

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
CHENANGO MEMORIAL HOSPITAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
179 NORTH BROAD STREET

City or town, state or province, country, and ZIP or foreign postal code  
NORWICH, NY 13815

**F** Name and address of principal officer:  
DRAKE LAMEN MD  
179 NORTH BROAD STREET  
NORWICH, NY 13815

**D** Employer identification number  
15-0532180

**E** Telephone number  
(607) 337-4111

**G** Gross receipts \$ 78,679,925

**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.NYUHS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1910 **M** State of legal domicile: NY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
(SEE SCHEDULE O) CHENANGO MEMORIAL HOSPITAL, INC. (THE HOSPITAL) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO OPERATE ACUTE AND SKILLED NURSING FACILITIES IN NORWICH, NEW YORK. THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR RESIDENTS OF CHENANGO AND SURROUNDING COUNTIES.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	10
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	547
<b>6</b> Total number of volunteers (estimate if necessary)	6	158
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,729
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	-1,979

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	646,131	2,014,103
<b>9</b> Program service revenue (Part VIII, line 2g)	72,882,337	73,869,582
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	376,087	446,447
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,643,951	2,221,388
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,548,506	78,551,520
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,451	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,135,822	27,280,584
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,418,293	44,822,826
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,576,566	72,103,410
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,971,940	6,448,110
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	48,051,242	56,498,249
<b>21</b> Total liabilities (Part X, line 26)	34,132,160	35,860,172
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	13,919,082	20,638,077

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-11-11  
DRAKE LAMEN MD PRESIDENT/CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-11-10  
Check  if self-employed PTIN: P00405803  
Firm's name: ▶ FREED MAXICK CPAS PC Firm's EIN: ▶ 45-4051133  
Firm's address: ▶ 424 MAIN STREET SUITE 800 Buffalo, NY 142023508 Phone no. (716) 847-2651

**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:

(SEE SCHEDULE O) CHENANGO MEMORIAL HOSPITAL, INC. (THE HOSPITAL) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO OPERATE ACUTE AND SKILLED NURSING FACILITIES IN NORWICH, NEW YORK. THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR RESIDENTS OF CHENANGO AND SURROUNDING COUNTIES.

**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 \$ 17,251,578 including grants of \$ ) (Revenue \$ 17,913,578 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 31,557,565 including grants of \$ ) (Revenue \$ 47,264,100 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 14,217,824 including grants of \$ ) (Revenue \$ 8,691,904 )  
See Additional Data

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 2,207,412 )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ 2,207,412 )

**4e Total program service expenses** ▶ 63,026,967

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> <span style="float: right;">547</span>				
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>	Yes	
<b>b</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>			<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .			<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>		
<b>6a</b> 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? . . . . .			<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .			<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>			<b>14b</b>		
<b>15</b> 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? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>			<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>			<b>16</b>		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

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
DRAKE LAMEN MD 179 NORTH BROAD ST NORWICH, NY 13815 (607) 337-4111

**Part VII**

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

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

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals. Row 1b Sub-Total, Row 1c Total from continuation sheets, Row 1d Total (add lines 1b and 1c) with values 3,560,851, 2,540,011, and 587,590.

Section 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. Includes questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

Section B.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, (C) Compensation.

Section 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. Value: 52.



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	100				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,077,520				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	936,483				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			2,014,103			
<b>Program Service Revenue</b>	<b>2a</b> OUTPATIENT AND AMBULATORY SERVICE	Business Code					
		623000	47,264,101	47,264,101			
	<b>b</b> INPATIENT, ACUTE AND LONG TERM SK	623000	17,913,577	17,913,577			
	<b>c</b> CLINICS	623000	8,691,904	8,691,904			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		73,869,582					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		500,373			500,373	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	11,700				
		(ii) Personal					
		<b>b</b> Less: rental expenses	13,429				
		<b>c</b> Rental income or (loss)	-1,729				
	<b>d</b> Net rental income or (loss) . . . . .			-1,729		-1,729	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	61,050				
		<b>b</b> Less: cost or other basis and sales expenses			114,976		
		<b>c</b> Gain or (loss)			-53,926		
	<b>d</b> Net gain or (loss) . . . . .			-53,926		-53,926	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		15,705				
		<b>b</b> Less: direct expenses . . . . .	0				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		15,705			15,705
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b> Less: direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> NON OPERATING REVENUE	623000	1,466,348	1,466,348				
<b>b</b> OTHER OPERATING REVENUE	623000	735,566	735,566				
<b>c</b> CAFETERIA REVENUE	623000	5,498	5,498				
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,207,412				
<b>12 Total revenue.</b> See instructions . . . . .			78,551,520	76,076,994	-1,729	462,152	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,421,483	2,421,483		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	19,415,704	16,829,841	2,585,863	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	822,494	715,570	106,924	
<b>9</b> Other employee benefits . . . . .	3,131,013	2,723,981	407,032	
<b>10</b> Payroll taxes . . . . .	1,489,890	1,296,204	193,686	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	765,484		765,484	
<b>b</b> Legal . . . . .	78,469		78,469	
<b>c</b> Accounting . . . . .	75,846		75,846	
<b>d</b> Lobbying . . . . .	12,806		12,806	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,730,671	11,945,684	1,784,987	
<b>12</b> Advertising and promotion . . . . .	12,646		12,646	
<b>13</b> Office expenses . . . . .	297,937	155,823	142,114	
<b>14</b> Information technology . . . . .	171,413	168,574	2,839	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,161,331	973,812	187,519	
<b>17</b> Travel . . . . .	100,974	74,210	26,764	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	221,148	221,148		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,877,452	2,877,452		
<b>23</b> Insurance . . . . .	571,173	571,173		
<b>24</b> 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.)				
<b>a</b> SUPPLIES	18,478,957	16,323,157	2,155,800	
<b>b</b> BAD DEBTS	3,310,450	3,310,450		
<b>c</b> NEW YORK STATE CASH REC	564,115	564,115		
<b>d</b> MISCELLANEOUS AUXILLARY	7,707	7,707		
<b>e</b> All other expenses	2,384,247	1,846,583	537,664	
<b>25</b> Total functional expenses. Add lines 1 through 24e	72,103,410	63,026,967	9,076,443	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,524,544	<b>1</b>	8,518,945
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	6,175,049	<b>3</b>	6,768,037
	<b>4</b> Accounts receivable, net . . . . .	7,052,002	<b>4</b>	7,159,536
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	434,694	<b>8</b>	404,762
	<b>9</b> Prepaid expenses and deferred charges . . . . .	511,644	<b>9</b>	286,119
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	81,360,950		
	<b>b</b> Less: accumulated depreciation	57,434,788		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	111,116	<b>12</b>	126,537
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	5,596,267	<b>15</b>	9,308,151
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	48,051,242	<b>16</b>	56,498,249	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,878,072	<b>17</b>	7,199,817
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,598,620	<b>23</b>	2,038,092
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	24,655,468	<b>25</b>	26,622,263
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	34,132,160	<b>26</b>	35,860,172
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	7,118,253	<b>27</b>	9,174,547
	<b>28</b> Net assets with donor restrictions . . . . .	6,800,829	<b>28</b>	11,463,530
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	13,919,082	<b>32</b>	20,638,077	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	48,051,242	<b>33</b>	56,498,249	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	78,551,520
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	72,103,410
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,448,110
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,919,082
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,420
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	255,465
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	20,638,077

**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
<b>2a</b>			No
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>			No
<b>3b</b>			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 15-0532180

**Name:** CHENANGO MEMORIAL HOSPITAL INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

INPATIENT, ACUTE AND LONG TERM SKILLED NURSING SERVICES- CHENANGO MEMORIAL HOSPITAL FULFILLS ITS MISSION BY WORKING TOGETHER WITH THE COMMUNITY, PHYSICIANS AND OTHER HEALTH CARE PROVIDERS TO CONTINUOUSLY IMPROVE THE AVAILABILITY AND QUALITY OF SERVICES AND THE ABILITY TO PROVIDE A COMPREHENSIVE RANGE OF SHORT-TERM INPATIENT ACUTE SERVICES AND LONG-TERM SKILLED NURSING CARE. CHENANGO MEMORIAL HOSPITAL PROVIDES A WIDE RANGE OF MEDICAL-SURGICAL SERVICES, INCLUDING: OPHTHALMOLOGY, EMERGENCY MEDICINE, MATERNITY CARE, PULMONARY MEDICINE, AND PEDIATRICS. TOTAL INPATIENT DAYS FOR THE YEAR ENDED DECEMBER 31, 2019 WAS 3,835. DISCHARGES WERE 1,334, AND AVERAGE LENGTH OF STAY WAS 2.87 DAYS. LONG TERM SKILLED NURSING DAYS WERE 20,501. THERE WERE 231 BIRTHS AND 249 INPATIENT SURGERIES PERFORMED AT CHENANGO MEMORIAL HOSPITAL IN 2019. IN 2019, CHENANGO MEMORIAL HOSPITAL GAVE FINANCIAL ASSISTANCE TO 335 INDIVIDUALS FOR WHICH \$313,027 OF INPATIENT CARE (AT CHARGES) WAS PROVIDED.

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**Form 990, Part III, Line 4b:**

OUTPATIENT AND AMBULATORY SERVICES- CHENANGO MEMORIAL HOSPITAL ALSO PROVIDES A WIDE RANGE OF OUTPATIENT DIAGNOSTIC AND TREATMENT SERVICES, INCLUDING EMERGENCY DEPARTMENT, AMBULATORY SURGERY, FULL-SERVICE LABORATORY, COMPREHENSIVE IMAGING AND OTHER PROCEDURAL OUTPATIENT SERVICES. TOTAL PATIENT VISITS FOR OUTPATIENT SERVICES FOR YEAR-ENDED 2019 WAS 175,943. INCLUDED IN THE 175,943 VISITS WERE 17,805 EMERGENCY ROOM VISITS, 588 EMERGENCY ROOM TREATED AND ADMITTED AS ACUTE CARE PATIENTS, 3,300 VARIOUS OUTPATIENT SURGICAL CASES, AND 154,250 OTHER OUTPATIENT DEPARTMENT VISITS. IN 2019, CHENANGO MEMORIAL HOSPITAL GAVE FINANCIAL ASSISTANCE TO 5,535 INDIVIDUALS FOR WHICH \$1,668,924 OF OUTPATIENT CARE (AT CHARGES) WAS PROVIDED.

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**Form 990, Part III, Line 4c:**

CLINICS- CHENANGO MEMORIAL HOSPITAL PROVIDES A WIDE RANGE OF PRIMARY CARE AND SPECIALTY CARE CLINICS. PRIMARY CARE SERVICES ARE THE FOUNDATION FOR SERVING THE COMMUNITY WITH A COORDINATED SYSTEM OF CARE, WITH SPECIAL ATTENTION TO UNDER-SERVED AREAS. CMH OFFERS FIVE FAMILY HEALTH CENTERS LOCATED THROUGHOUT A MULTI-COUNTY SERVICE AREA: 1) NORWICH FAMILY HEALTH CENTER 2) INTERNAL MEDICINE 3) OXFORD FAMILY HEALTH CENTER 4) SHERBURNE FAMILY HEALTH CENTER AND 5) SIDNEY FAMILY HEALTH CENTER. OTHER OUTPATIENT SERVICES INCLUDE: GERIATRICS, WOMEN'S HEALTH CENTER, GENERAL SURGERY, HEART CENTER, GI, ORTHOPEDICS, PODIATRY, ONCOLOGY AND PAIN MANAGEMENT CLINIC. TOTAL PATIENT VISITS FOR THE CMH CLINICS AT YEAR-ENDED 2019 WAS 77,523.

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**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			
JOHN M CARRIGG ..... BOARD MEMBER 2ND VICE CHAIR	2.00 ..... 55.00	X		X				0	965,944	39,637
THOMAS C EMERSON TO MAY 2019 ..... BOARD MEMBER	2.00 .....	X						0	0	0
JOHN M KWASNIK TO MAY 2019 ..... BOARD MEMBER SECRETARY	2.00 .....	X		X				0	0	0
ELIZABETH K BOLAND ..... BOARD MEMBER	2.00 ..... 55.00	X						0	584,156	32,699
DAVE MACDOUGALL TO MAY 2019 ..... BOARD MEMBER	2.00 ..... 55.00	X						0	563,424	35,910
ROHAN JAYASENA ..... FORMER PRESIDENT OF MEDICA	0.00 ..... 55.00						X	466,742	0	34,741
JAMES K O'BRIEN MD ..... FORMER PRESIDENT OF MEDICA	0.00 ..... 55.00						X	458,168	0	41,576
DRAKE LAMEN MD ..... BOARD MEMBER PRESIDENT/CEO/CMO	57.00 .....	X		X				376,259	0	28,014
PHYLLIS SHERIFF-WHITE ..... PRESIDENT OF MEDICAL STAFF	57.00 .....	X		X				277,498	0	32,123
MATTHEW J SALANGER ..... FORMER 2ND VICE CHAIRMAN	0.00 ..... 20.00						X	0	260,000	19,752



**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			
MARTIN MASARECH MD ..... BOARD MEMBER	1.00 .....	X						240,833	0	33,439
YESU MATTA ..... PHYSICIAN	55.00 .....					X		233,895	0	33,396
JAMES R SIMCOE MD ..... FORMER PRES OF MEDICAL STA	55.00 .....						X	232,373	0	27,137
DAVID FINNEY ..... VP NURSING	55.00 .....			X				0	166,487	33,901
KRISTINA K HUMMER DO ..... VP OF MEDICAL STAFF	2.00 ..... 55.00	X		X				166,428	0	32,246
CHRISTINA KISACKY ..... VP OF OPERATIONS	2.00 ..... 55.00			X				162,622	0	24,912
MARGARET SWARTWOOD ..... CONTROLLER	55.00 .....			X				162,448	0	21,726
RON CEROW ..... ADMINISTRATOR	55.00 .....			X				141,871	0	22,705
WENDY SURDOVAL ..... VP OF QUALITY MGMT	55.00 .....			X				137,707	0	17,681
RICHARD STONE ..... DIRECTOR OF SUPP SERV-FAUC	55.00 .....					X		121,883	0	29,101

**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			
PATRICIA ROMA ..... NURSING SUPERVISOR	55.00 .....					X		108,785	0	21,791
LEIA L TRACY ..... STAFF NURSE	55.00 .....					X		108,690	0	12,541
GARY ROOT ..... DIRECTOR COMMUNITY RELATIONS	55.00 .....					X		113,077	0	6,419
AARON J VALENTINE ..... FORMER TREASURER	2.00 .....						X	51,572	0	6,143
CATHERINE M SCARLETT ..... BOARD MEMBER CHAIR	2.00 .....	X		X				0	0	0
JOSEPH R STAGLIANO ..... BOARD MEMBER 1ST VICE CHAIR	2.00 .....	X		X				0	0	0
HEATHER FERRARESE ..... BOARD MEMBER	2.00 .....	X						0	0	0
RIC FESTARINI ..... BOARD MEMBER	2.00 .....	X						0	0	0
ERIC G LARSEN ..... BOARD MEMBER	2.00 .....	X						0	0	0
KATHARINE MIRABITO VOSS ..... PRESIDENT OF CMH AUXILIARY	2.00 .....	X		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			
ROBERT W NASSAR ..... BOARD MEMBER	2.00 .....	X						0	0	0
JULIE OEHLBECK ..... BOARD MEMBER	2.00 .....	X						0	0	0
BRUCE S ERATH ..... BOARD MEMBER TREASURER	2.00 .....	X		X				0	0	0
STEVEN PALMATIER ..... BOARD MEMBER SECRETARY	2.00 .....	X		X				0	0	0

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
CHENANGO MEMORIAL HOSPITAL INC

**Employer identification number**  
15-0532180

**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		
<b>Total</b>						

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</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.

