

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
The Mary Imogene Bassett Hospital

% Paul Swinko
Doing business as
Bassett Medical Center

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
One Atwell Road

City or town, state or province, country, and ZIP or foreign postal code
Cooperstown, NY 13326

D Employer identification number
13-5596796

E Telephone number
(607) 547-3635

G Gross receipts \$ 649,250,578

F Name and address of principal officer:
Paul Swinko
One Atwell Road
Cooperstown, NY 13326

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ www.bassett.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1921

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4,433
6 Total number of volunteers (estimate if necessary)	6	180
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-66,431
b Net unrelated business taxable income from Form 990-T, line 39	7b	-66,681

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	22,797,539	30,753,988
9 Program service revenue (Part VIII, line 2g)	531,578,476	567,368,925
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,595,344	2,266,810
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,144,371	3,747,281
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	564,115,730	604,137,004
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,722	5,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	325,349,964	343,649,298
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 788,803		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	238,124,263	260,257,826
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	563,516,949	603,912,124
19 Revenue less expenses. Subtract line 18 from line 12	598,781	224,880
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	406,104,478	410,525,281
21 Total liabilities (Part X, line 26)	148,742,801	144,988,115
22 Net assets or fund balances. Subtract line 21 from line 20	257,361,677	265,537,166

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: 2020-11-12
Type or print name and title: PAUL SWINKO CFO

Paid Preparer Use Only
Print/Type preparer's name: [Blank]
Preparer's signature: [Blank]
Date: 2020-11-11
Check if self-employed
PTIN: P00247720
Firm's name: ▶ KPMG LLP
Firm's EIN: ▶ [Blank]
Firm's address: ▶ 515 Broadway 4th Floor
Albany, NY 122072974
Phone no. (518) 427-4600

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:

Mary Imogene Bassett Hospital is a rural academic medical center committed to providing excellence in health care services, educating physicians and other health care professionals, and pursuing health research.

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 \$ 483,411,673 including grants of \$ 5,000) (Revenue \$ 567,368,925)
See Additional Data

4b (Code:) (Expenses \$ 4,202,470 including grants of \$) (Revenue \$)
See Additional Data

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 ▶ 487,614,143

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Form 990-Table with rows 2a through 16. Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, governance changes, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: Paul Swinko One Atwell Road Cooperstown, NY 13326 (607) 547-3635

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							6,723,220	0	221,795	

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 **▶** 627

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Stat Staff, 18 Division St Suite 311 Saratoga Springs, NY 12866	Agency	12,424,391
Weatherby Locums Inc, PO Box 972633 DALLAS, TX 753972633	Healthcare Services	1,840,709
McCarthy, 1341 North Rock Hill Road St Louis, MO 63124	Engineer	3,766,648
Medical Provider Service, PO Box 231 PETERSBURG, NY 12138	Healthcare Services	1,362,725
Abbott Laboratories, 100 Abbott Park Road ABBOT PARK, IL 60064	Testing services	2,500,400

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 **▶** 231

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,176,946				
	e Government grants (contributions)	1e	8,461,929				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,115,113				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			30,753,988			
Program Service Revenue		Business Code					
	2a Direct Patient Services	900099	521,526,985	521,526,985			
	b Other Patient Service Revenue	900099	45,841,940	45,841,940			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		567,368,925					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,127,465			1,127,465	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents		(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory		(i) Securities	46,109,973	142,946		
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	45,065,587	47,987		
		c Gain or (loss)	7c	1,044,386	94,959		
	d Net gain or (loss)			1,139,345		1,139,345	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses	8b		0		
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses		9b		0			
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold	10b		0			
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a Partnership Income	900099	3,747,281		-66,431	3,813,712		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			3,747,281				
12 Total revenue. See instructions			604,137,004	567,368,925	-66,431	6,080,522	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000	5,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,916,127		3,916,127	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	815,290		815,290	
7 Other salaries and wages	295,693,502	227,863,829	67,449,978	379,695
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,119,958	10,105,974	2,997,690	16,294
9 Other employee benefits	12,633,535	9,730,613	2,886,349	16,573
10 Payroll taxes	17,470,886	13,452,749	3,990,430	27,707
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	132,889	37,705	95,184	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,455,276	41,160,373	12,209,220	85,683
12 Advertising and promotion	0			
13 Office expenses	1,668,842	1,281,295	380,065	7,482
14 Information technology	0			
15 Royalties	0			
16 Occupancy	15,986,206	12,326,555	3,656,372	3,279
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	3,080,452	2,373,210	703,955	3,287
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	29,512,345	22,760,369	6,751,308	668
23 Insurance	3,775,149	2,907,856	862,544	4,749
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 Drugs and reagents	53,454,609	53,454,609		
b Patient Supplies	42,579,668	42,579,668		
c Bad Debt	13,444,633	13,444,633		
d Charity Care	4,202,470	4,202,470		
e All other expenses	38,965,287	29,927,235	8,794,666	243,386
25 Total functional expenses. Add lines 1 through 24e	603,912,124	487,614,143	115,509,178	788,803
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,785,992	1	2,112,863
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	17,708,997	3	25,165,088
	4 Accounts receivable, net	51,709,738	4	56,191,710
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	6,556,059	8	6,673,672
	9 Prepaid expenses and deferred charges	3,785,137	9	4,691,852
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 545,216,861		
	b Less: accumulated depreciation	10b 366,317,559	189,571,726	10c 178,899,302
	11 Investments—publicly traded securities	53,637,491	11	44,344,697
	12 Investments—other securities. See Part IV, line 11	76,866,954	12	88,773,541
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	3,482,384	15	3,672,556
16 Total assets. Add lines 1 through 15 (must equal line 34)	406,104,478	16	410,525,281	
Liabilities	17 Accounts payable and accrued expenses	67,778,786	17	73,336,394
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	62,532,072	20	67,592,076
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	9,641,302	23	4,059,645
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	8,790,641	25	0
	26 Total liabilities. Add lines 17 through 25	148,742,801	26	144,988,115
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	182,474,979	27	182,861,393
	28 Net assets with donor restrictions	74,886,698	28	82,675,773
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	257,361,677	32	265,537,166	
33 Total liabilities and net assets/fund balances	406,104,478	33	410,525,281	

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	604,137,004
2	Total expenses (must equal Part IX, column (A), line 25)	2	603,912,124
3	Revenue less expenses. Subtract line 2 from line 1	3	224,880
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	257,361,677
5	Net unrealized gains (losses) on investments	5	2,915,314
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	5,035,295
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	265,537,166

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-5596796

Name: The Mary Imogene Bassett Hospital

Form 990 (2019)

Form 990, Part III, Line 4a:

Inpatient and Outpatient services provided to our patients resulted in: 13,864 Hospitalizations (inclusive of open heart surgeries) 55,041 Patient Days 711,058 Clinic Visits
25,603 Renal Treatments 8,805 Surgical Cases

Form 990, Part III, Line 4b:

