

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

**2015**

For calendar year 2015, or fiscal year beginning \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

**BERTRAND CHAFFEE HOSPITAL****16-0743921**

Name and title of officer

**TERESA DONOHUE****CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

|  |  |                       |
|--|--|-----------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b <b>19,313,677.</b> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b                    |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) .....                               | 3b                    |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b                    |
| 5a Form 8868 check here ▶ <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | 5b                    |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **FREED MAXICK CPAS, P.C.** to enter my PIN **14141**  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**16514614202**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **11/14/16**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**



EXTENDED TO NOVEMBER 15, 2016

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

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**Open to Public  
Inspection

For the 2015 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization

**BERTRAND CHAFFEE HOSPITAL**

Doing business as

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

**224 EAST MAIN STREET**

Room/suite

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

**SPRINGVILLE, NY 14141**F Name and address of principal officer: **NILS GUNNERSEN****SAME AS C ABOVE**

D Employer identification number

**16-0743921**

E Telephone number

**716-592-2871**G Gross receipts \$ **19,313,677.**H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **BERTRANDCHAFFEE.COM**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶L Year of formation: **1946** M State of legal domicile: **NY****Part I Summary**

|                             |  |   |
|-----------------------------|--|---|
| Activities & Governance     | 1  | Briefly describe the organization's mission or most significant activities: <b>BERTRAND CHAFFEE HOSPITAL PROVIDES ACUTE CARE SERVICES TO THE RESIDENTS OF SPRINGVILLE AND THE</b> |
|                             | 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) <b>3</b> <b>15</b>  |
|                             | 4  | Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>14</b>  |
|                             | 5  | Total number of individuals employed in calendar year 2015 (Part V, line 2a) <b>5</b> <b>303</b>  |
|                             | 6  | Total number of volunteers (estimate if necessary) <b>6</b> <b>19</b>   |
|                             | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>  |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b> |   |
| Revenue                     | 8  | Contributions and grants (Part VIII, line 1h) <b>8</b> <b>15</b>  |
|                             | 9  | Program service revenue (Part VIII, line 2g) <b>9</b> <b>14</b>   |
|                             | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10</b> <b>14</b>   |
|                             | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>11</b> <b>303</b>   |
|                             | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b> <b>19</b>  |
|                             | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13</b> <b>0.</b>  |
| Expenses                    | 14   | Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b> <b>0.</b>   |
|                             | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b> <b>0.</b>   |
|                             | 16a  | Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b> <b>0.</b>  |
|                             | b  | Total fundraising expenses (Part IX, column (D), line 25) <b>b</b> <b>0.</b>  |
|                             | 17   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>17</b> <b>0.</b>  |
|                             | 18   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b> <b>0.</b>   |
| Net Assets or Fund Balances | 19   | Revenue less expenses. Subtract line 18 from line 12 <b>19</b> <b>0.</b>  |
|                             | 20   | Total assets (Part X, line 16) <b>20</b> <b>0.</b>  |
|                             | 21   | Total liabilities (Part X, line 26) <b>21</b> <b>0.</b>   |
|                             | 22   | Net assets or fund balances. Subtract line 21 from line 20 <b>22</b> <b>0.</b>  |

**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  |
|                        | <b>TERESA DONOHUE, CFO</b>  |   |
| Paid Preparer Use Only | Print/Type preparer's name  | Preparer's signature  |
|                        | <b>THOMAS DALTON</b>  | <i>Thomas M. Dalton</i>   |
|                        | Firm's name ▶ <b>FREED MAXICK CPAS, P.C.</b>                                  | Date <b>11/14/16</b>  |
|                        | Firm's address ▶ <b>424 MAIN STREET, SUITE 800<br/>BUFFALO, NY 14202-3508</b> | Check if self-employed <input type="checkbox"/> PTIN <b>P00645802</b> |
|                        |   | Firm's EIN ▶ <b>45-4051133</b>  |
|                        |   | Phone no. <b>716-847-2651</b>   |

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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 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 \$ 15,594,562. including grants of \$ ) (Revenue \$ 19,140,001. )  
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 **15,594,562.**