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

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 15-0532180

**Name:** CHENANGO MEMORIAL HOSPITAL INC

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization CHENANGO MEMORIAL HOSPITAL INC	Employer identification number 15-0532180
--	--

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

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

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

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

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

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

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

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

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

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


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

Yes  No

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		12,806
<b>j</b>	Total. Add lines 1c through 1i .....			12,806
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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
PART II-B, LINE 1:	AMOUNT DISCLOSED IS THE LOBBYING PORTION OF DUES PAID TO THE HEALTHCARE ASSOCIATION OF NY, IROQUOIS HEALTHCARE ASSOCIATION AND LEADING AGE NY.

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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

**Name of the organization**  
CHENANGO MEMORIAL HOSPITAL INC

**Employer identification number**  
15-0532180

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

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

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**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:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	6,800,829	7,611,346	7,394,735	6,965,521	7,323,240
<b>b</b> Contributions . . . . .	2,008,119	664,482	596,045	628,485	683,410
<b>c</b> Net investment earnings, gains, and losses	3,286,342	-844,488	429,683	182,234	-572,769
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	631,760	630,511	809,117	381,505	468,360
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	11,463,530	6,800,829	7,611,346	7,394,735	6,965,521

**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 ▶ 59.040 %
- c** Temporarily restricted endowment ▶ 40.960 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		195,653		195,653
<b>b</b> Buildings . . . . .		38,632,921	21,953,744	16,679,177
<b>c</b> Leasehold improvements		2,002,918	1,586,627	416,291
<b>d</b> Equipment . . . . .		39,236,254	33,894,417	5,341,837
<b>e</b> Other . . . . .		1,293,204		1,293,204
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				23,926,162



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN CMH FOUNDATION	7,420,122
(2) ASSETS LIMITED TO USE- RESTRICTED CASH FOR EQUIPMENT	1,060,716
(3) OTHER ASSETS	827,313
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	9,308,151

**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	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	26,622,263

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	75,517,677
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	15,420
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	278,202
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	293,622
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	75,224,055
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	3,327,465
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,327,465
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	78,551,520

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	68,798,682
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	68,798,682
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	3,304,728
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,304,728
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	72,103,410

**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:** 15-0532180

**Name:** CHENANGO MEMORIAL HOSPITAL INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE INTENDED USE OF ENDOWMENT FUNDS IS A COMBINATION OF DESIGNATED SPECIAL PURPOSES AND GENERAL USE BY THE HOSPITAL.

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. THE HOSPITAL IS SUBJECT TO FEDERAL INCOME TAXES ON UNRELATED BUSINESS INCOME UNDER SECTION 511 OF THE INTERNAL REVENUE CODE. AS OF DECEMBER 31, 2019 AND 2018, THE HOSPITAL DID NOT HAVE ANY UNRECOGNIZED TAX BENEFITS OR ANY RELATED ACCRUED INTEREST OR PENALTIES. THE TAX YEARS OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES ARE 2016 THROUGH 2019. THE HOSPITAL DOES NOT ANTICIPATE THAT THE TOTAL UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT TWELVE MONTHS.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN INTEREST IN CHENANGO FOUNDATION 3,228,237. PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT -3,543,023. CHANGE IN VALUE OF FUNDS HELD IN TRUST 592,988.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AUXILIARY INCOME 28,715. RENTAL INCOME EXPENSES RECON -11,700. BAD DEEBT 3,310,450.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AUXILIARY EXPENSES 7,707. RENTAL INCOME EXPENSES RECON -13,429. BAD DEBT EXPENSE 3,310,450.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization  
CHENANGO MEMORIAL HOSPITAL INC

**Employer identification number**  
15-0532180

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>UNIFORM AND BOOK SALE</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	9,265		6,440	15,705
<b>2</b>	Less: Contributions . . . . .				
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	9,265		6,440	15,705
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				15,705

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JANET JOHNSON

Address ▶ 179 BROAD STREET NORWICH, NY 13815

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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**SCHEDULE H  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**Name of the organization**  
CHENANGO MEMORIAL HOSPITAL INC

**Employer identification number**  
15-0532180

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			636,000		636,000	0.920 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			14,774,815	13,085,998	1,688,817	2.450 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			15,410,815	13,085,998	2,324,817	3.370 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			3,225,678	0	3,225,678	4.690 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			185,998	350	185,648	0.270 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			10,766,270	10,234,573	531,697	0.770 %
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			14,177,946	10,234,923	3,943,023	5.730 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			29,588,761	23,320,921	6,267,840	9.100 %

**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			922		922	0 %
2 Economic development			7,688		7,688	0.010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			9,778		9,778	0.010 %
7 Community health improvement advocacy			23,370		23,370	0.030 %
8 Workforce development			901,609		901,609	1.310 %
9 Other			4,460		4,460	0.010 %
<b>10 Total</b>			947,827		947,827	1.370 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	3,310,450
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	957,672
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	8,401,107
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	9,513,673
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-1,112,566
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

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

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

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

1

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b>	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	
<b>6a</b>	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>6b</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	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.NYUHS.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>HTTPS://WWW.NYUHS.ORG</u>	Yes	
<b>10b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

CHENANGO MEMORIAL HOSPITAL INC

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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.NYUHS.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.NYUHS.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.NYUHS.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)

**Billing and Collections**

CHENANGO MEMORIAL HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

**Policy Relating to Emergency Medical Care**

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

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

CHENANGO MEMORIAL HOSPITAL INC

**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
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
<b>1</b> 1 - UHS IMAGING 6 NEWTON AVENUE NORWICH, NY 13815	IMAGING CARE CENTER
<b>2</b> 2 - UHS PHYSICAL THERAPY 26 CONKEY AVENUE NORWICH, NY 13815	CENTER FOR PHYSICAL THERAPIES
<b>3</b> 3 - UHS PRIMARY CARE - SIDNEY 44 PEARL STREET SIDNEY, NY 13838	PRIMARY CARE CENTER
<b>4</b> 4 - UHS PEDIATRICS 4 NEWTON AVENUE NORWICH, NY 13815	PEDIATRIC CARE CENTER
<b>5</b> 5 - UHS ORTHOPEDICS 4 NEWTON AVENUE NORWICH, NY 13815	ORTHOPEDIC CARE CENTER
<b>6</b> 6 - UHS GENERAL SURGERY 4 NEWTON AVENUE NORWICH, NY 13815	GENERAL SURGERY CARE CENTER
<b>7</b> 7 - UHS PRIMARY CARE - SHERBURNE 38A CLASSIC STREET SHERBURNE, NY 13460	PRIMARY CARE CENTER
<b>8</b> 8 - UHS PRIMARY CARE - OXFORD 21 NORTH CANAL STREET OXFORD, NY 13830	PRIMARY CARE CENTER
<b>9</b> 11 - UHS PODIATRY 32 CONKEY AVENUE NORWICH, NY 13815	PODIATRY
<b>10</b>	

**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:	A COMBINATION OF IRS PROVIDED WORKSHEETS AND THE RATIO OF PATIENT CARE COST TO CHARGES WAS USED.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	100% OF THE ANNUAL BAD DEBT EXPENSE OF \$3,310,450 WAS NOT INCLUDED IN THE CALCULATION OF NET BENEFIT EXPENSE.