See Schedule O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mun Hong Attending Physician	40.0 0.0					X		861,531	0	10,352
Dhananjai Menzies Attending Physician	40.0 0.0					X		741,425	0	30,180
William Streck BHN President & CEO	40.0 0.0					X		754,609	0	2,210
WT Huntsman Attending Physician	40.0 0.0					X		668,648	0	30,440
Nicholas Hellenthal Attending Physician	40.0 0.0					X		658,366	0	27,536
Steven Heneghan Chief Clinic Officer	40.0 1.0			X				622,076	0	33,136
Vance Brown President & CEO (until 4/2018)	40.0 0.0						X	625,000	0	0
William W LeCates President and Trustee	40.0 0.0			X				590,800	0	32,976
Paul Swinko CFO	40.0 0.0			X				500,410	0	0
Andrew Manzer Former Exec VP & COO	40.0 0.0						X	370,020	0	27,180

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ronette M Wiley Exec VP & COO	40.0 0.0			X				330,335	0	27,785
John Bullis Trustee	1.0 0.5	X						0	0	0
Janes Forbes Clark Trustee	1.0 1.0	X						0	0	0
Terry Fulmer Board Chairman and Trustee	1.0 0.0	X						0	0	0
Peter Hamilton Trustee	1.0 3.5	X						0	0	0
J Michael Moffat Trustee	1.0 0.0	X						0	0	0
Katherine Nickerson Trustee	1.0 1.0	X						0	0	0
Donald Quest Trustee	1.0 1.0	X						0	0	0
Edward Stack Trustee	1.0 2.0	X						0	0	0
Douglas Willies Trustee	1.0 1.5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maureen Killackey Vice Chairman and Trustee	1.0 0.0	X						0	0	0
Walter A Franck Vice Chairman and Trustee	1.0 0.0	X						0	0	0
Donald R Bordley Trustee	1.0 0.0	X						0	0	0
Robert S Hanft Trustee	1.0 0.0	X						0	0	0
James K Patrick Trustee	1.0 0.0	X						0	0	0
Richard A Polin Trustee	1.0 0.0	X						0	0	0
Jason Tabor Trustee (left 7/19)	1.0 1.0	X						0	0	0
Bruce C Vladeck Trustee	1.0 0.0	X						0	0	0
William T Burdick Trustee (thru 2/19)	1.0 0.0	X						0	0	0
Richard Vanison Treasurer	4.0 1.5			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Glen Perrone Secretary	1.0 0.0			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Mary Imogene Bassett Hospital

Employer identification number
13-5596796

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 13-5596796

Name: The Mary Imogene Bassett Hospital

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization The Mary Imogene Bassett Hospital	Employer identification number 13-5596796
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b Total lobbying expenditures to influence a legislative body (direct lobbying)
- c Total lobbying expenditures (add lines 1a and 1b)
- d Other exempt purpose expenditures
- e Total exempt purpose expenditures (add lines 1c and 1d)
- f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g Grassroots nontaxable amount (enter 25% of line 1f)
- h Subtract line 1g from line 1a. If zero or less, enter -0-
- i Subtract line 1f from line 1c. If zero or less, enter -0-
- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		132,889
j	Total. Add lines 1c through 1i			132,889
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	American Hospital Association allocates 23.32% of dues towards general lobbying activities. Total dues paid for the year were \$46,869. HANYS allocates 17.97% of dues towards general lobbying activities. Total dues paid for the year were \$104,906. Iroquois Healthcare Alliance allocates 39.7% of dues towards general lobbying activities. Total dues paid for the year were \$48,130. The organization paid \$84,000 to Jackson Lewis, a lobbying firm. The Clark Estates conducts lobbying activities on behalf of the Mary Imogene Bassett Hospital. Lobbying activities are limited to officer discussions with consultants and legislators to obtain funding for charitable missions. No funds were expended.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: The Mary Imogene Bassett Hospital Employer identification number: 13-5596796

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes Yes/No checkboxes for reporting requirements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure). Includes a table for 'Held at the End of the Year' with rows 2a-d. Includes questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting on revenue and assets for public service and financial gain.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	14,623,624	14,455,785	14,404,447	14,398,341	14,363,039
b Contributions	35,253	167,839	51,338	6,106	35,302
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	14,658,877	14,623,624	14,455,785	14,404,447	14,398,341

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 ▶ 100.000 %
 - 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
- (ii)** related organizations

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

b If "Yes" on 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		1,089,856		1,089,856
b Buildings		241,514,341	168,399,897	73,114,444
c Leasehold improvements				
d Equipment		281,075,460	197,917,662	83,157,798
e Other		21,537,204		21,537,204
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				178,899,302

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) LP - CORPORATE BONDS & NOTES	3,693,260	C
(B) LP - LARGE CAP EQUITIES	5,902,016	C
(C) LP - DIVERSIFIED EQUITIES	63,677,203	C
(D) LP - OTHER LIMITED PARTNERSHIP	15,501,062	C
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	88,773,541	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	0

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

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	594,440,510
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,915,314	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-12,611,808	
e	Add lines 2a through 2d			2e -9,696,494
3	Subtract line 2e from line 1			3 604,137,004
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.)			5 604,137,004

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	586,265,021
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			3 586,265,021
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	17,647,103	
c	Add lines 4a and 4b			4c 17,647,103
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 603,912,124

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-5596796

Name: The Mary Imogene Bassett Hospital

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES FOR ENDOWMENT FUNDS Permanently restricted endowment funds are held in perpetuity with restrictions on income for health services, medical research, medical education, and indigent care.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	FIN 48 FOOTNOTE The Hospital is a not-for-profit corporation as described in Section 501 (c)(3) of the IRC and is exempt from federal income taxes pursuant to Section 501(a) of the IRC. The Hospital recognizes income tax positions when it is more-likely-than-not that the position will be sustainable based on the merits of the position. Management has concluded that there are no material tax liabilities or uncertain tax positions that need to be recorded.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	POST-RETIREMENT BENEFIT CHANGE \$ (1,275,678) CHANGE IN INTEREST AT FRIENDS OF BASSETT \$ (361,885) BAD DEBT \$(13,444,633) CHARITY CARE \$ (4,202,470) CHANGE IN VALUE OF INTEREST RATE SWAPS \$ (2,117,783) CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE \$ 8,790,641 ----- ----- TOTAL \$(12,611,808)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	BAD DEBT \$ 13,444,633 CHARITY CARE \$ 4,202,470 ----- TOTAL \$ 17,647,103

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
 The Mary Imogene Bassett Hospital

Employer identification number
 13-5596796

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,970,854	349,726	3,621,128	0.620 %
b Medicaid (from Worksheet 3, column a)			81,879,751	72,127,817	9,751,935	1.660 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			85,850,605	72,477,543	13,373,063	2.280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			18,087		18,087	
f Health professions education (from Worksheet 5)			29,424,261	5,958,299	23,465,962	4.000 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			14,481,531	12,412,059	2,069,472	0.350 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			148,166		148,166	0.030 %
j Total. Other Benefits			44,072,045	18,370,358	25,701,687	4.380 %
k Total. Add lines 7d and 7j			129,922,650	90,847,901	39,074,750	6.660 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	131,870,027
6	Enter Medicare allowable costs of care relating to payments on line 5	6	128,594,743
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	3,275,284
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	At Home Care Inc	Home Health Agency	50 %		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

