

Form 990
Department of the Treasury
Internal Revenue Service
POSTMARK DATE

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 2017, and ending 2017, and ending 20

DEC 03 2018

C Name of organization <u>VASSAR BROTHERS MEDICAL CENTER</u>		D Employer identification number <u>14-1338586</u>
Doing business as		E Telephone number <u>(845) 475-9500</u>
Number and street (or P O box if mail is not delivered to street address)	Room/suite	
<u>45 READE PLACE</u>		G Gross receipts \$ <u>672,179,168.</u>
City or town, state or province, country, and ZIP or foreign postal code <u>POUGHKEEPSIE, NY 12601</u>		
F Name and address of principal officer <u>ANN McMACKIN, PRESIDENT</u> <u>45 READE PLACE POUGHKEEPSIE, NY 12601</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <u>527</u>	H(c) Group exemption number <input type="checkbox"/>	
J Website: <u>WWW.HEALTHQUEST.ORG</u>		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	L Year of formation <u>1882</u>	M State of legal domicile <u>NY</u>

Part I Summary

1 Briefly describe the organization's mission or most significant activities <u>TO PROVIDE COMPREHENSIVE PRIMARY HEALTHCARE - SEE SCHEDULE O FOR MORE INFORMATION</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>18.</u>		
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>15.</u>		
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<u>5</u> <u>2,446.</u>		
6 Total number of volunteers (estimate if necessary)	<u>6</u> <u>425.</u>		
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> <u>1,305.</u>		
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <u>1,170,421.</u>	Current Year <u>878,573.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>611,448,884.</u>	<u>650,132,135.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>25,057,522.</u>	<u>12,255,920.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>8,525,144.</u>	<u>8,912,540.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>646,201,971.</u>	<u>672,179,168.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>178,551.</u>	<u>158,100.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>209,187,217.</u>	<u>223,896,351.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>331,974,776.</u>	<u>353,772,257.</u>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>541,340,544.</u>	<u>577,826,708.</u>	
19 Revenue less expenses Subtract line 18 from line 12	<u>104,861,427.</u>	<u>94,352,460.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <u>1,042,042,785.</u>	End of Year <u>1,081,588,850.</u>
	21 Total liabilities (Part X, line 26)	<u>700,650,464.</u>	<u>668,748,861.</u>
	22 Net assets or fund balances Subtract line 21 from line 20	<u>341,392,321.</u>	<u>412,839,989.</u>

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	<u>Katherine Bacher, HQ CFO</u> Signature of officer	<u>11/13/18</u> Date
	<u>KATHERINE BACHER</u> Type or print name and title	<u>HQ SVP & CFO</u>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

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

For Paperwork Reduction Act Notice, see the separate instructions.

9.118 NE

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 THE MISSION STATEMENT OF THE HEALTH QUEST SYSTEM AND ITS AFFILIATED ORGANIZATIONS IS TO DELIVER EXCEPTIONAL HEALTHCARE TO THE COMMUNITIES WE SERVE BY PURSUING THE HIGHEST STANDARDS OF QUALITY, SAFETY, SERVICE AND COMPASSION.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 279,878,369. including grants of \$) (Revenue \$ 390,512,429.) INPATIENT SERVICES: PATIENTS ADMITTED FOR ACUTE CARE - NUMBER OF PATIENTS 23,699; NUMBER OF PATIENT DAYS 104,693 THE HOSPITAL PROVIDED APPROXIMATELY \$3,486,872 IN UNCOMPENSATED CARE (AT COST) TO THE REGIONS UN-INSURED AND UNDER-INSURED POPULATION.

4b (Code) (Expenses \$ 184,076,012. including grants of \$ 158,100.) (Revenue \$ 256,840,037.) OUTPATIENT SERVICES: EMERGENCY VISITS 59,058; OTHER OUTPATIENT VISITS/PROCEDURES 396,745 THE HOSPITAL PROVIDED APPROXIMATELY \$5,058,543 IN UNCOMPENSATED CARE (AT COST) TO THE REGIONS UN-INSURED AND UNDER-INSURED POPULATION.

4c (Code) (Expenses \$ 1,992,175. including grants of \$) (Revenue \$ 2,779,669.) AFFILIATE RENTAL INCOME

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 465,946,556.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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 columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply
Own website Another's website [X] Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KATHERINE BACHER, SVP & CFO 1351 ROUTE 55 SUITE 200 LAGRANGEVILLE, NY 1254 845-475-9500

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

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

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

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

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

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

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

(A) 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			
(1)CARLA GUDE IMMEDIATE PAST CHAIRMAN	1.00 0.	X						0.	0.	0.
(2)BARRY ROTHFELD FIRST VICE CHAIR	1.00 0.	X						0.	0.	0.
(3)DAVID WEINREICH TRUSTEE & HVCP PHYSICIAN	1.00 40.00	X						0.	401,716.	36,754.
(4)ROBERT CHAMBERS TRUSTEE EMERITUS	1.00 0.	X						0.	0.	0.
(5)FRANCOISE DUNEFKY CHAIR	1.00 0.	X						0.	0.	0.
(6)CARL NEEDY TRUSTEE EMERITUS	1.00 0.	X						0.	0.	0.
(7)CHARLES SHANOK TRUSTEE	1.00 0.	X						0.	0.	0.
(8)RICHARD STRAIN TRUSTEE EMERITUS	1.00 0.	X						0.	0.	0.
(9)JOHN REID TRUSTEE	1.00 0.	X						0.	0.	0.
(10)ANN MCMACKIN VBMC PRESIDENT	0. 40.00	X		X				0.	842,327.	13,947.
(11)TIMOTHY DEAN SECOND VICE CHAIR	1.00 0.	X						0.	0.	0.
(12)CHARLES O'MARA SECRETARY/TREASURER	1.00 0.	X						0.	0.	0.
(13)CHERYL BOWERS TRUSTEE	1.00 0.	X						0.	0.	0.
(14)KEVIN CLEARY TRUSTEE	1.00 0.	X						0.	0.	0.

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			
15) SHAY HUMPHREY, ESQ. TRUSTEE	1.00 0.	X					0.	0.	0.	
16) ROBERT DEAN PRESIDENT MED/DENTAL STAFF	1.00 0.	X					0.	0.	0.	
17) THOMAS ROBINSON, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
18) DEBRA DOMBER TRUSTEE	1.00 0.	X					0.	0.	0.	
19) STEVEN TINKELMAN TRUSTEE	1.00 0.	X					0.	0.	0.	
20) SIMON GORWARA, MD TRUSTEE & HVCP PHYSICIAN	1.00 40.00	X					0.	957,491.	43,722.	
21) KIMBERLY HELLER, MD TRUSTEE & HQMP PHYSICIAN	1.00 40.00	X					0.	497,612.	27,954.	
22) KATHLEEN MERGET TRUSTEE	1.00 0.	X					0.	0.	0.	
23) ROBERT FRIEDBERG HQ PRESIDENT & CEO	0. 40.00			X			0.	1,625,684.	146,549.	
24) KATHERINE BACHER HQ SVP & CFO/ASST TREASURER	0. 40.00			X			0.	542,938.	35,434.	
25) GARY ZMRHAL ASST. TREASURER	0. 40.00			X			0.	435,250.	0.	
1b Sub-total							0.	1,244,043.	50,701.	
c Total from continuation sheets to Part VII, Section A							1,864,140.	5,498,419.	506,416.	
d Total (add lines 1b and 1c)							1,864,140.	6,742,462.	557,117.	

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 **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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			
26) MICHAEL HOLZHUETER ASST SECRETARY	0. 40.00			X				0. 1,043,442.	105,563.	
27) CHERYL BOOTH ASSISTANT SECRETARY	0. 40.00			X				0. 110,857.	7,942.	
28) MICHAEL DOYLE, MD VP MEDICAL AFFAIRS	40.00 0.				X		452,238.	0.	14,073.	
29) KEVIN BOLAND DIR CARDIO PERFUSION	40.00 0.					X	283,665.	0.	42,619.	
30) LORETTA M. BOGOLIN VP PATIENT CARE SVCS/CNO VMBC	40.00 0.					X	389,408.	0.	35,027.	
31) SANDRA CASSESE VP ONCOLOGY	40.00 0.					X	293,138.	0.	31,544.	
32) IAN PORTELLI AVP OPS & CLINICAL RESEARCH	40.00 0.					X	339,818.	0.	14,080.	
33) ROBERT A ROSENBAUM VP OPERATIONS	40.00 0.					X	349,835.	0.	27,522.	
34) JOHN L. MCGUINNESS FORMER HQ CEO AND PRESIDENT	0. 40.00							0. 1,143,502.	2,958.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)	35,175.				
	1f	All other contributions, gifts, grants, and similar amounts not included above	843,398.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		878,573.			
Program Service Revenue	2a	INPATIENT SERVICE REVENUE	900099	390,512,429.	390,512,429.		
	b	OUTPATIENT SERVICE REVENUE	900099	256,840,037.	256,840,037.		
	c	AFFILIATE RENTAL INCOME	900099	2,779,669	2,779,669.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		650,132,135			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1		11,741,707.		11,741,707.	
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross rents	(i) Real	1,325,837.			
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)		1,325,837.			
	d	Net rental income or (loss)		1,325,837.		1,325,837	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
d	Net gain or (loss)		514,213.		514,213.		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events			0.			
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities			0.			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue			Business Code				
11a	CAFETERIA AND DELI SALES		900099	2,303,202.	2,303,202.		
b	REFUNDS AND REBATES		900099	1,244,477.	1,244,477.		
c	QUALITY INCENTIVE PROGRAM		518210	883,091.	883,091		
d	All other revenue		900099	3,155,933.	3,154,628	1,305.	
e	Total. Add lines 11a-11d			7,586,703.			
12	Total revenue. See instructions			672,179,168.	657,717,533.	1,305. 13,581,757.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	158,100.	158,100.		
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	452,268.	407,041.	45,227.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	163,143,865.	153,029,486.	10,114,379.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,734,052.	14,758,331.	975,721.	
9 Other employee benefits	32,756,500.	30,722,264.	2,034,236.	
10 Payroll taxes	11,809,666.	11,076,265.	733,401.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	19,047.		19,047.	
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)	2,759,861.	2,604,558.	155,303.	
12 Advertising and promotion	0.			
13 Office expenses	13,561,524.	10,314,825.	3,246,699.	
14 Information technology	674,431.	666,353.	8,078.	
15 Royalties	0.			
16 Occupancy	6,149,376.	4,064,601.	2,084,775.	
17 Travel	108,558.	77,553.	31,005.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	322,934.	132,273.	190,661.	
20 Interest	4,986,201.	3,295,768.	1,690,433.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	27,216,089.	17,607,423.	9,608,666.	
23 Insurance	4,754,096.	3,142,352.	1,611,744.	
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 PURCHASED SERVICES	123,187,793.	50,694,168.	72,493,625.	
b MEDICAL SUPPLIES	88,607,448.	88,607,448.		
c PHYSICIAN FEES	43,293,039.	43,293,039.		
d BAD DEBT	16,949,743.	16,949,743.		
e All other expenses	21,182,117.	14,344,965.	6,837,152.	
25 Total functional expenses. Add lines 1 through 24e	577,826,708.	465,946,556.	111,880,152.	
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,836,205.	1	11,016,218.
	2 Savings and temporary cash investments	26,486,336.	2	15,892,172.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	75,488,112.	4	100,037,021.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	7,811,218.	8	8,327,179.
	9 Prepaid expenses and deferred charges	5,435,647.	9	5,172,015.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 744,198,535.		
	b Less accumulated depreciation	10b 382,978,924.	10c 285,732,785.	361,219,611.
	11 Investments - publicly traded securities	171,321,633.	11	200,257,916.
	12 Investments - other securities See Part IV, line 11	0.	12	0.
	13 Investments - program-related See Part IV, line 11	0.	13	0.
	14 Intangible assets	25,915,927.	14	25,915,927.
	15 Other assets. See Part IV, line 11	433,014,922.	15	353,750,791.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,042,042,785.	16	1,081,588,850.	
Liabilities	17 Accounts payable and accrued expenses	65,330,704.	17	57,409,210.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	461,983,676.	20	455,062,482.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	50,000,849.	23	40,391,350.
	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	123,335,235.	25	115,885,819.
	26 Total liabilities. Add lines 17 through 25	700,650,464.	26	668,748,861.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	329,117,610.	27	399,257,567.
	28 Temporarily restricted net assets	10,083,760.	28	11,391,471.
	29 Permanently restricted net assets	2,190,951.	29	2,190,951.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	341,392,321.	33	412,839,989.
34 Total liabilities and net assets/fund balances.	1,042,042,785.	34	1,081,588,850.	

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	672,179,168.
2	Total expenses (must equal Part IX, column (A), line 25)	2	577,826,708.
3	Revenue less expenses Subtract line 2 from line 1	3	94,352,460.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	341,392,321.
5	Net unrealized gains (losses) on investments	5	17,013,394.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-39,918,186.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	412,839,989.

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		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization VASSAR BROTHERS MEDICAL CENTER	Employer identification number 14-1338586
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 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 **section 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.

03

	(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		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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? 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		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: 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? Row 11b: A family member of a person described in (a) above? Row 11c: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). Row 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a	1			
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j and 4c			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **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.**

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 organization VASSAR BROTHERS MEDICAL CENTER	Employer identification number 14-1338586
--	--

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)				

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9,524
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		9,523
i Other activities?		X	
j Total Add lines 1c through 1i			19,047
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C PART II-B LINE 1J - LOBBYING EXPENDITURES

A PORTION OF THE NORMET MEMBERSHIP, GNYHA MEMBERSHIP AND HEALTHCARE

EDUCATION PROJECT, PAID BY VASSAR BROTHERS MEDICAL CENTER, WAS USED FOR

LOBBYING EXPENDITURES ON BEHALF OF THE HOSPITAL INDUSTRY.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

VASSAR BROTHERS MEDICAL CENTER

14-1338586

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Schedule D (Form 990) 2017

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66961P A07K

V 17-7.2F

VBMC 990 2017

PAGE 30

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
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

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	2,190,951.	2,190,951.	2,190,951.	2,190,951.	2,190,951.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,190,951.	2,190,951.	2,190,951.	2,190,951.	2,190,951.

- 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 ▶ 100.0000 %
 - 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
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		17,371,414.		17,371,414.
b Buildings		280,858,289.	126,915,270.	153,943,019.
c Leasehold improvements				
d Equipment		286,088,681.	254,000,665.	32,088,016.
e Other		159,880,151.	2,062,989.	157,817,162.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c).				361,219,611.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

ATTACHMENT 1	(a) Description	(b) Book value
(1)	DUE FROM AFFILIATES	14,998,907.
(2)	RETIREMENT INVESTMENTS	1,030,691.
(3)	INVESTMENT IN FACS LLC	
(4)	UROC SECURITY DEPOSIT	49,500.
(5)	INTEREST IN FOUNDATION	9,243,761.
(6)	2007 SERIES A BOND PREMIUM	551,430.
(7)	DSRF 2007 SERIES A BONDS	1,086,612.
(8)	DSRF 2005 BONDS	1,325,324.
(9)	MISC RECEIVABLES	337,434.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶		353,750,791.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	POST RETIREMENT BENEFITS	70,112,103.
(3)	RETIREMENT INVESTMENTS	1,031,608.
(4)	3RD PARTY RATE ADJMTS PAYABLE	2,440,744.
(5)	DUE TO AFFILIATES	3,724,834.
(6)	ENVIRONMENTAL CONTIN LIAB (FIN	4,584,453.
(7)	GENERAL RESERVE	9,836,060.
(8)	DUE TO HQ L/T	2,331,173.
(9)	MED MALPRACTICE INSURANCE LIAB	21,824,844.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		115,885,819.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SCHEDULE D PART V LINE 4 - ENDOWMENT FUNDS

THE ORIGINAL CONTRIBUTION IS BEING HELD FOR THE BENEFIT OF THE HOSPITAL.

Part XIII Supplemental Information (continued)ATTACHMENT 1SCHEDULE D, PART IX - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
2010 BOND INTEREST FD GENERAL	2,936,267.
DUE FROM HQ LT	22,563,920.
DUE FROM THIRD PARTIES	1,850,950.
DSRF 2012 PROJECT FUND	9,009.
DSRF HQ SER 1997	1,525.
DSRF 2012 INTEREST	1,520,197.
DSRF 2014 1 COLUMBIA ST FUND	305,340.
DSRF 2014 INTEREST	1,064,345.
DSRF 2016B CONSTRUCTION FUND	263,829,326.
DSRF 2016B CAP INT FUND	31,046,253.
TOTALS	<u>353,750,791.</u>

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2017

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/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **VASSAR BROTHERS MEDICAL CENTER**
Employer identification number: **14-1338586**

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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			13,337,966.	5,178,290.	8,159,676.	1.41
b Medicaid (from Worksheet 3, column a)			76,667,423.	49,787,914.	26,879,509.	4.65
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			90,005,389.	54,966,204.	35,039,185.	6.06
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	4304	40,011.		40,011.	.01
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits	5	4304	40,011.		40,011.	.01
k Total. Add lines 7d and 7j.	5	4304	90,045,400.	54,966,204.	35,079,196.	6.07

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
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?	X	
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		
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		
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	220,693,106.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	255,850,801.
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-35,157,695.
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 2		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
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	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ULSTER RADIATION ONC	RADIATION ONCOLOGY	50.0000		
2 21 READE PLACE	ENDOSCOPY	51.0000		
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)

1 VASSAR BROTHERS MEDICAL CENTER
 45 READE PLACE
 POUGHKEEPSIE NY 12601
 WWW.HEALTHQUEST.ORG
 1302001H

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
X	X					X			

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, 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.