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>THE HOSPITAL CONDUCTS AND ATTENDS NUMEROUS EVENTS IN THE COMMUNITY TO DEVELOP COMMUNITY RELATIONSHIPS AND SUPPORT HEALTHCARE INITIATIVES.LINE 1 - PHYSICAL IMPROVEMENTS*ASBESTOS REM OVAL--AS PART OF THE HOSPITAL'S ON-GOING RENOVATION PROJECTS, IT IS ALWAYS NECESSARY TO ABATE ASBESTOS. REMOVAL OF FIRE-PROOFING, ADHESIVES, CAULK, ETC., THAT TESTED POSITIVE FOR A SBESTOS DURING RENOVATION PROJECTS AND REQUIRED AIR TESTING TO ENSURE AIR IS CLEAR OF CONTAMINANTS. TOTAL COST OF ABATEMENT AND MONITORING IN 2019 WAS \$233,197.*CHENANGO HOUSING IMPROVEMENT PROGRAM--CHIP, OVERSEEN BY THE LHD'S NY CONNECTS, PROVIDES INDEPENDENT LIVING AND AFFORDABLE HOUSING FOR ELDERLY, DISABLED, HANDICAPPED AND FAMILIES. CMH'S MEDICAL SOCIAL WORKER ATTENDS MONTHLY MEETINGS.LINE 2 - ECONOMIC DEVELOPMENT*COMMERCE CHENANGO--THE CHAMBER REPRESENTS A PARTNERSHIP OF BUSINESS AND PROFESSIONAL PEOPLE, MAKING A DIFFERENCE IN THE COMMUNITY. THE HOSPITAL PARTICIPATES IN MANY OF COMMERCE CHENANGO'S FUNCTIONS INCLUDING THEIR ECONOMIC BREAKFAST, MEMBERSHIP LUNCHEON, SOIREE IN THE PARK, LEGISLATIVE LUNCHEON, BUSINESS AFTER HOURS AND GOLF TOURNAMENT. THE HOSPITAL IS ALSO A MEMBER OF THE SIDNEY CHAMBER OF COMMERCE.*SOUTHERN TIER ADVISORY BOARD OF NBT--NBT BANK, NA OF NORWICH, NY, HAS SEVERAL REGIONAL ADVISORY BOARDS CONSISTING OF LEADERS IN BUSINESS, HEALTHCARE, AGRICULTURE, LAW, AND FINANCE INDUSTRIES TO NAME A FEW. THESE BOARDS ENABLE NBT TO ESTABLISH LINKAGES TO KEY BUSINESSES IN THE COMMUNITY TO UNDERSTAND WHAT THEY NEED, CHALLENGES, ETC., AND HOW NBT MAY BE ABLE TO ASSIST. THE GROUP MEETS QUARTERLY. THE HOSPITAL'S PRESIDENT &amp; CEO IS A MEMBER OF THE SOUTHERN TIER ADVISORY BOARD. NBT HAS BEEN A LONG-TIME PARTNER OF THE HOSPITAL AND CONTINUES TO PROVIDE FINANCIAL SUPPORT FOR MANY OF THE HOSPITAL'S MAJOR PROJECTS TO IMPROVE PATIENT CARE AND ACCESS THAT WOULD NOT COME TO FRUITION WITHOUT THEIR ASSISTANCE. LINE 3 - COMMUNITY SUPPORT NO ENTRIES REQUIRING NARRATIONLINE 4 -- ENVIRONMENTAL IMPROVEMENTS*PHARMACEUTICAL WASTE TRAINING--COMPASS, THE HOSPITAL'S ENVIRONMENTAL SERVICES CONTRACTOR, CONDUCTS ANNUAL TRAINING FOR NUMEROUS STAFF. THIS TRAINING COVERS WHAT THE WASTE MANAGEMENT PROGRAM IS, THE POLICY, IDENTIFYING THE WASTE AND THE CONTAINERS IT GOES IN, WHERE THE CONTAINERS ARE STORED, HOW AND WHO WILL BE PICKING UP THE FULL CONTAINERS, AND DEVELOPING A PLAN TO TRAIN EMPLOYEES ON THE UNITS.LINE 6 -- COALITION BUILDING*COMMUNITY INPUT--AS PART OF OUR CHENANGO MEDICAL NEIGHBORHOOD PROJECT MENTIONED PREVIOUSLY, CMH REQUESTED INPUT FROM THE COMMUNITY AS FOLLOWS:*NEIGHBORHOOD FORUM--MET WITH NEIGHBORS TO GET THEIR FEEDBACK ABOUT CREATING A PARKING LOT BEHIND THE HOSPITAL TO RELOCATE THE HELIPAD AND CREATE NEW PARKING FOR STAFF IN ORDER TO FREE UP PARKING FOR PATIENTS IN THE MAIN LOT. CMH PROVIDED INFORMATION ABOUT THE PARKING PLAN DEVELOPED TO DATE AND NOTED THE NEIGHBORS' CONCERNS. AS THE PROJECT PROGRESSED, THE HOSPITALS' FACILITIES DIRECTOR COMMUNICATED INDIVIDUALLY WITH NEIGHBORS WHO HAD SPECIFIC QUESTIONS RELATED TO HOW THEIR PERSONAL PROPERTY WOULD BE AFFECTED BY THE PROJECT. AS A RESULT OF ALL OF THIS INFORMATION, FENCING, ACCESS TO BACKYARDS FROM THE HOSPITAL LOT, AND CHANGES IN DRAINAGE WERE INCLUDED IN THE FINAL PLANS.*COUNTY EMERGENCY MANAGEMENT--MET WITH THE COUNTY FIRE COORDINATOR AND OTHER COUNTY EMERGENCY PERSONNEL TO REVIEW PLANS AND UPDATE THE CONSTRUCTION EMERGENCY MANAGEMENT PLAN.*NORWICH ROTARY CLUB--ROTARY IS AN ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS WHO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD. MEMBERSHIP REPRESENTS A CROSS-SECTION OF THE COMMUNITY'S BUSINESS AND PROFESSIONAL MEN AND WOMEN. THE MAIN OBJECTIVE OF ROTARY IS SERVICE - IN THE COMMUNITY, IN THE WORKPLACE, AND THROUGHOUT THE WORLD. THE HOSPITAL'S NURSING HOME ADMINISTRATOR IS AN ACTIVE MEMBER AT THE LOCAL AND DISTRICT LEVEL.*BADEN-POWELL SCOUTS--THE BADEN-POWELL COUNCIL OF THE BOY SCOUTS OF AMERICA, HEADQUARTERED IN BINGHAMTON, NY, SERVES OVER 175 DIFFERENT SCOUT UNITS INCLUDING THOUSANDS OF YOUTH AND ADULTS THROUGHOUT CENTRAL NEW YORK AND NORTHEAST PENNSYLVANIA. THE COUNCIL RUNS PROGRAMS IN CUB SCOUTING, BOY SCOUTING, VENTURING AND EXPLORING WHILE MAINTAINING TWO DIVERSE NATIONALLY RECOGNIZED SCOUT CAMPS: CAMP BARTON ON CAYUGA LAKE AND THE TUSCARORA SCOUT RESERVATION IN THE FOOTHILLS OF THE CATSKILLS.*DISTINGUISHED CITIZEN AWARD BANQUET--THE HOSPITAL SPONSORED A TABLE AT THE 2019 BANQUET. IT PROVIDES AN EXCELLENT NETWORKING OPPORTUNITY WITH OTHER LEADERS IN THE COMMUNITY. THE HOSPITAL'S PRESIDENT &amp; CEO ALSO ATTENDED A CUB SCOUT LUNCHEON EARLIER IN THE YEAR.*COMMUNITY SERVICE DAY--CMH HOSTED 16 EMPLOYEES FROM NORWICH PHARMACEUTICALS - AN ALVOGEN COMPANY DURING THEIR ANNUAL COMMUNITY SERVICE DAY IN SEPTEMBER. AT CMH, VOLUNTEERS ASSISTED WITH ASSEMBLING A MASS MAILING WHILE ANOTHER GROUP IMPROVED FLOWER BEDS AROUND THE CAMPUS, WEEDED, PRUNED, AND REMOVED BRUSH.*"JUST DESSERTS"--CMH'S DI</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>RECTOR OF VOLUNTEERS JOINED CHENANGO HOSPICE, CHENANGO UNITED WAY, CHENANGO SPCA, THE NORT HEAST CLASSIC CAR MUSEUM, CHENANGO COUNTY HISTORICAL SOCIETY AND CHASE MEMORIAL NURSING HOME TO PLAN, PREPARE, AND HOST A CHENANGO COUNTY VOLUNTEER RECOGNITION EVENT THAT WAS HELD APRIL 11, 2019.*IMPROVE NORWICH NOW--CMH'S OUTREACH COORDINATOR ATTENDS INN'S QUARTERLY MEETINGS. THE MISSION OF INN IS TO REMOVE BARRIERS AND PROVIDE SUPPORT, SO ALL COMMUNITY MEMBERS CAN REACH THEIR FULL POTENTIAL. THE VISION OF THE GROUP IS FOR CHENANGO COUNTY TO BECOME A PROACTIVE, COOPERATIVE AREA FOCUSED ON NEXT-LEVEL GROWTH FOR ALL. THE GROUP IS OPEN TO ALL CHENANGO COUNTY RESIDENTS, BUSINESS OWNERS, AND/OR AGENCY REPRESENTATIVES. THIS GROUP PROMOTED THE YOUTH MENTAL HEALTH FIRST AID TRAINING ON 9/28/2019 AND THE CHOBANI HEALTHY CHALLENGE KICK OFF ON 9/21 -- 2 INITIATIVES OF THE CURRENT NEEDS ASSESSMENT. AMONG OTHER INITIATIVES, THIS GROUP IS ALSO WORKING ON MENTORING PROGRAMS SUCH AS BRIDGES OUT OF POVERTY TRAINING AND FINANCIAL LITERACY; HOUSING (HABITAT FOR HUMANITY &amp; IMPACT PROJECT); AND SUBSTANCE ABUSE (FRIENDS OF RECOVERY AND LOW RUN-WALK FOR RECOVERY). INN SERVICES A CRITICAL NEED IN THE COMMUNITY, REACHING OUT TO PEOPLE WHO ARE OUT OF THE RANGE OF COUNTY/STATE BENEFITS. AMONG THEIR ACHIEVEMENTS WAS SECURING FUNDING TO RESTORE A MENTAL HEALTH CLINIC IN THE NORWICH CITY SCHOOL DISTRICT THAT WAS PREVIOUSLY ELIMINATED DUE TO BUDGET CUTS.* CHENANGO COUNTY INTERAGENCY COUNCIL -- THIS GROUP MEETS TO EXCHANGE INFORMATION ABOUT WHAT THEY'RE DOING TO ADDRESS HEALTHCARE CONCERNS IN CHENANGO COUNTY. THERE ARE 2 PRESENTERS EACH MONTH FOLLOWED BY A ROUND ROBIN UPDATE. PARTICIPANTS INCLUDE REPRESENTATIVES FROM MOTHERS AND BABIES PERINATAL NETWORK, IMPROVE NORWICH NOW, CHILD ADVOCACY CENTER, CATHOLIC CHARITIES, NORWICH CITY SCHOOLS, SUNY MORRISVILLE, CHENANGO COUNTY HOSPITAL, THE LHD, AND MANY OTHERS. THE GROUP CONSISTS OF OVER 30 COMMUNITY ORGANIZATIONS. THE HOSPITAL'S OUTREACH COORDINATOR ATTENDS THIS MEETING AS WELL.*CHENANGO ARTS COUNCIL--A MEMBER OF THE HOSPITAL'S LEADERSHIP TEAM IS A MEMBER OF THE CAC BOARD. THE ARTS COUNCIL SPONSORS NATIONAL ACTS TO COME TO NORWICH AS WELL AS HOST LOCAL THEATER PRODUCTIONS AND ART SHOWINGS.** SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION FOR CONTINUATION</p>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE COST OF BAD DEBTS IS TAKEN FROM THE 2019 AUDITED FINANCIAL STATEMENTS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3:	THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE IS BASED ON A PERCENTAGE ALLOCATION APPLIED TO THE TOTAL BAD DEBT EXPENSE REPORTED ON THE AUDITED FINANCIAL STATEMENTS. THE PERCENTAGE CALCULATION COMPARED THE 2019 ACTUAL BAD DEBT WRITE-OFFS RELATED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE TO THE TOTAL 2019 ACTUAL BAD DEBT WRITE-OFFS. THIS CALCULATION DID NOT INCLUDE ESTIMATES OR ACCRUALS. IN 2019, THE WRITE-OFFS RELATED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WAS APPROXIMATELY 28.92% OF THE TOTAL BAD DEBT WRITE-OFFS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4:	THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE IS BASED ON A PERCENTAGE ALLOCATION APPLIED TO THE TOTAL BAD DEBT EXPENSE REPORTED ON THE AUDITED FINANCIAL STATEMENTS. THE PERCENTAGE CALCULATION COMPARED THE 2018 ACTUAL BAD DEBT WRITE-OFFS RELATED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE TO THE TOTAL 2019 ACTUAL BAD DEBT WRITE-OFFS. THIS CALCULATION DID NOT INCLUDE ESTIMATES OR ACCRUALS. IN 2019, THE WRITE-OFFS RELATED TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WAS APPROXIMATELY 28.92% OF THE TOTAL BAD DEBT WRITE-OFFS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8:	CMH FEELS THAT ANY SERVICES PROVIDED TO MEDICARE BENEFICIARIES THAT RESULTS IN A SHORTFALL TO THE ORGANIZATION BASED ON A LESS THAN ADEQUATE MEDICARE REIMBURSEMENT SHOULD BE TREATED AS A COMMUNITY BENEFIT. CMH TREATS ANY AND ALL COMMUNITY MEMBERS REGARDLESS OF ABILITY TO PAY. CMH'S SERVICE REGION HAS A HIGHER PROPORTION OF ELDERLY THAN THE U.S. AVERAGE. THEREFORE, CMH IS SERVICING AT RISK MEDICARE BENEFICIARIES WITH ALL ITS PROGRAMS AND SERVICES.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>THE ORGANIZATION'S COLLECTION POLICY PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE AS FOLLOWS:CHARITY CARE IS GIVEN FIRST, THE REMAINING BALANCE, IS THEN SUBJECT TO AN INTEREST FREE PAY PLAN. IF THE PATIENT GUARANTOR CHOOSES TO IGNORE ALL FURTHER ATTEMPTS TO MAKE ARRANGEMENTS FOR PAYMENTS, AFTER 180 DAYS THE ACCOUNT IS SENT TO A COLLECTION AGENCY AT THE DISCOUNTED LEVEL.CMH'S POLICY CLEARLY STATES THAT THE FORCED SALE OR FORECLOSURE OF A PATIENT'S PRIMARY RESIDENCE, LIQUIDATION OF RETIREMENT ASSETS OR COLLEGE SAVINGS, AND THE SALE OF A CAR USED REGULARLY ARE NOT PERMITTED. THE POLICY ALSO PROHIBITS COLLECTION FROM PATIENTS WHO ARE DETERMINED TO BE ELIGIBLE FOR MEDICAID AT THE TIME OF SERVICE.CMH REFRAINS FROM SENDING AN ACCOUNT TO COLLECTION AGENCIES IF A COMPLETED FINANCIAL ASSISTANCE APPLICATION AND THE REQUIRED DOCUMENTATION ARE PROVIDED. CMH PROVIDES WRITTEN NOTICE NO LESS THAN 30 DAYS PRIOR TO REFERRING DEBTS TO COLLECTION AGENCIES AND WILL REFRAIN FROM INITIATING ANY EXTRAORDINARY COLLECTION ACTS FOR AT LEAST 120 DAYS FROM THE DATE OF THE FIRST DISCHARGE BILLING STATEMENT. CMH ALSO REQUIRES THAT COLLECTION AGENCIES FOLLOW THE FINANCIAL ASSISTANCE POLICY GUIDELINES AND MUST RECEIVE WRITTEN CONSENT FROM UHSH BEFORE COMMENCING LEGAL ACTION.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>IN BETWEEN CHNA SUBMITTALS, UHS CHENANGO MEMORIAL HOSPITAL (CMH) USES IN-PATIENT AND OUT-PATIENT SURVEYS ADMINISTERED THROUGH PRESS GANEY TO COLLECT PATIENT INPUT. ALL CMH PATIENTS, BOTH IN-PATIENT AND OUT-PATIENT, RECEIVE EASY-TO-COMPLETE FORMS ASKING THEM QUESTIONS ABOUT THE CARE ISSUES THEY FEEL NEED TO BE ADDRESSED, AND SERVICES THAT NEED TO BE IMPROVED OR ADDED. PATIENTS PROVIDE VALUABLE INFORMATION IN THE "COMMENTS" SECTION OF THESE SURVEYS. EACH MONTH, THE SURVEY SCORES ARE COMPARED TO A ROLLING 12-MONTH AVERAGE AND TARGETS. THE TARGETS ARE BASED ON NATIONAL AVERAGES TO DETERMINE IF CMH IS AT OR ABOVE TARGET, WITHIN 10% OF APPROACHING TARGET, OR IS MORE THAN 10% BELOW TARGET. THE PROCESS FOR COMPILING AND REPORTING THIS DATA HAS BEEN CUMBERSOME AND TIME CONSUMING. IN 2019, CMH IDENTIFIED THREE OPPORTUNITIES TO IMPROVE THE PROCESS: 1) DEVELOP MORE PURPOSEFUL, CONSISTENT VISUALS (CHARTS) ACROSS SURVEY TYPES, 2) CREATE MORE USEFUL PATIENT COMMENT SHARING - FOR BOTH SUCCESSES AND REMINDERS OF AREAS FOR IMPROVEMENT, AND 3) INCREASE STAFF INVOLVEMENT WITH MORE TRANSPARENCY ON PERFORMANCE AND CREATE A PLATFORM FOR EDUCATION. DEPARTMENTAL SURVEY SCORES ARE NOW SHOWN IN A "SCORECARD" FORMAT THAT IS A CLEANER VISUAL AND IS EASY TO USE AND MODIFY. IT IS ALSO A BETTER REPRESENTATION OF ACTUAL PERFORMANCE ILLUSTRATING CAHPS AND HCAHPS SCORES AS WELL AS PATIENT COMMENTS. CMH'S PATIENT EXPERIENCE TEAM REVIEWS THE CHARTS MONTHLY AND DEPARTMENT LEADERS SHARE THE CHARTS WITH THEIR STAFF SO THEY CAN SEE PROGRESS AGAINST TARGETS AND READ PATIENT COMMENTS. PATIENT COMMENTS THAT REQUIRE MANAGEMENT CONSIDERATION ARE FORWARDED TO THE APPROPRIATE LEADERS FOR REVIEW AND DISCUSSION TO IMPROVE SERVICES. LIVING IN A SMALL COMMUNITY, WE ALSO GET SUGGESTIONS DIRECTLY FROM RESIDENTS ABOUT SERVICES THAT ARE NEEDED OR NEED IMPROVEMENT. HOSPITAL BOARD MEMBERS, AUXILIARY BOARD MEMBERS, AND FOUNDATION BOARD MEMBERS ARE VERY VOCAL ABOUT WHAT THEY ARE HEARING IN THE COMMUNITY OR EXPERIENCING THEMSELVES. EMPLOYEES ARE QUITE CRITICAL ABOUT THEIR OR THEIR FAMILY'S EXPERIENCES IN ALL FACETS OF PATIENT CARE PROVIDING VALUABLE FEEDBACK WITH A TRAINED EYE. BASED ON THIS FEEDBACK AND THOSE OF PATIENTS CALLING IN OR VISITING PROVIDERS, THE HOSPITAL HAS DEVELOPED THE FOLLOWING INITIATIVES. THE HOSPITAL HAS USED OTHER MEANS FOR COLLECTING COMMUNITY INPUT BETWEEN NEEDS ASSESSMENTS. FOCUS GROUPS HAVE BEEN USED TO DISCUSS A SPECIFIC NEED THAT HAS BEEN IDENTIFIED AND REQUIRES FURTHER RESEARCH. FOCUS GROUPS WERE HELD DURING OUR MOST RECENT NEEDS ASSESSMENT PROCESS AND MORE INFORMATION ABOUT THAT IS AVAILABLE IN PART V, SECTION C - SUPPLEMENTAL INFORMATION FOR PART V, SECTION B. CMH ALSO LOOKS AT DIAGNOSIS CODES AND MARKET DATA PERIODICALLY TO DETECT DEVELOPING TRENDS AND ADDRESS THEM AS NEEDED. LASTLY, THE HOSPITAL'S VP OF SERVICE COORDINATION &amp; DEVELOPMENT IS CHAIRMAN OF THE CHENANGO HEALTH NETWORK (CHN). THE CHN IS CHENANGO COUNTY'S RURAL HEALTH NETWORK. THE BOARD CONSISTS OF 13 COMMUNITY LEADERS REPRESENTING A CROSS SECTION OF HEALTH CARE SERVICES IN THE AREA. THIS GROUP MEETS MONTHLY AND DISCUSSES HEALTH CARE CONCERNS AND OPPORTUNITIES IN THE COMMUNITY AND INITIATES SUBCOMMITTEES TO ADDRESS SPECIFIC ISSUES AS NEEDED.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3:	OUR 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 OUR CHARITY CARE POLICY AS FOLLOWS:* EVERY CLINIC AND AREA OF PATIENT REGISTRATION HAS A NOTICE POSTED INFORMING THE PATIENT/S/PUBLIC OF THE AVAILABILITY OF FINANCIAL ASSISTANCE* BROCHURES DESCRIBING THE POLICY ARE AVAILABLE AT CLINICS, POINTS OF REGISTRATION, AND ARE MAILED TO SELF PAY PATIENTS ALONG WITH APPLICATIONS* INPATIENTS ARE VISITED BY THE PATIENT FINANCIAL ADVOCATE. THEY ARE MADE AWARE OF GOVERNMENT PROGRAMS AND IF NECESSARY, ARRANGEMENTS ARE MADE WITH THE DEPARTMENT OF SOCIAL SERVICES TO HAVE A WORKER COME IN AND TAKE THE APPLICATION FROM THE PATIENT. THE PATIENT IS GIVEN INFORMATION AND AN APPLICATION FOR FINANCIAL ASSISTANCE, WHICH CAN BE COMPLETED AT THE PATIENT'S BEDSIDE.* THE WOMAN'S HEALTH CENTER INFORMS ALL SELF PAY PREGNANT WOMEN OF THE "PRESUMPTIVE ELIGIBILITY" PROCESS AND PATIENTS ARE DIRECTED TO PATIENT FINANCIAL SERVICES FOR COMPLETION OF THE APPLICATION AND COMPLETION OF A WIC APPLICATION IF PATIENT SO DESIRES* EVERY CMH EMPLOYEE IS MADE AWARE OF THE CHARITY CARE PROGRAM AT ORIENTATION AND ENCOURAGED TO INFORM PATIENTS AND THE PUBLIC ABOUT THE PROGRAM. PERSONNEL WHO HAVE PATIENT CONTACT ARE ANNUALLY IN-SERVICED ON CHARITY CARE PROGRAM* EVERY BILL THAT IS SENT OUT IS MARKED "FOR INFORMATION REGARDING OUR "PATIENT FINANCIAL ASSISTANCE" PROGRAM" PLEASE CONTACT 607-337-4295