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

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

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)
 Mary Imogene Bassett Hospital

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
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.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C</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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Section C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Mary Imogene Bassett Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____% and FPG family income limit for eligibility for discounted care of 0. _____%		
b	<input 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 type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Section C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Section C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Mary Imogene Bassett Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? 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)	21	Yes
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Part V Facility Information *(continued)*

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

Mary Imogene Bassett Hospital

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 56

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE The CSP (Community Services Program) application specifies family income limits and other requirements for services to be eligible for Bassett Medical Center's CSP/free care program.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	RELATED ORGANIZATION INFORMATION The Mary Imogene Bassett Hospital's, (dba Bassett Medical Center (Bassett)), Comprehensive three year Community Service Plan was summarized in an annual community report. Printed copies were available to the public in patient waiting rooms and at information kiosks. The report is also posted on the Bassett website, www.bassett.org

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE The percent of total expense is calculated by dividing column (e), net community benefit expense, by total expense. The bad debt expense of \$13,444,633 was subtracted from the total expense value used to calculate the percentages in Part 1, Line 7, Column f.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY EXPLANATION Sections (a) charity care at cost, (b) unreimbursed Medicaid, (f) health professions education, the costing methodology used is a cost-to-charge ratio calculation utilized on filed state and federal cost reports as the source. Indirect costs were applied to sections (e) community health improvement, portions of (f) health professions education, (h) research, and (i) cash and in-kind contributions to community groups are comprised of the direct salary costs for hospital staff whose time was compensated by the hospital for time spent participating in activities that qualify as community benefits plus the current fiscal year fringe benefit rate. Indirect costs were only applied to select salaries and services under community health improvement and research and not broadly across all community benefit activity entries.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES All Bassett Community Building Activities could be classified under item 1 and highlighted in number 1 above.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINES 2 AND 3	BAD DEBT EXPENSE DUE TO THE ADOPTION OF ASU NO. 2014-09 REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) BAD DEBT EXPENSE IS NO LONGER REPORTED ON THE AUDITED FINANCIAL STATEMENT. RATHER IT IS TREATED AS A PRICE CONCESSION. THE BAD DEBT EXPENSE FOR 2019 WAS \$13,444,633.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	Charity Care FOOTNOTE 2(h) from the Audited Financial Statements The Hospitals general policy statement on charity care requires that medical care be rendered to all persons in need of such care regardless of their ability to pay. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, and therefore historical evidence demonstrates no payments are made by such patients, the Hospital does not report these services as revenue. The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services furnished under its charity care policy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE EXPLANATION Amounts were derived as follows: charge times cost to charge ratio versus reimbursement on the medicare PS&R report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	COLLECTION PRACTICES EXPLANATION It is Mary Imogene Bassett Hospitals policy to delay final collection efforts while an application is in process under the hospitals financial assistance policy. Collection efforts are not initiated until the final determination of eligibility under the financial assistance policy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2</p>	<p>NEEDS ASSESSMENT In addition to public and agency input, a variety of data from the NYS Department of Health, Otsego County Behavioral Risk Factor Surveillance System, Otsego Co. Department of Health Community Assessment and other sources were used to assess priorities, including: a) Percentage of Otsego Co. adults who visited a dentist in the past years b) Prevalence of tooth decay in third-grade children c) Percentage of adults reporting binge drinking d) Heavy drinking e) Percentage of overweight adults in Otsego Co. Based on the outcomes of the focus groups and strategic planning sessions prevention agenda priorities throughout the county were identified. Access to quality healthcare and mental health & substance abuse were identified as the top priorities. Physical activity and nutrition was ranked third. Subsequent strategic planning sessions related to the two top priorities were held to identify service barriers and gaps as well as brainstorm for collaborative efforts to address these priorities. Strategies for the selected priorities: 1) Access to dental health care a. Bassett will support Otsego Co. Dept. of Health efforts to re-establish the Otsego Co. Oral Health Coalition as a mechanism for bringing community partners together on advocacy efforts aimed at attracting more dentists to our rural area, and for tracking progress in improving access to dental services b. Bassett will work to expand comprehensive preventive dental health services to all School-Based Health Centers in the county and to provide sealant services to non-SBHC schools. Bassett will work with the Otsego Co. Dept. of Health and Rural Health Education Network of Delaware, Otsego, Montgomery (RHENDOMS) to make more schools aware of RHENDOMS services to increase participation c. Bassett will work with the Otsego Co. Dept. of Health and A.O. Fox Hospital to educate primary care and SBHC providers about dental practices available for referral. The Otsego Co. Dept. of Health will educate dental providers about Medicaid reimbursements d. Bassett will work with the health department and other community partners to educate the public about dental health in fairs and other community events. 2) Mental Health and Substance Abuse a. In a new initiative, Bassett will work with A.O. Fox Hospital and Leatherstocking Education on Alcoholism/Addictions Foundations, Inc. (LEAF) to provide continuing medical education training on substance abuse screening and referral to primary care providers and surgeons in the county b. Bassett will work with the health department and LEAF to complete and distribute an updated list of mental health and substance abuse resources to primary care providers c. Bassett will collaborate with LEAF and the health department on public health campaign about the risk factors associated with binge drinking and prescription drug abuse 3) Physical Activity and Nutrition a. Bassett will continue to collaborate with the health department and other community partners on efforts to provide early education about the importance of physical activity and nutrition throughout life, including during pregnancy and to prevent chronic disease b. Bassett will work with the health department, schools, and other community partners to improve continuity of care between families, schools, and primary care providers for the treatment of childhood obesity Overall goals will be to increase the percentage of Otsego County adults who have seen a dentist in the past year, work toward a 2013 prevention agenda objective of 83%, reducing the rate of alcohol abuse in Otsego County and reducing the rate of obesity in Otsego County.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE A major component of Bassett's Community Services program is to actively identify patients who may be eligible for charity care. The process begins with an organizational policy and procedure that defines the program and serves as an education tool for all Bassett employees. The policy is updated annually, distributed to key personnel and posted in the online policy and procedure manual that is accessible to all employees. The program is supported by a four page plain language brochure that includes an application. Brochures are prominently displayed and available at all facilities and all clinic locations. Clinical and support staff are made aware of the program and able to direct patients to specialists who can assist in the application process. All patients who are registered as self-pay are provided a brochure either in person or by mail. Patients who are in the hospital receive information as part of a personal visit geared to help the patient navigate financial assistance including, but not limited to, the Community Services Program. Government program opportunities are also referenced and a directory of local social services agencies is provided based on the patient's county of residence. Referral to an onsite Otsego County Medicaid Examiner is available at the Cooperstown campus. A listing of all self-pay accounts is produced and reviewed daily to insure that a Community Services brochure has been provided. The self-pay billing office identifies patients during the billing and collections process that may require additional help understanding the program. Self-pay accounts for patients who have been approved for Community Services within the prior 120 days are automatically included with the prior approval.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION The service area of Bassett encompasses a seven county region in upstate New York. While the economy of Cooperstown is based on tourism and health care, the rest of the region is largely agricultural. There are a few larger employers in the region such as local school districts, community, state and private universities, the majority of employers are small businesses. In the seven county regions, the median household income ranges between \$43,000 and \$48,000. 13-18 % of the community residents have incomes below the federal poverty guidelines. The following areas have been federally designated as being medically underserved: A) Herkimer County B) Fulton County, town of Oppenheim C) Montgomery County, city of Amsterdam D) Otsego County, North Otsego service area, town of Plainfield, town of Decatur E) Delaware County, towns of Deposit, Colchester, Middletown</p>

