

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
VASSAR BROTHERS MEDICAL CENTER

% ROBERT FRIEDBERG PRESIDENT
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
45 READE PLACE

City or town, state or province, country, and ZIP or foreign postal code
POUGHKEEPSIE, NY 12601

D Employer identification number
14-1338586

E Telephone number
(845) 475-9500

G Gross receipts \$ 676,536,529

F Name and address of principal officer
ANN MCMACKIN PRESIDENT
45 READE PLACE
POUGHKEEPSIE, NY 12601

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HEALTHQUEST ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1882

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE COMPREHENSIVE PRIMARY HEALTHCARE - SEE SCHEDULE O FOR MORE INFORMATION

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

3 Number of voting members of the governing body (Part VI, line 1a)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2,572
6 Total number of volunteers (estimate if necessary)	425
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	878,573	796,471
9 Program service revenue (Part VIII, line 2g)	650,132,135	647,929,457
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,255,920	17,329,146
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,912,540	10,481,455
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	672,179,168	676,536,529
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	158,100	158,100
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	223,896,351	227,781,636
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	353,772,257	345,680,331
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	577,826,708	573,620,067
19 Revenue less expenses Subtract line 18 from line 12	94,352,460	102,916,462
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,081,588,850	1,107,361,106
21 Total liabilities (Part X, line 26)	668,748,861	661,483,732
22 Net assets or fund balances Subtract line 21 from line 20	412,839,989	445,877,374

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-11-14

ROBERT FRIEDBERG PRESIDENT
Type or print name and title

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 ▶				

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 284,322,430 including grants of \$) (Revenue \$ 402,117,643)
See Additional Data

4b (Code) (Expenses \$ 171,901,210 including grants of \$ 158,100) (Revenue \$ 243,120,142)
See Additional Data

4c (Code) (Expenses \$ 1,903,181 including grants of \$) (Revenue \$ 2,691,672)
See Additional Data

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

4e Total program service expenses ▶ 458,126,821

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	2,572			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		No
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		No
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		No
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			12a		
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15a	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?	Yes	
15b	a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	Yes	
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?	Yes	
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?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NY

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ ROBERT FRIEDBERG PRESIDENT 1351 ROUTE 55 SUITE 200 LAGRANGEVILLE, NY 12540 (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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

Main table with columns (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals. Includes rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total with numerical values.

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

Table with 3 rows (3-5) and 3 columns (Yes/No) regarding compensation reporting for former officers, high compensation thresholds, and unrelated compensation.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, and (C) Compensation.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	39,470		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	757,001		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		796,471			

Program Service Revenue			Business Code				
	2a INPATIENT SERVICE REVENUE		900099	402,117,643	402,117,643		
	b OUTPATIENT SERVICE REVENUE		900099	243,120,142	243,120,142		
	c AFFILIATE RENTAL INCOME		900099	2,691,672	2,691,672		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			647,929,457				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			16,071,145			16,071,145
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		1,713,869					
	b Less rental expenses						
	c Rental income or (loss)	1,713,869	0				
	d Net rental income or (loss)			1,713,869			1,713,869
	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)			1,258,001			1,258,001
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0			
	b Less direct expenses	b		0			
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a		0				
b Less direct expenses	b		0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a		0				
b Less cost of goods sold	b		0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a CAFETERIA AND DELI SALES		900099	2,140,474	2,140,474			
b REFUNDS AND REBATES		900099	1,953,958	1,953,958			
c 21 READE PLACE DISTRIBUTION		518210	2,043,859	2,043,859			
d All other revenue			2,629,295	2,629,295			
e Total. Add lines 11a-11d			8,767,586				
12 Total revenue. See Instructions			676,536,529	656,697,043		19,043,015	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	158,100	158,100		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	436,022	392,420	43,602	0
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	0	0	0
7 Other salaries and wages	161,771,709	151,128,628	10,643,081	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,606,494	15,537,845	1,068,649	0
9 Other employee benefits	36,998,086	34,560,552	2,437,534	0
10 Payroll taxes	11,969,325	11,180,754	788,571	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	61,259	0	61,259	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,788,326	1,709,944	78,382	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	14,084,726	10,852,871	3,231,855	0
14 Information technology	987,287	961,029	26,258	0
15 Royalties	0	0	0	0
16 Occupancy	6,584,753	4,294,112	2,290,641	0
17 Travel	74,802	57,634	17,168	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	385,431	172,396	213,035	0
20 Interest	4,623,363	3,015,032	1,608,331	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	24,347,195	15,500,829	8,846,366	0
23 Insurance	4,530,940	2,954,760	1,576,180	0
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	125,807,301	49,907,073	75,900,228	0
b MEDICAL SUPPLIES	100,152,980	100,152,980	0	0
c PHYSICIAN FEES	42,042,872	42,042,872	0	0
d MAINTENANCE AND SVC CONTRACTS	10,634,586	6,784,964	3,849,622	0
e All other expenses	9,574,510	6,762,026	2,812,484	
25 Total functional expenses. Add lines 1 through 24e	573,620,067	458,126,821	115,493,246	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	11,016,218	1	12,032,358
	2 Savings and temporary cash investments	15,892,172	2	6,428,861
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	100,037,021	4	110,456,157
	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	8,327,179	8	10,291,265
	9 Prepaid expenses and deferred charges	5,172,015	9	5,014,517
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 940,583,956		
	b Less accumulated depreciation	10b 406,850,827	361,219,611	10c 533,733,129
	11 Investments—publicly traded securities	200,257,916	11	189,469,297
	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	353,750,791	15	214,019,595
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,081,588,850	16	1,107,361,106	
Liabilities	17 Accounts payable and accrued expenses	57,409,210	17	78,491,303
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	455,062,482	20	447,813,759
	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	40,391,350	23	30,697,610
	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	115,885,819	25	104,481,060
	26 Total liabilities. Add lines 17 through 25	668,748,861	26	661,483,732
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	399,257,567	27	427,355,147
	28 Temporarily restricted net assets	11,391,471	28	16,331,277
	29 Permanently restricted net assets	2,190,951	29	2,190,950
	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	412,839,989	33	445,877,374	
34 Total liabilities and net assets/fund balances	1,081,588,850	34	1,107,361,106	