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>CHENANGO COUNTY IS A RURAL COUNTY WITH TWO PRIMARY DISPARITIES: SOCIO-ECONOMIC AND AGE. THE COUNTY IS LOCATED IN SOUTH-CENTRAL NEW YORK STATE IN THE AREA REFERRED TO AS THE SOUTHERN TIER. THE COUNTY IS ALSO LOCATED IN THE APPALACHIAN REGION OF THE UNITED STATES. PER GOOGLE MAPS, CHENANGO COUNTY IS 126.5 MILES WEST OF ALBANY, NEW YORK STATE'S CAPITAL, AND 211 MILES NORTHWEST OF NEW YORK CITY. PER THE US CENSUS BUREAU, ITS LAND AREA ENCOMPASSES 899 SQUARE MILES WITH 56.5 PERSONS PER SQUARE MILE. CONTIGUOUS COUNTIES ARE MADISON, OTSEGO, DELAWARE, BROOME, AND CORTLAND. THERE ARE 21 TOWNS, 8 VILLAGES AND 1 CITY IN CHENANGO COUNTY. THE CITY OF NORWICH IS THE COUNTY SEAT WHERE THE LARGEST SEGMENT OF THE POPULATION RESIDES. UHS CHENANGO MEMORIAL HOSPITAL, LOCATED IN NORWICH, IS A NYS DESIGNATED RURAL HOSPITAL AND IS THE ONLY HOSPITAL IN THE COUNTY. THE MAJORITY OF RESIDENTS (60%) LIVE WITHIN 10 MILES OF NORWICH, MAKING NORWICH A GOOD LOCATION FOR TIMELY CARE. THE REMAINING 40% LIVE IN MORE REMOTE AREAS OF THE COUNTY, DETERRED BY GEOGRAPHY AS A PHYSICAL BARRIER TO ACCESS. THE COUNTY'S LARGER POPULATION CENTERS ARE LOCATED ALONG NYS ROUTE 12 AND THE CHENANGO AND UNADILLA RIVERS WHICH RUN NORTH TO SOUTH THROUGH THE CENTER OF THE COUNTY. GREENE, NORWICH, AND SHERBURNE ARE THE MOST POPULOUS TOWNS SITUATED ALONG THE ROUTE 12 CORRIDOR. THERE ARE 2 INTERSTATE HIGHWAYS ACCESSIBLE TO CHENANGO COUNTY RESIDENTS: I-88 AND I-81. INTERSTATE 88 INTERSECTS WITH CHENANGO COUNTY AT BAINBRIDGE AND IS ACCESSIBLE FROM DELAWARE AND BROOME COUNTIES. INTERSTATE 81 IS ACCESSIBLE FROM BROOME AND CORTLAND COUNTIES; NYS ROUTE 12 BISECTS THE COUNTY AND IS THE MAJOR NORTH-SOUTH ROUTE. TRAVEL DISTANCES TO THE NEAREST HOSPITALS ARE AS FOLLOWS: A.O. FOX HOSPITAL, ONEONTA, NY, IS 32 MILES OR 45 MINUTES. I. BASSETT HEALTHCARE, COOPERSTOWN, NY, IS 44 MILES OR 1 HOUR. UHS BINGHAMTON GENERAL HOSPITAL, NY, IS 43 MILES OR 1 HOUR. COMMUNITY MEMORIAL HOSPITAL (CRITICAL ACCESS), HAMILTON, NY, IS 22 MILES OR 30 MINUTES. CORTLAND REGIONAL MEDICAL CENTER, NY, IS 43 MILES OR 1 HOUR. CROUSE HOSPITAL, SYRACUSE, NY, IS 58 MILES OR 1 HOUR, 15 MINUTES. MOHAWK VALLEY MEDICAL HEALTH SYSTEM, UTICA, NY, IS 47 MILES OR 1 HOUR. LADY OF LOURDES HOSPITAL, JOHNSON CITY, NY, IS 42 MILES OR 1 HOUR. ST. JOSEPH'S HOSPITAL, SYRACUSE, NY, IS 58 MILES OR 1 HOUR, 15 MINUTES. SYRACUSE VA MEDICAL CENTER, NY, IS 58 MILES OR 1 HOUR, 15 MINUTES. TRI-TOWN REGIONAL HOSPITAL (ED ONLY), NY, IS 22 MILES OR 30 MINUTES. UHS WILSON MEDICAL CENTER, BINGHAMTON, NY, IS 43 MILES OR 1 HOUR. UPSTATE UNIVERSITY HOSPITAL, SYRACUSE, NY IS 58 MILES OR 1 HOUR, 15 MINUTES. THE ONLY EMERGENCY ROOM (ER) IN CHENANGO COUNTY IS LOCATED AT CHENANGO MEMORIAL. THE ER IS PHYSICIAN STAFFED 24/7 AND THERE ARE OVER 18,000 VISITS PER YEAR. ACCORDING TO THE DSRIP COMMUNITY HEALTH ASSESSMENT, THE ER IS VIEWED BY SOME RESIDENTS AS AN "ALWAYS AVAILABLE" OPTION FOR HEALTH AND DENTAL SERVICES AND IS OFTEN VISITED BECAUSE OF CONVENIENCE AND ACCESSIBILITY. SOME RESIDENTS CONSIDER THE ER AS AN ACCEPTABLE LOCATION TO RECEIVE "ANY TYPE" OF MEDICAL CARE, NOT JUST WHEN LIFE-THREATENING HEALTHCARE IS NEEDED. SIGNIFICANT DRIVERS FOR USING THE ER INCLUDE READY TRANSPORTATION, ONE-STOP SHOPPING (X-RAY, LAB, SPECIALISTS, MEDICATIONS) ALL UNDER ONE ROOF, ABILITY TO ALWAYS "BE SEEN BY A DOCTOR", SHORTAGE OF OTHER HEALTHCARE RESOURCES (PROVIDERS), AND NO OUT OF POCKET, UP-FRONT COSTS. DEMOGRAPHICALLY, 95% OF THE COUNTY'S POPULATION (49,286) IS PREDOMINANTLY WHITE NON-HISPANIC. THE REMAINING POPULATION INCLUDES HISPANIC, LATINO, OR PERSONS WHO IDENTIFY AS BEING OF TWO OR MORE RACES. 85.8% OF THE COUNTY'S POPULATION IS CATEGORIZED AS LIVING IN RURAL AREAS. CHENANGO COUNTY IS 49TH IN TOTAL POPULATION AMONG THE 62 COUNTIES IN NEW YORK STATE AND HAS BEEN EXPERIENCING A STEADY DECLINE IN ITS OVERALL POPULATION. THE AGE OF THE COUNTY'S RESIDENTS HAS BEEN CHANGING AS WELL. THE MEDIAN AGE HAS INCREASED TO 44.9 YEARS FROM 43 YEARS IN 2010. THE GROUP THAT HAS SEEN THE LARGEST INCREASE DURING THIS TIME IS ADULTS AGED 65 TO 79, WITH A POPULATION INCREASE FROM 11.6% IN 2010 TO 14.5% IN 2017. IT IS ANTICIPATED THAT THE POPULATION OF RESIDENTS BETWEEN 45 AND 64 WILL DECREASE FROM 29.8% TO 28.1% IN 2020 AND THEN TO 23.6% IN 2030. HOWEVER, THE POPULATION OF RESIDENTS OVER 65 YEARS WILL INCREASE FROM 18.9% TO 21.85% IN 2020 AND TO 27.5% BY 2030 DUE TO RESIDENTS AGING IN PLACE. ALL TOTALED, IT IS PROJECTED THE PERCENTAGE OF RESIDENTS IN CHENANGO COUNTY OVER 45 WILL INCREASE TO 49.9% IN 2020 AND TO 51.1% BY 2030. THE MEDIAN FAMILY INCOME FOR CHENANGO COUNTY IS \$58,675 IN COMPARISON TO THE REST OF NEW YORK STATE WITH AN AVERAGE FAMILY INCOME OF \$74,036. THE MAJORITY OF JOBS ARE IN EDUCATION, HEALTH AND HUMAN SERVICE SECTORS. MANUFACTURING AND RETAIL TRADE ARE THE NEXT LARGEST SECTORS FOR EMPLOYMENT. THE PERCENTAGE OF UNEMPLOYED RESIDENTS OF CHENANGO COUNTY FROM DATA OF DECEMBER 2019 WAS 4.9% COMPARED TO NEW YORK STATE'S UNEMPLOYMENT RATE OF 4.0% DURING THE SAME TIME FRAME. CHENANGO COUNTY</p>