Form and Line Reference	Explanation
SCHEDULE, H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH Bassett's sole member is Bassett Healthcare Network and is a 180 bed acute care inpatient teaching facility located in rural Cooperstown, New York. Bassett has a fully salaried medical staff and advanced practitioner staff providing a wide variety of services, including a wide range of specialty care. Bassett maintains a strong academic program through its affiliation with Columbia University College of Physicians and Surgeons, an affiliation highlighted by the establishment of a Columbia medical school campus at Bassett in 2009. Bassett has a network of 34 community based outpatient health centers, 20 school-based health centers; two ambulatory surgery centers and is a Level II Trauma Center as designated by New York State. In addition, the research programs at Bassett include the New York Center for Agricultural Medicine and Health Community based partnerships as part of the Northeast Center for Agricultural Health are addressing important health and safety issues in diverse agricultural populations at several sites across New York state. Health Works Occupational Health Services program continues to meet the health, safety and wellness needs of the business community. Providing needed occupational health services benefits and improving employee health throughout the Bassett Healthcare Network seven county region. Bassett is working to re-establish the Otsego County Oral Health Coalition as a mechanism for bringing community partners together around a shared vision in an effort to attract more dentists to our rural area. The size and depth of Bassett with its more than two dozen community health centers and 20 school based health centers makes it ideal for a new initiative to train primary care practitioners and surgeons in substance abuse screening and referral. The goal is to also train practitioners outside Bassett hospital, but Bassett provides the ideal platform from which to pilot this initiative. Bassett is also addressing the rate of obesity within its region reaching out to schools to provide resources, guidance and technical assistance in the areas of tobacco use, nutrition and physical activity. Bassett continues to combine health care with community service. Our program "Connecting Communities for Health & Wellness" is about collaborative efforts to provide treatment and/or to promote health and healing as a response to identified community needs. Community health improvement initiatives have targeted the New York State Department of Health new Public Health Prevention Agenda. In addition to hospital public health programs related to the three priority prevention agenda items, programs addressing chronic disease management and prevention and unintentional injury were considered. Bassett public health programs that address these areas include: A. School-Based Health center Dental sealant program - A registered dental hygienist provides preventive care, including education, cleanings, fluoride treatment, sealant and referrals in this grant funded program B. RHENDO MS (Rural Health Education Network of Delaware, Otsego, Montgomery and Schoharie Counties) - Dental health education is offered to elementary school students, and parents of newborns are educated about baby-bottle tooth decay C. Parent HANY book - This family resource was created by the Otsego Co. Committee on Child Abuse and Neglect and underwritten by Bassett and A.O. Fox Hospital. Its goal is to give parents and professionals a place to turn for help in dealing with the stresses of family life D. KickStart - a program designed to help combat childhood obesity through collaborative partnerships with Bassett health centers and local recreational and fitness groups E. Bassett Cancer Institute Medical Screening Coach - a new, custom-built medical coach equipped with digital technology for mammography and other cancer screenings for men and women. The coach was placed in service in 2008 with the goal of reducing the number of cancer deaths by increasing access to screening services in rural areas F. Cancer Services Program of Delaware, Otsego and Schoharie Counties a New York State Department of Health partnership administered through Bassett offering free breast, cervical and colorectal screenings to people who qualify G. Healthy Start Breakfast - a partnership between community service organizations and Bassett for diabetes detection, education, and prevention H. Safe Kids Coalition of Otsego County - An organization whose mission is to prevent unintentional injuries to children through education. Programs and services include safety seat events, educational resources on bicycling, in-line skate and skateboard safety, home safety, fire and burn prevention, road safety and pedestrian safety The regional primary and specialty care clinics and the school-based health centers were established in response to community need. Bassett is continually engaging in quality improvement initiatives to ensure that quality</p>

Form and Line Reference	Explanation
SCHEDULE, H, PART VI, LINE 5	<p>health care and programs are brought to central New York. A core part of Bassett is research and education. Bassett's value to the communities it serves is compounded by providing physicians the ability to practice quality medicine in a collegial environment in a rural setting. There is a tremendous collaboration between physicians within Bassett to ensure a better outcome for the patient. Bassett continually invests in programs, equipment and people to ensure quality service to the communities in which we serve.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM Bassett is part of the Bassett Healthcare Network that provides health services in more than 20 communities spanning 5,600 square miles and seven counties. The network focuses its community services programs in the counties where the six affiliated hospitals and greatest patient populations are located. Otsego County - population 60,094, Delaware County - population 45,001, Herkimer County - population 62,240, Schoharie County - population 31,420 (according to the 2017 U.S. Census estimates). a) Bassett - an acute care inpatient teaching facility, an outpatient primary and specialty care center, a regional network of 29 community based outpatient health centers, 20 school based health centers, two ambulatory surgery centers and a fully salaried medical staff in Cooperstown, Otsego County b) O'Connor Hospital - critical access hospital in Delhi, Delaware County c) Cobleskill Regional Hospital - acute care facility in Cobleskill, Schoharie County d) Little Falls Hospital - critical access hospital in Little Falls, Herkimer County e) Tri-Town Regional Hospital - 24/7 emergency care facility in Sidney, Delaware County f) A.O. Fox Memorial Hospital - acute care facility in Oneonta, Otsego County g) Valley Health Services - residential health care and rehabilitation facility h) At Home Care - certified home care agency i) First Community Care of Bassett - medical supply company All the above (a-i) make up the Bassett Healthcare Network and provide health services to this seven county region in central New York</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT New York

Additional Data**Software ID:****Software Version:****EIN:** 13-5596796**Name:** The Mary Imogene Bassett Hospital**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Mary Imogene Bassett Hospital One Atwell Road Cooperstown, NY 13326 www.bassett.org 3824000H	X	X		X		X	X		Outpatient primary & specialty	

