of the Foundation should be recorded in the financial statements of the Company. Management of the Company concluded that there is insufficient control exercised by the Company over the Foundation to support recording a beneficial interest in the net assets of the Foundation. Specifically, management considered in its conclusion the by-laws of the Foundation, the composition of its board, the Foundation's history of granting gifts to the Company as well as other unrelated organizations, and the existence of donor restricted assets, if any, held by the Foundation. Therefore, the Company has not recorded any interest in the net assets of the Foundation on the Company's balance sheet as of December 31, 2011 and 2010.

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 9. TRANSACTIONS WITH AFFILIATED FOUNDATION (CONTINUED)

Periodically, the Foundation makes contributions to the Company, as determined by the Foundations board of directors and/or by direction of donors. In 2011, the Foundation made temporarily restricted contributions of \$359,000 (\$152,000 – 2010), which are reflected as contribution revenue, since they were used in the period received, in the accompanying combined statement of operations and changes in net assets. Additionally, in 2008 the Foundation made a loan to the Company of approximately \$50,000. This loan is being repaid through 2013.

NOTE 10. HEAL NY GRANT

During 2011 and 2010 the Company was awarded grant funds from various HEAL grants amounting to \$119,568 (\$378,591 – 2010), which was used to retire debt, fund reorganization efforts and certain reconstruction costs to improve Company services.

NOTE 11. ENDOWMENTS

The Company has interpreted New York State Prudent Management of Institutional Funds Act Law (NYPMIFA) as requiring the preservation of the historical dollar value of the corpus of the permanent restricted endowment funds absent of donor stipulations to the contrary. The net appreciation of the permanently restricted net assets is considered temporarily restricted net assets until those amounts are appropriated for expenditure by the Company in a manner consistent with standard of prudence prescribed by NYPMIFA. If the fair value of investment assets falls below the level of the donor NYPMIFA requires the Home is to retain the fund in perpetual duration. There were no such deficiencies as of December 31, 2011 and 2010. To ensure the preservation of the corpus of the permanently restricted endowment funds, the total fair value of all commingled investment assets are classified first to the level of the permanently restricted endowment funds corpus, an endowment fund deficiency receivable from the unrestricted net assets would be recognized until the deficiency is recovered.

The Company has established long term investment objectives to 1) create a stream of investment returns which appropriately considers the present and future cash needs of the Company and; 2) to maintain the purchasing power of the portfolio. The restricted net asset spending policy is to adhere to donor restrictions.

Changes in Endowment Net Assets for the year ended December 31:

	<u>2011</u>	<u>2010</u>
Investments, at beginning of year	\$ 83,419	\$ 357,924
Dividends and interest	684	647
Use of proceeds	-	(275,666)
Realized and unrealized (losses) gains	<u>(1,204)</u>	<u>514</u>
Total net decrease on investments	<u>(520)</u>	<u>(274,505)</u>
Investments, at end of year	\$ <u>82,899</u>	\$ <u>83,419</u>

**BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE
NURSING HOME COMPANY, INC.**

NOTES TO THE COMBINED FINANCIAL STATEMENTS

NOTE 12. COMMITMENTS AND CONTINGENCIES

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to future government review and interpretations as well as regulatory actions unknown or unasserted at this time. Recently, industry wide government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Compliance with such laws and regulations are subject to future government review and interpretations as well as potential regulatory actions. The Company believes it is in compliance with all such laws and regulations.

NOTE 13. FUNCTIONAL EXPENSES

The Company provides acute care services to patients within their geographic location. Expenses related to providing these services are as follows at December 31:

	<u>2011</u>	<u>2010</u>
Health care services	\$ 12,843,109	\$ 12,196,445
General and administrative	<u>5,266,098</u>	<u>6,007,204</u>
	<u>\$ 18,109,207</u>	<u>\$ 18,203,649</u>



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

To the Board of Directors
Bertrand Chaffee Hospital and
Jennie B. Richmond Chaffee Nursing Home Company, Inc.