PART V, SECTION B, LINE 5

DUTCHESS COUNTY EMBRACES AN INCLUSIVE AND COLLABORATIVE PROCESS FOR COMMUNITY PLANNING. THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH PARTNERED WITH HEALTH QUEST, MID-HUDSON REGIONAL HOSPITAL AND LOCAL HEALTH PRACTICES TO CONDUCT A COMMUNITY HEALTH IMPROVEMENT STAKEHOLDER FORUM ON OCTOBER 18, 2016. NEARLY ONE HUNDRED REPRESENTATIVES FROM HEALTHCARE AGENCIES, BEHAVIORAL HEALTH SERVICES, COUNTY AGENCIES, AND COMMUNITY ORGANIZATIONS TOOK PART IN THE EVENT TO DISCUSS COMMUNITY HEALTH PRIORITIES AND REVIEW CHIP STRATEGIES. AGENCY AND ORGANIZATIONAL PARTNERS ALSO PARTICIPATE IN ONGOING DIALOGUE THROUGH ACTIVE WORKGROUPS AND COALITIONS LIKE THE DUTCHESS COUNTY CHRONIC DISEASE COALITION, THE DUTCHESS COUNTY SUBSTANCE ABUSE WORKGROUP, DUTCHESS COUNTY TICK TASK FORCE, AND HUDSON VALLEY REGION POPULATION HEALTH IMPROVEMENT PROGRAM.

PART V, SECTION B, LINE 6A

THE VBMC CHNA WAS CONDUCTED IN CONJUNCTION WITH NORTHERN DUTCHESS HOSPITAL AND MID-HUDSON REGIONAL MEDICAL CENTER.

PART V, SECTION B, LINE 6B

THE VBMC CHNA WAS CONDUCTED WITH THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH.

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, 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.

PART V, SECTION B, LINE 11

THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH CONFIRMED THE FOLLOWING PREVENTION AGENDA PRIORITIES AND DISPARITY FOCUS AREAS FOR THE 2016-2018 PERIOD:

- * PREVENT CHRONIC DISEASE
- * PROMOTE MENTAL HEALTH & PREVENT SUBSTANCE ABUSE
- * PROMOTE A SAFE & HEALTHY ENVIRONMENT (REDUCE BURDEN OF TICK-BORNE DISEASE)

BASED ON THESE PRIORITIES, VASSAR BROTHERS MEDICAL CENTER'S COMMUNITY HEALTH NEEDS COMMITTEES IDENTIFIED THE FOLLOWING TWO PRIORITIES FOR THEIR NYS COMMUNITY SERVICE PLAN:

1. PREVENT CHRONIC DISEASES
2. PROMOTE A HEALTHY AND SAFE ENVIRONMENT (REDUCE FALL RISKS AMONG VULNERABLE POPULATIONS)

COUNTY PRIORITIES NOT FORMALLY ADDRESSED

1. REDUCE TICK AND INSECT-RELATED DISEASES - WHILE WE DID NOT SELECT THIS AS A PRIORITY THIS YEAR, IT WAS A PRIORITY FOR VBMC IN OUR PRIOR COMMUNITY SERVICE PLAN (2013-2016). WE WILL CONTINUE TO SUPPORT THIS INITIATIVE THROUGH OUR ONGOING PARTNERSHIP WITH THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH. HEALTH QUEST REPRESENTATIVES SIT ON THE TICK-BORNE DISEASE PREVENTION WORKGROUP HOSTED BY THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH. HEALTH QUEST ALSO CONTINUES TO EDUCATE THE COMMUNITY ABOUT TICK- AND INSECT-RELATED DISEASES THROUGH SOCIAL MEDIA CAMPAIGNS, THE FINANCIAL

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, 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.

SUPPORT OF TICK REMOVAL KITS THAT ARE DISTRIBUTED AT NO COST TO THE PUBLIC AT VARIOUS OUTREACH EVENTS, AND PUBLIC EDUCATIONAL LECTURES BY CLINICAL PROVIDERS ON OUR MEDICAL STAFF.

2. PREVENT SUBSTANCE ABUSE - WHILE THIS ISSUE WAS UNDOUBTEDLY OF GREAT IMPORTANCE TO OUR COMMITTEES, VBMC ELECTED NOT TO ADDRESS THIS WITH A FORMAL INITIATIVE AT THIS TIME BECAUSE WE DO NOT HAVE LICENSED SUBSTANCE ABUSE BEDS. MID-HUDSON REGIONAL HOSPITAL OF WESTCHESTER MEDICAL CENTER HAS LICENSED BEHAVIORAL AND SUBSTANCE ABUSE BEDS AND PROVIDES SERVICES TO DUTCHESS COUNTY RESIDENTS. THE HOSPITALS CONTINUOUSLY LOOK FOR WAYS TO SUPPORT THE COUNTY WITH THIS INITIATIVE, SUCH AS PROVIDING SPACE FOR TRAINING, PROVIDING PHYSICIAN SPEAKERS TO LECTURE ABOUT SUBSTANCE ABUSE PREVENTIVE MEASURES, AND HOSTING MEDICATION TAKE-BACK DAYS.

PART V, SECTION B, LINE 7D

THE CHNA WAS ALSO PRINTED AND DISTRIBUTED THROUGHOUT THE HOSPITAL, INCLUDING THE MAIN LOBBY, PATIENT WAITING AREAS AND HOSPITAL ADMINISTRATION. IT IS ALSO AVAILABLE BY REQUEST IN ALL OFF-SITE ADMINISTRATIVE OFFICES.

PART V, SECTION B, LINE 9

THE HOSPITALS CONDUCTED THEIR MOST RECENT CHNA, IN CONJUNCTION WITH THEIR COUNTY HEALTH DEPARTMENT, IN TAX YEAR 2016. THE IMPLEMENTATION STRATEGIES WERE APPROVED AND ADOPTED BY THE HOSPITAL BOARDS IN 2016, TO BE

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, 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.

IMPLEMENTED IN CALENDAR YEAR 2017.

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? _____

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

Schedule H (Form 990) 2017

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group VASSAR BROTHERS MEDICAL CENTER

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

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?
- 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
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
If "Yes," indicate what the CHNA report describes (check all that apply)
 - a A definition of the community served by the hospital facility
 - b Demographics of the community
 - c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
 - d How data was obtained
 - e The significant health needs of the community
 - f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
 - g The process for identifying and prioritizing community health needs and services to meet the community health needs
 - h The process for consulting with persons representing the community's interests
 - i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
 - j Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA. 20 16
- 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
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- 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
- 7 Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply)
 - a Hospital facility's website (list url) WWW.HEALTHQUEST.ORG/COMMUNITY
 - b Other website (list url) _____
 - c Made a paper copy available for public inspection without charge at the hospital facility
 - d Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2017
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
 - a If "Yes," (list url) WWW.HEALTHQUEST.ORG/COMMUNITY
 - 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)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a	X	
6b	X	
7	X	
8	X	
9		
10	X	
10b		
11		
12a		X
12b		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group VASSAR BROTHERS MEDICAL CENTER

		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.	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
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 status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? 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)	X	
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 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)	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.HEALTHQUEST.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.HEALTHQUEST.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.HEALTHQUEST.ORG</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

Name of hospital facility or letter of facility reporting group VASSAR BROTHERS MEDICAL CENTER

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?

Table with 3 columns: Question ID, Yes, No. Row 17: 17, X,

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

- a Reporting to credit agency(ies)
b Selling an individual's debt to another party
c 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 Actions that require a legal or judicial process
e Other similar actions (describe in Section C)
f [X] None of these actions or other similar actions were permitted

Table with 3 columns: Question ID, Yes, No. Row 18: 18, ,

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?

Table with 3 columns: Question ID, Yes, No. Row 19: 19, , X

If "Yes," check all actions in which the hospital facility or a third party engaged

- a Reporting to credit agency(ies)
b Selling an individual's debt to another party
c 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 Actions that require a legal or judicial process
e Other similar actions (describe in Section C)

Table with 3 columns: Question ID, Yes, No. Row 19 (continued): 19, ,

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 [X] 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
b [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process
c [X] Processed incomplete and complete FAP applications
d [X] Made presumptive eligibility determinations
e Other (describe in Section C)
f 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?

Table with 3 columns: Question ID, Yes, No. Row 21: 21, X,

If "No," indicate why:

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

Table with 3 columns: Question ID, Yes, No. Row 21 (continued): 21, ,

Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group VASSAR BROTHERS MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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		X
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		X

Schedule H (Form 990) 2017

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7

THE COST TO CHARGE RATIO PERCENTAGE, BASED ON THE MEDICARE COST REPORT,
WAS USED AS THE COSTING METHODOLOGY IN DETERMINING THE AMOUNTS REPORTED.

PART III, SECTION A, LINE 2, 3 AND 4

LINE 2 - VBMC FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN ITS
RECOGNITION OF BAD DEBT EXPENSE. PATIENT ACCOUNT BALANCES WERE ONLY
CONSIDERED FOR BAD DEBT AFTER APPLYING ALL CONTRACTUAL DISCOUNTS AND
PAYMENTS, AND SCREENING FOR CHARITY ELIGIBILITY.

LINE 3 - VBMC DOES RECOGNIZE THAT THERE WAS SOME BAD DEBT EXPENSE
ATTRIBUTABLE TO PATIENTS WHO WERE ELIGIBLE UNDER THE ORGANIZATION'S
CHARITY POLICY. WE DID NOT HAVE A REASONABLE BASIS FOR ESTIMATING THE
AMOUNT OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL
ASSISTANCE POLICY. PATIENTS WHO WERE ELIGIBLE UNDER OUR FINANCIAL
ASSISTANCE POLICY WERE ACCOUNTED FOR UNDER CHARITY CARE RATHER THAN BAD
DEBT.

LINE 4 - FOOTNOTE ON AUDITED FINANCIALS - THE FOOTNOTE TO THE
ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE CAN

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.

BE FOUND ON PAGE 18 OF THE HEALTH QUEST SYSTEMS CONSOLIDATED AUDITED FINANCIAL STATEMENTS. FEDERAL AND STATE LAW REQUIRES THAT HOSPITALS PROVIDE EMERGENCY SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY. UNINSURED PATIENTS SEEN IN THE EMERGENCY DEPARTMENT, INCLUDING PATIENTS SUBSEQUENTLY ADMITTED FOR INPATIENT SERVICES, OFTEN DO NOT PROVIDE INFORMATION NECESSARY TO ALLOW THE COMPANY TO QUALIFY SUCH PATIENTS FOR CHARITY CARE. UNCOLLECTIBLE AMOUNTS DUE FROM SUCH UNINSURED PATIENTS REPRESENT THE SUBSTANTIAL PORTION OF THE PROVISION FOR BAD DEBTS REFLECTED IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS.

PART III, SECTION B, LINE 8

THE MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE THE ORGANIZATION IS RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE IN EXCESS OF THE COMPANY'S COSTS FOR THE PATIENTS IN THE COMMUNITY. THE COSTING METHODOLOGY USED TO CALCULATE THE SHORTFALL WAS THE COST TO CHARGE RATIO FROM THE MEDICARE COST REPORT.

Part VI Supplemental Information

Provide the following information

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

PART III, SECTION C, LINE 9B

BEFORE A DELINQUENT ACCOUNT WAS REFERRED TO A COLLECTION AGENCY, THE ACCOUNT WAS REVIEWED TO DETERMINE WHETHER THE PATIENT QUALIFIED FOR CHARITY CARE, OR FINANCIAL ASSISTANCE UNDER OUR CHARITY CARE POLICY. IF IT WAS DETERMINED THAT THE PATIENT WAS ELIGIBLE FOR CHARITY CARE, OR FINANCIAL ASSISTANCE, THE ACCOUNT WAS ADJUSTED TO CHARITY, AND WAS NOT PURSUED WITH A COLLECTION AGENCY. IF A PATIENT APPEALED THE DETERMINATION, THE ACCOUNT WAS NOT REFERRED TO A COLLECTION AGENCY UNTIL A FINAL DETERMINATION HAD BEEN MADE WITH RESPECT TO THE APPEAL. PATIENTS STILL HAD THE OPPORTUNITY TO APPLY FOR A DISCOUNT UNDER THE CHARITY CARE POLICY EVEN AFTER THE ACCOUNT HAD BEEN SENT TO A COLLECTION AGENCY.

PART VI, LINE 2 NEEDS ASSESSMENT

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

VASSAR BROTHERS MEDICAL CENTER RECENTLY PARTICIPATED IN COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT AS PART OF THE DSRIP PROCESS. SINCE THE NYS DEPARTMENT OF HEALTH IS NOT ASKING FOR A NEW COMPREHENSIVE HEALTH

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
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- 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

ASSESSMENT FOR THE 2016-2018 CYCLE, WE FOLLOWED THESE STATE GUIDELINES IN
OUR PLANNING:

- * COLLABORATE WITH COMMUNITY PARTNERS TO REVIEW COMMUNITY HEALTH DATA FROM RECENTLY COMPLETED HEALTH ASSESSMENTS, INCLUDING UPDATED DATA ON THE PRIORITY HEALTH ISSUES;
- * IDENTIFY TWO PREVENTION AGENDA PRIORITIES AND ONE HEALTH DISPARITY IN THE COMMUNITY BASED ON THE DATA;
- * DEVELOP AND SUBMIT AN IMPLEMENTATION PLAN THAT DESCRIBES THE EVIDENCE BASED INTERVENTIONS BEING IMPLEMENTED AND THE PROCESS MEASURES BEING USED TO TRACK PROGRESS TOWARD THESE PRIORITIES; AND
- * DEMONSTRATE EVIDENCE OF COLLABORATION AMONG LHDS, HOSPITALS AND COMMUNITY ORGANIZATIONS IN SELECTING NEW OR CONFIRMING EXISTING PRIORITIES AND ADDRESSING THEM.

IN ADDITION TO A THOROUGH REVIEW OF DATA AND HEALTH PRIORITIES, THE PRIORITIES SELECTED BY THE COMMITTEES REPRESENT PRIORITIES THAT ARE ATTAINABLE AT THIS TIME AND THAT ARE ALIGNED WITH THE HOSPITAL'S MISSION AND SERVICE AREA DEMOGRAPHICS.

Part VI Supplemental Information

Provide the following information

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THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH OPTED TO COMPLETE A HEALTH ASSESSMENT UPDATE BASED ON THE ABOVE REQUIREMENTS.

DUTCHESS COUNTY

VASSAR BROTHERS MEDICAL CENTER

DUTCHESS COUNTY EMBRACES AN INCLUSIVE AND COLLABORATIVE PROCESS FOR COMMUNITY PLANNING. THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH PARTNERED WITH THE LOCAL HOSPITAL SYSTEMS, HEALTH QUEST AND MIDHUDSON REGIONAL HOSPITAL, TO CONDUCT A COMMUNITY HEALTH IMPROVEMENT STAKEHOLDER FORUM ON OCTOBER 18, 2016. NEARLY ONE HUNDRED REPRESENTATIVES FROM HEALTHCARE AGENCIES, BEHAVIORAL HEALTH SERVICES, COUNTY AGENCIES, AND COMMUNITY ORGANIZATIONS TOOK PART IN THE EVENT TO DISCUSS COMMUNITY HEALTH PRIORITIES AND REVIEW CHIP STRATEGIES. AGENCY AND ORGANIZATIONAL PARTNERS ALSO PARTICIPATE IN ONGOING DIALOGUE THROUGH THE DUTCHESS COUNTY CHRONIC DISEASE COALITION (WHICH HEALTH QUEST IS A MEMBER OF) AND THE DUTCHESS COUNTY SUBSTANCE ABUSE WORKGROUP.

Part VI Supplemental Information

Provide the following information

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COMMUNITY HEALTH INDICATOR REVIEW PROCESS

THE DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH ROUTINELY MONITORS NUMEROUS SOURCES OF DATA ON HEALTH AND WELLBEING IN DUTCHESS COUNTY, USING TOOLS INCLUDING THE NYS PREVENTION AGENDA DASHBOARD, THE HUDSON VALLEY COMMUNITY DASHBOARD, NYS DEPARTMENT OF HEALTH COMMUNITY HEALTH INDICATOR REPORTS, SUB-COUNTY INDICATOR REPORTS, NYS CANCER REGISTRY STATISTICS, NYS OPEN DATA (INCLUDING THE EXPANDED BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM), COUNTY HEALTH RANKINGS AND ROADMAPS, THE KIDS WELLBEING INDICATORS CLEARINGHOUSE (KWIC), THE MIDHUDSON VALLEY COMMUNITY PROFILES, AND THE U.S. CENSUS BUREAU'S AMERICAN FACTFINDER.

THE DEPARTMENT ALSO CONDUCTS SURVEILLANCE FROM ORIGINAL DATA INCLUDING COMMUNICABLE DISEASE REPORTS, VITAL STATISTICS (BIRTHS AND DEATHS), EMERGENCY DEPARTMENT VISITS AND HOSPITAL ADMISSIONS FROM THE STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM (SPARCS), TREATMENT SERVICE REPORTS FROM THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS), AND LOCAL SURVEYS.

Part VI Supplemental Information

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THE ANNUAL DUTCHESS COUNTY COMMUNITY HEALTH STATUS REPORT, PUBLISHED IN MAY 2016, SUMMARIZES THESE MANY DATA SOURCES, EXAMINING DISPARITIES AND PROVIDING COMPARISONS TO UPSTATE NEW YORK AND HEALTHY PEOPLE 2020 GOALS, WHERE AVAILABLE. THE COMMUNITY HEALTH STATUS REPORT SERVED AS A GUIDE TO BOTH VBMC AND NDH AS WE PREPARED OUR COMMUNITY SERVICE PLAN FOR 2016-2018.

ADDITIONALLY, THE COUNTY PROVIDED A COMMUNITY HEALTH ASSESSMENT DATA REVIEW THAT WAS USED IN CONJUNCTION WITH HEALTH STATUS REPORT AND THE PREVENTION AGENDA DASHBOARD TO INFORM THE SELECTION OF HEALTH QUEST'S TWO PRIORITY AREAS. THE COMMUNITY HEALTH ASSESSMENT DATA REVIEW LOOKED AT IMPROVING/WORSENING HEALTH STATUS (5-10 YEARS) AND COMPARED US TO NYS, EXCLUDING NYC, WHERE DATA ARE AVAILABLE.