Form and Line Reference	Explanation
PART VI, LINE 4:	<p>IS A POOR COUNTY WITH 15.4% OF ITS POPULATION AND 18.9% OF ITS CHILDREN LIVING BELOW THE FEDERAL POVERTY LEVEL. THE NUMBER OF CHILDREN AGED 0-17 LIVING IN POVERTY INCREASED FROM 18.7% IN 2010 TO 18.9% IN 2016. THE NUMBER OF CHILDREN IN GRADES K-6 WHO ARE ELIGIBLE FOR FREE OR REDUCED LUNCHES INCREASED FROM 50.5% IN 2009/2010 TO 58% IN 2017/2018. THIS INCREASE IS ALSO ABOVE THE NYS LEVEL OF 52.4%. OF THOSE FAMILIES WITH FEMALE HEADS OF HOUSEHOLD AND CHILDREN PRESENT, 44.2% LIVE IN POVERTY. OF THE 30,870 PEOPLE AGED 16-64 IN THE COUNTY, 72.3% (22,322) WORKED AT LEAST A PART-TIME FOR PART OF THE YEAR. IN 2016, 16.4% OF THE PEOPLE IN CHENANGO COUNTY AGED 18-64 IDENTIFIED AS HAVING A DISABILITY, AN INCREASE FROM 13.6% IN 2012. POOR ECONOMIC STATUS IS OFTEN ASSOCIATED WITH POOR HEALTH OUTCOMES AS THOSE WITHOUT MEANS ARE NOT IN A POSITION TO MAKE LIFESTYLE CHANGES TO PROMOTE GOOD HEALTH. IN CHENANGO COUNTY MANAGING EXPENSES RELATED TO FOOD, HOUSING, CLOTHING, TRANSPORTATION, CHILD CARE AND HEALTH CARE IS A MAJOR STRESSOR FOR INDIVIDUALS PARTICULARLY WITH FAMILIES AND SENIOR ADULTS. CHENANGO COUNTY'S POVERTY LEVELS BRING TO FOCUS FOOD INSECURITIES FOR THAT POPULATION. ONE OF THE ISSUES OF GENERATIONAL POVERTY (FAMILIES AND INDIVIDUALS LIVING IN POVERTY GENERATION TO GENERATION) THAT IS EVIDENT IN THE COUNTY IS THE UTILIZATION OF FOOD PANTRIES AND FREE MEAL PROGRAMS OFFERED BY AREA CHURCHES. RESIDENTS WITH FOOD INSECURITY LIVE DAY-TO-DAY TO PROVIDE FOR THEMSELVES AND THEIR FAMILIES; THEY FOCUS ON DAY-TO-DAY SURVIVAL VERSUS DEVELOPING STRATEGIES TO PREVENT FOOD INSECURITY AND OTHER HEALTH CONCERNS. ACCORDING TO THE 2019-2024 NYS PREVENTION AGENDA, 94.7% OF ADULTS IN THE COUNTY HAVE HEALTH INSURANCE WHICH IS ABOVE THE NEW YORK STATE RATE OF 92.4%. THIS IS AN IMPROVEMENT OF 1.5% SINCE 2013. DATA FROM DSRIIP INDICATES THAT AS OF DECEMBER OF 2017, 29% OF THE CHENANGO COUNTY POPULATION (13,912 UNIQUE MEMBERS) WAS ENROLLED IN MEDICAID. THIS IS SLIGHTLY BELOW THE NYS RATIO OF 31.3% FOR THE SAME TIME PERIOD. THE NUMBER OF PEOPLE ENROLLED IN MEDICAID IN CHENANGO COUNTY HAS INCREASED BY 15.8% SINCE 2013 (12,003 UNIQUE MEMBERS), A RATE SLIGHTLY LOWER THAN NYS'S INCREASE OF 17.3%. THE INCREASE IN THE NUMBER OF MEDICAID ENROLLEES IS REFLECTED IN THE TREND TOWARD LOWER UNINSURED RATES. ACCORDING TO CENSUS DATA, THE PERCENTAGE OF THE COUNTY POPULATION WITHOUT INSURANCE DECLINED FROM 14% IN 2010 TO THE CURRENT LOW OF 5.3% IN 2017. THESE DATA ALSO SHOW THAT AS THE PERCENTAGE OF PEOPLE WHO ARE INSURED HAS INCREASED, THE DISTRIBUTION OF PEOPLE COVERED BY DIFFERENT INSURANCE ENTITIES HAS ALSO CHANGED. IN 2017, A HIGHER PERCENTAGE OF CHENANGO COUNTY RESIDENTS WERE COVERED BY INSURANCE THAT THEY PURCHASED DIRECTLY (SUCH AS THROUGH THE STATE EXCHANGE) AND THROUGH MEDICAID ONLY, THAN WERE IN 2013. A GREATER NUMBER OF CHENANGO COUNTY RESIDENTS WERE ALSO ENROLLED IN MORE THAN ONE INSURANCE PLAN IN 2017. IN CONTRAST, IN 2017 FEWER CHENANGO COUNTY RESIDENTS WERE COVERED BY EMPLOYER-BASED INSURANCE PLANS THAN IN 2013. AS OF YEAR END 2019, UHS CHENANGO MEMORIAL HOSPITAL SHOWED A PAYER MIX OF 41% MEDICARE, 25% MEDICAID, 27.7% COMMERCIAL, 3.7% SELF-PAY AND 2.2% OTHER. ** CONTINUED ON SCHEDULE H SUPPLEMENTAL INFORMATION</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>COMMUNITY BOARDUHS CHENANGO MEMORIAL'S BOARD OF DIRECTORS TOTALS 16 MEMBERS, 11 OF WHOM ARE LOCAL RESIDENTS AND COMMUNITY LEADERS IN BANKING, LAW, PHARMACEUTICALS, MANUFACTURING, INSURANCE, INVESTMENTS, AND INDEPENDENT BUSINESS. THE BOARD MEETS BI-MONTHLY. THE BOARD ALSO HAS COMMITTEES THAT FOCUS ON FINANCES, STAFF CREDENTIALING, AND GOVERNANCE ALL OF WHICH HAVE REPRESENTATION FROM THE COMMUNITY. THE CMH AUXILIARY, WHO ALSO REPORTS UNDER THE HOSPITAL'S TAX ID NUMBER, HAS ITS OWN BOARD THAT MEETS MONTHLY AND CONSISTS OF 16 MEMBERS ALL OF WHOM LIVE LOCALLY. THEY, TOO, REPRESENT A CROSS SECTION OF BUSINESSES SIMILAR TO THE HOSPITAL'S BOARD OF DIRECTORS. IN ADDITION, THEY INCLUDE RETIRED INDIVIDUALS AND FAMILY MEMBERS OF PROMINENT COMMUNITY LEADERS IN THE AREA. ALTHOUGH THE CHENANGO MEMORIAL HOSPITAL FOUNDATION, INC., HAS ITS OWN TAX ID NUMBER, ITS SOLE PURPOSE IS TO SUPPORT THE HOSPITAL THROUGH FUNDRAISING. THE FOUNDATION BOARD ALSO HAS 14 MEMBERS WHO REPRESENT BUSINESSES FROM THROUGHOUT THE COUNTY AND MEET APPROXIMATELY 3 TIMES PER YEAR. OPEN MEDICAL STAFF THE HOSPITAL REVIEWS MEDICAL STAFF PRIVILEGES OF ANY QUALIFIED PHYSICIANS AND ALLIED PROFESSIONALS IN THE COMMUNITY THAT APPLY. THE RIGOROUS CREDENTIALING PROCESS INCLUDES REVIEW BY AN INTERNAL CREDENTIALS COMMITTEE AND MEDICAL EXECUTIVE COMMITTEE. AFTER APPROVAL FROM THESE TWO COMMITTEES, THE APPLICATION PROCEEDS TO THE PROFESSIONAL ADVISORY COMMITTEE (PAC), A SUBCOMMITTEE OF THE HOSPITAL'S BOARD OF TRUSTEES, FOR APPROVAL. AFTER APPROVAL BY PAC, THE APPLICATION PROCEEDS TO THE HOSPITAL'S BOARD OF DIRECTORS FOR FINAL APPROVAL AND CREDENTIALING. USE OF SURPLUS FUNDS SURPLUS FUNDS ARE MADE AVAILABLE PRIMARILY FOR PURCHASES OF EQUIPMENT, FACILITY IMPROVEMENTS, OR TECHNOLOGY TO IMPROVE PATIENT CARE. IN SOME INSTANCES, FUNDS ARE USED TO SUPPORT NEW SERVICES. CHENANGO MEMORIAL HOSPITAL BEGAN SPENDING SOME OF THE \$9M TRANSFORMATION GRANT AWARDED BY THE NYS DEPARTMENT OF HEALTH IN 2017. IN FACT, THE FIRST PHASE OF THE 2-PHASE TRANSFORMATION PROJECT WAS COMPLETED IN 2019 TO PREPARE FOR THE LAST AND LARGEST PHASE OF THE PROJECT. THE HOSPITAL INVESTED \$6M IN THE FOLLOWING PROJECTS TO IMPROVE PATIENT SERVICES AND STAFF EFFICIENCIES: *RELOCATION OF THE HOSPITAL'S LAB AND INSTALLATION OF A PNEUMATIC TUBE SYSTEM - BUILDOUT BEGAN IN LATE 2018 AND CONCLUDED IN FEBRUARY 2019. RELOCATION OF THE LAB OPENED SPACE FOR AN ENLARGED RADIOLOGY DEPARTMENT. INSTALLATION OF THE PNEUMATIC TUBE SYSTEM IMPROVED EFFICIENCIES, PARTICULARLY IN THE EMERGENCY ROOM. ER STAFF CAN NOW SEND SPECIMENS DIRECTLY TO THE LAB RATHER THAN WAITING FOR A LAB TECHNICIAN TO COME AND COLLECT THEM. THIS HAS IMPROVED PATIENT SAFETY BECAUSE TEST RESULTS ARE NOW AVAILABLE MORE EFFICIENTLY. DURING THE DEMOLITION OF THE NEW LAB SPACE, LOCATED IN A BUILDING THAT DATES BACK TO 1958, CONTRACTORS DISCOVERED MAJOR ISSUES WITH THE ELECTRICAL PANELS AS WELL AS A LEAKING STEAM LINE. THESE AND OTHER ISSUES NEEDED REPAIR BEFORE PROCEEDING AND COST TO THE ORGANIZATION WAS APPROXIMATELY \$500K. *EXPANDED RADIOLOGY DEPARTMENT AND NEW CARDIAC REHABILITATION AREA - RENOVATION AND CONSTRUCTION WAS COMPLETED IN EARLY 2019. CHENANGO COUNTY HAS THE HIGHEST RATE OF CARDIAC DISEASE IN THE STATE AND THE HOSPITAL RECOGNIZES THE NEED FOR INCREASED ACCESS TO RADIOLOGY AND REHABILITATION SERVICES IN THIS AREA. AS INDICATED IN THE 2109-2021 COMMUNITY HEALTH NEEDS ASSESSMENT, CHRONIC DISEASE, PARTICULARLY HEART DISEASE AND DIABETES, ARE PREVALENT THROUGHOUT THE AREA. PATIENTS USING THE CARDIAC REHABILITATION SERVICES HAVE EXPERIENCED SIGNIFICANT IMPROVEMENT IN THEIR HEALTH AND THEY CAN NOW ACCESS THESE SERVICES CLOSE TO HOME. *THE FINAL PIECE OF PHASE 1 OF THE TRANSFORMATION PROJECT WAS THE RELOCATION OF OUR NUCLEAR MEDICINE DEPARTMENT. THIS MOVE WAS NECESSARY TO MAKE THE SPACE MORE COMFORTABLE FOR PATIENTS AS WELL AS VACATE SPACE NEEDED FOR PHASE 2. THE NEW SPACE OPENED IN OCTOBER. *PLANS HAVE BEEN SUBMITTED TO THE NYS DEPARTMENT OF HEALTH TO RELOCATE THE HOSPITAL'S WOMEN'S HEALTH CENTER TO A LOCATION IN DOWNTOWN NORWICH. THE NEW LOCATION WILL BE SIGNIFICANTLY LARGER THAN THEIR EXISTING SPACE AND WILL INCLUDE A BREASTFEEDING AREA, TWO TREATMENT ROOMS, ADDITIONAL EXAM ROOMS, AND AN EDUCATION AREA SUITABLE FOR CHILDBIRTH EDUCATION CLASSES, SUPPORT GROUPS, ETC. DURING THE YEAR, THE HOSPITAL HAS INCURRED SIGNIFICANT ARCHITECTURAL EXPENSES TO PREPARE FOR THIS RELOCATION. CHENANGO MEMORIAL IS THE ONLY HOSPITAL ALONG THE ROUTE 12 CORRIDOR BETWEEN BINGHAMTON AND ONEIDA WITH OBSTETRIC SERVICES. THE NEW SPACE IS ANTICIPATED TO OPEN IN EARLY 2020. *PLENTY OF PARKING ON THE HOSPITAL CAMPUS WILL BE CONSUMED WHEN THE EXTERIOR CONSTRUCTION OF THE TRANSFORMATION PROJECT BEGINS. IT WAS DETERMINED DURING THE SUMMER THAT THE HOSPITAL WOULD NEED TO EXPAND OUR PARKING LOT TO COMPENSATE FOR LOST PARKING. WORK BEGAN IN MID-2019 TO DEVELOP SITE PLANS FOR THE EXTENDED PARKING AREA. IN THE FALL, TREE REMOVAL AND SITE WORK WERE COMPLETED TO PREPARE FOR WORK TO RESUME IN THE</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>SPRING 2020.*RENOVATIONS TOOK PLACE IN THE HOSPITAL'S SIDNEY CLINIC AT THE END OF 2019 TO PREPARE SPACE FOR A NEW 3D MAMMOGRAPHY MACHINE USED FOR BREAST SCANNER SCREENINGS. 3D MAMMOGRAMS REDUCE THE NEED FOR MULTIPLE TESTS AND SAVE WOMEN ANXIETY ABOUT POTENTIALLY POSITIVE DIAGNOSES. THE TECHNOLOGY USES MULTIPLE ANGLED IMAGES AS THE MACHINE SWEEPS IN AN ARC OVER A WOMAN'S BREAST. THE RADIOLOGIST VIEWS THESE IMAGES SEQUENTIALLY. A MASS WILL STAND OUT IN THE SCAN - NOT BE CAMOUFLAGED BY DENSE BREAST TISSUE AS SOMETIMES OCCURS WITH TRADITIONAL 2D MAMMOGRAPHY. THE FOLLOWING ARE THE TOP FIVE BENEFITS OF 3D MAMMOGRAPHY: A) MORE ACCURATE DETECTION, B) EARLIER DIAGNOSIS, C) BETTER DETECTION IN DENSE BREAST TISSUE, D) LESS ANXIETY FOR THE PATIENT DUE TO FALSE ALARMS WITH 2D MAMMOGRAPHY, E) IS SAFE AND EFFECTIVE - WOMEN EXPERIENCE A MINIMAL AMOUNT OF ADDITIONAL RADIATION COMPARED WITH A STANDARD MAMMOGRAM. THE NEW EQUIPMENT COSTS \$290K WITH AN ADDITION \$115K REQUIRED FOR CONSTRUCTION. THE NEW SERVICE WENT LIVE IN FEBRUARY 2020. *PHARMACY - CMH COMPLETED RENOVATIONS OF OUR CURRENT PHARMACY TO INCORPORATE A STERILE COMPOUNDING AREA COMPLIANT WITH USP 797 AND USP 800 STANDARDS. INCLUDED IN THE PROJECT WAS INSTALLING A NEW ROOF-TOP AIR HANDLING UNIT TO PROVIDE FOR THE ISO7 COMPLIANCE AIR DISTRIBUTION ALONG WITH PROPER NEGATIVE AND POSITIVE PRESSURES. THE SMOKE ZONE, WITHIN WHICH THE PHARMACY IS LOCATED, IS NOW EQUIPPED WITH A FULLY-COMPLIANT FIRE SUPPRESSION, FIRE ALARM AND SMOKE DETECTION SYSTEM. THE PHARMACY ALSO HAS A COMPLIANT TYPE I EMERGENCY EVACUATION SYSTEM. BRINGING THE CMH PHARMACY STERILE COMPOUNDING ROOMS INTO USP 800 COMPLIANCE ALLOWS THE HOSPITAL TO STRENGTHEN AND DIVERSIFY EXISTING SERVICES. PHARMACEUTICALS ARE AN INTEGRAL PART OF MOST SERVICES OFFERED IN A HOSPITAL. DIAGNOSTIC AND TREATMENT SERVICES INCLUDING LABORATORY, IMAGING, INTERVENTIONAL RADIOLOGY, OBSTETRICAL SERVICES, MINOR TO MAJOR SURGICAL PROCEDURES, AND EMERGENCY MEDICINE RELY ON THE AVAILABILITY OF PHARMACEUTICALS. RECENTLY ADDED SERVICES, LIKE VASCULAR SURGERY AND ONCOLOGY, ARE NO EXCEPTION TO RELIANCE ON PHARMACY. THIS PROJECT IS VITAL TO CONTINUED ACCESS TO THESE SERVICES IN THIS COMMUNITY. THIS WAS A \$500K PROJECT THAT BEGAN IN 2018 AND WAS GENEROUSLY SUPPORTED BY LOCAL FOUNDATIONS. IT ENSURES LONG-TERM AVAILABILITY OF CHEMOTHERAPY TREATMENTS FOR LOCAL CANCER PATIENTS WHO PREVIOUSLY HAD TO TRAVEL 45 MINUTES FOR THIS SERVICE. *DURING THE WINTER OF 2018-19, THE HOSPITAL'S ROOF DEVELOPED SERIOUS LEAKS IMPACTING OUR AMBULATORY/SURGICAL UNIT. THE LEAKS PARTICULARLY THREATENED OUR ABILITY TO KEEP THE ORS OPEN AND MAINTAIN SURGICAL SERVICES. WITH BOARD APPROVAL, THE HOSPITAL SECURED EMERGENCY FINANCING OF \$600K TO COMPLETE THE EXTENSIVE ROOF REPLACEMENT. PRIOR TO THE START OF THE PROJECT, STRUCTURAL ENGINEERS DISCOVERED THE STEEL LOCATED PRIMARILY IN THE CEILING OVER THE RECOVERY AREA WAS NOT STRONG ENOUGH TO SUPPORT THE WEIGHT OF THE NEW ROOF MATERIALS MUCH LESS THE WEIGHT OF A HEAVY SNOWFALL. AN ADDITIONAL \$200K WAS APPROVED BY THE HOSPITAL BOARD TO CORRECT THIS ISSUE. THE ROOF REPLACEMENT, INCLUDING ABATEMENT OF THE AREA WHERE THE NEW STEEL WAS INSTALLED, WAS COMPLETED IN DECEMBER.*SECURITY - THE HOSPITAL IMPLEMENTED A MATERNITY BABY ALARM/CALL BELL SYSTEM TO PREVENT THE ABDUCTION OF A NEWBORN. AT THE TIME OF BIRTH, THE INFANT IS ISSUED AN ELPAS ACTIVE RFID (RADIO FREQUENCY IDENTIFICATION) INFANT PROTECTION BRACELET, WHICH IS PLACED ON THE BABY'S ANKLE AND LATER CAN BE ADJUSTED SHOULD THE BABY LOSE WEIGHT BEFORE DISCHARGE. SHOULD AN ATTEMPT OCCUR TO MOVE THE PROTECTED INFANT FROM THE SECURED AREA WITHOUT APPROVAL OR AN AUTHORIZED ESCORT, THE BRACELET WILL TRIGGER THE BABYMATCH SYSTEM TO ALERT PERSONNEL OF THE SECURITY THREAT. THE NEW SYSTEM COST NEARLY \$47,000.** SEE SCHEDULE H PART VI SUPPLEMENTAL INFORMATION FOR CONTINUATION</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>CMH IS AN IMPORTANT PART OF THE UNITED HEALTH SERVICES SYSTEM OF INTEGRATED DELIVERY OF CARE, WHICH PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY. AS A RESULT OF THE FORMATION OF CMH IN 1910 AND THE SUBSEQUENT TRANSFORMATION OF THE COMBINED ORGANIZATION INTO A HEALTH CARE SYSTEM, OUR REGION TODAY OFFERS MORE COMPLETE AND ADVANCED CARE THAN MANY COMMUNITIES FIVE TIMES OUR SIZE. IN 2013, THE UNITED HEALTH SERVICES SYSTEM ENGAGED IN A STRATEGIC PLANNING PROCESS FOR THE YEARS 2014-2016. CONSISTENT WITH THE MISSION AND VISION, THE PLAN IS FOCUSED ON CONTINUING TO STRENGTHEN THE HEALTH SYSTEM AND ITS SERVICES TO COMMUNITY. THE STRATEGIC PLAN IS ORGANIZED AROUND FOUR GOALS: CLINICAL EXCELLENCE, SERVICE EXCELLENCE, MARKET GROWTH AND FINANCIAL STRENGTH. SPECIFIC DESTINATION METRICS OR MEASURES OF SUCCESS WERE DEVELOPED FOR EACH STRATEGIC GOAL. THE SPECIFIC INITIATIVES SUPPORTING ACHIEVEMENT OF THE GOALS ARE REVIEWED ON A REGULAR BASIS. EACH ENTITY CARRIES OUT INITIATIVES LOCALLY AND REGIONALLY. THE CMH COMMUNITY SERVICE REPORT CAPTURES THE BENEFITS SPECIFIC TO CMH. THE OTHER HOSPITAL MEMBERS OF THE UHS SYSTEM, UHS WILSON MEDICAL CENTER, UHS BINGHAMTON GENERAL HOSPITAL, AND DELAWARE VALLEY HOSPITAL SUBMIT SEPARATE REPORTS.- CLINICAL EXCELLENCE: CMH HAS FOCUSED ITS RESOURCES AND ENERGY AROUND ACHIEVING DISTINCTION AS A HEALTH SYSTEM IN CLINICAL QUALITY, PATIENT SAFETY AND SERVICE. CMH IS FOCUSED ON VIGOROUS ASSESSMENT AND IMPROVEMENT OF THE ORGANIZATION'S PERFORMANCE USING KEY PATIENT QUALITY, SAFETY AND SATISFACTION INDICATORS. THE PLAN PLACES A FOCUS IN PARTICULAR ON EMERGENCY ROOM PERFORMANCE, CLOSER INTEGRATION OF NON-ACUTE SERVICES WITH THE HOSPITALS, DEVELOPMENT AND IMPLEMENTATION OF STATE-OF-THE-ART INFORMATION TECHNOLOGY TO SUPPORT INITIATIVES IN PATIENT QUALITY AND SAFETY AND NEW INITIATIVES IN THE RECRUITMENT AND RETENTION OF A QUALITY PHYSICIAN AND ALLIED HEALTH WORKFORCE.- SERVICE EXCELLENCE: ADDRESS DELIVERING ON THE CMH BRAND PROMISE OF A MEANINGFULLY BETTER PATIENT EXPERIENCE. THE PLAN FOCUSES ON PATIENT-CENTERED CARE AND THE BRAND PROMISE OF RESPECT AND ACCOUNTABILITY. THIS GOAL ALIGNS TECHNOLOGY WITH PERFORMANCE STANDARDS TO IMPROVE ACCESS TO BETTER MEET PATIENT NEEDS.- MARKET GROWTH: THIS GOAL AREA ADDRESSES THE KEY ASPECTS OF ALIGNING TECHNOLOGY, PHYSICIAN RESOURCES AND PROGRAMS AROUND THE CLINICAL NEEDS OF THE SERVICE AREA. THE PLAN FOCUSES ATTENTION ON KEY TERTIARY SERVICES AND THE ASSURANCE OF AN ADEQUATE SUPPLY OF PRIMARY CARE AND SPECIALIST PHYSICIANS FOR THE AREA. AT THE SAME TIME, CMH REMAINS COMMITTED TO MEETING THE COMMUNITY'S BEHAVIORAL HEALTH SERVICES NEEDS.