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, LINE 5, FACILITY 1, MARY IMOGENE BASSETT HOSPITAL</p>	<p>THIS COMMUNITY HEALTH NEEDS ASSESSMENT HAS TAKEN INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD RANGE OF SECTORS AND INTERESTS OF THE COMMUNITY INCLUDING ORGANIZATIONS THAT REPRESENT THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS SERVED BY BASSETT MEDICAL CENTER. ALL ORGANIZATIONS PROVIDING INPUT INTO THIS ASSESSMENT, INCLUDING THE NAME AND TITLE OF THOSE INDIVIDUALS REPRESENTATIVE OF THE ORGANIZATION, IS PROVIDED BELOW. THIS INCLUDED INPUT FROM INDIVIDUALS WITH EXPERTISE IN PUBLIC HEALTH, SPECIFICALLY, HEIDI BOND, DIRECTOR OF THE OTSEGO COUNTY HEALTH DEPARTMENT. A) HEIDI BOND, DIRECTOR AT OTSEGO COUNTY HEALTH DEPARTMENT B) PATRICIA KNUTH, EXECUTIVE DIRECTOR AT THE ARC OTSEGO C) AMEEN ASWAD, EXECUTIVE DIRECTOR OF JAIL MINISTRY OF OTSEGO COUNTY D) TREENA HALSTEAD, BUILDING HEALTHY FAMILIES PROGRAM MANAGER AT OPPORTUNITIES FOR OTSEGO E) MARGARET AVRITT, ONEONTA COMMUNITY HEALTH CENTER F) TOM HOHENSEE, CREATING HEALTHY SCHOOLS AND COMMUNITIES SCHOOL COORDINATOR BASSETT RESEARCH INSTITUTE AT BASSETT MEDICAL CENTER G) SARAH BUTTICE, DIRECTOR OF EDUCATION/EMPLOYEE WELLNESS AT A.O. FOX HOSPITAL H) CALI RIESE, PUBLIC EDUCATION & COMMUNITY OUTREACH SPECIALIST CANCER SERVICES PROGRAM OF THE CENTRAL REGION AT BASSETT HEALTHCARE NETWORK I) TAMIE MACDONALD, DIRECTOR AT OTSEGO COUNTY OFFICE FOR THE AGING J) CHERILYN LACY, COORDINATOR OF THE PUBLIC HEALTH PROGRAM AT HARTWICK COLLEGE K) VERA SOSNOWSKI, BOARD MEMBER AT THE TOWN OF MILFORD L) CHRISTY HOUCK, CATHOLIC CHARITIES DELAWARE, OTSEGO & SCHOHARIE M) LYNAE WYCKOFF, LIVING WELL PROGRAM MANAGER BASSETT RESEARCH INSTITUTE AT BASSETT MEDICAL CENTER N) DAN MASKIN, EXECUTIVE DIRECTOR AT OPPORTUNITIES FOR OTSEGO O) LUCINDA LEVENE, ENGAGEMENT MANAGER AT LEATHERSTOCKING COLLABORATIVE HEALTH PARTNERS P) DEBRA MARCUS, EXECUTIVE DIRECTOR AT FAMILY PLANNING OF SOUTH CENTRAL NEW YORK Q) SUSAN MATT, DIRECTOR AT OTSEGO COUNTY COMMUNITY SERVICES R) DAVE RICHARDS, SUPERINTENDENT OF SCHOOLS AT UNATEG CENTRAL SCHOOL DISTRICT S) ARLANA YOUNG, BOARD OF DIRECTORS MEMBER AT ONEONTA COMMUNITY HEALTH CENTER T) STEPHEN CLARK, ADMINISTRATIVE DIRECTOR BASSETT RESEARCH INSTITUTE AT BASSETT MEDICAL CENTER U) MATHEW JOHNSON, HEALTH EDUCATOR AT OTSEGO COUNTY HEALTH DEPARTMENT V) LAURA BRYANT, RABIES COORDINATOR AT OTSEGO COUNTY HEALTH DEPARTMENT W) KIM SCHLOSSER, ASSISTANT DIRECTOR AT OTSEGO COUNTY HEALTH DEPARTMENT X) MARION MANLIUS, BOARD MEMBER AT THE TOWN OF MILFORD Y) MAUREEN BLANCHARD, CREATING HEALTHY SCHOOLS AND COMMUNITIES COMMUNITY COORDINATOR RESEARCH FOUNDATION AT SUNY COBLESKILL Z) MARION MOSSMAN, PROJECT DIRECTOR AT OTSEGO COUNTY SYSTEM OF CARE AA) JULIE SORENSEN, DIRECTOR AT THE NEW YORK CENTER OF AGRICULTURAL MEDICINE AND HEALTH/ NORTHEAST CENTER FOR OCCUPATIONAL HEALTH AND SAFETY BB) ANNE G ADOMSKI, ATTENDING PEDIATRIC PHYSICIAN AND DIRECTOR OF THE BASSETT RESEARCH INSTITUTE AT BASSETT MEDICAL CENTER CC) LYNN GLUECKERT, EXECUTIVE DIRECTOR AT CATHOLIC CHARITIES DELAWARE, OTSEGO & SCHOHARIE DD) TERE</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, LINE 5, FACILITY 1, MARY IMOGENE BASSETT HOSPITAL</p>	<p>SA SEARS, CLERK AT THE TOWN OF OTEGO EE) GARY FURMAN, SUPERINTENDENT OF SCHOOLS AT EDMESTO N CENTRAL SCHOOL DISTRICT FF) JULIE DOSTAL, EXECUTIVE DIRECTOR AT LEATHERSTOCKING EDUCATIO N ON ALCOHOLISM/ADDICTIONS FOUNDATION FOLLOWING A REVIEW OF DATA FROM BASSETT MEDICAL CENT ERS, A.O. FOX MEMORIAL HOSPITALS AND OTSEGO COUNTY HEALTH DEPARTMENTS 2019 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND INPUT FROM KEY INFORMANTS, BASSETT MEDICAL CENTER, A.O . FOX MEMORIAL HOSPITAL AND OTSEGO COUNTY HEALTH DEPARTMENT WILL COLLABORATE ON THE NEW YO RK STATE PREVENTION AGENDA PRIORITIES OF PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTAN CE USE DISORDERS FOCUS AREA OF 'PREVENT MENTAL AND SUBSTANCE USE DISORDERS' WITH THE GOALS TO PREVENT OPIOID AND OTHER SUBSTANCE MISUSE AND DEATH, AND PREVENT CHRONIC DISEASES FOCU S AREA OF 'TOBACCO PREVENTION' WITH THE GOAL TO PREVENT INITIATION OF TOBACCO USE. BASSETT MEDICAL CENTER, A.O. FOX MEMORIAL HOSPITAL, AND OTSEGO COUNTY HEALTH DEPARTMENT ENGAGED S TAKEHOLDERS TO WORK WITH THEM ON THEIR 2013 AND 2016 PRIORITIES AND STAKEHOLDERS WERE ENGA GED FOR THE 2019 PRIORITIES. THESE STAKEHOLDERS, ALONG WITH INDIVIDUALS AND ORGANIZATIONS FOCUSED ON THE HEALTH OF THE COMMUNITY, HAD AN OPPORTUNITY TO INDICATE THEIR PRIORITIES DU RING A COMMUNITY DATA PRESENTATION AND THOSE INDIVIDUALS UNABLE TO ATTEND HAD THE OPPORTUN ITY TO COMPLETE A SURVEY INDICATING THEIR PRIORITIES. IN ORDER TO ADDRESS THE COMBINED FOC US AREA OF 'PREVENT MENTAL AND SUBSTANCE USE DISORDERS' BASSETT MEDICAL CENTER, A.O. FOX M EMORIAL HOSPITAL, AND OTSEGO COUNTY HEALTH DEPARTMENT WILL INCREASE THE AVAILABILITY OF/AC CESS AND LINKAGES TO MEDICATION-ASSISTED TREATMENT (MAT) INCLUDING BUPRENORPHINE; PROMOTE AND ENCOURAGE PRESCRIBER EDUCATION AND FAMILIARITY WITH OPIOID PRESCRIBING GUIDELINES, AND LIMITS AS IMPOSED BY NEW YORK STATE STATUTES AND REGULATION; AND BUILD SUPPORT SYSTEMS TO CARE FOR OPIOID USERS WHO ARE AT RISK OF AN OVERDOSE. FOR 'TOBACCO PREVENTION' BASSETT ME DICAL CENTER, A.O. FOX MEMORIAL HOSPITAL, AND OTSEGO COUNTY HEALTH DEPARTMENT WILL USE MED IA AND HEALTH COMMUNICATIONS TO HIGHLIGHT THE DANGERS OF TOBACCO/VAPING IN THE PEDIATRIC C LINICS, SCHOOL BASED HEALTH CENTERS AND COMMUNITY. BASSETT MEDICAL CENTER, A.O. FOX MEMORI AL HOSPITAL, AND OTSEGO COUNTY HEALTH DEPARTMENT WILL UTILIZE THE RECOMMENDED PROCESS MEAS URES LISTED IN THE NEW YORK STATE PREVENTION AGENDA ACTION PLAN TO TRACK PROGRESS OF ALL P RIORITIES AND FOCUS AREAS. YEARLY PROGRESS TOWARDS THOSE MEASURES WILL BE DISSEMINATED TO THE NEW YORK STATE DEPARTMENT OF HEALTH AND WILL BE INCLUDED ON THE BASSETT HEALTHCARE NET WORKS AND OTSEGO COUNTY HEALTH DEPARTMENTS WEBSITES.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 6A, FACILITY 1, MARY IMOGENE BASSETT HOSPITAL	O'Connor Hospital, AO Fox Memorial Hospital, Cobleskill Regional Hospital, Little Falls Hospital, Tri Town Regional Healthcare SCHEDULE H, PART VI, LINE 6B OTSEGO COUNTY HEALTH DEPARTMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 7a and 10a, FACILITY 1, MARY IMOGENE BASSETT HOSP	The Hospital's Community Health Needs Assessment and Implementation Strategy are made available on the Hospital's website: www.bassett.org/locations/bassett-medical-centerer