**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)?<br>If "Yes," complete Schedule A  | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?  | 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  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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   |     | 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   |     | 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  |     | 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  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            |     | 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   |     | 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   | 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   |     | 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   |     | 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  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 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  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | 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 |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   |     | 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   |     | 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   |     | 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   |     | X  |

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**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | X   |    |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | X   |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |     | X  |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | X   |    |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| 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?   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  |     | X  |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | X   |    |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |     |    |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  | X   |    |

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015)



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

|     |  | Yes | No |
|-----|--|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| 1b  | Enter the number of Forms W-2G included 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?<br><b>Note.</b> 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  |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| 5c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X  |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| 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   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> 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  | <b>Section 501(c)(12) organizations.</b> 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 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> 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  |     |    |

Form 990 (2015)

**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 or note to any line in this Part VI

☒**Section A. Governing Body and Management**

|  | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year   | 15 |    |     |    |
| 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   |    | 14 |     |    |
| 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?   |     | 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?   |     |    |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 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  | X   |    |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 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   | X   |    |
| 13 Did the organization have a written whistleblower policy?   | X   |    |
| 14 Did the organization have a written document retention and destruction policy?  | 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   | X   |    |
| b Other officers or key employees of the organization  | 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?  |     | 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? |     |    |

**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 ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **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 Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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)<br>Name and Title                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>BOARD TREASURER       | 3.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) GARY EPPOLITO<br>BOARD PRESIDENT      | 6.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) STAN HANDZLIK<br>DIRECTOR             | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) ROBBIN HANSEN<br>BOARD VICE PRESIDENT | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) TIMOTHY HORNER<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) CLAUDIA MILLER<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) KAREN STANFORD<br>BOARD SECRETARY     | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8) PETER SWALES<br>DIRECTOR              | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) MARK ALIANELLO<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) ROBERT ROGGIE<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) DONNA SCHIENER<br>DIRECTOR           | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) WILLIAM WNUK<br>DIRECTOR             | 2.00  | X  |                       |         |              |                              |        | 136,467.   | 0.  | 5,442.  |
| (13) JOHANNA HEALY<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) SHAWNA GUGINO<br>DIRECTOR            | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) JACQUELINE DIAS<br>DIRECTOR          | 2.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) TERESA DONOHUE<br>CFO                | 30.00<br>10.00  |  |                       | X       |              |                              |        | 81,292.  | 0.  | 12,484.   |
| (17) NILS GUNNERSEN<br>CEO                | 30.00<br>10.00  |  |                       | X       |              |                              |        | 236,299.   | 0.  | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) MICHAEL BARNETT<br>DIRECTOR OF PHARMACY                   | 40.00   |  |                       |         |              | X                            |        | 111,349.   | 0.  | 4,952.  |
| (19) LISETTE A. DEON<br>PRIMARY CARE PHYSICIAN                 | 32.00   |  |                       |         |              | X                            |        | 185,260.   | 0.  | 14,831.   |
| (20) EDWIN HEIDELBERGER<br>PRIMARY CARE PHYSICIAN              | 40.00   |  |                       |         |              | X                            |        | 225,595.   | 0.  | 20,307.   |
| (21) TIMOTHY SIEPEL<br>PRIMARY CARE PHYSICIAN                  | 24.00   |  |                       |         |              | X                            |        | 119,940.   | 0.  | 5,277.  |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |   |  |                       |         |              |                              |        | 1,096,202.   | 0.  | 63,293.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |  |                       |         |              |                              |        | 1,096,202.   | 0.  | 63,293.   |