- FINANCIAL STRENGTH: TO ENSURE CMH HAS THE FINANCIAL CAPACITY TO SUPPORT ITS CLINICAL SERVICE AND GROWTH GOALS, THE STRATEGIC PLAN CALLS THE ORGANIZATION TO DEMONSTRATE CONSISTENT PERFORMANCE WITH RESPECT TO BENCHMARKED OPERATING EFFICIENCIES. THIS INCLUDES PARTICIPATING IN 340B INDIGENT CARE PHARMACY PRICING IN ORDER TO SERVE MORE ELIGIBLE PATIENTS AND PROVIDE MORE COMPREHENSIVE SERVICE.PART VI, LINE 7CHENANGO MEMORIAL HOSPITAL FILES THE COMMUNITY BENEFIT REPORT WITH NEW YORK STATE.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, COMMUNITY HEALTH PROMOTION:	A NURSE CALL SYSTEM WAS INSTALLED IN THE RESTROOMS OF OUR PEDIATRICS PRACTICE AS WELL AS OUR NEWLY RENOVATED CARDIOLOGY AND NUC MED SPACES. A PATIENT CAN PULL THE CORD OR PUSH THE BUTTON IN CASE OF AN EMERGENCY WHILE IN THE RESTROOM. THE HOSPITAL ALSO INVESTED IN SOFTWARE THAT MONITORS ALL THE NURSE CALL BELLS SO WE CAN RESPOND RAPIDLY IN CASE OF MALFUNCTION. TOTAL INVESTMENT FOR THIS EQUIPMENT WAS \$33,577. AUTOMATED DOOR LOCKS AND CONTROL PANELS WERE ALSO INSTALLED IN OUR NEW CARDIOLOGY AND NUC MED SPACES. ALL DOORS ARE PROGRAMMED TO CLOSE AND OPEN AT PRE-PROGRAMMED TIMES. ANYONE WHO NEEDS TO ENTER THE SPACE DURING NON-BUSINESS HOURS, MUST SWIPE THEIR BADGE TO GET ACCESS. LASTLY, CMH PURCHASED 85 MOTOROLA EVX-261 ANALOG/DIGITAL PORTABLE RADIOS, ANTENNAS AND ASSOCIATED ACCESSORIES TO REPLACE OUTDATED EQUIPMENT. THESE RADIOS ARE PART OF OUR EMERGENCY PREPAREDNESS PROGRAM THAT ALSO INCLUDES HAM RADIOS AND OTHER EMERGENCY COMMUNICATION EQUIPMENT. TOTAL INVESTMENT WAS APPROXIMATELY \$27,000.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, COMMUNITY BUILDING ACTIVITIES:</p>	<p>LINE 7--COMMUNITY HEALTH IMPROVEMENT ADVOCACY CHENANGO COUNTY HAS BEEN DESIGNATED A HEALTH PROFESSIONAL SHORTAGE AREA ACCORDING TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR LOW INCOME PRIMARY HEALTH CARE, DENTAL CARE, AND MENTAL HEALTH CARE. THE RATIO OF POPULATION TO PROVIDERS PLACES CHENANGO COUNTY IN THE BOTTOM HALF OF COUNTIES IN NYS FOR PRIMARY CARE PHYSICIANS. UHS CHENANGO MEMORIAL, THEREFORE, IS CONSTANTLY RECRUITING TO IMPROVE ACCESS AND INCREASE SERVICES. THE HOSPITAL'S RECRUITING SUCCESSES ARE OUTLINED IN PART V, SECTION C - SUPPLEMENTAL INFORMATION FOR PART B, SECTION B UNDER "RECRUITMENT." UHS CHENANGO MEMORIAL IS HEAVILY INVOLVED WITH HEALTH PROGRAMS AT THE STATE AND LOCAL LEVEL. *IROQUOIS HEALTH ALLIANCE (IHA)--THE HOSPITAL'S CEO IS AN IHA BOARD MEMBER. THE ORGANIZATION CONSISTS OF CEO'S OF ALL THE HOSPITALS IN CENTRAL NEW YORK. IT IS THE REGIONAL VOICE IN ALBANY AND WASHINGTON FOR UPSTATE HOSPITALS AND HEALTHCARE SYSTEMS MEMBERS. THE IHA PROMOTES A BROADER UNDERSTANDING OF, AND BUILDS SUPPORT FOR, THE HEALTH CARE SYSTEMS SERVING UPSTATE NEW YORK. THIS FORUM HAS BEEN USED BY THE DEPARTMENT OF HEALTH AND OTHER GOVERNMENT ORGANIZATIONS TO DISCUSS CHANGES IN HEALTH CARE AND NEW REGULATIONS DIRECTLY WITH HOSPITAL CEO'S. * AMERICAN HOSPITAL ASSOCIATION (AHA)--CMH'S PRESIDENT &amp; CEO IS A MEMBER OF THE AHA. AHA'S REPRESENTATION AND ADVOCACY ACTIVITIES ENSURES THAT MEMBERS' PERSPECTIVES AND NEEDS ARE HEARD AND ADDRESSED IN NATIONAL HEALTH POLICY DEVELOPMENT, LEGISLATIVE AND REGULATORY DEBATES, AND JUDICIAL MATTERS. THEIR ADVOCACY EFFORTS INCLUDE THE LEGISLATIVE AND EXECUTIVE BRANCHES AND INCLUDE THE LEGISLATIVE AND REGULATORY ARENAS. *SOUTHERN TIER REGIONAL HEALTHCARE BENEFITS &amp; QUALITY MANAGEMENT COMMITTEE - THE COMMITTEE CONSISTS OF EMPLOYERS AND HEALTHCARE ORGANIZATIONS FOR EXCELLUS BLUE CROSS/BLUE SHIELD TO EXPLAIN THEIR BENEFIT PROGRAMS AND QUALITY INITIATIVES, UTILIZATION, CONTROL OF UTILIZATION, I.E. USE OF CT SCANNERS AND MRI'S, WELLNESS PROGRAMS, ETC. EXCELLUS REPORTS THE RESULTS OF QUALITY MEASURES TO UNDERSTAND THE SUCCESSES AND CHALLENGES OF THEIR VARIOUS PROGRAMS. CMH'S PRESIDENT &amp; CEO IS A MEMBER OF THIS COMMITTEE. *ON-SITE VISITS WITH CONGRESSMAN BRINDISI AND STATE SENATOR AKSHAR -BOTH ELECTED OFFICIALS VISITED CMH DURING 2019. REP. BRINDISI VISITED TO GET AN ORIENTATION OF THE HOSPITAL WITH SENIOR MANAGEMENT AND HAVE A FACILITY TOUR TO UNDERSTAND OUR NEEDS THAT COULD BE SUPPORTED WITH FEDERAL GRANTS. SENATOR ASKHAR, WHO HAS MADE SITE VISITS IN THE PAST, RETURNED FOR ANOTHER TOUR OF THE HOSPITAL AND BE UPDATED ON OUR CURRENT NEEDS AND CHALLENGES. *ADVOCACY DAY IN ALBANY, NY--COORDINATED BY THE HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANY) AND THE IROQUOIS HEALTHCARE ALLIANCE (IHA), A MEMBER OF SENIOR MANAGEMENT TRAVELED TO ALBANY TO PROTEST CUTS IN HEALTHCARE IN THE PROPOSED BUDGET. *HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANY)--HANY ADVOCATES IN ALBANY AND WASHINGTON ON BEHALF OF ITS MEMBERS AND THE HEALTHCARE NEEDS OF NEW YORKERS. THEY ENGAGE WITH POLICYMAKERS, AGENCIES, COMMUNITY PARTNERS, THE MEDIA AND MORE, WHILE COLLABORATING FREQUENTLY WITH REGIONAL, STATE AND NATIONAL ASSOCIATIONS. THEY ALSO PROVIDE EDUCATION, DATA ANALYSIS, QUALITY IMPROVEMENT INITIATIVES AND OPERATIONAL ASSISTANCE TO THEIR MEMBERS AND PARTNERS. SOME OF THE CRITICAL PRIORITIES THEY ARE ADDRESSING INCLUDE MEDICAID FUNDING, OPIOID ABUSE REDUCTION, CYBER SECURITY, EMERGENCY PREPAREDNESS AND HEALTHCARE PAYMENT REFORM. THESE ARE JUST SOME OF THE CRITICAL HEALTHCARE PRIORITIES HANY ADDRESSES. TWO SENIOR EXECUTIVES FROM HANY DID A SITE VISIT TO CMH TO DISCUSS ANY CURRENT NEEDS AS THEY RELATE TO GOVERNMENT ASSISTANCE AND REGULATIONS. *ADVOCACY MEETING W/STATE ASSEMBLYMEN--CMH'S CEO AND TWO OTHER SENIOR LEADERS MET WITH ASSEMBLYMAN CLIFF CROUCH AND THE NYS HEALTH CARE COMMITTEE RICHARD GOTTFRIED IN ALBANY ON MARCH 5TH TO DISCUSS THE FOLLOWING TOPICS: 1. CMH IS A SAFETY NET FACILITY MAINTAINING RURAL ACCESS TO CARE: MATERNITY AND OTHER MISSION-BASED SERVICES. LESS THAN HALF OF RURAL COUNTIES ACROSS THE US STILL HAVE HOSPITAL-BASED MATERNITY SERVICES. IN THE LAST DECADE, THE 3 CLOSEST HOSPITALS TO US HAVE CLOSED THEIR MATERNITY UNITS. THE NEXT CLOSEST MATERNITY UNIT IS AN HOUR DRIVE BY CAR ON RURAL ROADS. LONG-TERM CARE: CASE MIX RELATED CUT PROPOSED IN THE GOVERNOR'S BUDGET - POSSIBLE \$9 PER DAY REDUCTION IN RATES. 2. STAFF RATIOS: WE ARE COMMITTED TO CONSTANTLY IMPROVING THE SAFETY AND QUALITY OF THE CARE WE PROVIDE. WE DON'T FEEL THAT MANDATED STAFF RATIOS ARE THE WAY TO DO THAT. HERE'S WHY: WE USE A CARE TEAM APPROACH TO DELIVER PATIENT-CENTERED SAFE, QUALITY CARE. THE CARE TEAM IS MADE OF MULTIPLE PEOPLE FROM MULTIPLE SPECIALTIES &amp; DISCIPLINES, INCLUDING DOCTORS, NURSES, NURSING ASSISTANTS, AIDES, RESPIRATORY THERAPISTS &amp; MORE. THESE CARE TEAMS PROVIDE CARE TAILORED TO THE SPECIFIC NEEDS OF EACH INDIVIDUAL PATIENT. EACH ALLOWS THE OTHER DISCIPLINES TO FOCUS ON THEIR SPECIALTY/AREA OF EXPERTISE (&amp; DOCTORS</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, COMMUNITY BUILDING ACTIVITIES:</p>	<p>&amp; RNS TO OPERATE AT THE TOP OF THEIR LICENSE). NOT EVERY PATIENT IS THE SAME, NOT EVERY RN IS THE SAME. STAFFING DECISIONS ARE MADE REAL TIME, ON THE FLOOR TO ENSURE THAT THE APPROPRIATE CARE IS DELIVERED. SUPPORT ROLES ARE IMPORTANT - BOTH TO PATIENT CARE AND OUR LOCAL ECONOMY. THE SUPPORTIVE ROLES ARE OFTEN A CAREER LADDER FOR THOSE LOOKING AT GOING INTO NURSING AND THEY NOT ONLY PLAN A KEY ROLE IN THE EXPERIENCE AND SAFETY OF THE PATIENTS, BUT THEY ALSO DO THE BASIC TASKS THAT ALLOW NURSES TO PRACTICE AT THE TOP OF THEIR LICENSE. THESE POSITIONS, WHICH DON'T REQUIRE A LOT OF FORMAL EDUCATION, ARE A KEY STEP IN RAISING FAMILIES OUT OF POVERTY. WE ARE IN THE MIDDLE OF A NURSING SHORTAGE. CMH HAS NUMEROUS OPENING STRATEGIES ARE ONLY A TEMPORARY FIX. BOONE COUNTY HAS IDENTIFIED NURSING AS A CRITICAL WORKFORCE SHORTAGE. ALSO EXPERIENCING STAFFING SHORTAGES OF LPN'S, CAN'S, AND LAB TECHS. OUR INITIATIVES TO IMPROVE QUALITY &amp; SAFETY: HIGH RELIABILITY ORGANIZATION JUST CULTURE PURPOSEFUL ROUNDING ZERO HARMS SAFETY HURDLES. ACCESS TO REGIONAL MENTAL/BEHAVIORAL HEALTH RESOURCES LINE 8 - WORKFORCE DEVELOPMENT IN ADDITION TO MENTORING NUMEROUS STUDENTS THROUGHOUT THE YEAR, REPRESENTATIVES OF THE HOSPITAL SERVE ON VARIOUS EDUCATIONAL BOARDS AND/OR PROVIDE INSTRUCTION IN-HOUSE TO MEDICAL STUDENTS. EXAMPLES DURING 2019 WERE AS FOLLOWS: *CMH CAREER DAYS CAMP -- THIS 2-DAY EVENT IS SPONSORED BY UHS CHENANGO MEMORIAL HOSPITAL FROM FUNDING PROVIDED BY A LOCAL FOUNDATION. THIS EVENT IS FOR AREA STUDENTS GOING INTO 8TH AND 9TH GRADE. DURING THEIR CAMP EXPERIENCE, THEY ARE ABLE TO VISIT VARIOUS DEPARTMENTS IN THE MEDICAL FIELD AND DO HANDS-ON ACTIVITIES, INCLUDING LAPAROSCOPIC SURGERY, INTUBATION, AND PATIENT TRANSFERS. GOAL IS TO GAIN INTEREST IN THE DIFFERENT FIELDS SO THAT THE STUDENT CAN CONCENTRATE THEIR HIGH SCHOOL STUDIES ON CLASSES THAT WOULD BE NEEDED FOR COLLEGE ENROLLMENT. PARTICIPANTS INCLUDED LIFENET, NORWICH FIRE DEPARTMENT, THE NORWICH SCHOOL DISTRICT AND BOCES. THE EVENT HAD 17 STUDENTS. *RMD STUDENT FROM UPSTATE MEDICAL CENTER -- CMH'S PRESIDENT &amp; CEO INTERVIEWED THE RURAL MEDICINE STUDENT WHO DID HER PHYSICIAN INTERNSHIP AT CMH IN 2019. WHILE AT CMH, SHE INTERNEDED WITH PHYSICIANS SPECIALIZING IN PEDIATRICS, SURGERY, PRIMARY CARE, EMERGENCY MEDICINE, AND ANESTHESIOLOGY. MORRISVILLE STATE *ADVISORY COUNCIL FOR NORWICH CAMPUS -- A REPRESENTATIVE FROM THE HOSPITAL'S HUMAN RESOURCE DEPARTMENT IS A MEMBER OF THIS COUNCIL. THE PURPOSE IS FOR EMPLOYERS TO ADVISE THE COLLEGE ON IDEAS FOR STUDENT ENROLLMENT, PROGRAMMING AND COMMUNITY NEEDS AND INVOLVEMENT. OTHER ATTENDEES INCLUDE REPRESENTATIVES FROM CITY OF NORWICH, YMCA, BOCES, COMMERCE CHENANGO, NBT, NORWICH CITY SCHOOLS AND OTHERS. *A HUMAN RESOURCES REPRESENTATIVE OF THE HOSPITAL ATTENDED MORRISVILLE'S STUDENT EMPLOYMENT SHOWCASE. THIS WAS AN EVENT TO PROVIDE AND ASSIST STUDENTS WITH INFORMATION REGARDING JOB OPENINGS AND INTERNSHIP OPPORTUNITIES AT CMH. *18 NURSING STUDENTS DID THEIR CLINICAL ROUNDS AT CMH IN 2019. THIS INCLUDED AN ORIENTATION BY OUR TRAINING &amp; DEVELOPMENT SUPERVISOR ABOUT HOW TO USE THE ELECTRONIC MEDICAL RECORD SYSTEM AND THE MEDICAL ADMINISTRATION CARTS. DCMO BOCES *UHS CHENANGO MEMORIAL HAS AN ON-GOING RELATIONSHIP WITH DELAWARE, CHENANGO, MADISON, OTSEGO (DCMO) BOARD OF COOPERATIVE EDUCATIONAL SERVICES (BOCES). CMH PARTICIPATED IN MANY EVENTS THROUGHOUT THE YEAR TO SUPPORT BOCES' EDUCATIONAL AND CAREER DEVELOPMENT ACTIVITIES.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, COMMUNITY BUILDING ACTIVITIES:</p>	<p>*NEW VISIONS (HEALTHCARE) - CMH HOSTS BOCES' NEW VISIONS STUDENTS INTERESTED IN PURSUING HEALTHCARE CAREERS. THIS GROUP HAS A CLASSROOM ON-SITE AT THE HOSPITAL THAT IS PROVIDED AT NO COST WHILE THEY PURSUE THEIR STUDIES DURING THE SCHOOL YEAR. BY HAVING THE CLASSROOM ON SITE, THEY HAVE EASY AND AMPLE ACCESS TO THE PATIENT CARE AREAS, NURSES AND CLINICAL CARE GIVERS TO OBSERVE PROCEDURES AND ASSIST WHEN APPROPRIATE. STUDENTS ENTERING THEIR SENIOR YEAR GO THROUGH A RIGOROUS APPLICATION PROCESS WITH BOCES TO GET INTO THE CLASS BASED SOMEWHAT ON THEIR CURRENT GPA. THIS PARTNERSHIP HAS PROVEN SUCCESSFUL AS MANY GRADUATES HAVE GONE ON TO GET THEIR DEGREES IN VARIOUS HEALTHCARE PROFESSIONS. SOME OF THE GRADUATES HAVE ACTUALLY RETURNED TO THE AREA. THERE WERE 20 STUDENTS ENROLLED IN THE PROGRAM IN 2018-2019. STUDENTS ALSO PLAYED THE ROLES OF "VICTIMS" IN THE HOSPITAL'S DECONTAMINATION DRILL. AT THE END OF THE SCHOOL YEAR, BOCES HOSTED THEIR ANNUAL CAREER DINNER FOR GRADUATES OF THE NEW VISIONS PROGRAM THAT WAS ATTENDED BY 3 OF CMH'S LEADERSHIP TEAM.*THE BOCES CAREER AND TECHNICAL EDUCATION CENTER CONSULTANT COMMITTEE MET IN OCTOBER TO DISCUSS WHAT'S NEW AT BOCES, THEIR INITIATIVES, TABLE DISCUSSION OF THE RELATIONSHIP BETWEEN CMH AND THE NEW VISIONS PROGRAM AND WHAT'S NEW IN HEALTH CARE TO ASSIST WITH DEVELOPING A FUTURE CURRICULUM. CMH'S INFECTION CONTROL NURSE, SERVICE LINE MANAGER OF SURGICAL SERVICES, AND TWO RESPIRATORY THERAPISTS ATTENDED THIS EVENT.*CAREER AND COLLEGE DAYS - CMH PARTICIPATED IN THIS EVENT TO EDUCATE STUDENTS ABOUT CAREERS AVAILABLE IN THEIR COMMUNITY AND PROVIDE INFORMATION ON HEALTHCARE CAREERS AND OTHER SUPPORT SERVICES RELATED TO HEALTHCARE. SHADOWING AND VOLUNTEER OPPORTUNITIES AVAILABLE WITH CMH WERE ALSO DISCUSSED. CMH'S VP OF PATIENT CARE AND SERVICE LINE MANAGER FOR CARDIAC AND ACUTE CARE SERVICES ATTENDED THE EVENT AND DISCUSSED CAREER OPPORTUNITIES WITH 8TH GRADERS.*TAKE A LOOK PROGRAM - THE HOSPITAL AND BOCES COLLABORATED TO DEVELOP A LOCAL "TAKE A LOOK PROGRAM" ALSO KNOWN AS HOSPITAL 101. MODELED AFTER A PROGRAM DEVELOPED BY THE IHA AND THE NY CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS, THE TAKE-A-LOOK PROGRAM AIMS TO EXPOSE STUDENTS TO TRAINING, EDUCATION AND EMPLOYMENT OPPORTUNITIES IN CHENANGO COUNTY. THE EVENT INCLUDES ON-SITE MEETINGS WITH REPRESENTATIVES FROM BOCES, SUNY MORRISVILLE, UHS CHENANGO MEMORIAL, THE NYS DEPARTMENT OF LABOR, THE CHENANGO HEALTH NETWORK, AND MOHAWK VALLEY COMMUNITY COLLEGE. DURING THESE MEETINGS, STUDENTS LEARN ABOUT BOTH CLINICAL AND SUPPORT POSITIONS WITH AN EMPHASIS ON SUPPORT JOBS SUCH AS ACCOUNTING, ADMINISTRATION, BILLING, MAINTENANCE, FOOD SERVICE, MEDICAL RECORDS, PURCHASING, AND SENIOR CARE. PLANNING FOR THIS EVENT HAS BEEN A COLLABORATIVE EFFORT BETWEEN DCMO BOCES, CMH AND SUNY MORRISVILLE. THE EVENT IS SCHEDULED TO BE HELD IN 2020.*LEADERSHIP CHENANGO -- LEADERSHIP CHENANGO IS DESIGNED TO IDENTIFY AND DEVELOP INDIVIDUALS TO BECOME COMMUNITY LEADERS, VOLUNTEERS FOR CHARITABLE ORGANIZATIONS AND BOARD MEMBERS FOR SCHOOL, GOVERNMENT OR COMMUNITY ORGANIZATIONS. PARTICIPANTS JOIN OVER 300 ALUMNI WHO ARE APPLYING THEIR SKILLS TO MAKE A DIFFERENCE IN CHENANGO COUNTY. MANY OF THE LEADERSHIP CHENANGO ALUMNI CURRENTLY SERVE IN LEADERSHIP ROLES IN THE COMMUNITY OF THEIR WORKPLACE. AS A PROGRAM OF THE CHENANGO FOUNDATION, LEADERSHIP CHENANGO IS COMMITTED TO DEVELOPING ALL FACETS OF THE COUNTY INCLUDING LEADERS WHO WILL GUIDE OUR AREA TOWARD FUTURE SUCCESS. THE HOSPITAL'S COORDINATOR OF OUTREACH WILL GRADUATE FROM THE PROGRAM IN 2020 AND CMH'S DIRECTOR OF FUNDRAISING AND BUSINESS DEVELOPMENT IS A FACILITATOR.AS THE ONLY HOSPITAL IN CHENANGO COUNTY, UHS CHENANGO MEMORIAL IS THE EPICENTER FOR TRAINING AND MENTORING OF HEALTH CARE STUDENTS. IN 2019, OVER 200 STUDENTS RECEIVED HANDS-ON, REAL-LIFE EXPERIENCE ON-SITE THROUGHOUT THE YEAR.*STUDENT MENTORING -STUDENTS FROM VARIOUS EDUCATIONAL INSTITUTIONS WERE ON-SITE TO COMPLETE THEIR CLINICALS, PRECEPTORSHIPS, INTERNSHIPS, ETC., AT THE HOSPITAL IN THESE DISCIPLINES: NURSING, ANESTHESIOLOGY, RADIOLOGY, LAB, OB/GYN, CERTIFIED NURSE AID AND RURAL MEDICINE.STUDENTS CAME FROM LOCAL HIGH SCHOOLS, ALBANY MEDICAL, BOCES, BINGHAMTON UNIVERSITY, SUNY BROOME, MORRISVILLE STATE, SUNY UPSTATE MEDICAL, ALFRED STATE, KEUKA COLLEGE, KINGS COLLEGE AND SUNY POLYTECH.LINE 9 -- OTHER COMMUNITY BUILDING ACTIVITIESUHS CHENANGO MEMORIAL HOSPITAL ALSO SUPPORTS CULTURAL ORGANIZATIONS AND EVENTS IN THE AREA.*COLORSCAPE CHENANGO--THIS MAJOR SUMMER EVENT IN NORWICH, NY IS PUT ON BY THE COLORSCAPE CHENANGO ARTS FESTIVAL, INC. IT IS A JURIED ARTS, CRAFTS, FOOD AND MUSIC FESTIVAL ATTENDED BY THOUSANDS OF PEOPLE. CMH SPONSORS A FOOD BOOTH THAT WAS MANNED BY CMH AND MORRISON STAFF BOTH DAYS OF THE FESTIVAL. *ADOPT A FAMILY PROGRAM-- IN COORDINATION WITH CHENANGO COUNTY DEPARTMENT OF SOCIAL SERVICES, LIBERTY PARTNERSHIP, HEAD START AND CATHOLIC CHARITIES, EMPLOYEES PURCHASED GIFTS FOR NEEDY FAMILIES FOR DISTRIBUTION AROUND CHRISTMAS. 23 FAM</p>