IN THE FALL OF 2016, THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH CONDUCTED A SURVEY TO ASSESS THE TOP PRIORITIES OF THE COMMUNITY. THE SURVEY PERIOD CULMINATED WITH THE HALF-DAY, COUNTY-WIDE

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COMMUNITY HEALTH IMPROVEMENT PLAN STAKEHOLDER FORUM. THE PURPOSE OF THE FORUM WAS TO REVIEW THE RESULTS OF THE RECENT SURVEY AND DEVELOP A LOCALLY RELEVANT, COMPREHENSIVE ACTION PLAN TO IMPROVE THE HEALTH AND LIVES OF THE RESIDENTS OF DUTCHESS COUNTY. THE STAKEHOLDER SAMPLE INCLUDED REPRESENTATIVES FROM HOSPITALS AND HEALTHCARE, BEHAVIORAL HEALTH SERVICES, COUNTY GOVERNMENT, EDUCATION AND COMMUNITY-BASED ORGANIZATIONS.

THROUGH DATA REVIEW AND STAKEHOLDER ENGAGEMENT, DUTCHESS COUNTY HAS CONFIRMED THE FOLLOWING PREVENTION AGENDA PRIORITIES AND DISPARITY FOCUS AREAS FOR THE 2016-2018 PERIOD. THE THREE OVERARCHING AREAS REMAIN UNCHANGED FROM THE ORIGINAL 2013-2016 PLAN, WITH THE NEW ADDITION OF TOBACCO USE PREVENTION AND CESSATION AS CORE COMPONENTS OF THE CHRONIC DISEASE FOCUS AREA.

- * PREVENT CHRONIC DISEASE:
- * REDUCE OBESITY
- * REDUCE ILLNESS AND DEATH RELATED TO TOBACCO USE
- * INCREASE ACCESS TO HIGH QUALITY CHRONIC DISEASE PREVENTIVE CARE AND

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MANAGEMENT

- * PROMOTE MENTAL HEALTH & PREVENT SUBSTANCE ABUSE:
- * PREVENT SUBSTANCE ABUSE; IN PARTICULAR, PREVENT OVERDOSE DUE TO

OPIOIDS

- * PROMOTE A SAFE & HEALTHY ENVIRONMENT:
- * REDUCE THE BURDEN OF TICK-BORNE DISEASE (DUTCHESS COUNTY SPECIFIC

PRIORITY AREA)

WHILE INSECT-RELATED DISEASE DOES NOT FIT INTO ANY NYS PREVENTION AGENDA CATEGORIES, IT WAS A HEALTH CONCERN FOR DUTCHESS COUNTY RESIDENTS IN THE 2013-2016 ASSESSMENT, AS WELL AS AGAIN IN THE CURRENT COMMUNITY SURVEY.

IN ADDITION TO THE COUNTY FORUM, THE VASSAR BROTHERS MEDICAL CENTER COMMUNITY HEALTH NEEDS COMMITTEE HELD WORKGROUPS WITH HOSPITAL STAFF, PHYSICIANS, DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH STAFF AND COMMUNITY MEMBERS TO REVIEW THE RECENTLY COMPLETED DSRIP NEEDS ASSESSMENT, THE COMMUNITY HEALTH ASSESSMENT DATA REVIEW, THE 2015 DUTCHESS COUNTY HEALTH STATUS REPORT, INTERNAL DISCHARGE DATA, SPARCS DATA, THE NEW YORK STATE PREVENTION AGENDA DASHBOARD AND THE COUNTY

Part VI Supplemental Information

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HEALTH RANKINGS ROADMAP.

VASSAR BROTHERS MEDICAL CENTER COMMUNITY HEALTH COMMITTEE IDENTIFIED THE FOLLOWING TWO PRIORITIES:

1. PREVENT CHRONIC DISEASES
2. PROMOTE A HEALTHY AND SAFE ENVIRONMENT (REDUCE FALL RISKS AMONG VULNERABLE POPULATIONS)

IN CHOOSING PROMOTION OF A HEALTHY AND SAFE ENVIRONMENT, VBMC DEVIATED FROM THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH'S SELECTED PRIORITIES. IN NEW YORK STATE, FALL-RELATED INJURIES ARE THE LEADING CAUSE OF INJURY HOSPITALIZATIONS AMONG CHILDREN AGES 0-14 AND ADULTS 25 YEARS AND OLDER. FALLS ARE THE LEADING CAUSE OF UNINTENTIONAL INJURY DEATHS FOR THOSE 45 YEARS AND OLDER. FALLS CAN RESULT IN SERIOUS INJURIES, SUCH AS TRAUMATIC BRAIN INJURIES OR FRACTURES. THERE IS ALSO A HEAVY FINANCIAL BURDEN TO FALL-RELATED INJURIES. FALLS ACCOUNT FOR \$1.7 BILLION IN ANNUAL NYS HOSPITALIZATION CHARGES AND \$145.3 MILLION IN ANNUAL OUTPATIENT EMERGENCY DEPARTMENT CHARGES (NYS DOH). IN OUR COMBINED

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SERVICE AREAS, ALMOST 50% OF THE POPULATION IS OVER 45 (46%). AGING RELATED HEALTH ISSUES WAS THE FOURTH MOST IMPORTANT ISSUE IDENTIFIED IN THE STAKEHOLDER SURVEY FOLLOWING MENTAL HEALTH, SUBSTANCE ABUSE AND CHRONIC DISEASE. WITH OUR SERVICE AREA PROJECTED TO AGE SIGNIFICANTLY IN THE NEXT TEN YEARS AND FALLS AND FRACTURE FROM FALLS MAKING UP 10% OF THE EMERGENCY DEPARTMENT VISITS AT VBMC IN 2015, WE FELT THE NEED TO ADDRESS THIS PRIORITY.

COUNTY PRIORITIES NOT FORMALLY ADDRESSED BY HEALTH QUEST

1. REDUCE TICK AND INSECT-RELATED DISEASES - WHILE WE DID NOT SELECT THIS AS A PRIORITY THIS YEAR, IT WAS A PRIORITY FOR VBMC IN OUR PRIOR COMMUNITY SERVICE PLAN (2013-2016). WE WILL CONTINUE TO SUPPORT THIS INITIATIVE THROUGH OUR ON-GOING PARTNERSHIP WITH THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH. HEALTH QUEST REPRESENTATIVES WILL SIT ON THE NEWLY-FORMED TICK-BORNE DISEASE PREVENTION WORKGROUP AND WE WILL CONTINUE WITH COMMUNITY EDUCATION AROUND TICK AND INSECT-RELATED DISEASES.

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2. PREVENT SUBSTANCE ABUSE - WHILE THIS ISSUE WAS UNDOUBTEDLY OF GREAT IMPORTANCE TO OUR COMMITTEES, VBMC ELECTED NOT TO ADDRESS THIS WITH A FORMAL INITIATIVE AT THIS TIME BECAUSE WE DO NOT HAVE LICENSED SUBSTANCE ABUSE BEDS. MIDHUDSON REGION HOSPITAL OF WESTCHESTER HAS LICENSED BEHAVIORAL AND SUBSTANCE ABUSE BEDS AND PROVIDES SERVICES TO DUTCHESS COUNTY RESIDENTS. WE WILL LOOK FOR WAYS TO SUPPORT THE COUNTY IN THIS INITIATIVE - IE. SPACE FOR TRAINING, PHYSICIAN SPEAKERS, MEDICATION TAKE-BACK DAYS.

COMMUNITY HEALTH IMPROVEMENT PLAN/IMPLEMENTATION STRATEGY

VASSAR BROTHERS MEDICAL CENTER

PRIORITY AREA #1: PREVENT CHRONIC DISEASES- REDUCE CHRONIC DISEASE AND OBESITY IN CHILDREN AND ADULTS

CHRONIC DISEASES AND CONDITIONS SUCH AS HEART DISEASE, STROKE, CANCER, TYPE 2 DIABETES, OBESITY, AND ARTHRITIS ARE AMONG THE MOST COMMON, COSTLY, AND PREVENTABLE OF ALL HEALTH PROBLEMS (SOURCE: CDC).

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HEALTH RISK BEHAVIORS ARE UNHEALTHY BEHAVIORS THAT YOU CAN CHANGE. AMONG THESE HEALTH RISK BEHAVIORS LACK OF EXERCISE OR PHYSICAL ACTIVITY AND POOR NUTRITION CAUSE MUCH OF THE ILLNESS, SUFFERING, AND EARLY DEATH RELATED TO CHRONIC DISEASES AND CONDITIONS. ACCORDING TO THE CDC, IN 2011, MORE THAN HALF (52%) OF ADULTS AGED 18 YEARS OR OLDER DID NOT MEET RECOMMENDATIONS FOR AEROBIC EXERCISE OR PHYSICAL ACTIVITY. IN ADDITION, 76% DID NOT MEET RECOMMENDATIONS FOR MUSCLE-STRENGTHENING PHYSICAL ACTIVITY.

PHYSICAL ACTIVITY IS ONE OF THE HIGHLIGHTS OF HEALTH QUEST'S IMPLEMENTATION STRATEGY FOR THE NEXT SEVERAL YEARS. REGULAR PHYSICAL ACTIVITY IS IMPORTANT FOR GOOD HEALTH, AND IT'S ESPECIALLY IMPORTANT IN LOSING WEIGHT OR MAINTAINING A HEALTHY WEIGHT. PHYSICAL ACTIVITY ALSO HELPS TO REDUCE HIGH BLOOD PRESSURE; REDUCE RISK FOR TYPE 2 DIABETES, HEART ATTACK, STROKE, AND SEVERAL FORMS OF CANCER; REDUCE ARTHRITIS PAIN AND ASSOCIATED DISABILITY; REDUCE RISK FOR OSTEOPOROSIS AND FALLS AND REDUCE SYMPTOMS OF DEPRESSION AND ANXIETY.

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THE COMMITTEES ALSO FELT NUTRITION, HEALTHY LIFESTYLE CHOICES AND DIABETES SUPPORT COMPLEMENT THE NEED FOR PHYSICAL ACTIVITY. VBMC HAS ADDED ADDITIONAL INTERVENTIONS AND ACTIVITIES THAT FOCUS ON THESE TOPICS. HEALTH QUEST MEDICAL PRACTICE IS CURRENTLY DEVELOPING A FORMAL DIABETES CENTER, WHICH IS EXPECTED TO LAUNCH IN 2017, AND WE EXPECT TO ADD ADDITIONAL EVIDENCE-BASED PROGRAMMING AROUND DIABETES IN YEARS TWO AND THREE.

HEALTH QUEST IS EXCITED TO PARTICIPATE IN NEW, INNOVATIVE PROGRAMS LIKE THE MICROGREENS PROJECT IN THE CITY OF POUGHKEEPSIE, WHERE 6% OF THE POPULATION DOES NOT RECEIVE MANY OF THE VITAL NUTRIENTS NEEDED FOR DESIRABLE HEALTH OUTCOMES. THE FIRST PROJECT OF ITS KIND IN THE COMMUNITY WILL INCREASE THE AWARENESS ABOUT THE IMPORTANCE OF EATING PROPER NUTRIENTS TO PREVENT CERTAIN DISEASES AND OTHER UNDESIRABLE HEALTH OUTCOMES. THIS PROJECT WILL PROVIDE NUTRIENT DENSE FOOD, IN THE FORM OF MICROGREENS, TO CERTAIN SEGMENTS OF THE POPULATION AT NO COST. MICROGREENS WILL BE USED IN TWO KEY DEMOGRAPHIC GROUPS: YOUNG CHILDREN

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(IN THE CITY OF POUGHKEEPSIE SCHOOL DISTRICT) AND SENIOR CITIZENS

(RECIPIENTS OF CONGREGATE MEALS AT SENIOR CENTERS AND HOME DELIVERED

MEALS). THE PARTNERS IN THE PROGRAM, INCLUDING REGISTERED DIETITIANS FROM

HEALTH QUEST, WILL MONITOR PARTICIPANTS' INTAKE OF THE NUTRIENTS, AS WELL

AS THE IMPROVED HEALTH OUTCOMES.

ADDITIONALLY, ADULTS WITH DISABILITIES ARE 3 TIMES MORE LIKELY TO HAVE

HEART DISEASE, STROKE, DIABETES, OR CANCER THAN ADULTS WITHOUT

DISABILITIES (CDC). NEARLY HALF OF ALL ADULTS WITH DISABILITIES GET NO

AEROBIC PHYSICAL ACTIVITY, AN IMPORTANT HEALTH BEHAVIOR TO HELP AVOID

THESE CHRONIC DISEASES (CDC). HEALTH QUEST WILL EXPLORE PARTNERSHIPS WITH

COMMUNITY ORGANIZATIONS THAT SERVE ADULTS WITH DISABILITIES TO INCLUDE

THEM IN THE GET FIT PROGRAM.

PRIORITY AREA #2: PROMOTE A HEALTHY AND SAFE ENVIRONMENT - REDUCE FALLS

AND ASSOCIATED HOSPITAL ADMISSIONS AMONG VULNERABLE POPULATIONS

HEALTH QUEST IS DEDICATED TO PROVIDING THE COMMUNITY WITH KNOWLEDGE TO

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IMPROVE PHYSICAL MOBILITY, QUALITY OF LIFE AND MAXIMIZE INDEPENDENCE IN OLDER ADULTS. WITH INCREASED EDUCATION AND ASSESSMENT EFFORTS, THE GOAL IS TO REDUCE FALLS AND INCREASE AWARENESS OF FALLS RISKS. THERE ARE SEVERAL FREE PROGRAMS AND ACTIVITIES AVAILABLE IN DUTCHESS COUNTY TO HELP REDUCE FALL RISKS AND HELP INDIVIDUALS REMAIN INDEPENDENT AND SAFE IN THEIR HOMES.

IN ADDITION TO OUR PROGRAMS FOR ADULTS AND SENIORS, VBMC IS COMMITTED TO REDUCING FALLS AMONG CHILDREN 14 AND UNDER. THE MOST COMMON CAUSES OF FALL-RELATED HOSPITALIZATIONS FOR CHILDREN INCLUDE: SLIPPING OR TRIPPING, FALLING FROM PLAYGROUND EQUIPMENT, FALLING FROM BED, AND FALLING ON OR FROM STAIRS OR STEPS. EDUCATION AND AWARENESS CAN HELP REDUCE THESE TYPES OF FALLS. IN ULSTER COUNTY, WHERE 18% OF OUR PATIENT POPULATIONS RESIDE, THE RATE OF EMERGENCY DEPARTMENT VISITS DUE TO FALLS PER 10,000, AGED 1-4 YEARS, HAS SIGNIFICANTLY WORSENER. (NYS PREVENTION AGENDA DASHBOARD).

HEALTH QUEST HAS A UNIQUE OPPORTUNITY TO EDUCATE YOUNG COMMUNITY CAREGIVERS ON FALL PREVENTION IN OUR BABYSITTING CLASS THAT PREPARES

Part VI Supplemental Information

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ADOLESCENTS TO CARE FOR INFANTS AND YOUNG CHILDREN. WE WILL ADJUST THIS CURRICULUM TO INCLUDE INFORMATION THE NYS CHILDHOOD FALL PREVENTION TOOLKIT.

VASSAR BROTHERS MEDICAL CENTER IMPLEMENTATION PLAN

NYS PREVENTION AGENDA PRIORITY AREA #1: PREVENT CHRONIC DISEASE

FOCUS AREA CHRONIC DISEASE AND OBESITY IN CHILDREN AND ADULTS

GOAL:

1. CREATE COMMUNITY ENVIRONMENTS THAT PROMOTE AND SUPPORT HEALTHY FOOD AND BEVERAGE CHOICES AND PHYSICAL ACTIVITY.
2. EXPAND THE ROLE OF HEALTHCARE AND HEALTH SERVICE PROVIDERS IN OBESITY PREVENTION.

OBJECTIVE 1: EXPAND OPPORTUNITIES FOR SAFE PHYSICAL ACTIVITY IN THE COMMUNITY

1. INCREASE ENROLLMENT IN THE GET FIT HUDSON VALLEY FITNESS CHALLENGE FOR NEXT 3 YEARS.
2. HOST EDUCATIONAL SEMINARS EACH YEAR IN CONJUNCTION WITH GET FIT

Part VI Supplemental Information

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OBJECTIVE 2: EXPAND SCHOOL, COMMUNITY AND EMPLOYEE WELLNESS PROGRAMS

1. OFFER ONE CHRONIC DISEASE SELF-MANAGEMENT AND ONE DIABETES

SELF-MANAGEMENT SESSION PER YEAR

- A. INCREASE ATTENDANCE AT SESSIONS

2. INITIATE WORKSITE CHALLENGES TO CREATE WALKING GROUPS AND WALKING PATHS AS PART OF GET FIT IN ORDER TO PROVIDE EMPLOYEES WITH OPPORTUNITIES FOR PHYSICAL ACTIVITIES. DEVELOP PROGRAMS WITH 3 WORKSITES BY 2018. (AHA)

3. OFFER EMPLOYEE WELLNESS PROGRAMS TO OUR OWN 6000+ EMPLOYEES

4. PURSUE A PARTNER TO DEVELOP A FUN, FOOD, FITNESS PROGRAM FOR KIDS AGE 8-13 IN VBMC MARKET

OBJECTIVE 3: INCREASE BREASTFEEDING

- * PURSUE BABY-FRIENDLY DESIGNATION BY 2018

OBJECTIVE 4: CREATE COMMUNITY ENVIRONMENTS THAT PROMOTE AND SUPPORT HEALTHY FOOD CHOICES

1. SPONSOR THE POUGHKEEPSIE PLENTY MOBILE FARMERS MARKET IN 2017/2018
2. PROVIDE REGISTERED DIETITIANS AND SUPPORT AT COMMUNITY EVENTS TO DISCUSS HEALTHY OPTIONS AND COOKING IDEAS

Part VI Supplemental Information

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OBJECTIVE 5: PREVENT CHILDHOOD OBESITY THROUGH EARLY CHILD-CARE AND SCHOOLS.

1. SPONSOR THE DUTCHESS COUNTY/CITY OF POUGHKEEPSIE MICROGREENS PROJECT
2. PARTNER WITH MICROGREENS PROJECT TO EVALUATE RESULTS

OBJECTIVE 6: VASSAR WILL SUPPORT THE DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH TO ACHIEVE THE FOLLOWING:

1. YEARLY OBESITY CONFERENCE
2. HOST THE CHRONIC DISEASE NETWORKING GROUP
3. HOSPITAL COMPLIANCE TO NEW NYSDOH BREASTFEEDING REGULATIONS EFFECTIVE 2017.