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 **6**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       | 3   | 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 | 4   | 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                       | 5   | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| CATHOLIC HEALTH SYSTEMS<br>144 GENESEE ST, BUFFALO, NY 14203   | MANAGEMENT & LABORATORY SVCS   | 663,551.            |
| TELCO CONSTRUCTION<br>500 BUFFALO ROAD, EAST AURORA, NY 14052  | CONSTRUCTION SERVICES          | 651,522.            |
| STANSBERRY & KNIGHT, PLLC<br>52 BROOKEDGE ROAD, DEPEW, NY 14043  | ER STAFFING                    | 522,801.            |
| DR. THOMAS SMITH<br>4446 RUSHFORD RD., HAMBURG, NY 14075   | CONSULTING                     | 276,628.            |
| PROGNOSIS INNOVATIVE HEALTHCARE<br>308 TRAVIS ST, STE 415, HOUSTON, TX 77002   | EHR SERVICES                   | 152,159.            |
| 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 |                                | 12                  |

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

|   |   |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |
|---|---|---------------------------|----------------------|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 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<br>similar amounts not included above   | 1f 130,230.               |                      |   |   |  |
|   | g Noncash contributions included in lines 1a-1f: \$   |                           |                      |   |   |  |
|   | h <b>Total.</b> Add lines 1a-1f   |                           | 130,230.             |   |   |  |
|   |   |                           |                      |   |   |  |
| <b>Program Service<br/>Revenue</b>                                | 2 a <b>NET PATIENT SERVICE REVENUE</b>  | Business Code 621110      | 17,926,755.          | 17,926,755.                                     |   |  |
|   | b <b>GRANT REVENUE</b>  | 621110                    | 90,283.              | 90,283.   |   |  |
|   | c   |                           |                      |   |   |  |
|   | d   |                           |                      |   |   |  |
|   | e   |                           |                      |   |   |  |
|   | f All other program service revenue   |                           |                      |   |   |  |
|   | g <b>Total.</b> Add lines 2a-2f   |                           | 18,017,038.          |   |   |  |
|   |   |                           |                      |   |   |  |
| <b>Other Revenue</b>  | 3 Investment income (including dividends, interest, and<br>other similar amounts)   |                           | 1,937.               |   |   | 1,937.   |
|   | 4 Income from investment of tax-exempt bond proceeds  |                           |                      |   |   |  |
|   | 5 Royalties   |                           |                      |   |   |  |
|   | 6 a Gross rents   | (i) Real 41,509.          |                      |   |   |  |
|   | b Less: rental expenses   | (ii) Personal 0.          |                      |   |   |  |
|   | c Rental income or (loss)   | 41,509.                   |                      |   |   |  |
|   | d Net rental income or (loss)   |                           | 41,509.              |   |   | 41,509.  |
|   | 7 a Gross amount from sales of<br>assets other than inventory   | (i) Securities (ii) Other |                      |   |   |  |
|   | b Less: cost or other basis<br>and sales expenses   |                           |                      |   |   |  |
|   | c Gain or (loss)  |                           |                      |   |   |  |
|   | d Net gain or (loss)  |                           |                      |   |   |  |
|   | 8 a Gross income from fundraising events (not<br>including \$ of<br>contributions reported on line 1c). See<br>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<br>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<br>and allowances   | a                         |                      |   |   |  |
|   | b Less: cost of goods sold  | b                         |                      |   |   |  |
|   | c Net income or (loss) from sales of inventory  |                           |                      |   |   |  |
| <b>Miscellaneous Revenue</b>                                      |   | <b>Business Code</b>      |                      |   |   |  |
| 11 a <b>MEANINGFUL USE FUNDS</b>                                  | 621110  | 720,496.                  | 720,496.             |   |   |  |
| b <b>CIPA INCENTIVE</b>   | 621110  | 176,426.                  | 176,426.             |   |   |  |
| c <b>CAFETERIA/COFFEE SHOP SALES</b>                              | 621110  | 106,839.                  | 106,839.             |   |   |  |
| d All other revenue   | 621110  | 119,202.                  | 119,202.             |   |   |  |
| e <b>Total.</b> Add lines 11a-11d                                 |   | 1,122,963.                |                      |   |   |  |
| 12 <b>Total revenue.</b> See instructions.                        |   | 19,313,677.               | 19,140,001.          | 0.  | 43,446.                                 |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 454,058.              | 136,467.                        | 317,591.                               |                             |
| 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  | 8,949,786.            | 8,150,153.                      | 799,633.                               |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 310,444.              | 273,562.                        | 36,882.                                |                             |
| 9 Other employee benefits   | 1,219,863.            | 1,074,937.                      | 144,926.                               |                             |
| 10 Payroll taxes  | 674,596.              | 594,451.                        | 80,145.                                |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 1,750.                |                                 | 1,750.                                 |                             |
| c Accounting  | 106,726.              |                                 | 106,726.                               |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 20,285.               |                                 | 20,285.                                |                             |
| 12 Advertising and promotion  | 75,188.               | 67,669.                         | 7,519.                                 |                             |
| 13 Office expenses  | 1,365,283.            | 1,222,404.                      | 142,879.                               |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 222,746.              | 200,471.                        | 22,275.                                |                             |
| 17 Travel   | 26,703.               |                                 | 26,703.                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 806,864.              | 726,178.                        | 80,686.                                |                             |
| 23 Insurance  | 161,622.              |                                 | 161,622.                               |                             |
| 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 <b>PHYSICIAN FEES</b>   | 1,483,765.            | 1,483,765.                      |  |                             |
| b <b>EQUIPMENT REPAIRS &amp; MAI</b>  | 995,660.              | 995,660.                        |  |                             |
| c <b>CONTRACTED SERVICES</b>  | 697,001.              | 435,043.                        | 261,958.                               |                             |
| d <b>MISCELLANEOUS</b>  | 191,297.              | 171,141.                        | 20,156.                                |                             |
| e All other expenses  | 134,770.              | 62,661.                         | 72,109.                                |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 17,898,407.           | 15,594,562.                     | 2,303,845.                             | 0.                          |
| <b>26 Joint costs.</b> 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**Check if Schedule O contains a response or note to any line in this Part X ☐