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	676,536,529
2	Total expenses (must equal Part IX, column (A), line 25)	2	573,620,067
3	Revenue less expenses Subtract line 2 from line 1	3	102,916,462
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	412,839,989
5	Net unrealized gains (losses) on investments	5	-24,918,356
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-44,960,721
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	445,877,374

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 14-1338586

Name: VASSAR BROTHERS MEDICAL CENTER

Form 990 (2018)

Form 990, Part III, Line 4a:

INPATIENT SERVICES PATIENTS ADMITTED FOR ACUTE CARE - NUMBER OF PATIENTS 23,659, NUMBER OF PATIENT DAYS 104,423 THE HOSPITAL PROVIDED APPROXIMATELY \$3,385,559 IN UNCOMPENSATED CARE (AT COST) TO THE REGIONS UN-INSURED AND UNDER-INSURED POPULATION

Form 990, Part III, Line 4b:

OUTPATIENT SERVICES EMERGENCY VISITS 61,023, OTHER OUTPATIENT VISITS/PROCEDURES 392,132 THE HOSPITAL PROVIDED APPROXIMATELY \$4,350,938 IN UNCOMPENSATED CARE (AT COST) TO THE REGIONS UN-INSURED AND UNDER-INSURED POPULATION

Form 990, Part III, Line 4c:

AFFILIATE RENTAL INCOME

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARLA GUDE IMMEDIATE PAST CHAIRMAN	1 0 0 0	X						0	0	0
BARRY ROTHFELD FIRST VICE CHAIR	1 0 0 0	X						0	0	0
ROBERT CHAMBERS TRUSTEE EMERITUS	1 0 0 0	X						0	0	0
FRANCOISE DUNEFSKY CHAIR	1 0 0 0	X						0	0	0
CARL NEEDY TRUSTEE EMERITUS	1 0 0 0	X						0	0	0
RICHARD STRAIN TRUSTEE EMERITUS	1 0 0 0	X						0	0	0
JOHN REID TRUSTEE	1 0 0 0	X						0	0	0
ANN MCMACKIN VBMC PRESIDENT	0 0 4 0	X		X				0	770,555	28,104
TIMOTHY DEAN SECOND VICE CHAIR	1 0 0 0	X						0	0	0
CHARLES O'MARA SECRETARY/TREASURER	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL BOWERS TRUSTEE	1 0 0 0	X						0	0	0
KEVIN CLEARY TRUSTEE	1 0 0 0	X						0	0	0
SHAY HUMPHREY ESQ TRUSTEE	1 0 0 0	X						0	0	0
THOMAS ROBINSON MD PRESIDENT MEDICAL/DENTAL STAFF	1 0 0 0	X						0	0	0
DEBRA DOMBER TRUSTEE	1 0 0 0	X						0	0	0
STEVEN TINKELMAN TRUSTEE	1 0 0 0	X						0	0	0
SIMON GORWARA MD TRUSTEE & HVCP PHYSICIAN	1 0 40 0	X						0	1,041,770	47,805
KIMBERLY HELLER MD TRUSTEE & HQMP PHYSICIAN	1 0 40 0	X						0	512,495	31,617
KATHLEEN MERGET TRUSTEE	1 0 0 0	X						0	0	0
RONALD TATELBAUM MD TRUSTEE	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES WALKER TRUSTEE	1 00 0 00	X						0	0	0
ROBERT FRIEDBERG HQ PRESIDENT & CEO	0 00 40 00			X				0	1,586,235	132,071
KATHERINE BACHER HQ SVP & CFO/ASST TREASURER	0 00 40 00			X				0	641,026	57,938
MICHAEL HOLZHUETER ASST SECRETARY	0 00 40 00			X				0	956,997	95,358
CHERYL BOOTH ASSISTANT SECRETARY	0 00 40 00			X				0	121,070	10,394
MICHAEL DOYLE MD VP MEDICAL AFFAIRS	40 00 0 00				X			436,022	0	18,695
KEVIN BOLAND DIR CARDIO PERFUSION	40 00 0 00					X		314,824	0	46,208
LORETTA M BOGOLIN VP PATIENT CARE SVCS/CNO VMBC	40 00 0 00					X		360,376	0	37,607
ROBERT A ROSENBAUM VP OPERATIONS	40 00 0 00					X		358,389	0	32,883
ANN ARMATER SVP DEVELOPMENT	40 00 0 00					X		321,003	0	47,639

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Offical	Key employee	Highest compensated employee	Former				
DOUGLAS HART PERFUSIONIST	40 0 0 0					X		234,758	0	35,964	
JOHN L MCGUINNESS FORMER HQ CEO AND PRESIDENT	0 0 8 0						X	0	350,004	0	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

VASSAR BROTHERS MEDICAL CENTER

Employer identification number

14-1338586

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	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.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
	4c		
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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 14-1338586

Name: VASSAR BROTHERS MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization VASSAR BROTHERS MEDICAL CENTER	Employer identification number 14-1338586
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		30,630
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		30,629
i Other activities?		No	
j Total Add lines 1c through 1i			61,259
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C PART II-B LINE 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2018
Open to Public Inspection

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

Name of the organization
VASSAR BROTHERS MEDICAL CENTER

Employer identification number
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.

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

Held at the End of the Year	
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | No | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 3b | No | No |
- 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		18,680,956		18,680,956
b Buildings		281,596,095	135,537,626	146,058,469
c Leasehold improvements				
d Equipment		294,096,644	269,063,513	25,033,131
e Other		346,210,262	2,249,689	343,960,573
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				533,733,129

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	214,019,595

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
POST RETIREMENT BENEFITS	61,482,911
RETIREMENT INVESTMENTS	1,011,124
3RD PARTY RATE ADJMTS PAYABLE	2,158,801
DUE TO AFFILIATES	200,299
ENVIRONMENTAL CONTIN LIAB (FIN)	4,695,799
GENERAL RESERVE	10,544,379
DUE TO HQ L/T	2,493,293
MED MALPRACTICE INSURANCE LIAB	21,894,454
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	104,481,060

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 14-1338586

Name: VASSAR BROTHERS MEDICAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	24,558,576
(1) RETIREMENT INVESTMENTS	1,009,676
(2) NOTE RECEIVABLE	394,724
(3) UROC SECURITY DEPOSIT	49,500
(4) INTEREST IN FOUNDATION	14,160,985
(5) 2007 SERIES A BOND PREMIUM	553,183
(6) DSRF 2007 SERIES A BONDS	1,091,621
(7) DSRF 2005 BONDS	1,346,984
(8) MISC RECEIVABLES	5,129,401
(9) 2010 BOND INTEREST FD GENERAL	2,971,092
(10) DUE FROM HQ LT	22,633,530
(11) DUE FROM THIRD PARTIES	1,981,974
(12) DSRF 2012 PROJECT FUND	9,156
(13) DSRF HQ SER 1997	1,525
(14) DSRF 2012 INTEREST	1,542,008
(15) DSRF 2014 1 COLUMBIA ST FUND	310,331
(16) DSRF 2014 INTEREST	1,069,875
(17) DSRF 2016B CONSTRUCTION FUND	119,523,277
(18) DSRF 2016B CAP INT FUND	15,682,177