Form and Line Reference	Explanation
SCHEDULE H, PART VI, COMMUNITY BUILDING ACTIVITIES:	ILIES INCLUDING 45 CHILDREN WERE SERVED.*CHENANGO COUNTY SPCA--THE HOSPITAL'S MEDICAL SOCI AL WORKER IS A BOARD MEMBER OF THE LOCAL SCPA WHICH IS A NO-KILL SHELTER. THEY PROVIDE CAR E FOR LOST AND HOMELESS PETS FOR ADOPTION TO NEW HOMES. THEY ALSO EDUCATE FAMILIES AND COM MUNITIES ABOUT NEEDS OF COMPANION ANIMALS.*THE CMH AUXILIARY PROVIDES MAGAZINES AND NEWSPA PERS IN THE WAITING ROOMS AND BEAUTY SUPPLIES FOR RESIDENTS OF OUR LONG-TERM CARE FACILITY . ADDITIONALLY, VOLUNTEERS THROUGHOUT THE COMMUNITY DONATE MANY HAND-MADE ITEMS FOR DISTRI BUTION TO PEDIATRIC PATIENTS, IN-PATIENTS, AND MOMS AND BABIES.*MEMBERS OF THE NORWICH HOM E BUREAU WERE INVITED TO THE HOSPITAL'S SENIOR LIVING UNIT TO CREATE/PROVIDE SEWING PROJEC TS FOR THE RESIDENTS. THE CMH AUXILIARY DONATED THE SEWING MATERIAL AND BATTING FOR THE GR OUP TO MAKE COUGH PILLOWS FOR SURGERY PATIENTS AND STUFFED ANIMALS FOR PEDIATRIC PATIENTS. IN A WONDERFUL GESTURE OF "GIVING BACK" THE CV FREE METHODIST CHURCH DELIVERED LUNCH ON CH RISTMAS DAY TO THOSE THAT WERE WORKING ON THE HOLIDAY.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, COMMUNITY INFORMATION:</p>	<p>CHENANGO COUNTY HAS FOURTEEN HEALTH CENTERS LOCATED THROUGHOUT THE TOWNSHIPS. ANY PSYCHIATRIC PATIENTS MUST BE TRANSFERRED TO FACILITIES OUTSIDE THE COUNTY. THE AREA HAS A RATIO OF 1 PRIMARY CARE PROVIDER FOR EVERY 2,710 RESIDENTS AND 1 DENTIST FOR EVERY 2,820 RESIDENTS. IT HAS BEEN DESIGNATED A HEALTH PROFESSIONAL SHORTAGE AREA ACCORDING THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR LOW INCOME PRIMARY HEALTH CARE, DENTAL CARE, AND MENTAL HEALTH CARE. THE RATIO OF POPULATION TO PROVIDERS PLACES CHENANGO COUNTY IN THE BOTTOM HALF OF COUNTIES IN NYS FOR PRIMARY CARE PHYSICIANS. OTHER BARRIERS TO ACCESS TO CARE INCLUDE LACK OF SPECIALTY CARE WITHIN THE COUNTY AND LACK OF TRANSPORTATION SERVICES TO THAT CARE LOCATED BOTH IN AND OUT OF THE COUNTY. THESE BARRIERS ARE TRUE FOR DENTAL AND MENTAL HEALTH AS WELL.UHS CHENANGO MEMORIAL IS A STATE DESIGNATED RURAL HOSPITAL AND WAS JUST RECENTLY DESIGNATED AS A SOLE COMMUNITY HOSPITAL BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. A HOSPITAL RECEIVES THIS DESIGNATION IF IT IS LOCATED MORE THAN 35 MILES FROM OTHER LIKE HOSPITALS. A HOSPITAL MAY ALSO BE CLASSIFIED AS A SCH IF IT IS LOCATED IN A RURAL AREA AND NO MORE THAN 25 PERCENT OF RESIDENTS WHO BECOME HOSPITAL INPATIENTS OR NO MORE THAN 25 PERCENT OF THE MEDICARE BENEFICIARIES WHO BECOME HOSPITAL INPATIENTS IN THE HOSPITAL'S SERVICE AREA ARE ADMITTED TO OTHER LIKE HOSPITALS LOCATED WITHIN A 35-MILE RADIUS OF THE HOSPITAL.ACCORDING TO THE US CENSUS BUREAU, 90% OF ADULTS HAVE A HIGH SCHOOL EDUCATION BUT ONLY 21.2% HAVE A BACHELOR'S DEGREE OR HIGHER IN CHENANGO COUNTY. APPROXIMATELY 75% OF COUNTY RESIDENTS OWN AND OCCUPY THEIR HOME WHILE 25% RENT. 28.9% OF HOMEOWNERS AND 48.4% OF RENTERS HAVE MONTHLY HOUSING COSTS THAT ARE AT LEAST 30% OF THEIR TOTAL HOUSEHOLD INCOME, ACCORDING TO THE HORN RESEARCH CFSCNY NEEDS ASSESSMENT. THIS INDICATES A LARGE SUB-GROUP OF THE POPULATION FOR WHOM HOUSING IS GENERALLY UNAFFORDABLE. IN FACT, 42.5% OF COUNTY RESIDENTS REPORT A LEVEL OF STRESS RELATED TO BEING ABLE TO AFFORD THEIR RENT OR MORTGAGE. THIS EXCEEDS THE REST OF NEW YORK STATE (EXCLUDING NEW YORK CITY) BY 6%.ALSO ACCORDING TO THE HORN ASSESSMENT, CHENANGO COUNTY LACKS SUPPORTIVE HOUSING FOR PEOPLE WITH MENTAL HEALTH DISABILITIES AND THE DEVELOPMENTALLY DELAYED POPULATION. OTHER HOUSING ISSUES INCLUDE LACK OF ASSISTIVE LIVING UNITS FOR ELDERLY AND DISABLED AND FOR RESIDENTS TRANSITIONING FROM INCARCERATION BACK INTO THE COMMUNITY. THERE IS NO HOMELESS SHELTER OR DOMESTIC VIOLENCE SHELTER AVAILABLE FOR THOSE POPULATIONS.MANY OF CHENANGO COUNTY'S FAMILIES AND HOUSEHOLDS ARE EITHER SINGLE PARENTS WHO ARE RAISING CHILDREN AND/OR HAVE ADULT MEMBERS WHO ARE AT LEAST 65 YEARS OLD. 8.6% OF THE TOTAL NUMBER OF FAMILIES LIVING IN CHENANGO COUNTY ARE ONE PARENT FAMILIES WITH CHILDREN UNDER 18 YEARS OLD, AND OF THESE SINGLE PARENT FAMILIES, 6.2% ARE FEMALE AND 2.4% ARE MALE. 12.4% OF HOUSEHOLDS ARE ADULTS 65 YEARS OR OLDER WHO LIVE ALONE. 30.4% OF ALL HOUSEHOLDS HAVE ONE OR MORE PERSONS WHO ARE 65 YEARS OR OLDER.</p>