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing .....   | 3,195,802.               | 1           | 2,412,533.         |
|   | 2 Savings and temporary cash investments .....  |                          | 2           |                    |
|   | 3 Pledges and grants receivable, net .....  |                          | 3           |                    |
|   | 4 Accounts receivable, net .....  | 2,181,490.               | 4           | 3,562,006.         |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5           |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | 6           |                    |
|   | 7 Notes and loans receivable, net .....   | 39,468.                  | 7           | 299,277.           |
|   | 8 Inventories for sale or use .....   | 269,584.                 | 8           | 289,074.           |
|   | 9 Prepaid expenses and deferred charges .....   | 88,713.                  | 9           | 126,237.           |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 20,805,789.          |             |                    |
|   | b Less: accumulated depreciation .....  | 10b 17,257,962.          |             |                    |
|   |   | 3,876,678.               | 10c         | 3,547,827.         |
|   | 11 Investments - publicly traded securities .....   | 47,155.                  | 11          | 96,003.            |
|   | 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 .....                               | 10,605.   | 15                       | 6,631.      |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 9,709,495.  | 16                       | 10,339,588. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....  | 1,871,960.               | 17          | 1,526,026.         |
|   | 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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | 22          |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties .....   |                          | 23          |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties .....   | 789,384.                 | 24          | 646,790.           |
|   | 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 .....  | 1,146,469.               | 25          | 849,820.           |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 3,807,813.               | 26          | 3,022,636.         |
| <b>Net Assets or Fund Balances</b>  | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                          |             |                    |
|   | 27 Unrestricted net assets .....  | 5,325,886.               | 27          | 6,741,156.         |
|   | 28 Temporarily restricted net assets .....  | 39,530.                  | 28          | 39,530.            |
|   | 29 Permanently restricted net assets .....  | 536,266.                 | 29          | 536,266.           |
|   | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.  |                          |             |                    |
|   | 30 Capital stock or trust principal, or current funds .....   |                          | 30          |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31          |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32          |                    |
|   | 33 Total net assets or fund balances .....  | 5,901,682.               | 33          | 7,316,952.         |
|   | 34 <b>Total liabilities and net assets/fund balances</b> .....  | 9,709,495.               | 34          | 10,339,588.        |