INTERVENTIONS/ACTIVITIES:

1. BI-ANNUAL GET-FIT HUDSON VALLEY CHALLENGE (SPRING & FALL)
 - A. DEVELOP EDUCATIONAL SERIES TO COMPLEMENT GET FIT CHALLENGE
2. PURSUE BABY-FRIENDLY DESIGNATION. EVALUATE CRITERIA TO CERTIFICATION.
3. PROVIDE NEW MOMS WITH INFORMATION AND SUPPORT ON BREASTFEEDING AND HEALTHY DIETS FOR THEIR BABIES
4. POUGHKEEPSIE PLENTY MOBILE MARKET

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5. MICROGREENS PROJECT

6. SELF-MANAGEMENT PROGRAMMING - CHRONIC DISEASE AND DIABETES

7. CREATE, DISTRIBUTE AND PROVIDE EDUCATIONAL SERVICES TO THE COMMUNITY

AND PROVIDERS

A. AUTHOR 12 HEALTHY NUTRITION/HEALTHY HABITS COLUMNS IN COMMUNITY

PAPERS AND ONLINE PER YEAR

B. BUILD TARGETED TOPICS INTO EDUCATIONAL LECTURE SERIES WITH

POUGHKEEPSIE SENIOR CENTERS, MARIST CENTER FOR LIFETIME STUDIES

C. HOST ONE DINNER WITH THE DOC ON CHRONIC DISEASE/NUTRITION PER YEAR

- ONE FOCUS SHOULD BE ON CHILDREN AND NUTRITION/DIABETES

PARTNERS: DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH,

CITY OF POUGHKEEPSIE, DUTCHESS COUNTY, DC OFFICE OF THE AGING, HEALTH

QUEST MEDICAL PRACTICE, GET FIT PARTNERS, POUGHKEEPSIE PLENTY, AMERICAN

HEART ASSOCIATION, NORTHERN DUTCHESS HOSPITAL, PUTNAM HOSPITAL CENTER

OUTCOME MEASURES: SHORT-TERM MEASURES

1. INCREASE NUMBER OF PEOPLE ENROLLED IN GET FIT 10% PER CHALLENGE

2. MAINTAIN THE AVERAGE ENTRY PER PARTICIPANT BETWEEN 8-10 YEAR ONE;

INCREASE AVERAGE ENTRY PER PARTICIPANT BY 20% A YEAR THEREAFTER

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3. GROW GET FIT COMMUNITY BY 5% OVER 3 YEARS - FROM 3,783 MEMBERS TO

3,975

4. INCREASE UNIQUE WEB USERS BY 5% FOR GET FIT PER YEAR

5. DEVELOP 3 WORKSITE WELLNESS SITES FOR GET FIT IN 3 YEARS

6. BECOME A CERTIFIED BABY FRIENDLY HOSPITAL BY 2018

7. ATTENDANCE AT DSM AND CDSM PROGRAMS

8. NUMBER OF HEALTHY COLUMNS AUTHORED IN ONE YEAR - 12 PER YEAR

9. REVIEW RESULTS OF MICROGREENS PROJECT TO EVALUATE SUCCESS AND

DETERMINE HOW TO UTILIZE RESULTS AFTER 2-YEAR PILOT.

10. HAVE A PLAN FOR A FUN, FOOD, FITNESS PROGRAM FOR KIDS AGE 8-13 IN

VBMC MARKET

11. NUMBER OF ATTENDEES AT LECTURES AND EVENTS (UTILIZE NEW CRM TOOL WHEN

IMPLEMENTED TO TRACK NEW PATIENTS IN KEY AREAS).

12. NUMBER OF PEOPLE WHO REQUEST MORE INFORMATION FROM HEALTH QUEST

LONG-TERM MEASURES

REDUCE THE PERCENTAGE OF ADULTS AND CHILDREN WHO ARE OVERWEIGHT OR OBESE

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NYS PREVENTION AGENDA PRIORITY AREA #2: PROMOTE A HEALTHY AND SAFE ENVIRONMENT

FOCUS AREA PROMOTE A HEALTHY AND SAFE ENVIRONMENT

GOAL:

1. REDUCE FALLS AND ASSOCIATED HOSPITAL ADMISSIONS AMONG VULNERABLE POPULATIONS - CHILDREN AGE 0-14 AND ADULTS 65+

2. INCREASE EDUCATION AND AWARENESS OF RESOURCES AVAILABLE TO THE COMMUNITY

OBJECTIVE 1: PROMOTE COMMUNITY-BASED PROGRAMS FOR FALL PREVENTION

1. SPONSOR AND HOST THE MATTER OF BALANCE PROGRAM
2. HOST ONE SESSION AT A HEALTH QUEST HOSPITAL EACH YEAR
3. INCREASE ACCESS FROM HQMP TO MATTER OF BALANCE PROGRAMS
4. TRAIN COMMUNITY WORKERS IN EVIDENCE-BASED INTERVENTION PROGRAMS FOR OLDER ADULTS SUCH AS TAI CHI: MOVING FOR BETTER BALANCE AND A MATTER OF BALANCE.

OBJECTIVE 2: IMPLEMENT FALLS PREVENTION SCREENING PROGRAM IN HEALTH QUEST MEDICAL PRACTICE FOR PATIENTS

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OBJECTIVE 3: INCREASE AWARENESS AMONG COMMUNITY AND PROVIDERS ABOUT THE
RESOURCES AND PROGRAMS AVAILABLE

OBJECTIVE 4: EXPAND EDUCATION

1. DEVELOP INJURY PREVENTION OUTREACH PROGRAM WITH VBMC TRAUMA TEAM
 2. INCREASE EDUCATION OF INPATIENTS ON FALL RISKS WHILE HOSPITALIZED
 - A. USE INPATIENT STAYS AS AN EDUCATIONAL OPPORTUNITY - DEVELOP
PREVENTING FALLS BROCHURE FOR VBMC
 3. DEVELOP FALL CURRICULUM FOR BABYSITTING CLASSES OFFERED THROUGH
HEALTH QUEST
 4. CREATE SOCIAL MEDIA EDUCATIONAL/AWARENESS CAMPAIGN FOR FALLS
PREVENTION - YOUTH AND ADULT
 5. ADD FALLS PREVENTION TO PEDIATRIC DISCHARGE INSTRUCTIONS
 6. CREATE A PEDIATRIC-SPECIFIC FALLS HANDOUT FOR PATIENTS IN PEDIATRIC
UNIT
- INTERVENTIONS/ACTIVITIES:
1. SPONSOR AND HOST THE MATTER OF BALANCE PROGRAM IN PARTNERSHIP WITH
THE DC OFFICE OF THE AGING
 2. CREATE AN INFORMATIONAL PAGE/RESOURCES PAGE HEALTH QUEST WEBSITE

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3. CREATE, DISTRIBUTE AND PROVIDE EDUCATIONAL SERVICES TO THE COMMUNITY AND PROVIDERS

A. AUTHOR OR PITCH ONE FALL PREVENTION/HEALTHY HABITS BLOG/COLUMNS IN COMMUNITY PAPERS AND ONLINE

B. BUILD TARGETED TOPICS INTO EDUCATIONAL LECTURE SERIES WITH POUGHKEEPSIE SENIOR CENTERS, MARIST CENTER FOR LIFETIME STUDIES. ONE SESSION TO INCLUDE: YOGA, ARTHRITIS, BALANCE

C. CREATE EDUCATIONAL BROCHURES TO BE USED DURING HOSPITALIZATION AND TO GO HOME WITH PATIENTS

4. BY Q1 2017, ADD NYS CHILDHOOD FALL PREVENTION TOOLKIT MATERIALS TO BABYSITTING CLASS CURRICULUM
PARTNERS: DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH, DC OFFICE OF THE AGING, CITY OF POUGHKEEPSIE, HEALTH QUEST MEDICAL PRACTICE, HEALTH QUEST COMMUNITY EDUCATION
OUTCOME MEASURES:

1. BY Q1 2017 ADD NYS CHILDHOOD FALL PREVENTION TOOLKIT MATERIALS TO BABYSITTING CLASS CURRICULUM
2. INCREASE ENROLLMENT IN BABYSITTING CLASS BY 20% OVER 3 YEARS

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3. BY Q4 2017, HAVE FALLS PREVENTION INFORMATION IMPLEMENTED IN THE EMR

TO AUTO GENERATE FOR PEDIATRIC PATIENTS.

4. BY END OF Q2 2017, DEVELOP A FALLS PREVENTION BROCHURE SPECIFIC TO

PEDIATRIC POPULATION

5. MOB PROGRAM OUTCOMES

A. ATTENDANCE OF PARTICIPANTS

B. FIRST SESSION AND LAST SESSION SURVEY RESULTS

C. 6-MONTH SURVEY

6. NUMBER OF ATTENDEES AT LECTURES AND EVENTS (UTILIZE NEW CRM TOOL WHEN IMPLEMENTED TO TRACK NEW PATIENTS IN KEY AREAS).

7. NUMBER OF NEW CONTACTS CREATED OR PEOPLE WHO REQUEST HEALTH QUEST

INFO

8. DEDICATE ONE SOCIAL MEDIA POST A MONTH TO INJURY AND FALLS

PREVENTIONS

DISSEMINATION TO THE PUBLIC

HEALTH QUEST WILL MAKE THE COMMUNITY HEALTH NEEDS ASSESSMENT AND

THREE-YEAR COMMUNITY SERVICE PLAN AVAILABLE IN PDF FORMAT IN THE ABOUT US

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SECTION OF WWW.HEALTHQUEST.ORG. A PUBLIC AWARENESS CAMPAIGN WILL BE ROLLED OUT IN THE FIRST HALF OF 2017 TO DRIVE THE COMMUNITY TO THE WEBSITE. THESE EFFORTS MAY INCLUDE A PRESS RELEASE, POSTS ON SOCIAL MEDIA AND INTERNAL COMMUNICATIONS TO STAFF AND LEADERSHIP. IN ADDITION, PRINTED COPIES OF THESE DOCUMENTS WILL BE MADE AVAILABLE TO THE PUBLIC (FREE OF CHARGE) IN THE ADMINISTRATIVE OFFICES AT HEALTH QUEST CORPORATE OFFICES, NORTHERN DUTCHESS HOSPITAL, PUTNAM HOSPITAL CENTER AND VASSAR BROTHER MEDICAL CENTER. PRINTED COPIES WILL BE SENT TO ALL HEALTH QUEST AND INDIVIDUAL HOSPITAL BOARD MEMBERS AND MEMBERS OF THE COMMUNITY HEALTH NEEDS COMMITTEES FOR FURTHER DISSEMINATION TO THE COMMUNITY.

MAINTAINING ENGAGEMENT AND TRACKING PROGRESS

EACH HEALTH QUEST HOSPITAL HAS A COMMUNITY HEALTH NEEDS COMMITTEE (CHNC) WITH REPRESENTATION FROM BOARD MEMBERS, THE EXECUTIVE TEAM, HOSPITAL STAFF, COMMUNITY MEMBERS AND REPRESENTATIVES FROM THE LOCAL HEALTH DEPARTMENTS. BY CHARTER, THE CHNCS ARE TASKED WITH OVERSEEING THE DEVELOPMENT AND UPDATING OF COMMUNITY HEALTH NEEDS ASSESSMENTS, MONITORING THE HOSPITALS' RESPONSES TO THE ASSESSMENT TO ENSURE THAT THE

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IDENTIFIED HEALTHCARE NEEDS ARE BEING MET AND REPORTING BACK TO THE HOSPITAL AND HEALTH QUEST BOARDS. ADDITIONALLY, REPRESENTATIVES FROM ALL HOSPITALS PARTICIPATE IN COMMUNITY BOARDS AND TASK FORCES THAT KEEP THEM IN REGULAR TOUCH WITH COMMUNITY PARTNERS. THE CHNCS MEET QUARTERLY TO REVIEW PROGRESS TOWARD THE GOALS STATED IN THIS DOCUMENT AND DETERMINE IF ANY CHANGES TO OBJECTIVES ARE REQUIRED. PROJECT-SPECIFIC WORKGROUPS AT EACH HOSPITAL ALSO MEET REGULARLY TO IMPLEMENT THE TACTICS OUTLINED IN THIS DOCUMENT.

IN REGULAR TOUCH WITH COMMUNITY PARTNERS. THE CHNCS MEET QUARTERLY TO REVIEW PROGRESS TOWARD THE GOALS STATED IN THIS DOCUMENT AND DETERMINE IF ANY CHANGES TO OBJECTIVES ARE REQUIRED. PROJECT-SPECIFIC WORKGROUPS AT EACH HOSPITAL ALSO MEET REGULARLY TO IMPLEMENT THE TACTICS OUTLINED IN THIS DOCUMENT.

PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE WE HAVE A HEALTH QUEST WIDE FINANCIAL ASSISTANCE POLICIES AND PROCEDURES THAT ARE IN PLACE AT EACH HOSPITAL. THE HQ FINANCIAL ASSISTANCE POLICY/WORKSHEET IS DISPLAYED ON THE BACK OF EACH PATIENT STATEMENT,

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THERE ARE FINANCIAL ASSISTANCE POSTERS HANGING WITHIN THE REGISTRATION AREAS AND THE HQ FINANCIAL ASSISTANCE POLICY IS DISPLAYED ON THE HQ WEBSITE. IN ADDITION, THE FINANCIAL COUNSELORS AT EACH HOSPITAL ATTEMPT TO CONTACT EACH SELF-PAY PATIENT TO SCREEN THE PATIENT FOR FINANCIAL ASSISTANCE AND MAKE THE PATIENT AWARE OF THEIR OPTIONS. THE FOLDER GIVEN TO EACH PATIENT IN THE ED CONTAINS LITERATURE ABOUT THE FINANCIAL ASSISTANCE POLICY. OUR CUSTOMER SERVICE REPS ARE ALL EDUCATED ON THE FINANCIAL ASSISTANCE POLICY AND EXPLAIN THIS TO THE PATIENTS IF THEY ASK.

PART VI, LINE 4 COMMUNITY INFORMATION

VBMC'S PRIMARY SERVICE AREA INCLUDES THE SOUTHERNMOST HALF OF DUTCHESS COUNTY, UP TO AND INCLUDING THE TOWN OF HYDE PARK, AS WELL AS THE EASTERNMOST PARTS OF ORANGE AND ULSTER COUNTIES. LIKE MANY COMMUNITIES IN NEW YORK STATE, THE VBMC SERVICE AREA IS EXPERIENCING MINIMAL POPULATION GROWTH WITH GRADUAL DECLINES IN THE NUMBERS OF YOUNG FAMILIES AND CHILDREN. THE LARGEST DEMOGRAPHIC IS 15-44 (39% OF THE TOTAL SERVICE AREA POPULATION), HOWEVER THE MOST SIGNIFICANT GROWTH IS EXPECTED IN THE NUMBER OF RESIDENTS AGED 65 AND OLDER. FROM 2016 TO 2026, THE PERCENT

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

CHANGE IN THE 65 PLUS AGE RANGE IS PROJECTED TO BE 43%. THE AVERAGE HOUSEHOLD INCOME IN THE VBMC SERVICE AREA IS \$92,716. A HIGH SCHOOL DIPLOMA OR GED IS THE HIGHEST LEVEL OF EDUCATION COMPLETED BY 27% OF THE SERVICE AREA AGE 25 AND OLDER. (SOURCE: THE NEILSEN COMPANY).

PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH

VBMC IS A 365-BED COMMUNITY HOSPITAL. VBMC HAS ESTABLISHED CENTERS OF EXCELLENCE IN CARDIAC SERVICES, CANCER CARE AND WOMEN AND CHILDREN'S HEALTH SERVICES. AS A REGIONAL MEDICAL CENTER, VASSAR HOUSES THE AREA'S FIRST AND ONLY CARDIOTHORACIC SURGERY PROGRAM BETWEEN WESTCHESTER AND ALBANY AND THE ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) IN THE REGION FOR PREMATURE, UNDERWEIGHT AND CRITICALLY ILL INFANTS. INNOVATIVE PROCEDURES AND SERVICES HAVE BEEN BROUGHT TO THE VBMC CAMPUS, INCLUDING ROBOTIC ORTHOPEDIC SURGERY, LIVER SURGERY, INTERVENTIONAL NEURORADIOLOGY, THORACIC SURGICAL ONCOLOGY AND TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), NEGATING THE NEED TO TRAVEL FOR THIS CARE. ITS BOARD OF TRUSTEES IS COMPOSED OF PROMINENT CITIZENS WHO LIVE AND WORK IN THE COMMUNITY. MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED

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
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- 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

PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF THE FACILITY. IT ALSO OWNS A MEDICAL OFFICE BUILDING ON ITS PREMISES, AS WELL AS AN ADDITIONAL MEDICAL OFFICE BUILDING OFF CAMPUS WITH SPACE FOR DOCTORS. ANY MEMBER OF ITS ACTIVE MEDICAL STAFF HAS THE PRIVILEGE OF LEASING AVAILABLE OFFICE SPACE. RENT IS DERIVED FROM A FAIR MARKET VALUE ANALYSIS PROVIDED BY AN INDEPENDENT PARTY. THE HOSPITAL OPERATES A 24 HOUR EMERGENCY ROOM WHERE NO ONE REQUIRING MEDICAL ATTENTION IS DENIED CARE. THE HOSPITAL ALSO JUST BROKE GROUND ON A 696,000 SQUARE FOOT PATIENT PAVILION WITH 264 PRIVATE MEDICAL/SURGICAL PATIENT ROOMS AND 30 CRITICAL CARE ROOMS THAT WILL SOLIDIFY ITS PLACE AS THE DESTINATION OF CHOICE FOR PATIENTS IN THE REGION. THE FIRST PATIENT IS EXPECTED TO BE CARED FOR IN THE BUILDING AT THE BEGINNING OF 2020. VBMC RECENTLY BECAME A LEVEL II TRAUMA CENTER (PROVISIONAL STATUS), FURTHER ADVANCING THE VISION TO PROVIDE THE COMMUNITY WITH LOCAL ACCESS TO STATE-OF-THE-ART MEDICAL CARE. THE DYSON CENTER FOR CANCER CARE, LOCATED ON THE VASSAR CAMPUS, IS DESIGNED TO ACCOMMODATE PATIENTS AND THEIR FAMILIES WHILE PROVIDING RADIATION THERAPY, STEREOTACTIC RADIOSURGERY AND A WIDE VARIETY OF SUPPORT GROUPS. ANY INCOME OVER EXPENSES IS REINVESTED INTO THE

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.
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- 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.