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
POST RETIREMENT BENEFITS	61,482,911
RETIREMENT INVESTMENTS	1,011,124
3RD PARTY RATE ADJMTS PAYABLE	2,158,801
DUE TO AFFILIATES	200,299
ENVIRONMENTAL CONTIN LIAB (FIN	4,695,799
GENERAL RESERVE	10,544,379
DUE TO HQ L/T	2,493,293
MED MALPRACTICE INSURANCE LIAB	21,894,454

Supplemental Information

Return Reference	Explanation
SCHEDULE D PART V LINE 4 - ENDOWMENT FUNDS	THE ORIGINAL CONTRIBUTION IS BEING HELD FOR THE BENEFIT OF THE HOSPITAL

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

Hospitals

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

OMB No 1545-0047
2018
Open to Public Inspection

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			12,673,644	5,484,500	7,189,144	1 250 %
b Medicaid (from Worksheet 3, column a)			78,599,521	50,320,714	28,278,807	4 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			91,273,165	55,805,214	35,467,951	6 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18	5,698	40,925		40,925	0 010 %
f Health professions education (from Worksheet 5)	1	26	472		472	
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	19	5,724	41,397		41,397	0 010 %
k Total. Add lines 7d and 7j	19	5,724	91,314,562	55,805,214	35,509,348	6 190 %

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

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	17,227,616	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	241,088,862
6	Enter Medicare allowable costs of care relating to payments on line 5	6	270,133,824
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-29,044,962
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	No
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	No

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 %		
2 21 READE PLACE	ENDOSCOPY	26 %		
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)

	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
See Additional Data Table										

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)
 VASSAR BROTHERS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW HEALTHQUEST ORG/COMMUNITY</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW HEALTHQUEST ORG/COMMUNITY</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

VASSAR BROTHERS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input 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)	16 Yes	
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 checked="" 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**

VASSAR BROTHERS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

VASSAR BROTHERS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 NEEDS ASSESSMENT	In addition to the CHNAs conducted every three years, the hospital has a Community Health Needs Committee that meets regularly to assess any additional health care needs in the community. The committee provides oversight to the hospital's community health priorities, including needs assessments, community health improvement plans and other population health initiatives. They help guide priority issues for action to improve community health and help inform, guide and share successful programs and strategies that address health and wellness throughout the community.
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, 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 COMMUNITY INFORMATION	<p>Vassar Brothers Medical Center'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 growth with gradual declines in the numbers of young families and children. Significant growth is expected in the volume of residents aged 65 and older. Vassar Brothers Medical Center serves a population that is mostly white non-Hispanic (65.2%), whereas the United States overall is 60.8% white non-Hispanic. However, more than one third of the population VBMC serves is a minority. The second largest population is Hispanic individuals, which make up 16.6% of individuals who live in VBMC's service area.</p>
PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	<p>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 trans-catheter 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 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 is also building 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 in the Spring of 2020. VBMC recently became a Level II Trauma Center, 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 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM</p>	<p>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, CT) 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 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. A cardiologist within the Health Quest system participated in the American Heart Association's Go Red for Women Luncheon Health Expo to discuss the latest blood pressure guidelines and best practices to maintain a healthy cardiovascular system. The health system was also present at New York State Senator Sue Serino's Golden Gathering where two neurologists with the Movements Disorders Program at Vassar Brothers Medical Center informed the public about cutting-edge medical and surgical options for patients with Parkinson's disease, Huntington's disease, Tourette syndrome, essential tremors and more. 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 Society and Alzheimer's Association. In addition, there are numerous local organizations Health Quest supports both monetarily and with employee engagement. 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 six-week challenge. Participants check in at our community partners to track their exercise. In 2018, 1,120 unique participants took part in the challenge, logging more than 16,500 entries of 30+ minutes of exercise. In total, 495,000 minutes of exercise was logged in 2018. Health Quest also partners with physicians who are on the medical staff at the 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 the eight two-hour sessions.</p>
<p>PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT - NEW YORK</p>	

Additional Data**Software ID:****Software Version:****EIN:** 14-1338586**Name:** VASSAR BROTHERS MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	VASSAR BROTHERS MEDICAL CENTER 45 READE PLACE POUGHKEEPSIE, NY 12601 WWW.HEALTHQUEST.ORG	X	X					X			

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

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

Form and Line Reference	Explanation
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.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6B	The VBMC CHNA was conducted with the Dutchess County Department of Behavioral & Community Health
PART V, SECTION B, LINE 11	<p>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 and Northern Dutchess Hospital'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 both VBMC and NDH 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 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 and NDH 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.</p>

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

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

Form and Line Reference	Explanation
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 offices. It is also available by request in the Health Quest 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, and were implemented in calendar year 2017.