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 11, FACILITY 1, MARY IMOGENE BASSETT HOSPITAL	The organization addressed significant, prioritized health needs identified in its most recently conducted CHNA by adoption of a budget for provision of services that address the needs identification in the CHNA, prioritization of health needs in its community, and prioritization of services that the hospital facility will undertake to meet health needs in its community. For needs not addressed as a collaborative, we address some as an individual organization, and also continue to reprioritize highest demand of needs.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 16A, 16B, 16C, FACILITY 1, MARY IMOGENE BASSETT	The Hospital's Financial Assistance Policy, application, and plain language summary are made available on the Hospital's website: www.bassett.org/patients-visitors/billing-insurance/financial-assistance/financial-assistance-plain-language

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
1 Bassett Healthcare Physical Therapy 124 County Road 52 Cooperstown, NY 13326	Outpatient physical therapy services
1 Bassett Healthcare Hamilton Surgical 10 Eaton Street Hamilton, NY 13346	Outpatient specialty care
2 Bassett Healthcare Herkimer Cardiac 690 West German Street Herkimer, NY 13350	Outpatient rehab services
3 Bassett Healthcare Clinton 34 Chenango Avenue Clinton, NY 13323	Outpatient primary care
4 Bassett Healthcare Canajoharie 56 Montgomery Street Canajoharie, NY 13317	Outpatient primary care
5 Bassett Healthcare Cobleskill 121 Legion Drive Cobleskill, NY 12043	Outpatient primary care
6 Bassett Healthcare Delanson 1 Cooley Heights Delanson, NY 12053	Outpatient primary care
7 Bassett Healthcare Delhi 460 Andes Road Delhi, NY 13753	Outpatient primary care and dental
8 Bassett Healthcare Edmeston Route 80 PO Box 15 Edmeston, NY 13335	Outpatient primary care
9 Bassett Healthcare Hamilton 160 Broad Street Hamilton, NY 13346	Outpatient primary care and dental
10 Bassett Healthcare Herkimer 321 East Albany Street Herkimer, NY 13350	Outpatient prime, specialty, urgent care
11 Bassett Healthcare Middleburgh 109 Baker Avenue Middleburgh, NY 12122	Outpatient primary care
12 Bassett Healthcare Morris 93 Main Street Morris, NY 13808	Outpatient specialty care
13 Bassett Healthcare Oneonta Surgical 449 Main Street Oneonta, NY 13820	Outpatient specialty care
14 Bassett Healthcare Norwich 55 Calvary Drive Norwich, NY 13815	Outpatient primary care

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
16 Bassett Healthcare Oneonta 125 Main Street Oneonta, NY 13820	Outpatient primary care
1 Bassett Healthcare Oneonta Specialty One Associate Drive Oneonta, NY 13820	Outpatient prime, specialty, urgent care
2 Bassett Healthcare Richfield Springs 8550 State Highway 28 Richfield Springs, NY 13439	Outpatient primary care
3 Bassett Healthcare Schoharie 111 Barton Hill Road Schoharie, NY 12157	Outpatient primary care
4 Bassett Healthcare Sharon Springs Route 20 PO Box 275 Sharon Springs, NY 13459	Outpatient primary care
5 Bassett Healthcare Sherburne 20 Chapel Street Sherburne, NY 13460	Outpatient primary care
6 Bassett Healthcare Sidney 39 Pearl Street Sidney, NY 13838	Outpatient primary care
7 Bassett Healthcare St Johnsville 8 Park Place St Johnsville, NY 13452	Outpatient primary care
8 Bassett Healthcare Stamford 28650 State Highway 23 Stamford, NY 12167	Outpatient primary care
9 Bassett Healthcare Walton 130 North Street Walton, NY 13856	Outpatient primary care
10 Bassett Healthcare West Winfield 544 East Main Street West Winfield, NY 13491	Outpatient primary care
11 Bassett Healthcare at FoxCare 1 Foxcare Drive Oneonta, NY 13820	Outpatient primary care
12 Bassett Healthcare at Little Falls 170 Burwell Street Little Falls, NY 13365	Outpatient primary care and specialty care
13 Bassett Healthcare Unadilla 16 Clifton Street Unadilla, NY 13849	Outpatient primary care
14 Bassett Regional Cancer Center 7 Associate Drive Oneonta, NY 13820	Outpatient specialty care