HOSPITAL, ITS STAFF AND THE COMMUNITY. VBMC REALIZES THIS IS NECESSARY TO ACHIEVE AND MAINTAIN HIGH QUALITY STANDARDS, KEEP UP WITH THE RAPID ADVANCEMENT IN TECHNOLOGY, PROVIDE START-UP CAPITAL FOR NEW PROGRAMS, AND EXPAND EXISTING FACILITIES AND PROGRAMS IN ORDER TO PROVIDE QUALITY CARE TO THE COMMUNITY.

PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM

HEALTH QUEST IS A NONPROFIT ORGANIZATION DEDICATED TO THE WELLBEING OF THE COMMUNITIES IT SERVES. HEALTH QUEST WAS FORMED THROUGH AN AFFILIATION OF THREE LOCAL HOSPITALS: NORTHERN DUTCHESS HOSPITAL (RHINEBECK, NY), PUTNAM HOSPITAL CENTER (CARMEL, NY) AND VASSAR BROTHERS MEDICAL CENTER (POUGHKEEPSIE, NY). IN 2017, SHARON HOSPITAL (SHARON, CONN.) JOINED HEALTH QUEST. IN ADDITION TO THESE HOSPITALS, HEALTH QUEST ALSO COUNTS AMONG ITS MANY PARTNERS A RESIDENTIAL SKILLED NURSING FACILITY, A FREE-STANDING RADIATION ONCOLOGY CENTER, URGENT CARE CENTERS, A MULTI-SPECIALTY MEDICAL PRACTICE INCLUDING THE HUDSON VALLEY'S LARGEST CARDIOLOGY PRACTICE, AND A HOME CARE SERVICE. TOGETHER, THEY PROVIDE THE HEALTHCARE NEEDS OF THE ENTIRE HUDSON VALLEY AND NORTHWEST CONNECTICUT

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
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- 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.

REGION.

REPRESENTATIVES FROM HEALTH QUEST'S HOSPITALS MEET ON A REGULAR BASIS WITH COMMUNITY AGENCIES AND STAKEHOLDERS. EACH HOSPITAL HAS A BOARD COMPRISED OF STAFF AND COMMUNITY MEMBERS WHO OVERSEE THE COMMUNITY HEALTH NEEDS COMMITTEE. EACH COMMITTEE OVERSEES THE DEVELOPMENT OF COMMUNITY HEALTH NEEDS ASSESSMENTS AND HEALTH IMPROVEMENT PLANS.

HEALTH QUEST PARTICIPATES IN MANY COMMUNITY-BASED HEALTH FAIRS AND EVENTS THROUGHOUT THE YEAR. HOSPITAL STAFF PROVIDES INFORMATION ON A VARIETY OF HEALTH TOPICS INCLUDING HEART HEALTH, STROKE PREVENTION, DIABETES PREVENTION, NUTRITION, TOBACCO CESSATION, AND INJURY PREVENTION. HEALTH QUEST PARTICIPATED IN THE AMERICAN HEART ASSOCIATION'S GO RED FOR WOMEN LUNCHEON HEALTH EXPO WHERE A FREE CARDIAC HEALTH RISK ASSESSMENT WAS OFFERED, AND WAS ALSO PRESENT AT NEW YORK STATE SENATOR SUE SERINO'S GOLDEN GATHERING WHERE INFORMATION ABOUT THE DANGERS OF POLY-PHARMACY WAS REVIEWED IN-DEPTH BY HEALTH QUEST'S STAFF PHARMACISTS.

THROUGHOUT THE YEAR, HEALTH QUEST ACTIVELY SPONSORS A NUMBER OF HEALTH-RELATED FUNDRAISERS FOR OTHER NONPROFIT ORGANIZATIONS, INCLUDING REGIONAL CHAPTERS OF THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER

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
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- 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.

SOCIETY AND ALZHEIMER'S ASSOCIATION. IN ADDITION, THERE ARE NUMEROUS LOCAL ORGANIZATIONS THAT HEALTH QUEST SUPPORTS BOTH MONETARILY AND WITH EMPLOYEE VOLUNTEERISM. EMPLOYEES ARE ACTIVE MEMBERS OF THEIR COMMUNITIES AND ARE HAPPY TO VOLUNTEER AND SERVE ON THE LOCAL BOARDS OF VARIOUS AGENCIES, IN ADDITION TO PERFORMING PUBLIC BENEFIT OUTREACH INITIATIVES ON BEHALF OF HEALTH QUEST. ONE SUCH ORGANIZATION IS SPARROW'S NEST, A 501(C)(3) CHARITY THAT PROVIDES MEALS FREE OF CHARGE TO FAMILIES WHO RECENTLY LEARNED ABOUT A LOVED ONE'S CANCER DIAGNOSIS. HEALTH QUEST NOT ONLY PROVIDES SPARROW'S NEST WITH A MONETARY SPONSORSHIP EACH YEAR, BUT PROVIDES THE ORGANIZATION WITH EMPLOYEE VOLUNTEERS WHO VISIT THE SPARROW'S NEST FACILITY TO PRODUCE MEALS FOR THE FAMILIES WHO ARE SPARROW'S NEST'S BENEFICIARIES.

IN 2014, HEALTH QUEST LAUNCHED A FITNESS CHALLENGE, PARTNERING WITH THE WALKWAY OVER THE HUDSON, TO OFFER THE PUBLIC THE GET FIT HUDSON VALLEY INITIATIVE IN BOTH THE SPRING AND FALL. IN 2015, THE PROGRAM WAS EXPANDED TO INCLUDE THE PUTNAM COUNTY TRAILWAY. BY 2016, THE PROGRAM GREW TO 74 ALLIES (CHECK-IN SITES) IN THE COMMUNITY. THE PROGRAM URGES RESIDENTS TO EXERCISE FOR AT LEAST 30 MINUTES AS MANY TIMES AS POSSIBLE DURING THE

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.
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- 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

SIX-WEEK CHALLENGE. PARTICIPANTS CHECK IN AT OUR COMMUNITY PARTNERS TO TRACK THEIR EXERCISE. AS OF 2017, THE GET FIT CHALLENGE HAS GROWN TO OVER 125 ALLIES. DURING 2017, THERE WERE OVER 10,000 EXERCISE ENTRIES OF 30+ MINUTES LOGGED ON THE SITE, 948 UNIQUE PARTICIPANTS IN THE CHALLENGE, AND 300,000 MINUTES OF EXERCISED LOGGED DURING THE CHALLENGE.

HEALTH QUEST ALSO PARTNERS WITH PHYSICIANS WHO ARE ON THE MEDICAL STAFF AT THE THREE HOSPITALS TO OFFER PUBLIC LECTURE SERIES IN THE SPRING AND FALL. THE SEMINARS ENGAGE PARTICIPANTS ON A VARIETY OF MEDICAL TOPICS FROM PREVENTION TO THE LATEST TREATMENT OPTIONS AND TO LEARN FROM LEADING DOCTORS IN THEIR FIELD. HEALTH QUEST PARTNERS WITH LOCAL ORGANIZATIONS SUCH AS MARIST'S CENTER FOR LIFETIME STUDY, VASSAR'S LIFELONG LEARNING INSTITUTE AND THE TOWN OF POUGHKEEPSIE'S SENIOR CENTER TO BRING RELEVANT HEALTH PROGRAMMING FREE OF CHARGE TO THOSE AUDIENCES.

IN ADDITION, HEALTH QUEST PARTNERED WITH THE DUTCHESS COUNTY OFFICE OF THE AGING TO PROVIDE EXPERT RESOURCES FOR THEIR MATTER OF BALANCE CLINIC. THIS AWARD-WINNING PROGRAM IS DESIGNED TO REDUCE THE FEAR OF FALLING AND INCREASE THE ACTIVITY LEVELS OF OLDER ADULTS WHO HAVE CONCERNS ABOUT FALLS. HEALTH QUEST EMPLOYEES DONATE TIME AS VOLUNTEER COACHES TO TEACH

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
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- 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

THE EIGHT TWO-HOUR SESSIONS.

PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT - NEW YORK

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

VASSAR BROTHERS MEDICAL CENTER

14-1338586

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)3	45,900				IN SUPPORT OF CARDIO
(2) PREMIER CARES FOUNDATION 1 COLUMBIA STREET POUGHKEEPSIE, NY 12601	45-0990732	501(C)3	6,800				IN SUPPORT OF UNDERS
(3) MILES FOR HOPE BREAST CENTER FOUNDATION P. O. BOX 405 LAGRANGEVILLE, NY 12540	13-4281796	501(C)3	13,600				IN SUPPORT OF LOCAL
(4) WALKWAY OVER THE HUDSON P. O. BOX 889 POUGHKEEPSIE, NY 12602	14-1753502	501(C)3	17,000				IN SUPPORT OF HEALTH
(5) AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)3	17,000				IN SUPPORT OF CANCER
(6) FAMILY SERVICES INC 29 NORTH HAMILTON STREET	14-1338399	501(C)3	13,600				IN SUPPORT OF SERVIC
(7) ULSTER COUNTY CHAMBER OF COMMERCE 214 FAIR STREET KINGSTON, NY 12401	14-1260937	501(C)6	5,100				IN SUPPORT OF LOCAL
(8) O+ FESTIVAL 310 WALL STREET KINGSTON, NY 12401	90-0882142	501(C)3	5,100				IN SUPPORT OF HEALTH
(9) DUTCHESS OUTREACH 29 NORTH HAMILTON STREET, SUITE 220	22-2339537	501(C)3	6,800				IN SUPPORT OF ADDRESS
(10) SPARROW'S NEST 946 ROUTE 376, SUITE 7	46-2573747	501(C)3	13,600				IN SUPPORT OF SERVIC
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PART I LINE 2

SPONSORSHIP POLICY: CRITERIA FOR SPONSORING A COMMUNITY ORGANIZATION:
 HEALTH QUEST (HQ) RECOGNIZES THE VALUE AND BENEFITS OF SPONSORING OTHER
 COMMUNITY ORGANIZATIONS THROUGHOUT THE YEAR.
 HEALTH QUEST IS PROUD TO SPONSOR NONPROFIT GROUPS WHOSE MISSION TO SERVE
 THE PUBLIC ALIGNS WITH OUR STRATEGIC INITIATIVES.

CRITERIA:

THE ORGANIZATION MUST:

- *HAVE NOT-FOR-PROFIT STATUS AS DEFINED BY THE INTERNAL REVENUE SERVICE
- *BE IN CLOSE PROXIMITY TO HEALTH QUEST FACILITIES

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

*SUPPORT HEALTH QUEST'S MISSION TO DELIVER EXCEPTIONAL HEALTHCARE TO THE

COMMUNITIES WE SERVE

GROUPS/EVENTS THAT HEALTH QUEST DOES NOT SPONSOR:

*INDIVIDUALS OR FAMILIES, INCLUDING FOUNDATIONS SET UP TO MEMORIALIZE

INDIVIDUALS

*POLITICAL OR FRATERNAL ORGANIZATIONS OR EVENTS

*RELIGIOUS EVENTS OR ORGANIZATIONS

*SCHOOL EVENTS OR SPORTS ORGANIZATIONS

*PROJECTS, PROGRAMS OR EVENTS THAT PROVIDE NO DIRECT SUPPORT OR EXPOSURE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

TO OUR SERVICE AREA AND/OR CLINICAL FOCUS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

VASSAR BROTHERS MEDICAL CENTER

Employer identification number

14-1338586

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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 aren't 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				
1 DAVID WEINREICH	0.	0.	0.	0.	0.	0.	0.
1 TRUSTEE & HVCP PHYSICIAN	316,196.	85,520.	0.	16,200.	20,554.	438,470.	15,900.
2 JOHN I. MCGUINNESS	0.	0.	0.	0.	0.	0.	0.
2 FORMER HQ CEO AND PRESIDENT	399,310.	520,033.	224,159.	2,958.	0.	1,146,460.	15,900.
3 ROBERT FRIEDBERG	0.	0.	0.	0.	0.	0.	0.
3 HQ PRESIDENT & CEO	1,025,154.	451,288.	149,242.	118,395.	28,154.	1,772,233.	15,900.
4 KATHERINE BACHER	0.	0.	0.	0.	0.	0.	0.
4 HQ SVP & CFO/ASST TREASURER	403,825.	116,203.	22,910.	34,085.	1,349.	578,372.	15,900.
5 KEVIN BOLAND	260,415.	23,250.	0.	16,200.	26,419.	326,284.	0.
5 DIR CARDIO PERFUSION	0.	0.	0.	0.	0.	0.	0.
6 ANN MCMACKIN	0.	0.	0.	0.	0.	0.	0.
6 VBMC PRESIDENT	580,768.	162,870.	98,689.	2,691.	11,256.	856,274.	0.
7 GARY ZMRHAL	0.	0.	0.	0.	0.	0.	0.
7 ASST. TREASURER	435,250.	0.	0.	0.	0.	435,250.	0.
8 MICHAEL HOLZHUETER	0.	0.	0.	0.	0.	0.	0.
8 ASST SECRETARY	637,019.	312,201.	94,222.	79,739.	25,824.	1,149,005.	15,900.
9 MICHAEL DOYLE, MD	392,209.	60,029.	0.	11,877.	2,196.	466,311.	0.
9 VP MEDICAL AFFAIRS	0.	0.	0.	0.	0.	0.	0.
10 LORETTA M. BOGOLIN	333,462.	55,946.	0.	16,200.	18,827.	424,435.	14,029.
10 VP PATIENT CARE SVCS/CNO VBMC	0.	0.	0.	0.	0.	0.	0.
11 SANDRA CASSESE	205,735.	33,761.	53,642.	14,370.	17,174.	324,682.	15,900.
11 VP ONCOLOGY	0.	0.	0.	0.	0.	0.	0.
12 IAN PORTELLI	285,048.	54,313.	457.	13,320.	760.	353,898.	8,077.
12 AVP OPS & CLINICAL RESEARCH	0.	0.	0.	0.	0.	0.	0.
13 ROBERT A ROSENBAUM	303,981.	45,854.	0.	0.	27,522.	377,357.	0.
13 VP OPERATIONS	0.	0.	0.	0.	0.	0.	0.
14 SIMON GORWARA, MD	0.	0.	0.	0.	0.	0.	0.
14 TRUSTEE & HVCP PHYSICIAN	443,023.	514,468.	0.	16,200.	27,522.	1,001,213.	0.
15 KIMBERLY HELLER, MD	0.	0.	0.	0.	0.	0.	0.
15 TRUSTEE & HQMP PHYSICIAN	497,612.	0.	0.	8,100.	19,854.	525,566.	0.
16							

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.

SCH J PART I LINE 4B COMPENSATION

LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN - THE SECTION 457(F)

PLAN IS A NON-QUALIFIED, TAX-SHELTERED OPPORTUNITY TO DEFER INCOME AND

ACCUMULATE ADDITIONAL INCOME AND ACCUMULATE INCOME FOR INTERMEDIATE OR

LONG-TERM SAVINGS GOALS ABOVE THE LEGISLATIVE LIMITS IMPOSED ON THE

QUALIFIED PENSION PLANS. THERE IS A 6% EMPLOYER CONTRIBUTION ALONG WITH A

POSSIBLE REMAINING AMOUNT THAT WOULD DEPEND UPON WHETHER THE 6% 403(B)

EMPLOYER CONTRIBUTION CAPS OUT (\$16,200 IN 2017). AS OF 1/1/17, NEW

EMPLOYEE ELECTIVE DEFERRALS WERE DISCONTINUED. ONLY PRIOR CONTRIBUTIONS

REMAIN UNTIL VESTING DATE.

SCH J PART I LINE 3

VBMC RELIED ON HEALTH QUEST SYSTEMS, A RELATED TAX EXEMPT ORGANIZATION,

WHICH USED AN EXECUTIVE COMPENSATION COMMITTEE, AND AN INDEPENDENT THIRD

PARTY TO GATHER COMPARABLE DATA TO APPROVE AND DETERMINE COMPENSATION FOR

THE CEO, TOP MANAGEMENT AND OTHER KEY EMPLOYEES.

SCHEDULE J PART II LINE 1

DAVID WEINREICH IS A PHYSICIAN AT HUDSON VALLEY CARDIOVASCULAR PRACTICE,

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.

PC

SCH J PART 1 LINE 4A SEVERANCE

SEVERANCE AGREEMENTS FOR FORMER HIGHEST COMPENSATED EMPLOYEE:

SANDRA CASSESE - 12 MONTHS, EFFECTIVE TERM DATE 10/6/2017, \$23,037.99

PAID IN 2017

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

VASSAR BROTHERS MEDICAL CENTER

TAX EXEMPT BONDS

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, 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
2017

Open to Public
Inspection

Employer identification number
14-1338586

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Released		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY - STATE OF NEW YORK	14-6000293	6499030K5	09/06/2007	18,093,913. SEE PART VI		X		X			X
B DUTCHESS COUNTY LOCAL DEV CORP	27-3106797	267045AQ5	12/15/2010	34,762,345. SEE PART VI			X				X
C DUTCHESS COUNTY INDUSTRIAL DEV AGENCY	14-1613685	267041HG9	01/21/2011	17,111,463. REFUND PRIOR BOND (6/28/05)			X				X
D DUTCHESS COUNTY LOCAL DEV CORP	27-3106797	267045GX4	07/07/2016	406,680,960. CONSTRUCT, RENOVATE, EQUIP FACILIT			X				X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		7,843,860.		8,915,000.		2,880,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		19,471,752.		34,762,447.		17,111,463.		410,798,715.
4 Gross proceeds in reserve funds		1,084,740.				1,325,324.		
5 Capitalized interest from proceeds		367,816.						16,255,154.
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		249,119.		597,852.		137,044.		3,361,803.
8 Credit enhancement from proceeds		285,086.		273,299.				
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		3,055,897.		22,663,695.				96,306,178.
11 Other spent proceeds		14,429,093.		11,227,602.		16,974,419.		294,875,579.
12 Other unspent proceeds		2008		2012		2006		
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?		X		X		X		X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?		X		X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X

Part III Private Business Use

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

Part III Private Business Use (Continued)

TAX EXEMPT BONDS

	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		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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		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 ▶		%		%		%		%
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?								
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?								
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?								
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		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		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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

BOND ISSUES

PART I, LINE A, COLUMN E - TOTAL ISSUE PRICE PER IRS FORM 8038 - \$61,974,071.30 ALLOCATED BETWEEN 3 ORGANIZATIONS.