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization VASSAR BROTHERS MEDICAL CENTER

Employer identification number 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?
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
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 *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 to our service area and/or clinical focus

Additional Data

Software ID:
Software Version:
EIN: 14-1338586
Name: VASSAR BROTHERS MEDICAL CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(c)3	17,000				IN SUPPORT OF CARDIOVASCULAR RESEARCH, HEALTH AND WELLNESS
PREMIER CARES FOUNDATION 1 COLUMBIA STREET SUITE 390 POUGHKEEPSIE, NY 12601	45-0990732	501(c)3	6,800				IN SUPPORT OF UNDERSERVED AND UNDERINSURED UROLOGICAL AND GASTROINTESTINAL PATIENTS IN THE COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILES FOR HOPE BREAST CENTER FOUNDATION PO BOX 405 LAGRANGEVILLE, NY 12540	13-4281796	501(c)3	13,600				IN SUPPORT OF LOCAL FAMILIES AFFECTED BY BREAST CANCER DIAGNOSIS
WALKWAY OVER THE HUDSON PO BOX 889 POUGHKEEPSIE, NY 12602	14-1753502	501(c)3	10,200				IN SUPPORT OF HEALTH AND WELLNESS IN THE LOCAL COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(c)3	17,000				IN SUPPORT OF CANCER CARE AND RESEARCH
FAMILY SERVICES INC 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601	14-1338399	501(C)3	17,000				IN SUPPORT OF SERVICES FOR BATTERED WOMEN, CHILDREN AND SERVICES FOR LOCAL AT-RISK YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ULSTER COUNTY CHAMBER OF COMMERCE 214 FAIR STREET KINGSTON, NY 12401	14-1260937	501(C)6	5,100				IN SUPPORT OF LOCAL ECONOMY AND BUSINESSES
O FESTIVAL 310 WALL STREET KINGSTON, NY 12401	90-0882142	501(c)3	5,100				IN SUPPORT OF HEALTH AND WELLNESS FOR UNDERINSURED ARTISTS IN THE LOCAL COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUTCHESS OUTREACH 29 NORTH HAMILTON STREET SUITE 220 POUGHKEEPSIE, NY 12601	22-2339537	501(c)3	6,800				IN SUPPORT OF ADDRESSING AND ERADICATING MALNOURISHMENT IN THE COMMUNITY
SPARROW'S NEST 946 ROUTE 376 SUITE 7 WAPPINGERS FALLS, NY 12590	46-2573747	501(c)3	13,600				IN SUPPORT OF SERVICES FOR FAMILIES WHO ARE EXPERIENCING THE HARDSHIPS OF A CANCER DIAGNOSIS THROUGH DELIVERY OF MEALS AND SUPPLIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUTCHESS COUNTY REGIONAL CHAMBER OF COMMERCE 1 CIVIC CENTER PLAZA SUITE 400 POUGHKEEPSIE, NY 12601	14-0978000	501(C)6	17,000				IN SUPPORT OF LOCAL ECONOMY AND BUSINESSES
HUDSON VALLEY HOSPICE FOUNDATION 374 VIOLET AVENUE POUGHKEEPSIE, NY 12601	14-1824200	501(C)3	5,100				IN SUPPORT OF COMMUNITY AWARENESS PROGRAMS AND MISSION TO PROVIDE CARE TO ADULTS AND CHILDREN FACING LIFE LIMITING ILLNESSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAY FOR PINK INC 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	22-3503952	501(C)3	6,800				IN SUPPORT OF RESEARCH RELATED TO THE CAUSES, CURES AND PREVENTION OF BREAST CANCER

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

2018

Open to Public Inspection

Name of the organization
VASSAR BROTHERS MEDICAL CENTER

Employer identification number
14-1338586

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
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 (\$16,500 in 2018). As of 1/1/17, new employee elective deferrals were discontinued. The 457(f) plan was terminated on 5/1/2018 and remaining account balances will be distributed in January 2019.