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as of and for the year ended December 31, 2011, as a whole. The combined information is presented for purposes of additional analysis rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The combining information has been subjected to the auditing procedures applied in the audit of the combining financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combining financial statements or to the combining financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combining financial statements as a whole.

Our report covering the financial statement indicates that there is substantial doubt as to the Company's ability to continue as a going concern, the outcome of which cannot presently be determined and that the financial statements do not include any adjustments that might result from the outcome of this uncertainty. Accordingly, the supplemental information does not include any adjustments that might result from the outcome of this uncertainty.

Freed Maxick CPAs, P.C.

(Formerly known as Freed Maxick & Battaglia, CPAs, PC)
Buffalo, New York
May 31, 2012

BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE NURSING HOME COMPANY, INC.

COMBINING BALANCE SHEET

December 31, 2011

(with comparative totals as of December 31, 2010)

ASSETS	Bertrand Chaffee Hospital	Jennie B. Richmond Chaffee Nursing Home Company, Inc.	Eliminations	Combined	
				2011	2010
Current assets:					
Cash and cash equivalents	\$ 733,985	\$ 1,184,366	\$ -	\$ 1,918,351	\$ 1,805,316
Patient/resident accounts receivable, net of allowance for uncollectibles of approximately \$1,663,000 (\$1,389,000 - 2010)	1,320,284	658,125	-	1,978,409	1,822,660
Other receivables	6,902	2,572	(6,477)	2,997	12,133
Supplies on hand	194,225	-	-	194,225	206,275
Prepaid expenses	119,379	43,209	-	162,588	163,009
Other current assets	21,633	-	-	21,633	25,030
Assets whose use is limited, current portion	82,899	-	-	82,899	83,419
Total current assets	2,479,307	1,888,272	(6,477)	4,361,102	4,117,842
Resident funds	-	6,499	-	6,499	14,425
Assets whose use is limited	-	216,712	-	216,712	206,797
Property, plant and equipment:					
Land	24,980	16,000	-	40,980	40,980
Building and improvements	8,618,542	2,360,869	-	10,979,411	10,900,788
Equipment	10,105,479	1,464,714	-	11,570,193	11,182,469
Leased equipment	454,629	-	-	454,629	289,109
	19,203,630	3,841,583	-	23,045,213	22,413,346
Less: Accumulated depreciation	(14,288,863)	(3,375,340)	-	(17,664,203)	(16,851,611)
	4,914,767	466,243	-	5,381,010	5,561,735
Total assets	\$ 7,394,074	\$ 2,577,726	\$ (6,477)	\$ 9,965,323	\$ 9,900,799

LIABILITIES AND NET ASSETS	Bertrand Chaffee Hospital	Jennie B. Richmond Chaffee Nursing Home Company, Inc.	Eliminations	<u>Combined</u>	
				2011	2010
Current liabilities:					
Accounts payable	\$ 941,396	\$ 82,762	(6,477)	\$ 1,017,681	779,540
Accrued expenses	870,387	262,700	-	1,133,087	1,305,050
Current portion of long-term debt	657,841	131,254	-	789,095	1,032,080
Current portion of estimated amounts due to third party payors, net	140,452	324,065	-	464,517	402,540
Total current liabilities	2,610,076	800,781	(6,477)	3,404,380	3,519,210
Estimated amounts due to third party payors	175,000	355,541	-	530,541	465,541
Resident funds	-	6,499	-	6,499	14,425
Asset retirement obligation	75,500	-	-	75,500	75,500
Long-term debt	622,901	228,036	-	850,937	869,148
Net assets					
Unrestricted	3,278,197	1,186,869	-	4,465,066	4,324,575
Temporarily restricted	39,530	-	-	39,530	39,530
Permanently restricted	592,870	-	-	592,870	592,870
Total net assets	3,910,597	1,186,869	-	5,097,466	4,956,975
Total liabilities and net assets	\$ 7,394,074	\$ 2,577,726	\$ (6,477)	\$ 9,965,323	\$ 9,900,799

BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND CHAFFEE NURSING HOME COMPANY, INC.