PART I, LINE D, COLUMN E - TOTAL ISSUE PRICE PER IRS FORM 8038 - \$438,672,525.55 ALLOCATED BETWEEN 3 ORGANIZATIONS

PART I, LINE A, COLUMN (F) - PURCHASE MEDICAL EQUIPMENT AND REFUND PRIOR ISSUE (4/13/00)

PART I, LINE B, COLUMN (F) - CONSTRUCTION OF FACILITY AND REFUND PRIOR ISSUE (1/22/04)

PROCEEDS

PART II, LINE 3 - THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS.

PART II, LINE 3 - THE TOTAL PROCEEDS DO NOT EQUAL THE SUMMATION OF LINES 4 - 12 DUE TO TRANSFERRED OR REPLACEMENT PROCEEDS IN LINE 4.

ARBITRAGE

PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: DORMITORY AUTHORITY - STATE OF NEW YORK

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2016

(A) ISSUER NAME: DUTCHESS COUNTY LOCAL DEV CORP

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

DATE THE REBATE COMPUTATION WAS PERFORMED: 11/30/2012

(A) ISSUER NAME: DUTCHESS COUNTY INDUSTRIAL DEV AGENCY

DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2015

NOTE REGARDING THE REBATE COMPUTATION ON 11/30/12: SINCE THE BOND

PROCEEDS HAVE BEEN SPENT AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA

FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2017

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

VASSAR BROTHERS MEDICAL CENTER

Employer identification number

14-1338586

FORM 990 PART I LINE 1 - COMMUNITY BENEFIT PLAN-MISSION STATEMENT

THE MISSION OF VASSAR BROTHERS MEDICAL CENTER IS TO BE THE PREEMINENT PROVIDER OF HEALTH CARE IN THE HUDSON VALLEY. VASSAR BROTHERS MEDICAL CENTER WILL STRIVE TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES TO ANYONE WHO NEEDS OUR CARE AND TO CONTINUALLY SEEK TO IMPROVE OUR SERVICES. VASSAR BROTHERS MEDICAL CENTER WILL EXPAND AND DEVELOP PRIMARY AND TERTIARY SERVICES BASED ON THE NEEDS OF OUR COMMUNITY WITH A FOCUS ON CARDIOLOGY, ONCOLOGY, WOMEN AND CHILDREN AND SURGICAL SERVICES. PLANNING AND PROGRAM DEVELOPMENT WILL BE SYSTEMATIC, WILL UTILIZE A MULTI-DISCIPLINARY APPROACH AND RELY ON EVIDENCE-BASED MEDICINE. FINANCIAL SECURITY IS A FUNDAMENTAL REQUISITE TO THE LONGER TERM VIABILITY OF THE HOSPITAL. THE ORGANIZATION MUST HAVE SUFFICIENT FINANCIAL RESOURCES TO ACHIEVE AND MAINTAIN HIGH QUALITY STANDARDS, REPLACE ASSETS, KEEP PACE WITH TECHNOLOGICAL ADVANCES, PROVIDE START-UP CAPITAL FOR NEW PROGRAMS, EXPAND EXISTING PROGRAMS AND UNDERWRITE BAD DEBT AND CHARITY CARE. FULFILLMENT OF THIS VISION STATEMENT IS DEPENDENT ON THE CONTINUOUS IMPROVEMENT IN THE QUALITY OF SERVICES PROVIDED TO PATIENTS, PHYSICIANS AND THE COMMUNITY BASED ON BRINGING INNOVATIVE MEDICAL AND INFORMATION TECHNOLOGY AND CONTINUING MEDICAL EDUCATION TO ENHANCE PATIENT CARE AND SAFETY. TO THAT END, VASSAR BROTHERS MEDICAL CENTER WILL SEEK TO ACCOMPLISH THE FOLLOWING GOALS: TO ATTRACT AND RETAIN THE HIGHEST QUALITY EMPLOYEES, PHYSICIANS, TRUSTEES AND VOLUNTEERS; AND TO MAINTAIN AN ENVIRONMENT THAT ENCOURAGES, SUPPORTS AND REWARDS SAFETY AND EXCELLENCE IN ALL ITS VARIOUS FORMS. FINALLY, AS A VOLUNTARY AND

Name of the organization

VASSAR BROTHERS MEDICAL CENTER

Employer identification number

14-1338586

CHARITABLE ORGANIZATION THAT SERVES A VITAL PUBLIC NEED, THE HOSPITAL CONTINUALLY STRIVES TO MAINTAIN THE TRUST, CONFIDENCE AND RESPECT OF THE PEOPLE WE SERVE.

FORM 990 PART VI SECTION A LINE 6 AND 7A- GOVERNING BODY

LINE 6 - THE SOLE MEMBER OF VBMC IS HEALTH QUEST SYSTEMS, INC.

LINE 7A - APPOINTMENT/ELECTION OF GOVERNING BODY -

6.01 OFFICERS. THE OFFICERS OF VBMC SHALL BE A CHAIR, FIRST VICE-CHAIR, SECOND VICE-CHAIR, SECRETARY/TREASURER, AND HOSPITAL PRESIDENT. FROM TIME TO TIME, THE BOARD OF TRUSTEES MAY APPOINT SUCH OTHER OFFICERS WITH POWERS AND DUTIES NOT INCONSISTENT WITH THESE BYLAWS. ANY TWO OR MORE OFFICES MAY BE HELD BY THE SAME PERSON, EXCEPT THE OFFICES OF CHAIR, HOSPITAL PRESIDENT AND SECRETARY/TREASURER.

6.02 ELECTION. THE CHAIR OF THE BOARD, FIRST VICE-CHAIR, SECOND VICE-CHAIR AND THE HOSPITAL PRESIDENT SHALL BE ELECTED BY HEALTH QUEST. THE SECRETARY/TREASURER AND OTHER OFFICERS SHALL BE ELECTED BY A VOTE OF THE MAJORITY OF THE ENTIRE BOARD OF TRUSTEES AT A MEETING OF THE BOARD OF TRUSTEES. ALL OFFICERS SHALL SERVE FOR A TERM OF TWO (2) YEARS UNTIL SUCCESSORS ARE ELECTED AND QUALIFIED, SUCH TERM COMMENCING AT THE CLOSE OF THE MEETING AT WHICH THEY ARE ELECTED. OFFICERS MAY BE ELECTED FOR NO MORE THAN TWO (2) CONSECUTIVE TERMS.

6.03 VACANCIES. A VACANCY OCCURRING IN ANY OFFICE DURING THE YEAR MAY BE FILLED BY A VOTE OF A MAJORITY OF THE ENTIRE BOARD OF TRUSTEES FOR THE REMAINDER OF THE TERM THEREOF AT THE NEXT ANNUAL MEETING OR ANY REGULAR MEETING OF THE BOARD OR AT A SPECIAL MEETING CALLED FOR SUCH PURPOSE, PROVIDED THAT A VACANCY IN THE OFFICE OF CHAIR OF THE BOARD, FIRST

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VICE-CHAIR, SECOND VICE-CHAIR OR HOSPITAL PRESIDENT MAY BE FILLED ONLY BY HEALTH QUEST.

6.04 REMOVAL. ANY OFFICER MAY BE REMOVED FROM OFFICE, WITH OR WITHOUT CAUSE, BY AN AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE ENTIRE BOARD OF TRUSTEES AT ANY MEETING OF THE BOARD, EXCEPT THE CHAIR OF THE BOARD, FIRST VICE-CHAIR, SECOND VICE-CHAIR AND THE HOSPITAL PRESIDENT MAY BE REMOVED ONLY BY HEALTH QUEST.

6.05 DUTIES AND RESPONSIBILITIES.

(A) CHAIR. THE CHAIR SHALL PRESIDE AT ALL MEETINGS OF THE BOARD OF TRUSTEES. IN ACCORDANCE WITH ARTICLES VII AND VIII, THE CHAIR ALSO SHALL

(I) APPOINT THE COMMITTEE CHAIRS AND MEMBERS OF ALL COMMITTEES OF THE BOARD (EXCEPT THE EXECUTIVE COMMITTEE) AND AD HOC COMMITTEES,

(II) SERVE AS AN EX-OFFICIO MEMBER, WITH VOTE, ON EACH COMMITTEE,

(III) SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE. THE CHAIR SHALL PERFORM SUCH OTHER DUTIES AS MAY BE PROVIDED FOR BY LAW, THESE BYLAWS, OR RESOLUTION OF THE BOARD OF TRUSTEES. NO EMPLOYEE OF THE CORPORATION SHALL SERVE AS CHAIR NOR HOLD ANY OTHER TITLE WITH SIMILAR RESPONSIBILITIES.

(B) FIRST VICE-CHAIR. IN THE ABSENCE OF THE CHAIR, THE FIRST VICE-CHAIR SHALL PRESIDE AT MEETINGS OF THE BOARD OF TRUSTEES. WHEN SO ACTING AS CHAIR, THE FIRST VICE-CHAIR SHALL HAVE ALL THE POWERS AND AUTHORITY OF THE CHAIR. THE FIRST VICE-CHAIR SHALL PERFORM SUCH OTHER DUTIES AS MAY BE PROVIDED FOR BY THE BOARD OF TRUSTEES.

(C) SECOND VICE-CHAIR. IN THE ABSENCE OF THE CHAIR AND FIRST VICE-CHAIR, THE SECOND VICE-CHAIR SHALL PRESIDE AT MEETINGS OF THE BOARD

Name of the organization VASSAR BROTHERS MEDICAL CENTER	Employer identification number 14-1338586
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OF TRUSTEES. WHEN SO ACTING AS CHAIR, THE SECOND VICE-CHAIR SHALL HAVE ALL THE POWERS AND AUTHORITY OF THE CHAIR. THE SECOND VICE-CHAIR SHALL PERFORM SUCH OTHER DUTIES AS MAY BE PROVIDED FOR BY THE BOARD OF TRUSTEES.

(D) SECRETARY/TREASURER.

(I) THE SECRETARY/TREASURER SHALL BE RESPONSIBLE FOR SUCH BOOKS, DOCUMENTS, AND PAPERS AS THE BOARD MAY DETERMINE. THE SECRETARY/TREASURER SHALL CAUSE MINUTES TO BE KEPT FOR ALL MEETINGS OF THE BOARD OF TRUSTEES, MAY SIGN ANY CONTRACTS OR AGREEMENTS WITH THE CHAIR, THE HOSPITAL PRESIDENT, THE FIRST VICE-CHAIR OR SECOND VICE-CHAIR IN THE NAME OF VBMC IF SO AUTHORIZED OR ORDERED BY THE BOARD, AND MAY AFFIX THE SEAL OF VBMC TO WRITTEN INSTRUMENTS WHEN SO AUTHORIZED OR ORDERED BY THE BOARD. THE SECRETARY/TREASURER SHALL PERFORM SUCH OTHER DUTIES AS SHALL BE ASSIGNED BY THE BOARD OF TRUSTEES AND AS ARE INCIDENTAL TO THE OFFICE OF SECRETARY OF A NOT-FOR-PROFIT CORPORATION.

(II) THE SECRETARY/TREASURER SHALL EITHER PERSONALLY PERFORM, OR ENSURE THAT APPROPRIATE EMPLOYEES OF VBMC PERFORM, THE FOLLOWING FUNCTIONS: RECEIVE AND CARE FOR ALL MONIES AND PROPERTIES BELONGING TO VBMC AND DISPOSE OF THE SAME UNDER THE DIRECTION OF THE BOARD OF TRUSTEES, RECEIVE AND GIVE RECEIPTS FOR ALL AMOUNTS DUE TO VBMC, ENDORSE CHECKS IN ITS NAME AND ON ITS BEHALF, RECEIVE FULL DISCHARGE FOR THE SAME IN ACCORDANCE WITH THESE BYLAWS, AND PERFORM SUCH OTHER DUTIES AS ASSIGNED BY THE BOARD OF TRUSTEES AND AS ARE INCIDENTAL TO THE OFFICE OF TREASURER OF A NOT-FOR-PROFIT CORPORATION.

(E) HOSPITAL PRESIDENT. THE HOSPITAL PRESIDENT SHALL SERVE AS THE CHIEF

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EXECUTIVE OFFICER OF VBMC AND SHALL HAVE THE AUTHORITY AND RESPONSIBILITY TO MANAGE AND OPERATE VBMC IN ALL ITS ACTIVITIES, SUBJECT TO THESE BYLAWS, THE CERTIFICATE OF INCORPORATION, AND SUCH POLICIES AS MAY BE ADOPTED FROM TIME TO TIME BY THE BOARD OF TRUSTEES OR HEALTH QUEST. THE HOSPITAL PRESIDENT'S RESPONSIBILITIES SHALL INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- (I) ACTING UNDER THE DIRECTION OF AND BEING ACCOUNTABLE TO THE BOARD OF TRUSTEES OF VBMC AND HEALTH QUEST;
- (II) PROVIDING EFFECTIVE LIAISON BETWEEN THE BOARD OF TRUSTEES AND MANAGEMENT;
- (III) APPOINTING (EITHER PERSONALLY OR THROUGH DELEGATION TO RESPONSIBLE SUBORDINATES), AND VBMC SHALL EMPLOY, SUCH PERSONNEL AS MAY BE REQUIRED TO CONDUCT THE AFFAIRS OF VBMC;
- (IV) ENSURING THAT ALL ACTIVITIES ARE PROPERLY ORGANIZED, DIRECTED AND ACCOUNTED FOR AS ESTABLISHED BY THE BOARD OF TRUSTEES;
- (V) PROVIDING REPORTS TO THE BOARD OF TRUSTEES TO KEEP THE BOARD FULLY INFORMED OF THE AFFAIRS OF VBMC;
- (VI) PERFORMING ALL DUTIES REQUIRED BY LAW; AND
- (VII) UNLESS OTHERWISE PROVIDED FOR HEREIN, PERFORMING (EITHER PERSONALLY OR THROUGH DELEGATION TO RESPONSIBLE SUBORDINATES) ALL ACTS AND EXECUTING ALL DOCUMENTS NECESSARY TO CARRY OUT THE DUTIES OF THE POSITION OF HOSPITAL PRESIDENT.

FORM 990 PART VI SECTION B LINE 11B - POLICIES 1

LINE 11 B - PRIOR TO FILING, A DRAFT OF THE COMPLETED FORM 990 WAS REVIEWED BY INTERNAL MANAGEMENT. AFTER THAT REVIEW WAS COMPLETE, THE

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FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS OF HQ (PARENT OF THE FILING ORGANIZATION) FOR ADDITIONAL REVIEW AND COMMENT. CONTACT INFORMATION WAS PROVIDED SHOULD QUESTIONS ARISE. A 3RD PARTY WAS HIRED TO ASSIST IN THE PREPARATION OF SCHEDULE K.

FORM 990 PART VI SECTION B LINE 12C, 15A AND 15B - POLICIES
LINE 12C - ON AN ANNUAL BASIS OFFICERS, DIRECTORS AND TRUSTEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FILING WHICH IS REVIEWED BY THE HQ VP FOR COMPLIANCE AND INTERNAL AUDIT. ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY THE HQ BUSINESS ETHICS COMMITTEE ON BEHALF OF VBMC.

LINE 15A/15B - COMPENSATION FOR THE CEO, TOP MANAGEMENT AND OTHER KEY EMPLOYEES IS ESTABLISHED BY THE HEALTH QUEST EXECUTIVE COMPENSATION COMMITTEE BASED ON INFORMATION AND RECOMMENDATIONS OF AN INDEPENDENT THIRD PARTY.

FORM 990 PART VI SECTION C LINE 19 - DISCLOSURE
POLICIES AND FINANCIAL STATEMENTS FOR VBMC ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE DOCUMENTS ARE PROVIDED EITHER ELECTRONICALLY OR PAPER COPIES. IN ADDITION, CERTAIN FINANCIAL INFORMATION IS AVAILABLE ON VARIOUS WEBSITES DUE TO REGULATORY FILINGS SUCH AS THE 990 AND BOND HOLDER AGREEMENTS.