Return Reference	Explanation
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 MANANGEMENT AND OTHER KEY EMPLOYEES

Return Reference	Explanation
SCHEDULE J PART II LINES 10 AND 11	SIMON GORWARA, MD IS A PHYSICIAN WITH HV CARDIOVASCULAR PRACTICE, AND KIMBERLY HELLER, MD IS A PHYSICIAN WITH HEALTH QUEST MEDICAL PRACTICE, PC

Return Reference	Explanation
SCH J PART 1 LINE 4A SEVERANCE	SEVERANCE AGREEMENTS FOR A FORMER OFFICER AND A HIGHEST COMPENSATED EMPLOYEE ANN MCMACKIN - 12 MONTHS, EFFECTIVE TERM DATE 11/7/2018, \$55,884 PAID IN 2018 ROBERT ROSENBAUM - 12 MONTHS, EFFECTIVE TERM DATE 8/17/18, \$86,936 PAID IN 2018



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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for 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 Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY - STATE OF NEW YORK	14-6000293	649903UK5	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		X
C	DUTCHESS COUNTY INDUSTRIAL DEV AGENCY	14-1613685	267041HG9	01-21-2011	17,111,463	REFUND PRIOR BOND (6/28/05)		X		X		X
D	DUTCHESS COUNTY LOCAL DEV CORP	27-3106797	267045GX4	07-07-2016	406,680,960	CONSTRUCT, RENOVATE, EQUIP FACILIT		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	8,403,860		10,470,000		3,425,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	19,473,945		34,762,447		17,111,463		415,037,286	
4	Gross proceeds in reserve funds	1,086,933		0		1,346,985		0	
5	Capitalized interest from proceeds	367,816		0		0		32,208,704	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	249,119		597,852		137,044		3,361,803	
8	Credit enhancement from proceeds	285,086		273,299		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	3,055,897		22,663,695		0		244,261,324	
11	Other spent proceeds	14,429,093		11,227,602		16,974,419		0	
12	Other unspent proceeds	0		0		0		135,205,454	
13	Year of substantial completion	2008		2012		2006			
		Yes	No	Yes	No	Yes	No	Yes	No
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)

	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 ▶	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
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	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
BOND ISSUES	PART 1, 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)

Return Reference	Explanation
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

Return Reference	Explanation
ARBITRAGE	<p>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 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</p>

Additional Data

Software ID:

Software Version:

EIN: 14-1338586

Name: VASSAR BROTHERS MEDICAL CENTER

Return Reference	Explanation
BOND ISSUES	PART 1, 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 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