Form 990 (2015)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 19,313,677. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 17,898,407. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,415,270.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 5,901,682.  |
| 5  | Net unrealized gains (losses) on investments   | 5  |             |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 7,316,952.  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | X  |
| b  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | 2c  | X  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  | 3a  | 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 _____  | 3b  |    |

Form 990 (2015)

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2015

**Open to Public  
Inspection**

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number

16-0743921

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

f Enter the number of supported organizations

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

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

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| 4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 .....   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ...  |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |           |
| 13 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 .....  | 15 | % |
| 16a <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>  |    |   |
| b <b>33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>   |    |   |
| 17a <b>10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |    |   |
| b <b>10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> 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"/>  |    |   |

Schedule A (Form 990 or 990-EZ) 2015

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

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

**Section A. Public Support**

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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 .....  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| c Add lines 10a and 10b .....  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) .....  |          |          |          |          |          |           |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) ..... | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 .....                        | 18 | % |

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>1</b> Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

|  |                          |   |
|--|--------------------------|---|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): |                          |   |
| <b>a</b>   | <input type="checkbox"/> | The organization satisfied the Activities Test. Complete line 2 below.  |
| <b>b</b>   | <input type="checkbox"/> | The organization is the parent of each of its supported organizations. Complete line 3 below.   |
| <b>c</b>   | <input type="checkbox"/> | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |                          |   |
| <b>a</b>   |                          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |
| <b>b</b>   |                          | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |                          |   |
| <b>a</b>   |                          | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |
| <b>b</b>   |                          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

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

Schedule A (Form 990 or 990-EZ) 2015



**Part VI**

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

Employer identification number

BERTRAND CHAFFEE HOSPITAL

16-0743921

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

|  |   |
|--|---|
| Name of organization<br><b>BERTRAND CHAFFEE HOSPITAL</b> | Employer identification number<br><b>16-0743921</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| <b>1</b>   | <b>BERTRAND CHAFFEE HOSPITAL FOUNDATION</b><br><b>222-224 EAST MAIN ST.</b><br><b>SPRINGVILLE, NY 14141</b>                           | \$ <b>79,145.</b>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>2</b>   | <b>WESTERN NEW YORK FOUNDATION</b><br><b>11 SUMMER STREET</b><br><b>BUFFALO, NY 14209</b>   | \$ <b>30,000.</b>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>3</b>   | <b>EDWARD H BUTLER FOUNDATION</b><br><b>369 FRANKLIN STREET</b><br><b>BUFFALO, NY 14202</b>   | \$ <b>5,000.</b>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <b>4</b>   | <b>ESTATE OF JOSEPH ANDERSON</b><br><b>C/O PEPICELLI YOUNGS &amp; YOUNGS, 363</b><br><b>CHESTNUT ST</b><br><b>MEADVILLE, PA 16335</b> | \$ <b>11,552.</b>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Employer identification number

16-0743921

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(see instructions) | (d)<br><br>Date received |
|------------------------------|--|--|--------------------------|
|                              | <br><br><br>                                     | \$   |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(see instructions) | (d)<br><br>Date received |
|                              | <br><br><br>                                     | \$   |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(see instructions) | (d)<br><br>Date received |
|                              | <br><br><br>                                     | \$   |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(see instructions) | (d)<br><br>Date received |
|                              | <br><br><br>                                     | \$   |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(see instructions) | (d)<br><br>Date received |
|                              | <br><br><br>                                     | \$   |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(see instructions) | (d)<br><br>Date received |
|                              | <br><br><br>                                     | \$   |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(see instructions) | (d)<br><br>Date received |
|                              | <br><br><br>                                     | \$   |                          |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(see instructions) | (d)<br><br>Date received |
|                              | <br><br><br>                                     | \$   |                          |



Name of organization

Employer identification number

BERTRAND CHAFFEE HOSPITAL

16-0743921

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|---|-----------------|--|
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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" on Form 990, Part IV, line 6.