SCHEDULE R PART II - RELATED TAX EXEMPT ORGANIZATIONS

ENTITY	TAX ID#	PRIMARY ACTIVITY	LEGAL DOMICILE	EXEMPT CODE STATUS
PUBLIC CHARITY STATUS		DIRECT CONTROLLING	ENTITY	

Name of the organization VASSAR BROTHERS MEDICAL CENTER	Employer identification number 14-1338586
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VASSAR BROTHERS MEDICAL CENTER 14-1338586 HOSPITAL NY 501C3 BOX 3 HQ

THE FOUNDATION FOR VASSAR BROTHERS MEDICAL CENTER 14-1736429 FUNDRAISING
NY 501C3 BOX 9 HQ

RIVERSIDE DIVERSIFIED SERVICES, INC (PARENT) 14-1675545 EDUCATION NY
501C3 BOX 9 HQ

ALAMO AMBULANCE SERVICE, INC 14-1745417 TRANSPORT NY 501C3 BOX 9 HQ

HEALTH QUEST HOME CARE, INC (CERTIFIED) 14-1788412 HOME HEALTH NY
501C3 BOX 9 HQ

HEALTH QUEST HOME CARE, INC (LICENSED) 14-1788410 HOME HEALTH NY 501C3
BOX 9 HQ

NORTHERN DUTCHESS HOSPITAL 14-1338467 HOSPITAL NY 501C3 BOX 3 HQ

NORTHERN DUTCHESS RESIDENTIAL HEALTH CARE FACILITY 22-3129608 NURSING
HOME NY 501C3 BOX 9 HQ

NDH FOUNDATION 14-1776208 FUNDRAISING NY 501C3 BOX 9 HQ

PUTNAM HOSPITAL CENTER 14-6019179 HOSPITAL NY 501C3 BOX 3 HQ

PUTNAM HOSPITAL CENTER FOUNDATION 06-1399319 FUNDRAISING NY 501C3 BOX
9 HQ

HEALTH QUEST MEDICAL PRACTICE, PC 56-2669185 MEDICAL CARE NY 501C3
BOX 3 HQ

HEALTH QUEST URGENT MEDICAL PRACTICE, PC 80-0152047 MEDICAL CARE NY
501C3 BOX 3 HQ

VASSAR HEALTH CONNECTICUT INC 81-5056290 HOSPITAL CT APPLYING FOR
501C3 STATUS HQ

VASSAR HEALTH QUEST MEDICAL PRACTICE OF CONNECTICUT INC 82-1466583

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MEDICAL CARE CT APPLYING FOR 501C3 STATUS HQ

HUDSON VALLEY CARDIOVASULAR PRACTICE, PC 46-3756713 MEDICAL CARE NY

501C3 BOX 3 HQ

VBH INSURANCE CO. LTD. 98-1083868 CAPTIVE INSURANCE CAYMAN ISLANDS HQ

WELLS MANOR HOUSING DEVELOPMENT FUND CORPORATION 11-2611902 LOW INCOME

HOUSING NY 501C3 BOX 3 HQ

SCH R PART V LINE 2 (2) - ALLOCATION METHODOLOGY FOR HQ

ALLOCATION OF SUPPORT SERVICES SHARED EXPENSES CASH FUNDING GENERAL: THE FOLLOWING SERVICES ARE CONSIDERED SHARED SERVICES FOR HEALTH QUEST AFFILIATES AND THE COST TO PROVIDE THESE SERVICES ARE ALLOCATED TO EACH ENTITY WHICH BENEFITS FROM THE SERVICE BASED ON A PRE DEFINED ALLOCATION METHODOLOGY:

1. SPECIALTY STAFFING
 - A. VBMC SURGICAL
 - B. RADIOLOGY
 - C. ONCOLOGY
 - D. VBMC SLEEP LAB
 - E. PT/OT/ST
 - F. CARDIAC REHAB
2. CLINICAL MANAGEMENT
 - A. EMERGENCY ROOM
 - B. ONCOLOGY
3. REVENUE CYCLE INCLUDING HEALTH INFORMATION MANAGEMENT, BUDGETS AND REIMBURSEMENT, REVENUE INTEGRITY, SYSTEM BUSINESS OFFICE, PATIENT ACCESS OVERSIGHT, FINANCIAL CLEARANCE CENTER, MANAGED CARE AND DECISION SUPPORT

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4. FACILITIES INCLUDING COURIER SERVICE, CONSTRUCTION, PROPERTY MANAGEMENT, FACILITY OPERATIONS, FOOD SERVICE MANAGEMENT AND SECURITY MANAGEMENT
 5. BUSINESS DEVELOPMENT INCLUDING STRATEGIC PLANNING, MARKETING AND PUBLIC RELATIONS, ANSWERING SERVICE AND COMMUNITY EDUCATION
 6. CORPORATE FINANCE INCLUDING ACCOUNTS PAYABLE, PAYROLL, GENERAL ACCOUNTING, PURCHASING, SUPPLY CHAIN AND MAILROOM, PRACTICE MANAGEMENT BILLING AND MANAGEMENT ENGINEERING
 7. INTERNAL AUDIT AND COMPLIANCE
 8. PRACTICE MANAGEMENT OPERATIONS INCLUDING PHYSICIAN RECRUITMENT, PHYSICIAN MANAGEMENT ENGINEERING
 9. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT
 10. ADMINISTRATIVE INCLUDING EXECUTIVE OFFICE, HOSPITAL SUPPORT AND RISK MANAGEMENT
 11. LEGAL COUNSEL
 12. INFORMATION TECHNOLOGY AND MEDICAL TECHNOLOGY SERVICES (MTS)
- DESCRIPTION OF SERVICES:
1. SPECIALTY STAFFING
 - A. PROVIDES NON UNION STAFFING SERVICES FOR VARIOUS SPECIALTIES TO THE HOSPITALS, OFFSITE ANCILLARY LOCATIONS AND THE FISHKILL MEDICAL MALL
 2. CLINICAL MANAGEMENT INCLUDES MANAGEMENT OVERSIGHT TO SYSTEM CONSOLIDATED CLINICAL SERVICES
 3. REVENUE CYCLE
 - A. HEALTH INFORMATION MANAGEMENT FUNCTIONS INCLUDES CODING AND TRANSCRIPTION OF MEDICAL RECORDS FOR ALL 3 HOSPITALS

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B. BUDGET FUNCTIONS INCLUDE PREPARATION OF ANNUAL BUDGETS, VARIANCE REPORTING AND MAINTENANCE OF THE BUDGET MODULE. REIMBURSEMENT FUNCTIONS INCLUDE PREPARATION OF ANNUAL COST REPORTS, ANALYSIS OF THIRD PARTY RATE ACCOUNTS AND THRID PARTY AUDITS.

C. REVENUE INTEGRITY FUNCTIONS INCLUDE CHARGE MASTER ANALYSIS AND DEVELOPMENT OF REVENUE PRODUCTIN CHARGES, COMPLIANCE WITH CPT CODING AND ESTABLISHMENT OF APPROPRIATE CHARGES

D. SYSTEM BUSINESS OFFICE SERVICES INCLUDES PRODUCING CLAIMS FOR THIRD PARTY PAYERS AND PRIVATE PAY PATIENTS, PAYMENT PROCESSING, PERIODIC REPORTING, ACCOUNTS RECEIVABLE ANALYSIS, CHARITY CARE APPLICATION PROCESS, DENIAL MANAGEMENT, COLLECTION AND FOLLOW UP FOR THE HOSPITALS. PATIENT ACCESS AND FINANCIAL CLEARANCE CENTER INCLUDES OVERSIGHT OF ALL CENTRALIZED REGISTRATION AREAS AT THE HOSPITALS AND PRE-AUTHORIZATION FOR NUMEROUS HOSPITAL SERVICES TO INSURE COMPLIANCE WITH THIRD PARTY REGULATIONS

E. MANAGED CARE FUNCTIONS INCLUDE CONTRACT NEGOTIATIONS AND ANALYSIS OF CONTRACT TERMS

F. DECISION SUPPORT FUNCTIONS INCLUDE COST ACCOUNTING REPORTING, MAINTENANCE OF HBI (HORIZON BUSINESS INSIGHT) REPORTING AND THE CONTRACT MANAGEMENT SYSTEM

4. FACILITIES

A. COURIER SERVICE PROVIDES DELIVERY SERVICES INTERNALLY THROUGHOUT THE HQ SYSTEM AND BANK DEPOSIT DROP OFFS

B. CONSTRUCTION AND PROPERTY MANAGEMENT FUNCTIONS INCLUDE CONTRACTING SERVICES FOR HEALTH QUEST PROJECTS AND PROPERTY MANAGEMENT OF ALL HQ

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FACILITIES

C. FACILITY OPERATIONS INCLUDE MANAGEMENT OVERSIGHT OF THE ENGINEERING DEPARTMENTS FOR THE HOSPITALS

D. FOOD SERVICE MANAGEMENT INCLUDES MANAGEMENT OVERSIGHT OF FOOD AND NUTRITION DEPARTMENTS FOR THE HOSPITALS

E. SECURITY FUNCTIONS INCLUDE MANAGEMENT OVERSIGHT OF ALL FACILITIES TO ENSURE THE SAFEST ENVIRONMENT

5. BUSINESS DEVELOPMENT

A. STRATEGIC PLANNING FUNCTIONS INCLUDE CON SUBMISSIONS, MARKET DATA ANALYSIS AND ASSISTANCE WITH BUSINESS PLANS

B. MARKETING INCLUDES ADVERTISING SERVICES, COORDINATION OF HEALTH QUEST ADVERTISEMENTS AND MANAGEMENT OF THE HQ WEBSITE CONTENT

C. PUBLIC RELATIONS FUNCTIONS INCLUDE COORDINATION OF HEALTH QUEST COMMUNICATION TO EXTERNAL CUSTOMERS, PATIENTS AND MEDIA

D. OVERSIGHT OF THE OUTSOURCED ANSWERING SERVICES FOR PHYSICIANS AFFILIATED WITH THE HOSPITALS AND HQMP

E. COMMUNITY EDUCATION FUNCTIONS INCLUDE TRAINING CLASSES SPECIFIC TO LIFE SAVING TECHNIQUES

6. FINANCE

A. ACCOUNTS PAYABLE FUNCTIONS INCLUDE SCHEDULING VENDOR PAYMENTS, INSURING FLOW OF GOODS AND SERVICES, MAINTAINING DAYS CASH ON HAND GOALS AND MAINTAINING DAYS IN ACCOUNTS PAYABLE

B. PAYROLL FUNCTIONS INCLUDE BI-WEEKLY EMPLOYEE PAYMENTS AND TAX FILINGS IN ACCORDANCE WITH HUMAN RESOURCES AND PAYROLL POLICIES

C. GENERAL ACCOUNTING FUNCTIONS INCLUDE PREPARATION OF FINANCIAL

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STATEMENTS, ACCOUNT ANALYSIS, CONTRACT RECONCILIATION, TAX FILINGS, INVESTMENT COORDINATION, AND COORDINATION OF INTERNAL AND EXTERNAL AUDIT FUNCTIONS

D. PURCHASING, SUPPLY CHAIN AND MAILROOM FUNCTIONS INCLUDE PROCUREMENT SERVICES, CONTRACT NEGOTIATIONS, PRICE NEGOTIATIONS, CAPITAL PURCHASE NEGOTIATIONS, MANAGEMENT/DISTRIBUTION OF HOSPITAL INVENTORY, AND CENTRAL MAILROOM MANAGEMENT

E. PRACTICE MANAGEMENT BILLING FUNCTIONS INCLUDE PRODUCING ALL CLAIMS FOR THIRD PARTY PAYERS AND PRIVATE PAY PATIENTS, PAYMENT PROCESSING, PERIODIC REPORTING, ACCOUNTS RECEIVABLE ANALYSIS, CHARITY CARE APPLICATION PROCESS, DENIAL MANAGEMENT, COLLECTION AND FOLLOW UP SERVICES FOR ALL EMPLOYED HQ PHYSICIANS

F. MANAGEMENT ENGINEERING FUNCTIONS INCLUDE EVALUATING EACH AREA WITHIN HQ TO ENSURE COMPLIANCE WITH VARIOUS PRODUCTIVITY BENCHMARKS OPTIMIZING STAFFING RATIOS

7. INTERNAL AUDIT AND COMPLIANCE INCLUDES OVERSIGHT OF THE CORPORATE COMPLIANCE PROGRAM, INTERNAL AUDIT, HIPAA COMPLIANCE, CONTRACT REVIEW AND COMPLIANCE

8. HUMAN RESOURCE AND LEARNING AND DEVELOPMENT FUNCTIONS INCLUDE RECRUITMENT, COMPENSATION, BENEFIT ADMINISTRATION AND EMPLOYEE TRAINING

9. PHYSICIAN MANAGEMENT OPERATIONS FUNCTIONS INCLUDE OVERSIGHT OF ALL HQ PHYSICIAN PRACTICES, PHYSICIAN RECRUITMENT FUNCTIONS, AND THE CENTRALIZED SCHEDULING OFFICE

10. ADMINISTRATIVE FUNCTIONS INCLUDE OVERSIGHT OF THE HEALTH QUEST SYSTEM, HOSPITAL MANAGEMENT AND RISK MANAGEMENT

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11. LEGAL COUNSEL FUNCTIONS INCLUDE INTERNAL LEGAL SERVICES FOR HQ AND COORDINATION OF ALL OUTSOURCED LEGAL INITIATIVES

12. INFORMATION TECHNOLOGY AND MTS

A. IT PROVIDES INFORMATION TECHNOLOGY SUPPORT FOR ALL APPLICATIONS AND TELEPHONY SUPPORT WITHIN HQ. IN ADDITION, PROVIDES PROJECT MANAGEMENT SERVICES FOR ALL NEW AND UPGRADES TO CURRENT IT APPLICATIONS

B. MTS/BIOMED INCLUDES TECHNICAL SERVICES PROVIDED TO EACH HOSPITAL FOR EQUIPMENT REPAIR AND MAINTENANCE SHARED EXPENSES.

IN ADDITION TO SERVICES PROVIDED BY SUPPORT DEPARTMENTS, CERTAIN INSURANCE POLICIES ARE CONSOLIDATED FOR ALL HEALTH QUEST ENTITIES. THESE INCLUDE PROPERTY INSURANCE, TRAVEL, CRIME, ENVIRONMENTAL, CYBER RISK AND DIRECTORS AND OFFICERS INSURANCE

ALLOCATION METHODOLOGY: NET REVENUE - LAB MANAGEMENT, BUDGETS, REVENUE CYCLE, MANAGED CARE, DECISION SUPPORT, ALL FACILITIES (EXCLUDING CONSTRUCTION), BUSINESS DEVELOPMENT, GENERAL ACCOUNTING, MANAGEMENT ENGINEERING, INTERNAL AUDIT AND COMPLIANCE, EXECUTIVE OFFICE, LEGAL, INFORMATION TECHNOLOGY AND MTS

OF VISITS/PROCEDURES - STAFFING SPECIALTIES

HISTORICAL TRENDS - HEALTH INFORMATION MANAGEMENT, CLINICAL MANAGEMENT AND HOSPITAL SUPPORT

CASH COLLECTIONS - PATIENT ACCOUNTING AND THE FINANCIAL CLEARANCE CENTER

NON PAYROLL EXPENSES - ACCOUNTS PAYABLE AND PURCHASING

PROJECT BASED - CONSTRUCTION

OF FTE'S ALLOCATED TO PHYSICIAN SITES - PRACTICE MANAGEMENT BILLING,

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OPERATIONS AND PHYSICIAN PRACTICE MANAGEMENT

SYSTEM BENEFITS:

1. FINANCIAL PLANNING
2. REVENUE ENHANCEMENT
3. IMPROVED CASH COLLECTIONS
4. ENHANCED MANAGED CARE CONTRACT RATES
5. OPTIMIZED MEDICAL RECORDS CODING
6. SAVINGS FOR SUPPLIES, CONTRACTS, INSURANCE AND CAPITAL PURCHASES
7. STAFFING REDUCTION THROUGH SHARED SERVICES
8. ENHANCED EMPLOYEE BENEFIT PROGRAMS

FORM 990 PART XI LINE 9 - RECONCILIATION OF NET ASSETS

ADDITIONAL PENSION LIABILITY - (\$12,182,060); TRANSFER OF EQUITY - (\$29,043,843); CHANGE IN RESTRICTED CONTRIBUTIONS - (\$867,463)

FORM 990 PART XIII LINE 3A - OMB CIRCULAR A-133 AUDIT

VASSAR BROTHERS MEDICAL CENTER DID NOT RECEIVE MORE THAN \$750,000 IN FEDERAL AWARDS IN 2017, AND DID NOT QUALIFY FOR AN A-133 AUDIT.

SCHEDULE R PART V LINE 2 (4) - ALLOCATION METHODOLOGY FOR HQMP

THE HOSPITAL PAYS ADMINISTRATIVE FEES AND SUBSIDIES TO HEALTH QUEST MEDICAL PRACTICE PC. THESE FEES ARE FOR EXPENSES INCURRED BY THE MEDICAL PRACTICE WHILE PROVIDING THE FOLLOWING SERVICES TO VBMC AT COST.

HOSPITALISTS: THE PHYSICIANS EMPLOYED BY THE HOSPITALIST PROGRAM ADMIT AND PROVIDE CARE TO INPATIENTS AT VBMC ALLOWING THE PATIENT'S PRIVATE/PRIMARY COMMUNITY PHYSICIAN TO REMAIN IN THEIR OFFICE. THE CARE

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IS PROVIDED ON A CONTINUOUS BASIS TO THE PATIENT THROUGHOUT THE DAY, NIGHT AND WEEKENDS. THE SPECIFIC REQUIREMENTS OF THE GROUP ARE DETAILED BELOW: 24/7 COVERAGE, MEDICAL DIRECTOR ADMINISTRATIVE TIME: 18 HOURS PER WEEK INCLUDES: SCHEDULING, PAYROLL, RECRUITMENT, EVALUATION OF GROWTH, REVIEW FINANCIAL RECORDS. NIGHT COVERAGE: 15 HOUR SHIFT. 6 HOURS ARE SPENT ON BILLABLE PATIENT CARE, WHILE THE REMAINING 9 HOURS (63 HOURS PER WEEK) ARE INVOLVED WITH COVERING EXISTING TEAM AND BEING AVAILABLE FOR ER EVALUATIONS OR NEW CONSULTS. THESE HOURS ARE CRITICAL FOR EXCELLENT CARE AND ARE NOT BILLABLE. DAY MD ADMINISTRATIVE TIME: FILLING OUT FORMS, CONFERENCES WITH PATIENTS/FAMILY/STAFF BEYOND E/M BILLABLE TIME, SIGNING CHARTS. 1 HOUR EACH PER PROVIDER OR 3 HOURS PER DAY- 21 HOURS PER WEEK, CASE MANAGEMENT ADVISOR PARTICIPATES IN QI PROGRAMS AT THE HOSPITAL, AND CHAIR OF INFORMATION MANAGEMENT COMMITTEE. NURSING EDUCATION DIRECTS AND COORDINATES ALL CLINICAL MATTERS. DEVELOP COST EFFECTIVE CARE, COST CONTAINMENT MEASURES, ASSIST IN OPERATING AND CAPITAL BUDGETS, INCLUDING PROJECTIONS OF REVENUE AND EXPENDITURES, ENSURE THE CONSISTENCY AND QUALITY OF SERVICES PROVIDED. ANALYZE CLINICAL OUTCOMES, AND IDENTIFY DEFICIENCIES. RESOLVE PATIENT PROBLEMS WITH THE QUALITY OF SERVICES. MAINTAIN WRITTEN REPORTS TO OUTLINE GOALS, OBJECTIVES AND STANDARDS FOR SERVICES. SCHEDULING PROVIDERS PARTICIPATE IN COMMUNITY OUTREACH PROGRAMS AND COMMUNITY EDUCATION. REVIEW FINANCIAL REPORTS AND ENSURES THAT ALL PROVIDERS ARE COMPLIANT. INTENSIVISTS: THE PHYSICIANS EMPLOYED BY THE INTENSIVIST (TRIPLE BOARDED) PROGRAM PROVIDE CARE TO CRITICALLY ILL PATIENTS IN THE INTENSIVE CARE AND CRITICAL CARE UNITS AT VBMC. THE APPROPRIATE LEVEL OF CARE WARRANTED BY THE ACUITY OF THE PATIENT IS