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

VASSAR BROTHERS MEDICAL CENTER

Employer identification number

14-1338586

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART I LINE 1 - COMMUNITY BENEFIT PLAN- MISSION STATEMENT	<p>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 charitable organization that serves a vital public need, the Hospital continually strives to maintain the trust, confidence and respect of the people we serve</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI SECTION A LINE 6 AND 7A- GOVERNING BODY	<p>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 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 of Trustees When so acting as Chair, the Second Vice-Chair shall have all the power</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI SECTION A LINE 6 AND 7A- GOVERNING BODY	<p>ers 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 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE R PART II - RELATED TAX EXEMPT ORGANIZATIONS	Entity Tax ID# Primary Activity Legal Domicile Exempt Code Status Public Charity Status Direct controlling Entity 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 Medical Care CT Applying for 501c3 status HQ Hudson Valley Cardiovascular 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>SCH R PART V LINE 2 (2) - ALLOCATION METHODOLOGY FOR HQ</p>	<p>ALLOCATION OF SUPPORT SERVICES SHARED EXPENSES CASH FUNDING GENERAL THE FOLLOWING SERVICE S 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 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 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 THIRD PARTY AUDITS C REVENUE INTEGRITY FUNCTIONS INCLUDE CHARGE MASTER ANALYSIS AND DEVELOPMENT OF REVENUE PRODUCT 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 INS)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCH R PART V LINE 2 (2) - ALLOCATION METHODOLOGY FOR HQ	<p>GHT) REPORTING AND THE CONTRACT MANAGEMENT SYSTEM 4 FACILITIES A COURIER SERVICE PROVIDE S DELIVERY SERVICES INTERNALLY THROUGHOUT THE HQ SYSTEM AND BANK DEPOSIT DROP OFFS B CONS TRUCTION AND PROPERTY MANAGEMENT FUNCTIONS INCLUDE CONTRACTING SERVICES FOR HEALTH QUEST P ROJECTS AND PROPERTY MANAGEMENT OF ALL HQ FACILITIES C FACILITY OPERATIONS INCLUDE MANAGE MENT OVERSIGHT OF THE ENGINEERING DEPARTMENTS FOR THE HOSPITALS D FOOD SERVICE MANAGEMENT INCLUDES MANAGEMENT OVERSIGHT OF FOOD AND NUTRITION DEPARTMENTS FOR THE HOSPITALS E SECU RITY FUNCTIONS INCLUDE MANAGEMENT OVERSIGHT OF ALL FACILITIES TO ENSURE THE SAFEST ENVIRON MENT 5 BUSINESS DEVELOPMENT A STRATEGIC PLANNING FUNCTIONS INCLUDE CON SUBMISSIONS, MARK ET DATA ANALYSIS AND ASSISTANCE WITH BUSINESS PLANS B MARKETING INCLUDES ADVERTISING SERV ICES, COORDINATION OF HEALTH QUEST ADVERTISEMENTS AND MANAGEMENT OF THE HQ WEBSITE CONTENT C PUBLIC RELATIONS FUNCTIONS INCLUDE COORDINATION OF HEALTH QUEST COMMUNICATION TO EXTER NAL CUSTOMERS, PATIENTS AND MEDIA D OVERSIGHT OF THE OUTSOURCED ANSWERING SERVICES FOR PH YSICIANS AFFILIATED WITH THE HOSPITALS AND HQMP E COMMUNITY EDUCATION FUNCTIONS INCLUDE T RAINING CLASSES SPECIFIC TO LIFE SAVING TECHNIQUES 6 FINANCE A ACCOUNTS PAYABLE FUNCTION S INCLUDE SCHEDULING VENDOR PAYMENTS, INSURING FLOW OF GOODS AND SERVICES, MAINTAINING DAY S 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 PAYROL L POLICIES C GENERAL ACCOUNTING FUNCTIONS INCLUDE PREPARATION OF FINANCIAL STATEMENTS, AC COUNT ANALYSIS, CONTRACT RECONCILIATION, TAX FILINGS, INVESTMENT COORDINATION, AND COORDI NATION OF INTERNAL AND EXTERNAL AUDIT FUNCTIONS D PURCHASING, SUPPLY CHAIN AND MAILROOM FU NCTIONS INCLUDE PROCUREMENT SERVICES, CONTRACT NEGOTIATIONS, PRICE NEGOTIATIONS, CAPITAL P URCHASE NEGOTIATINS, MANAGEMENT/DISTRIBUTION OF HOSPITAL INVENTORY, AND CENTRAL MAILROOM M ANAGEMENT E PRACTICE MANAGEMENT BILLING FUNCTIONS INCLUDE PRODUCING ALL CLAIMS FOR THIRD PARTY PAYERS AND PRIVATE PAY PATIENTS, PAYMENT PROCESSING, PERIODIC REPORTING, ACCOUNTS RE CEIVABLE ANALYSIS, CHARITY CARE APPLICATION PROCESS, DENIAL MANAGEMENT, COLLECTION AND FOL LOW UP SERVICES FOR ALL EMPLOYED HQ PHYSICIANS F MANAGMENT ENGINEERING FUNCTIONS INCLUDE EVALUATING EACH AREA WITHIN HQ TO ENSURE COMPLIANCE WITH VARIOUS PRODUCTIVITY BENCHMARKS O PTIMIZING STAFFING RATIOS 7 INTERNAL AUDIT AND COMPLIANCE INCLUDES OVERSIGHT OF THE CORPO RATE 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 FUNCTION S INCLUDE OVERSIGHT OF ALL HQ PHYSICIAN PRACTICES, PHYSICIAN RECRUITMENT FUNCTIONS, AND TH E CENTRALIZED SCHEDULING OFFICE 10 ADMINISTRATIVE FUNCTIONS INCLUDE OVERSIGHT OF THE HEAL TH QUEST SYSTEM, HOSPITAL MANA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCH R PART V LINE 2 (2) - ALLOCATION METHODOLOGY FOR HQ	<p>GEMENT AND RISK MANAGEMENT 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 # OF FTE'S - PAYROLL AND HUMAN RESOURCES NON PAYROLL EXPENSES - ACCOUNTS PAYABLE AND PURCHASING PROJECT BASED - CONSTRUCTION # OF FTE'S ALLOCATED TO PHYSICIAN SITES - PRACTICE MANAGEMENT BILLING, 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</p>

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Return Reference	Explanation
FORM 990 PART XI LINE 9 - RECONCILIATION OF NET ASSETS	ADDITIONAL PENSION LIABILITY - \$11,546,257, TRANSFER OF EQUITY - (\$61,446,807), CHANGE IN RESTRICTED CONTRIBUTIONS - \$4,939,829