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

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

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

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

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

|  | 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, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

|   |            |
|---|------------|
| (i) Revenue included on Form 990, Part VIII, line 1 ..... | ▶ \$ ..... |
| (ii) Assets included in Form 990, Part X .....            | ▶ \$ ..... |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

|   |            |
|---|------------|
| a Revenue included on Form 990, Part VIII, line 1 ..... | ▶ \$ ..... |
| b Assets included in Form 990, Part X .....             | ▶ \$ ..... |

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition      d ☐ Loan or exchange programs
- b ☐ Scholarly research      e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| 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 on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations ☐ Yes ☐ No
- (ii) related organizations ☐ Yes ☐ No
- 3a(i) ☐ Yes ☐ No
- 3a(ii) ☐ Yes ☐ No
- 3b ☐ Yes ☐ No

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

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

**Part VI Land, Buildings, and Equipment.**

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

| 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  |                                      | 8,398,577.                      | 6,181,605.                   | 2,216,972.     |
| c Leasehold improvements   |                                      | 299,674.                        | 283,062.                     | 16,612.        |
| d Equipment  |                                      | 12,082,558.                     | 10,793,295.                  | 1,289,263.     |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 3,547,827.     |

Schedule D (Form 990) 2015

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                    | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) ASSET RETIREMENT OBLIGATIONS                                   | 103,327.       |
| (3) DUE TO 3RD PARTIES   | 140,931.       |
| (4) DUE TO RELATED PARTIES   | 601,712.       |
| (5) SELF INSURED HEALTH INSURANCE                                  |                |
| (6) RESERVE  | 3,850.         |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |
|  | 849,820.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2015

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

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

|   |   |    |    |  |
|---|---|----|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |  |
| a | Net unrealized gains (losses) on investments                                    | 2a |    |  |
| b | Donated services and use of facilities  | 2b |    |  |
| c | Recoveries of prior year grants   | 2c |    |  |
| d | Other (Describe in Part XIII.)  | 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 XIII.)  | 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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|   |  |    |    |  |
|---|--|----|----|--|
| 1 | Total expenses and losses per audited financial statements                       |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |    |  |
| a | Donated services and use of facilities   | 2a |    |  |
| b | Prior year adjustments   | 2b |    |  |
| c | Other losses   | 2c |    |  |
| d | Other (Describe in Part XIII.)   | 2d |    |  |
| 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 XIII.)   | 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 XIII Supplemental Information.**

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

**PART X, LINE 2:**

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 EXPECT TO TAKE ON THE HOSPITAL OR HOME'S TAX RETURNS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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



**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a   | <input checked="" type="checkbox"/> |                                     |
| <b>1b</b> If "Yes," was it a written policy?  | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> 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.<br><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |                                     |                                     |
| <b>3</b> 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.   |                                     |                                     |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:<br><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 _____ %                     | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.  |                                     |                                     |
| <b>4</b> 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"/> |                                     |
| <b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> 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?   |                                     |                                     |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?  |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization make it available to the public?  |                                     |                                     |

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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |   |                               | 222,642.                            | 133,348.                      | 89,294.                           | .50%                         |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   |                               | 2432198.                            | 1423919.                      | 1008279.                          | 5.63%                        |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               |                                   |                              |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           |   |                               | 2654840.                            | 1557267.                      | 1097573.                          | 6.13%                        |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |   |                               | 5,564.                              | 0.                            | 5,564.                            | .03%                         |
| <b>f</b> Health professions education (from Worksheet 5)   |   |                               |                                     |                               |                                   |                              |
| <b>g</b> Subsidized health services (from Worksheet 6)   |   |                               |                                     |                               |                                   |                              |
| <b>h</b> Research (from Worksheet 7)   |   |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               |                                     |                               |                                   |                              |
| <b>j Total.</b> Other Benefits   |   |                               | 5,564.                              |                               | 5,564.                            | .03%                         |
| <b>k Total.</b> Add lines 7d and 7j  |   |                               | 2660404.                            | 1557267.                      | 1103137.                          | 6.16%                        |



## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

1 BERTRAND CHAFFEE HOSPITAL  
224 EAST MAIN STREET  
SPRINGVILLE, NY 14141

[illegible]