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PROVIDED ON A CONTINUOUS BASIS TO THE PATIENT THROUGHOUT THE DAY, NIGHT AND THE WEEKENDS. THE SPECIFIC REQUIREMENTS OF THE GROUP ARE DETAILED BELOW: 24/7 COVERAGE FOR CODE STATS. LEAD TEAM, INTUBATE, PLACE LINES, EMERGENCY PACEMAKERS, ETC. 24/7 RAPID CONSULTATIONS AVAILABLE FOR MEDICAL STAFF. 24/7 AVAILABILITY TO TRIAGE PATIENTS MOVING INTO, OR OUT OF, INTENSIVE CARE. 24/7 COVERAGE OF ED EVALUATIONS AND URGENT/EMERGENT ADVICE OF CRITICALLY ILL ADULTS. MANDATED COVERAGE FOR AN AVERAGE OF 15 ICU PATIENTS/DAY, AND DIRECT AND COORDINATE ALL CLINICAL MATTERS. DEVELOP COST EFFECTIVE CARE, COST CONTAINMENT MEASURES, ASSIST IN OPERATING AND CAPITAL BUDGETS INCLUDING PROJECTIONS OF REVENUE AND EXPENDITURES, AND ENSURE THE CONSISTENCY AND QUALITY OF SERVICES PROVIDED. ANALYZE CLINICAL OUTCOMES, AND IDENTIFY DEFICIENCIES. RESOLVE PATIENT PROBLEMS WITH THE QUALITY OF SERVICES. MAINTAIN WRITTEN REPORTS TO OUTLINE GOALS, OBJECTIVES AND STANDARDS FOR SERVICES. SCHEDULING PROVIDERS PARTICIPATE IN COMMUNITY OUTREACH PROGRAMS AND COMMUNITY EDUCATION. REVIEW FINANCIAL REPORTS AND ENSURES THAT ALL PROVIDERS ARE COMPLIANT. SURGICAL PA PROGRAM: THE PHYSICIAN ASSISTANTS EMPLOYED BY THE SURGICAL PA PROGRAM ASSIST DURING SURGICAL PROCEDURES AT VBMC, PHC AND NDH. THIS SERVICE IS EXTREMELY IMPORTANT TO THE COMMUNITY OF SURGEONS DUE TO A SHORTAGE (AND AGING) OF GENERAL SURGEONS IN DUTCHESS COUNTY. THIS PROGRAM REDUCES THE NEED FOR SURGEONS TO DOUBLE-UP DURING PROCEDURES. THE SPECIFIC REQUIREMENTS OF THE GROUP ARE DETAILED BELOW: DIRECT AND COORDINATE ALL CLINICAL MATTERS. DEVELOP COST EFFECTIVE CARE, COST CONTAINMENT MEASURES, ASSIST IN OPERATING AND CAPITAL BUDGETS INCLUDING PROJECTIONS OF REVENUE AND EXPENDITURES TO ENSURE THE

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CONSISTENCY AND QUALITY OF SERVICES PROVIDED. ANALYZE CLINICAL OUTCOMES, AND IDENTIFY DEFICIENCIES. RESOLVE PATIENT PROBLEMS WITH THE QUALITY OF SERVICES. RECOMMENDS EMPLOYMENT AND TERMINATION OF NON-PHYSICIAN PERSONNEL. MAINTAIN WRITTEN REPORTS TO OUTLINE GOALS, OBJECTIVES AND STANDARDS FOR SERVICES. SCHEDULING PROVIDERS PARTICIPATE IN COMMUNITY OUTREACH PROGRAMS AND COMMUNITY EDUCATION. REVIEW FINANCIAL REPORTS TO ENSURE THAT ALL PROVIDERS ARE COMPLIANT. CTPA: THE PHYSICIAN ASSISTANTS EMPLOYED BY THE CARDIO THORACIC PA PROGRAM ASSIST DURING CARDIAC SURGICAL PROCEDURES AT VBMC. THIS SERVICE IS VITAL SINCE THERE ARE CURRENTLY ONLY FOUR CARDIOTHORACIC SURGEONS AT VBMC WHO CANNOT PROVIDE 24/7 COVERAGE FOR THEIR PATIENTS WITHOUT THIS PROGRAM. THE SPECIFIC REQUIREMENTS OF THE GROUP ARE DETAILED BELOW: 24/7 COVERAGE (8,736 HOURS PER YEAR) FOR CARDIOTHORACIC PATIENTS. BREAST SURGERY: THE PHYSICIANS EMPLOYED BY THE ONCOLOGY PROGRAM PROVIDE CARE FOR ONCOLOGY PATIENTS ON BOTH AN OUTPATIENT BASIS (OFFICE VISITS) AND AN INPATIENT BASIS FOR SURGICAL PROCEDURES AND THE ASSOCIATED POST-OPERATIVE CARE. THE SPECIFIC REQUIREMENTS OF THE GROUP ARE DETAILED BELOW: COORDINATES PATIENT AND OR SCHEDULES. REVIEWS PATIENT WORK LOAD, AND DELEGATE'S PROJECTS AND CONCERNS. HANDLES DAY TO DAY OFFICE ISSUES AT THE PRACTICE. GIVES LECTURES ON BREAST CANCER AT VBMC AND COMMUNITY EVENTS. DIRECTS AND COORDINATES ALL CLINICAL MATTERS. DEVELOP COST EFFECTIVE CARE, COST CONTAINMENT MEASURES, ASSIST IN OPERATING AND CAPITAL BUDGETS INCLUDING PROJECTIONS OF REVENUE AND EXPENDITURES TO ENSURE THE CONSISTENCY AND QUALITY OF SERVICES PROVIDED. ANALYZE CLINICAL OUTCOMES, AND IDENTIFY DEFICIENCIES. RESOLVE PATIENT PROBLEMS WITH THE QUALITY OF SERVICES. RECOMMENDS EMPLOYMENT AND

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TERMINATION OF NON-PHYSICIAN PERSONNEL. MAINTAINS WRITTEN REPORTS TO
 OUTLINE GOALS, OBJECTIVES AND STANDARDS FOR SERVICES. SCHEDULING
 PROVIDERS PARTICIPATE IN COMMUNITY OUTREACH PROGRAMS AND COMMUNITY
 EDUCATION. REVIEW FINANCIAL REPORTS TO ENSURE THAT ALL PROVIDERS ARE
 COMPLIANT. CT SURGEONS: THE PHYSICIANS AND PHYSICIAN ASSISTANTS
 EMPLOYED BY HQMP PROVIDE CARE FOR CARDIAC PATIENTS ON BOTH AN OUTPATIENT
 BASIS (OFFICE VISITS) AND AN INPATIENT BASIS FOR SURGICAL PROCEDURES AND
 THE ASSOCIATED POST-OPERATIVE CARE. THE SPECIFIC REQUIREMENTS OF THE
 GROUP ARE DETAILED BELOW: DIRECT AND COORDINATE ALL CLINICAL MATTERS.
 DEVELOP COST EFFECTIVE CARE, COST CONTAINMENT MEASURES, ASSIST IN
 OPERATING AND CAPITAL BUDGETS INCLUDING PROJECTIONS OF REVENUE AND
 EXPENDITURES TO ENSURE THE CONSISTENCY, QUALITY OF SERVICES PROVIDED.
 ANALYZE CLINICAL OUTCOMES, AND IDENTIFY DEFICIENCIES. RESOLVE PATIENTS
 AND PROBLEMS WITH THE QUALITY OF SERVICES. RECOMMENDS EMPLOYMENT AND
 TERMINATION OF NON-PHYSICIAN PERSONNEL. MAINTAINS WRITTEN REPORTS TO
 OUTLINE GOALS, OBJECTIVES AND STANDARDS FOR SERVICES. SCHEDULING
 PROVIDERS PARTICIPATE IN COMMUNITY OUTREACH PROGRAMS AND COMMUNITY
 EDUCATION. REVIEW FINANCIAL REPORTS TO ENSURE THAT ALL PROVIDERS ARE
 COMPLIANT.

SCHEDULE R PART I LINES 1 AND 2

HEALTHSERVE, LLC AND ONE COLUMBIA STREET, LLC WERE BOTH DISSOLVED IN
 2016. THE ASSETS WERE TRANSFERRED TO VBMC.

FORM 990 PART VI SECTION A LINE 7B - GOVERNING BODY

LINE 7B - 4.01 POWERS OF THE BOARD OF TRUSTEES. THE BUSINESS AND PROPERTY

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OF VBMC SHALL BE MANAGED BY VBMC'S BOARD OF TRUSTEES AND HEALTH QUEST, AS THE CO-ESTABLISHED OPERATOR OF VBMC. ALTHOUGH HEALTH QUEST MAY ELECT FROM TIME TO TIME TO DELEGATE TO AND/OR ACT JOINTLY WITH THE VBMC BOARD OF TRUSTEES, HEALTH QUEST HAS THE AUTHORITY TO EXERCISE INDEPENDENTLY ITS ESTABLISHED POWERS AND RIGHTS IN ITS CAPACITY AS THE CO-ESTABLISHED OPERATOR. ANY SUCH DELEGATED AUTHORITY SHALL AT ALL TIMES REMAIN SUBJECT TO THE OVERSIGHT, MODIFICATION OR REPEAL OF HEALTH QUEST AS THE CO-ESTABLISHED OPERATOR OF VBMC. WITHOUT LIMITING THE FOREGOING POWERS, HEALTH QUEST SHALL CONSULT WITH THE CHAIR OF THE VBMC BOARD OF TRUSTEES BEFORE MODIFYING OR REPEALING ANY JOINT OPERATING AUTHORITY DELEGATED UNDER SECTION 4.02.

4.02 JOINT OPERATING AUTHORITY DELEGATED TO VBMC. SUBJECT TO SECTIONS 2.02 AND 4.01, THE BOARD OF TRUSTEES OF VBMC SHALL HAVE THE FOLLOWING OPERATING AUTHORITY AS DELEGATED BY HEALTH QUEST:

(A) QUALITY ASSURANCE. APPLY AND EXECUTE THE QUALITY ASSURANCE STANDARDS AND ANY QUALITY ASSURANCE POLICIES AND PLANS ADOPTED BY HEALTH QUEST.

(B) MEDICAL STAFF CREDENTIALING AND BYLAWS. APPLY AND EXECUTE THE MEDICAL STAFF CREDENTIALING STANDARDS AND ANY POLICIES ADOPTED BY HEALTH QUEST, WHICH INCLUDES BEING RESPONSIBLE FOR:

(I) APPOINTING THE MEMBERS OF THE MEDICAL STAFF;

(II) APPROVING ANY MEDICAL STAFF APPOINTMENTS SUCH AS MEDICAL STAFF OFFICERS OR DEPARTMENT CHAIRS REQUIRING BOARD APPROVAL;

(III) PURSUANT TO THE PROCEDURES SET FORTH IN THE BYLAWS OF THE MEDICAL STAFF, DISMISSING ANY MEMBER OF THE MEDICAL STAFF, AND APPROVING,

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REJECTING OR MODIFYING ANY CORRECTIVE ACTION TAKEN OR RECOMMENDED BY THE MEDICAL STAFF FOR ANY MEMBER OF THE MEDICAL STAFF; AND

(IV) APPROVING THE MEDICAL STAFF BYLAWS, RULES AND REGULATIONS.

(C) STRATEGIC PLANNING. PROVIDE INPUT TO THE SYSTEM-WIDE STRATEGIC PLANNING PROCESS AND VBMC-SPECIFIC STRATEGIC PLAN, AS REQUESTED AND APPROVED BY HEALTH QUEST, AND MONITOR THE IMPLEMENTATION OF SUCH PLAN.

(D) STATEMENTS OF DEFICIENCY AND LEGAL COMPLIANCE. RESPOND TO ANY STATEMENTS OF DEFICIENCY ISSUED BY ANY REGULATORY OR ACCREDITING AUTHORITY AND TAKE ALL APPROPRIATE AND NECESSARY ACTION TO MONITOR AND RESTORE COMPLIANCE WITH DEFICIENCIES IN VBMC'S COMPLIANCE WITH STATUTORY, REGULATORY OR ACCREDITATION REQUIREMENTS, INCLUDING BUT NOT LIMITED TO MONITORING THE SUBMISSION AND IMPLEMENTATION OF ALL PLANS OF CORRECTION.

(E) CONFLICTS OF INTEREST. IMPLEMENT AND COMPLY WITH THE WRITTEN CONFLICT OF INTEREST POLICY AS APPROVED BY HEALTH QUEST AND AS INTERPRETED AND DIRECTED BY THE COMPLIANCE AND AUDIT COMMITTEE OF HEALTH QUEST.

(F) COMMUNITY HEALTH NEEDS. IMPLEMENT THE STATEMENT OF MISSION APPROVED BY HEALTH QUEST BY DEVELOPING A COMMUNITY SERVICE PLAN TAILORED SPECIFICALLY TO THE WORK OF VBMC IN THE COMMUNITY IT SERVES AND MONITORING PERFORMANCE THEREOF.

(G) BUDGETS AND FINANCIAL PERFORMANCE. ASSIST IN DEVELOPING AND MONITORING THE BUDGETS FOR VBMC, AS REQUESTED BY HEALTH QUEST AND, AS APPROVED, MONITOR THE FINANCIAL PERFORMANCE OF VBMC.

(H) PHYSICIAN ARRANGEMENTS. REVIEW AND APPROVE PHYSICIAN FINANCIAL ARRANGEMENTS IN ACCORDANCE WITH AND AS PERMITTED BY A SYSTEM-WIDE POLICY

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ADOPTED BY HEALTH QUEST.

(I) EVALUATION OF THE BOARD OF TRUSTEES. DEVELOP AN ANNUAL ACTION PLAN FOR VBMC'S BOARD OF TRUSTEES, PERFORM AN ANNUAL SELF-EVALUATION OF THE BOARD OF TRUSTEES, COMPARING PERFORMANCE TO THE GOALS SET FORTH IN THE ANNUAL ACTION PLAN, AND EXECUTE A BOARD EDUCATION PLAN DEVELOPED AND APPROVED BY HEALTH QUEST.

(J) EVALUATION OF HOSPITAL PRESIDENT. MONITOR AND PROVIDE INPUT TO VBMC AND HEALTH QUEST CONCERNING THE PERFORMANCE OF THE PRESIDENT OF VBMC.

(K) NOMINATIONS FOR TRUSTEE AND OFFICER POSITIONS. RECOMMEND TO THE HEALTH QUEST EXECUTIVE COMMITTEE, ACTING AS THE GOVERNANCE AND NOMINATING COMMITTEE, CANDIDATES FOR CONSIDERATION FOR VBMC TRUSTEE AND OFFICER POSITIONS.

(L) MINUTES. CAUSE WRITTEN MINUTES TO BE MAINTAINED OF MEETINGS OF THE BOARD OF TRUSTEES OF VBMC AND ITS COMMITTEES INCLUDING A RECORD OF ATTENDANCE, WHICH MINUTES SHALL BE SIGNED BY THE SECRETARY OF VBMC AND RETAINED AS A PERMANENT RECORD IN THE OFFICES OF VBMC.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST & DIVIDENDS	11,741,707.			11,741,707.
TOTALS	<u>11,741,707.</u>			<u>11,741,707.</u>

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ATTACHMENT 2FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	5,172,015.
TOTALS	<u>5,172,015.</u>

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CASH AND CASH EQUIVALENTS	200,366.	FMV
EQUITY SECURITIES	112,756,840.	FMV
BOND FUNDS	84,249,879.	FMV
SHORT TERM INVESTMENTS	3,050,831.	FMV
TOTALS	<u>200,257,916.</u>	

ATTACHMENT 4FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CONSTRUCTION OF HOSP FACILITY 2012

ORIGINAL AMOUNT: 27,320,000.

DATE OF NOTE: 12/05/2012

BEGINNING BALANCE DUE	18,080,717.
ENDING BALANCE DUE	<u>16,311,177.</u>

LENDER: DUTCHESS CTY LOCAL DEVELOPMENT CORP

ORIGINAL AMOUNT: 18,045,000.

DATE OF NOTE: 05/14/2014

BEGINNING BALANCE DUE	14,629,696.
ENDING BALANCE DUE	<u>13,031,662.</u>

Name of the organization VASSAR BROTHERS MEDICAL CENTER	Employer identification number 14-1338586
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ATTACHMENT 4 (CONT'D)

LENDER: HV RADIOLOGY
 ORIGINAL AMOUNT: 24,500,000.
 DATE OF NOTE: 10/16/2015
 MATURITY DATE: 10/16/2020
 PURPOSE OF LOAN: PURCHASE OF RADIOLOGY PRACTICE

BEGINNING BALANCE DUE	17,290,436.
ENDING BALANCE DUE	<u>11,048,511.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>50,000,849.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>40,391,350.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

VASSAR BROTHERS MEDICAL CENTER

2017

Open to Public
Inspection

Employer identification number
14-1338586

Related Organizations and Unrelated Partnerships

▶ 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.

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	HEALTH QUEST SYSTEMS, INC 1351 ROUTE 55 LAGRANGEVILLE, NY 12540 14-1678068	SUPPORT SERV	NY	501(C)(3)	BOX 9	HQ		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FACS LLC 14-1831972 45 READE PLACE POUGHKEEPSIE, N	PHYSICIAN CON	NY	N/A		-1,667.	0						
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
	HEALTH QUEST SYSTEMS, INC	A	491,034.	RENT AT COST
	HEALTH QUEST SYSTEMS, INC	P	118,083,740.	SEE SCHEDULE O
	HEALTH QUEST MEDICAL PRACTICE, PC	A	1,557,272.	RENT AT COST
	HEALTH QUEST MEDICAL PRACTICE, PC	P	35,572,645.	SEE SCHEDULE O
	HV CARDIOVASCULAR PRACTICE, PC	A	731,363.	RENT AT COST

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.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.