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
31 Hartwick Seminary Specialty Services 4580 Route 28 Milford, NY 13807	Outpatient primary and specialty care
1 Bassett Healthcare Andes 245 Lower Main St Andes, NY 13731	Outpatient primary care
2 Bassett Healthcare Greene 29 N Chenango St Ste A Greene, NY 13778	Outpatient primary care
3 Bassett Family Medicine Oneonta 739 NYS Rte 28 Ste 9 Oneonta, NY 13820	Outpatient primary care
4 SBHC - Cooperstown Elementary 21 Walnut Street Cooperstown, NY 13326	Outpatient primary care
5 SBHC - Cooperstown Middle and High 39 Linden Avenue Cooperstown, NY 13326	Outpatient primary care
6 SBHC - Delhi Elementary 2 Sheldon Drive Delhi, NY 13753	Outpatient primary care
7 SBHC - Delhi Middle and High 2 Sheldon Drive Delhi, NY 13753	Outpatient primary care
8 SBHC - Edmeston Central School 11 North Street Edmeston, NY 13335	Outpatient primary care
9 SBHC - Laurens Central School 55 Main Street Laurens, NY 13796	Outpatient primary care
10 SBHC - Middleburgh Elementary 245-I Main Street Middleburgh, NY 12122	Outpatient primary care
11 SBHC - Middleburgh Middle and High 291 Main Street Middleburgh, NY 12122	Outpatient primary care
12 SBHC - Milford Central School 42 West Main Street Milford, NY 13807	Outpatient primary care
13 SBHC - Morris Central School 65 Main Street Morris, NY 13808	Outpatient primary care
14 SBHC - Oral Health Mobile Program One Atwell Road Cooperstown, NY 13326	Outpatient primary care

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
46 SBHC - Schenevus Central School 159 Main Street Schenevus, NY 12155	Outpatient primary care
1 SBHC - SherburneEarlville Elementary 13 School Street Sherburne, NY 13460	Outpatient primary care
2 SBHC - SherburneEarlville Mdle & High 13 School Street Sherburne, NY 13460	Outpatient primary care
3 SBHC - Sidney Central School 95 West Main Street Sidney, NY 13838	Outpatient primary care
4 SBHC - South Kortright Central PO Box 113 South Kortright, NY 13842	Outpatient primary care
5 SBHC - Stamford Central School One River Street Stamford, NY 12167	Outpatient primary care
6 SBHC - Unadilla Valley Central PO Box F 4238 State Highway 8 New Berlin, NY 13411	Outpatient primary care
7 SBHC - Worcester Central School 195 Main Street Worcester, NY 12197	Outpatient primary care
8 SBHC - Richfield Springs Central 93 Main Street Richfield Springs, NY 13439	Outpatient primary care
9 SBHC - Springbrook 105 Campus Drive Oneonta, NY 13820	Outpatient primary care
10 Bassett Healthcare Oneida 2031 Dreamcatcher Plaza Rte 5 Oneida, NY 13421	Outpatient primary care

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization The Mary Imogene Bassett Hospital	Employer identification number 13-5596796
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Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS Vance Brown, President & CEO (until 4/2018) received a severance payment of \$625,000 from the organization during the tax year. This payment is included in the total reported on Schedule J, Part II, Column B(iii).
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS PROVIDED Non-fixed payments are made based on the success in meeting performance criteria that are prospectively agreed upon as goals for the officers and other employees.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization The Mary Imogene Bassett Hospital

Employer identification number 13-5596796

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include 2015A Series Oneida County-LDC Bond and 2018A Series Otsego County Capital Resource Corp.

Part II Proceeds

Table with columns: A, B, C, D. Rows 1-13 show amounts for various categories like bonds retired, proceeds of issue, and expenditures. Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with columns: A, B, C, D. Rows 1-2 are yes/no questions about partnership/LLC ownership and lease arrangements for bond-financed property.

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider	0		M&T Trust Company					
c Term of hedge				10 %				
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part I, Line 1, Column F	2015A Series Oneida County - CDC Bonds Renovation of off-campus data center 2018A Series Otsego County - CRC Bonds Fund capital expenditure projects Refinance line of credit for Series 2011A and 2011B Bonds Refund Series 2015A Bond. See below for dates of issuance. 2011A Series Otsego County-CR Bond - Date Issued 11/3/2011 2011B Series Otsego County-CR Bond - Date Issued 11/3/2011 2015A Series Otsego County-CR Bond - Date Issued 8/27/2015

Return Reference	Explanation
Part II, Line 3, Column B	2018A Series Otsego County - CRC Bonds \$5,388,539 in proceeds from the issuance was drawn down during 2019. Therefore, the ending balance of the bond as reflected on the 2019 financial statements of the Hospital is \$52,628,539, which is net of bond retirement and deferred financing costs.

Return Reference	Explanation
Part III, Line 1, Part IV, Line 7, and Part V	The Mary Imogene Bassett Hospital had written procedures in place but they do not meet the requirements under the regulations to answer yes to these questions. Management is working to update these written policies to comply with the regulations. Management regularly reviews the Hospitals tax-exempt bond obligations to ensure there are no violations of federal tax requirements.

Schedule L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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Name of the organization The Mary Imogene Bassett Hospital

Employer identification number 13-5596796

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) The Clark Estates	Part V	116,036	Investment mgmt fees		No
(2) Jane Hamilton	Part V	132,808	Wages		No
(3) Lee Edmonds	Part V	470,046	Wages		No
(4) Hannah Kinzelmann	Part V	72,171	Wages		No
(5) Patrick Franck	Part V	140,265	Wages		No

Part V Supplemental Information

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

Return Reference	Explanation
PART V ADDITIONAL INFORMATION	Part IX, Line 1 More than 35% of The Clark Estates is owned by trustee Jane Forbes Clark Part IV, Line 2 Jane Hamilton is family member of trustee Peter Hamilton Part IV, Line 3 Lee Edmonds, MD is a family member of President & CEO William LeCates. Part IV, Line 4 Hannah Kinzelmann is a family member of Executive VP & COO Ronette Wiley. Part IV, Line 5 Patrick Franck is a family member of trustee Walter Franck.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the Organization