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

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

Name of hospital facility or letter of facility reporting group BERTRAND CHAFFEE HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

|  | Yes | No |
|--|-----|----|
| <b>Community Health Needs Assessment</b>   |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?   | 1   | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C  | 2   | X  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12   | 3   | X  |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |    |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| b <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |     |    |
| d <input checked="" type="checkbox"/> How data was obtained  |     |    |
| e <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests  |     |    |
| i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs  |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>  |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5   | X  |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C  | 6a  | X  |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C  | 6b  | X  |
| 7 Did the hospital facility make its CHNA report widely available to the public?   | 7   | X  |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):   |     |    |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>BERTRANDCHAFFEE.COM</u>   |     |    |
| b <input type="checkbox"/> Other website (list url):   |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| d <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11  | 8   | X  |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>  |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?   | 10  | X  |
| a If "Yes," (list url):  |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?   | 10b | X  |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?  | 12a | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?   | 12b |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |     |    |

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group BERTRAND CHAFFEE HOSPITAL

|   |  | Yes | No |
|---|--|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:   |  |     |    |
| 13  | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....   | X   |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:   |  |     |    |
| a   | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> % |     |    |
| b   | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)  |     |    |
| c   | <input type="checkbox"/> Asset level   |     |    |
| d   | <input type="checkbox"/> Medical indigency   |     |    |
| e   | <input type="checkbox"/> Insurance status  |     |    |
| f   | <input checked="" type="checkbox"/> Underinsurance status  |     |    |
| g   | <input type="checkbox"/> Residency   |     |    |
| h   | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 14  | Explained the basis for calculating amounts charged to patients? .....   | X   |    |
| 15  | Explained the method for applying for financial assistance? .....  | X   |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): |  |     |    |
| a   | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application   |     |    |
| b   | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application   |     |    |
| c   | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process   |     |    |
| d   | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |    |
| e   | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| 16  | Included measures to publicize the policy within the community served by the hospital facility? .....  | X   |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  |  |     |    |
| a   | <input type="checkbox"/> The FAP was widely available on a website (list url): .....   |     |    |
| b   | <input type="checkbox"/> The FAP application form was widely available on a website (list url): .....  |     |    |
| c   | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>BERTRANDCHAFFEE.COM</u>   |     |    |
| d   | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| e   | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| f   | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| g   | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility   |     |    |
| h   | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
| i   | <input type="checkbox"/> Other (describe in Section C)   |     |    |

**Billing and Collections**

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

**Part V Facility Information** (continued)Name of hospital facility or letter of facility reporting group BERTRAND CHAFFEE HOSPITAL

|   | Yes | No |
|---|-----|----|
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? ..... | 19  | X  |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |     |    |
| a <input type="checkbox"/> Reporting to credit agency(ies)  |     |    |
| b <input type="checkbox"/> Selling an individual's debt to another party  |     |    |
| c <input type="checkbox"/> Actions that require a legal or judicial process   |     |    |
| d <input type="checkbox"/> Other similar actions (describe in Section C)  |     |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):                                     |     |    |
| a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission  |     |    |
| b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge  |     |    |
| c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills   |     |    |
| d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy  |     |    |
| e <input type="checkbox"/> Other (describe in Section C)  |     |    |
| f <input type="checkbox"/> None of these efforts were made  |     |    |

**Policy Relating to Emergency Medical Care**

|   |    |   |
|---|----|---|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? ..... | 21 | X |
| If "No," indicate why:  |    |   |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |    |   |
| b <input type="checkbox"/> The hospital facility's policy was not in writing  |    |   |
| c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  |    |   |
| d <input type="checkbox"/> Other (describe in Section C)  |    |   |

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

|  |    |   |
|--|----|---|
| <b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.   |    |   |
| a <input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged  |    |   |
| b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged   |    |   |
| c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged  |    |   |
| d <input type="checkbox"/> Other (describe in Section C)   |    |   |
| <b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... | 23 | X |
| If "Yes," explain in Section C.  |    |   |
| <b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....   | 24 | X |
| If "Yes," explain in Section C.  |    |   |







**Part VI** Supplemental Information

Provide the following information.