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 2018, AND DID NOT QUALIFY FOR AN A-133 AUDIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>SCHEDULE R PART V LINE 2 (4) - ALLOCATION METHODOLOGY FOR HQMP</p>	<p>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 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 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.</p>

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Return Reference	Explanation
<p>SCHEDULE R PART V LINE 2 (4) - ALLOCATION METHODOLOGY FOR HQMP</p>	<p>encies 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 consistency and quality of services provided Analyze clinical outcomes, and identify deficiencies Resolve patient problems with the quality of services Recommend s 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 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 physi</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE R PART V LINE 2 (4) - ALLOCATION METHODOLOGY FOR HQMP	cian 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.

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Return Reference	Explanation
<p>FORM 990 PART VI SECTION A LINE 7B - GOVERNING BODY</p>	<p>LINE 7B - 4 01 Powers of the Board of Trustees The business and property of VBMC shall be managed by VBMC's Board of Trustees and Health Quest, as the co-established operator of V BMC Although Health Quest may elect from time to time to delegate to and/or act jointly w ith the VBMC Board of Trustees, Health Quest has the authority to exercise independently i ts 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 re peal of Health Quest as the co-established operator of VBMC Without limiting the foregoi n g powers, Health Quest shall consult with the Chair of the VBMC Board of Trustees before m odifying or repealing any joint operating authority delegated under Section 4 02 4 02 Joi nt 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 adop ted by Health Quest, which includes being responsible for (i) Appointing the members of t he Medical Staff, (ii) Approving any Medical Staff appointments such as Medical Staff offi cers or department chairs requiring Board approval, (iii) Pursuant to the procedures set f orth in the Bylaws of the Medical Staff, dismissing any member of the Medical Staff, and a pproving, 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, R ules and Regulations (c) Strategic Planning Provide input to the system-wide strategic p lanning process and VBMC-specific strategic plan, as requested and approved by Health Ques t, and monitor the implementation of such plan (d) Statements of Deficiency and Legal Com pliance Respond to any statements of deficiency issued by any regulatory or accrediting a uthority and take all appropriate and necessary action to monitor and restore compliance w ith deficiencies in VBMC's compliance with statutory, regulatory or accreditation requirem ents, including but not limited to monitoring the submission and implementation of all pla ns of correction (e) Conflicts of Interest Implement and comply with the written Conflic t of Interest Policy as approved by Health Quest and as interpreted and directed by the Co mpliance and Audit Committee of Health Quest (f) Community Health Needs Implement the st atement of mission approved by Health Quest by developing a Community Service Plan tailore d specifically to the work of VBMC in the community it serves and monitoring performance t hereof (g) Budgets and Financial Performance Assist in developing and monitoring the bud gets for VBMC, as requested by</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI SECTION A LINE 7B - GOVERNING BODY	<p>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 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</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
VASSAR BROTHERS MEDICAL CENTER

Employer identification number

14-1338586

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

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

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

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

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) 21 READE PLACE ASC LLC 243 NORTH ROAD SUITE 303 POUGHKEEPSIE, NY 12601 90-0978287		NY	21 READE PLACE		557,506	187,274				Yes		26.000 %

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

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 14-1338586
Name: VASSAR BROTHERS MEDICAL CENTER

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HEALTH QUEST SYSTEMS INC	A	495,103	RENT AT FMV
(1)	HEALTH QUEST SYSTEMS INC	P	120,946,998	SEE SCHEDULE O
(2)	HEALTH QUEST MEDICAL PRACTICE PC	A	1,618,459	RENT AT FMV
(3)	HEALTH QUEST MEDICAL PRACTICE PC	P	35,070,552	SEE SCHEDULE O
(4)	HV CARDIOVASCULAR PRACTICE PC	A	575,448	RENT AT FMV
(5)	HEALTH QUEST URGENT MEDICAL CARE PRACTICE PC	A	2,662	RENT AT FMV
(6)	HV CARDIOVASCULAR PRACTICE PC	P	1,316,440	COST OF SERVICE
(7)	VASSAR HEALTH CONNECTICUT	P	513,474	COST OF SERVICE
(8)	NORTHERN DUTCHESS HOSPITAL	Q	154,639	COST OF SERVICE
(9)	THOMPSON HOUSE	Q	63,878	COST OF SERVICE
(10)	VASSAR BROTHERS MEDICAL CENTER FOUNDATION	A	6,000	RENT AT FMV