The Mary Imogene Bassett Hospital

Employer identification number

13-5596796

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>ORGANIZATION'S MISSION Mary Imogene Bassett Hospital is a rural academic medical center committed to providing excellence in health care services, educating physicians and other health care professionals, and pursuing health research. FORM 990, PART III, LINE 4B Community involvement has been linked to Bassett's mission and values since it first opened in 1921. Whether it is strengthening our community relationships for health and wellness, communicating ideas for improving our services to our region, or providing a forum for Bassett to learn and listen, we are working with our community to improve the quality of life of the people of our region. Our community services program provides free services to persons who cannot afford to pay, who do not qualify for Medicaid, and who fall within the established income guidelines. In 2019 we provided \$4,202,470 in free care. Bassett's community health education programs include lectures, presentations, health fairs, and other group programs in addition to the clinical and diagnostic services offered. Clinical services offered includes screenings, health tests and health risk appraisals including blood pressure, lipid profile, cholesterol screenings, cardiology risk factor screenings, and all cancer screenings. Our community building activities include philanthropic support for health initiatives and community health and welfare projects including promoting healthy lifestyles, disease prevention, and community awareness initiatives. Our doors are open 24 hours a day, 7 days a week, 365 days a year. We are proud to provide care to our communities. FORM 990, PART VI, LINE 2 RELATED PARTY INFORMATION AMONG OFFICERS William T Burdick & Jane Forbes Clark - BUSINESS William T Burdick & Richard C Vanison - BUSINESS Jane Forbes Clark & Richard C Vanison - BUSINESS FORM 990, PART VI, LINES 6, 7A, AND 7B Bassett Healthcare Network is the parent and sole member to each of the following related parties. Friends of Bassett, AO Fox Memorial Hospital, Bassett Hospital of Schoharie County, Little Falls Hospital, O'Connor Hospital, Templeton Foundation, Valley Health Services, Tri-Town Regional Hospital, Mary Imogene Bassett Hospital. As parent and sole member, Bassett Healthcare Network has the right to appoint and remove members of the governing boards of its subsidiaries and approve significant decisions of the governing boards, including, but not limited to, approval of operating and capital budgets, certain capital expenditures, indebtedness not contained in the approved budgets, substantive changes in clinical programs, mergers, consolidations, liquidations and dissolutions involving its subsidiaries and certificate of need applications.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	ORGANIZATIONS PROCESS TO REVIEW THE FORM 990 The Mary Imogene Bassett Hospital distributes the draft 990 to the Audit Committee of the Board of Trustees prior to filing. Any questions are raised and answered. The Audit Committee recommends, to the executive and finance committee, to file. A complete copy of the organization's final form 990, including all required schedules, as ultimately filed with the IRS is made available upon request to each member of the Board before its filed with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>ENFORCEMENT OF CONFLICTS POLICY The organization's conflict of interest policy applies to the board of trustees, including any committees of the board, individual members of the board, officers of the hospital (President, COO, CFO), Vice Presidents, and all directors serving as directors team members. Upon the commencement of an individual serving in the roles previously defined, and thereafter annually by January 1, a conflict of interest questionnaire which is prescribed by the Audit Committee of the Board of Trustees must be completed. All completed questionnaires are reviewed by the Compliance Officer of the organization. Any potential conflict of interest will be discussed with the individual and/or with legal counsel. The Compliance Officer will take action to eliminate the potential conflict of interest, if deemed appropriate. After investigation, if it is deemed that the individual has failed to comply with such policies and directives, appropriate corrective action will be taken. The Audit Committee of the Board of Trustees may determine whether the corrective action is satisfactory and, if not, shall require further action. FORM 990, PART VI, LINE 15A COMPENSATION PROCESS FOR TOP OFFICIAL The Mary Imogene Bassett Hospital has a formal process that is used to determine the base compensation of the President on an annual basis. This process includes a compensation committee of the board of trustees, compensation survey or study, and approval by the board of trustees or the compensation committee. MIBH pays non-fixed earnings based on the success in meeting performance criteria that are prospectively agreed upon as goals for the CEO.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	COMPENSATION PROCESS FOR TOP OFFICIAL The same formal process noted above (Part VI, Section B, line 15a), is used to determine the base compensation of the other officers. Non-fixed earnings of other officers are based on the success in meeting performance criteria and comparative market data. For key employees, compensation is delegated by the board to the discretion of the officers.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION The Mary Imogene Bassett Hospital makes its governing documents, conflicts of interest policy, and financial statements available to the public upon written request. Parties desiring to obtain copies of such must present themselves at the administrative offices of the hospital or by sending a self-addressed stamped envelope along with payment for copying of the requested material to the administrative office of the hospital. The cost of copying shall be equal to the costs imposed by the IRS for copying of public documents.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS POST-RETIREMENT BENEFIT CHANGE \$ (1,275,678) CHANGE IN INTEREST RATE SWAPS \$ (2,117,783) CHANGE IN VALUE OF INTEREST RATE SWAPS \$ (2,117,783) CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE \$ 8,790,641 ----- TOTAL \$ 5,035,295 CHANGE IN ACCOUNTING PRINCIPLE In June 2018, The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2019-08, Clarifying the Scope and Audit Guidance for Contributions Received and Contributions Made (ASU-2018-08), which provides guidance in order to address diversity in practice in classifying grants (including governmental grants) and contracts received by not-for-profits. The standard also clarifies the guidance on how entities determine when a contribution is conditional. The Hospital adopted ASU 2018-08 effective January 1, 2019 using the modified retroactive approach, which resulting in \$8,790,641 that was previously recorded as advanced funds for DSRIP program being classified to net assets with donor restrictions.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
The Mary Imogene Bassett Hospital

Employer identification number

13-5596796

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Bassett Accountable Care Partners LLC One Atwell Road Cooperstown, NY 13326 47-1390327	Hlthcare Qual	NY	0	0	MIBH

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Leatherstocking Physicians PC One Atwell Road Cooperstown, NY 13326 36-4864562	Healthcare Svcs	NY	NA	C Corp					No

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

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

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

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

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

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-5596796
Name: The Mary Imogene Bassett Hospital

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
One Atwell Road Cooperstown, NY 13326 13-3218680	Support	NY	501c3	12c	NONE		No
One Atwell Road Cooperstown, NY 13326 23-7041610	Fundraiser	NY	501c3	7	BHN		No
One Norton Avenue Oneonta, NY 13820 15-0539039	Healthcare	NY	501c3	3	BHN		No
178 Grandview Drive Cobleskill, NY 12043 14-1772971	Healthcare	NY	501c3	3	BHN		No
140 Burwell Street Little Falls, NY 13365 15-0533578	Healthcare	NY	501c3	3	BHN		No
460 Andes Road Delhi, NY 13753 16-1540394	Healthcare	NY	501c3	3	BHN		No
One Atwell Road Cooperstown, NY 13326 13-3317084	Landlord	NY	501c3	10	BHN		No
43 Pearl Street Sidney, NY 13838 26-0169584	Healthcare	NY	501c3	3	BHN		No
690 West German Street Herkimer, NY 13350 22-2511614	Elder Care	NY	501c3	3	BHN		No
618 State Highway 7 Oneonta, NY 13820 81-1749905	Healthcare	NY	501c3	12A	MIBH	Yes	
25 Elm Street Oneonta, NY 13820 56-2397098	Healthcare	NY	501c3	10	AHC Inc	Yes	
25 Elm Street Oneonta, NY 13820 16-1287069	Healthcare	NY	501c3	10	BHN		No
690 West German Street Herkimer, NY 13350 46-3703838	Elder Care	NY	501c3	10	BHN		No