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

**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, EXCLUSIVE OF BAD DEBTS, PER THE AUDITED FINANCIAL STATEMENTS WAS OFFSET BY NON-PATIENT CARE REVENUE, MEDICAID PROVIDER TAXES AND COMMUNITY BENEFIT EXPENSE.

**PART III, LINE 3:**

THE HOSPITAL CARRIES ITS PATIENT ACCOUNTS RECEIVABLE AT ANTICIPATED AMOUNTS DUE FOR THIRD PARTY PAYERS. THE HOSPITAL RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE AND UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE HOSPITAL ESTIMATES APPROXIMATELY 7% OF ITS BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS THAT QUALIFY FOR THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

**Part VI** Supplemental Information (Continuation)

PART III, LINE 4:

THE HOSPITAL'S BAD DEBT EXPENSE IS DESCRIBED ON PAGE 6 OF THE HOSPITAL'S  
2015 AUDITED FINANCIAL STATEMENTS.

PART III, LINE 9B:

OUR POLICY ALLOWS FOR ACCOUNTS ALREADY IN COLLECTION STATUS TO BECOME  
ELIGIBLE FOR CHARTY CARE BASED UPON CURRENT INCOME LEVELS.

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 MAINTAINING ECONOMIC VIABILITY AND A VISION  
FOR THE FUTURE.

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

SCHEDULE H, PART VI, LINE 3

THE HOSPITAL MAKES AVAILABLE ITS FINANCIAL ASSISTANCE POLICY PROGRAM TO

**Part VI** Supplemental Information (Continuation)

PATIENTS BY PROVIDING IT IN WRITING TO PATIENTS UPON ADMISSION TO THE HOSPITAL AS WELL AS MAKING IT AVAILABLE ON THE HOSPITAL'S WEBSITE.

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 2013, THE HOSPITAL FILED A FIVE-YEAR PLAN WITH THE DEPARTMENT.

SCHEDULE H, PART V B, LINE 3:

THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM THE COMMUNITY THROUGH VARIOUS MEETINGS WITH COUNTY AND DEPARTMENT OF HEALTH REPRESENTATIVES DISCUSSING PRIORITIES AND OBJECTIVES FOR EACH NEED AS WELL AS STRATEGIES AND COLLABORATION FOR EXECUTION OF THE PLAN TO ADDRESS EACH NEED.

SCHEDULE H, PART I, LINE 6A:

THE HOSPITAL PREPARED A COMMUNITY BENEFIT REPORT IN 2013 THAT IS AVAILABLE ON THE HOSPITAL'S WEBSITE.

SCHEDULE H, PART VI, LINE 6:

THE HOSPITAL COOPERATES WITH CATHOLIC HEALTH SYSTEM TO PROVIDE CARDIOLOGY SERVICES LOCALLY. THE HOSPITAL HAS ALSO ALIGNED WITH CATHOLIC MEDICAL PARTNERS ("CMP") ACCOUNTABLE CARE ORGANIZATION BY

**Part VI** Supplemental Information (Continuation)

BECOMING A MEMBER FACILITY AND BY EMPLOYING CMP PHYSICIANS.



**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 directors, trustees, and officers, including 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, but 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

**9** If "Yes" 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) 2015



Page 1

**Abstract**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

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 REVIEWS THE ORGANIZATION FORM 990 PRIOR TO FILING.

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.

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number

16-0743921

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

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

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

BERTRAND CHAFFEE HOSPITAL

Employer identification number  
16-0743921

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

[illegible]

**Part II** Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

[illegible]

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

Schedule R (Form 990) 2015



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

[illegible]

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

[illegible]

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

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

**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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |



|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>Supplemental Information</b> |
|-----------------|---------------------------------|

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

- 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).

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

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

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                                   |             |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**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, 2016.**

5 For calendar year **2015**, 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 Forms 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 Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c <b>Balance due.</b> 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 **Mary Maloney** Title **CPA**

Date **8/10/16**

Form 8868 (Rev. 1-2014)