COMBINING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

For the Year Ended December 31, 2011

(with comparative totals for the year ended December 31, 2010)

	Bertrand Chaffee Hospital	Jennie B. Richmond Chaffee Nursing Home Company, Inc.	Combined 2011	2010
Unrestricted operating revenue and other support:				
Net patient/resident service revenue	\$ 11,454,163	\$ 5,818,372	\$ 17,272,535	\$ 17,275,613
Contribution revenue	374,390	1,149	375,539	152,146
Other revenue	468,000	12,962	480,962	372,111
Net assets released from restrictions used in operations	-	-	-	272,385
Total unrestricted operating revenue and other support	12,296,553	5,832,483	18,129,036	18,072,255
Cost of services and operating expenses:				
Salaries and wages	6,865,423	2,307,113	9,172,536	9,334,290
Employment benefits and payroll taxes	1,655,015	559,046	2,214,061	2,170,953
Shared services	(1,301,436)	1,301,436	-	-
Supplies and materials	1,686,198	345,867	2,032,065	2,116,282
Other direct expenses	1,346,962	605,831	1,952,793	1,952,815
Professional fees	1,207,571	78,260	1,285,831	1,121,184
Depreciation and amortization	709,719	118,102	827,821	884,395
Interest expense	5,364	18,826	24,190	23,644
Bad debts	627,757	(27,847)	599,910	600,086
Total cost of services and operating expenses	12,802,573	5,306,634	18,109,207	18,203,649
(Loss) income from operations	(506,020)	525,849	19,829	(131,394)
Other income (expense):				
Grant income	119,568	-	119,568	378,591
Impairment of physician loan receivable	-	-	-	(242,754)
Realized gain on sale of investments	121	-	121	514
Interest income	684	288	972	848
	120,373	288	120,661	137,199
Excess (deficiency) from unrestricted operating revenue and other support over expenses before reorganization items	(385,647)	526,137	140,490	5,805
Reorganization items:				
Gain on extinguishment of debt from reorganization	-	-	-	93,901
	-	-	-	93,901
Increase in unrestricted net assets	(385,647)	526,137	140,490	99,706
Permanently restricted net assets				
Net assets released from restrictions used in operations	-	-	-	(272,385)
Decrease in permanently restricted net assets	-	-	-	(272,385)
(Decrease) increase in net assets	(385,647)	526,137	140,490	(172,679)
Net assets - beginning of year	4,296,244	660,731	4,956,975	5,129,654
Net assets - end of year	\$ 3,910,597	\$ 1,186,868	\$ 5,097,465	\$ 4,956,975

Trust earned.



FreedMaxick™

August 10, 2012

Office of the Attorney General
Department of Law
Charities Bureau
120 Broadway
New York, NY 10271

Re: Organization: Bertrand Chaffee Hospital
 Address: 224 East Main Street
 Springville, New York 14141
 Form: CHAR 500
 EIN: 16-0743921
 NY Reg.: 10-93-42

Dear Sir or Madam:

We are the accountants for the above-mentioned taxpayer and are requesting an extension of time to file Form CHAR 500 – "Annual Filing for Charitable Organizations" for 2011 until November 15, 2012 for the tax year ending December 31, 2011. More time is needed to gather information to file a complete and accurate return.

Thank you for your cooperation.

Very truly yours,

Freed Maxick CPAs, P.C.

Mary B. Madonia, CPA
Senior Manager

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	BERTRAND CHAFFEE HOSPITAL	<input checked="" type="checkbox"/> 16-0743921
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	224 EAST MAIN STREET	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SPRINGVILLE, NY 14141	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

TERESA DONOHUE

• The books are in the care of ☒ 224 EAST MAIN STREET - SPRINGVILLE, NY 14141

Telephone No. ☒ 716-592-2871

FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2012.

5 For calendar year 2011, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension MORE TIME IS NEEDED TO GATHER ADDITIONAL INFORMATION TO ENSURE A COMPLETE AND ACCURATELY FILED RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title

Date

COPY OF WITHIN PAPER
RECEIVED

NÖV 21 2012

NYS OFFICE OF THE ATTORNEY GENERAL
CHARITIES BUREAU