**Additional Data****Software ID:****Software Version:****EIN:** 15-0532180**Name:** CHENANGO MEMORIAL HOSPITAL INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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? <b>1</b>											
Name, address, primary website address, and state license number											
1	CHENANGO MEMORIAL HOSPITAL INC 179 NORTH BROAD STREET NORWICH, NY 13815 HTTPS://WWW.NYUHS.ORG	X	X					X		SOLE COMMUNITY	

**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
CHENANGO MEMORIAL HOSPITAL, INC.	PART V, SECTION B, LINE 13H: FEDERAL POVERTY GUIDELINES (FPG) IS USED TO DETERMINE THE FAMILY INCOME LIMIT FOR FREE CARE ELIGIBILITY OF 200%. THE FPG IS NOT USED TO DETERMINE DISCOUNTED CARE ELIGIBILITY. HOWEVER THE FPG IS USED TO DETERMINE THE PERCENTAGE OF DISCOUNTED CARE A PATIENT WILL RECEIVE.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B:	<p>NEEDS ASSESSMENT. IN DECEMBER 2018, CHENANGO MEMORIAL HOSPITAL (CMH), CHENANGO COUNTY PUBLIC HEALTH (CCPH) AND THE CHENANGO HEALTH NETWORK (CHN) CAME TOGETHER TO START COLLABORATION AROUND THE DEVELOPMENT OF THE 2019-2021 COMMUNITY HEALTH ASSESSMENT (CHA) AND COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE NEWLY FORMED NEEDS ASSESSMENT COMMITTEE SUBSEQUENTLY CONTRACTED WITH HORN RESEARCH LLC TO CONDUCT THE ASSESSMENT TO ENSURE AN OBJECTIVE, UNBIASED, AND EXPERIENCED APPROACH. THE COMMITTEE PROVIDED OVERSIGHT AND GUIDANCE TO THE ASSESSMENT PROCESS AND ORGANIZED THE MEETINGS OF STAKEHOLDERS DESCRIBED IN MORE DETAIL LATER IN THIS SECTION. QUALITATIVE DATA WAS GATHERED FIRST FROM 51 CHENANGO COUNTY RESIDENTS THROUGH FOCUS GROUPS AND TELEPHONE INTERVIEWS. PARTICIPANTS WERE ASKED TO SHARE THEIR PERSPECTIVES ON THE MOST PRESSING HEALTH ISSUES FACING THE COUNTY, AS WELL AS THE BARRIERS AND CHALLENGES THEY FACE IN THEIR EFFORT TO LEAD HEALTHY LIVES. IN ADDITION, 23 KEY STAKEHOLDERS REPRESENTING A RANGE OF NON-PROFIT ORGANIZATIONS, GOVERNMENT AGENCIES AND PROVIDERS, WERE INTERVIEWED TO GAIN FURTHER INSIGHT INTO THE COUNTY'S HEALTH CARE STRENGTHS AND BARRIERS. CHENANGO COUNTY THEN ENGAGED IN AN ITERATIVE PROCESS TO SELECT PRIORITIES AND ACTIVITIES FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)/COMMUNITY SERVICE PLAN (CSP). THE PROCESS ALLOWED SIGNIFICANT INPUT FROM STAKEHOLDERS AND INTEGRATED FEEDBACK FROM THE COMMUNITY. HEALTH CARE AND SOCIAL DETERMINANTS OF HEALTH DATA WERE COLLECTED FROM A VARIETY OF SOURCES INCLUDING, BUT NOT LIMITED TO, THE NYS DEPARTMENT OF HEALTH (NYSDOH), THE US CENSUS, THE NYS DEPARTMENT OF EDUCATION (NYSED), THE NYS OFFICE OF FAMILY AND CHILDREN (NYSOCFS), AND THE BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY (BRFSS). ADDITIONAL DATA RESOURCES UTILIZED INCLUDING THE COUNTY HEALTH RANKINGS AND OTHER LOCAL NEEDS ASSESSMENT REPORTS. THE THREE ORGANIZATIONS THEN SCHEDULED THE FIRST OF TWO STAKEHOLDER MEETINGS INVITING SEVERAL COMMUNITY STAKEHOLDERS. AGENCIES REPRESENTED AT THE STAKEHOLDER MEETINGS WERE:-CARE COMPASS NETWORK-CHENANGO COUNTY AREA AGENCY ON AGING-CHENANGO COUNTY CATHOLIC CHARITIES-CHENANGO COUNTY DEPARTMENT OF PUBLIC HEALTH-CHENANGO COUNTY DEPARTMENT OF SOCIAL SERVICES-CHENANGO COUNTY MENTAL HYGIENE &amp; BEHAVIORAL HEALTH SERVICES-CHENANGO HEALTH NETWORK-CHENANGO UNITED WAY-CHOBANI -COMMUNITY FOUNDATION OF SOUTH CENTRAL NEW YORK-CORNELL COOPERATIVE EXTENSION-CROUSE HOSPITAL-DCMO BOCES-DELAWARE COUNTY DEPARTMENT OF HEALTH-FRIENDS OF ROGERS-HOSPICE &amp; PALLIATIVE CARE OF CHENANGO COUNTY-LIBERTY PARTNERSHIP-LOCAL BUSINESSES-LOCAL SCHOOL DISTRICTS-MOTHERS &amp; BABIES PERINATAL NETWORK-NEW YORK CONNECTS-NORWICH FAMILY YMCA-OPPORTUNITIES FOR CHENANGO AND HEADSTART-POPULATION HEALTH IMPROVEMENT PROGRAM-PUBLIC LIBRARIES-THE PLACE-UHS CHENANGO MEMORIAL HOSPITAL-UNITED HEALTH SERVICES (UHS)-VARIOUS COMMUNITY FOUNDATIONS-WOMEN, INFANTS &amp; CHILDREN (WIC)NEXT, THE FIRST DRAFT OF THE CHA/CHNA WAS DEVELOPED BASED ON A COMPREHENSIVE REVIEW OF INDICATORS.</p>

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B:</p>	<p>R DATA AND QUALITATIVE DATA COLLECTED FROM COMMUNITY MEMBERS AND KEY STAKEHOLDERS. THE DRAFT REPORT WAS COMPLETED BY HORN RESEARCH ON DECEMBER 31, 2018. THIS WAS FOLLOWED BY THE FIRST OF TWO STAKEHOLDER MEETINGS ON JANUARY 28, 2019 WHEN KEY COMMUNITY PARTNERS CONVENED TO HEAR FEEDBACK COLLECTED FROM THE COMMUNITY AND OTHER STAKEHOLDERS, AND SUBSEQUENTLY VOTE ON THE PRIORITY AREAS. A PRESENTATION WAS PROVIDED WHICH INCLUDED AREAS WHERE THERE WAS CONVERGENCE IN INDICATOR INFORMATION AND QUALITATIVE DATA. AFTER THE PRESENTATION, PARTICIPANTS WERE ASKED TO PARTICIPATE IN A RANKING ACTIVITY TO PROVIDE A FIRST CUT OF THE PRIORITY SELECTION. EACH STAKEHOLDER WAS GIVEN FIVE STICKERS AND ASKED TO PLACE THEM ON THE PRESENTATION AGENDA FOCUS AREAS THEY BELIEVED SHOULD BE SELECTED FOR THE CHIP/CSP. PARTICIPANTS WERE ALLOWED TO DISBURSE THEIR STICKERS IN WHATEVER WAY THEY PREFERRED WHICH ALLOWED THEM TO WEIGHT THEIR PREFERENCES. THE RANKING ACTIVITY RESULTED IN THE IDENTIFICATION OF FOUR MAJOR FOCUS AREAS: -MENTAL HEALTH AND SUBSTANCE USE PREVENTION-HEALTHY EATING AND FOOD SECURITY-CHILD AND ADOLESCENT HEALTH-PREVENTIVE CARE AND MANAGEMENT-THE NEEDS ASSESSMENT COMMITTEE THEN REVIEWED THE DATA, GOALS AND OBJECTIVES RELATED TO THESE FOUR FOCUS AREAS. THEY IDENTIFIED CURRENT AND POTENTIAL PROGRAMMING, AND ASSESSED THE FEASIBILITY OF ADDRESSING THEM. THIS PROCESS RESULTED IN THE SELECTION OF EIGHT GOALS RELATED TO THESE FOUR FOCUS AREAS. THEN THE SECOND STAKEHOLDER MEETING WAS CONVENED ON APRIL 8, 2019 TO MAP OUT CURRENT RESOURCES TO THE ABOVE-MENTIONED FOCUS AREAS AND RELATED GOAL AREAS. THE MAPPING PROCESS IDENTIFIED OPPORTUNITIES FOR COLLABORATION AND ENHANCEMENT OF PROGRAMMING TO ADDRESS POTENTIAL GAPS IN SERVICE AND IMPROVE COMMUNITY HEALTH OUTCOMES. DURING THE FINAL STEP, THE NEEDS ASSESSMENT COMMITTEE SELECTED INTERVENTIONS BASED ON THE FOLLOWING CRITERIA: A. THE RESULTS OF THE MAPPING PROCESS B. OPTIMIZATION OF CURRENT RESOURCES C. GREATEST IMPACT ON THE FOCUS AREAS RELATED TO THE COUNTY'S MOST SIGNIFICANT HEALTH ISSUES. ALL OF THESE ORGANIZATIONS ASSIST THE MEDICALLY UNDERSERVED, LOW INCOME, AND AGED POPULATIONS THAT ARE DETAILED IN LINE 4 OF PART VI SUPPLEMENTAL INFORMATION. CONDUCTED WITH 1 OR MORE OTHER HOSPITAL FACILITIES: UHS CHENANGO MEMORIAL HOSPITAL IS THE ONLY HOSPITAL IN CHENANGO COUNTY. OTHER FACILITIES: SEE # 5 IN THIS SECTION HOW THE HOSPITAL ADDRESSED NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA. THE MAJORITY OF 2019 WAS SPENT RESEARCHING THE NEEDS OF THE COMMUNITY, IDENTIFYING THE INITIATIVES THAT WOULD HAVE THE GREATEST IMPACT WITH AVAILABLE RESOURCES, AUTHORIZING THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR 2019-2021, AND BEGINNING WORK ON THE IDENTIFIED INITIATIVES IN COLLABORATION WITH THE LHD. THE COMPLETED CHNA WAS FIRST PRESENTED TO THE PLANNING COMMITTEE OF THE HOSPITAL'S BOARD OF DIRECTORS FOR APPROVAL IN NOVEMBER 2019. IT WAS THEN PRESENTED TO THE HOSPITAL'S BOARD OF DIRECTORS IN DECEMBER 2019 FOR FINAL APPROVAL BY RESOLUTION. SELECTED PRIORITY</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B:	<p>Y AREAS AND INTERVENTIONS PREVENT CHRONIC DISEASE: PREVENTIVE CARE AND MANAGEMENT WITH HIGH MORTALITY RATES FOR SEVERAL CHRONIC DISEASES, CHENANGO COUNTY FACES A SIGNIFICANT CHALLENGE IN ASSISTING COUNTY RESIDENTS IN EFFECTIVELY MANAGING THEIR CONDITIONS. HORN RESEARCH CONDUCTED AN ANALYSIS OF THE POTENTIAL HEALTH CARE COSTS AS WELL AS THE YEARS OF LIFE LOST AND POTENTIAL EARNINGS LOSS ASSOCIATED WITH THESE DISEASES IN THE COUNTY. THE RESULTS SHOW A NEED FOR INCREASED HEALTHY BEHAVIORS AND BETTER DISEASE MANAGEMENT AMONG CHENANGO COUNTY RESIDENTS. LOW-INCOME INDIVIDUALS AND FAMILIES ARE AT PARTICULAR RISK FOR CHRONIC DISEASE AND OFTEN LACK THE RESOURCES AND KNOWLEDGE TO MANAGE THEIR ILLNESSES. CHN HAS RECENTLY INCORPORATED THE EVIDENCE-BASED CHRONIC DISEASE SELF-MANAGEMENT PROGRAM INTO THE SERVICES THEY OFFER. THE PROGRAM SUCCESSFULLY TAUGHT SELF-MANAGEMENT SKILLS TO 59 CHENANGO COUNTY RESIDENTS IN 2018 AND CONTINUED CLASSES IN 2019. PROGRAM RESULTS SHOW A CLINICAL REDUCTION IN A1C LEVELS IN PARTICIPANTS AS WELL AS INCREASED KNOWLEDGE OF DISEASE SELF-MANAGEMENT AND A BETTER UNDERSTANDING OF THEIR HEALTH AND PHYSICAL ACTIVITY. THE PROGRAM'S EARLY SUCCESS COUPLED WITH THE HIGH NEED FOR INDIVIDUAL SELF-MANAGEMENT IMPROVEMENT CLEARLY SHOW THE SUITABILITY OF INVESTING IN THE PROGRAM MORE BROADLY. CHENANGO COUNTY PROPOSES TO EXPAND THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM BY ESTABLISHING A REFERRAL PROCESS OF NEWLY DIAGNOSED PATIENTS THROUGH THE HOSPITAL, INCORPORATING THE HOSPITAL'S HEAD DIETICIAN AND CHEF INTO THE PROGRAM'S CURRICULUM, CREATING A REFERRAL PROCESS THROUGH THE HEALTH DEPARTMENT'S PROGRAMS, AND EXPLORING HAVING HEALTH DEPARTMENT STAFF BECOME TRAINED AS PEER LEADERS. A SPECIAL EMPHASIS WILL BE PLACED ON PARTNERING WITH AND RECRUITING FROM COMMUNITY-BASED ORGANIZATIONS WHO WORK WITH LOW-INCOME INDIVIDUALS AND FAMILIES TO ADDRESS THE HEALTH DISPARITIES ASSOCIATED WITH INCOME AND HEALTH.</p>

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHENANGO MEMORIAL HOSPITAL INC

Employer identification number  
15-0532180

**Part I Questions Regarding Compensation**

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



**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
PART I, LINE 4B	DAVE MACDOUGALL RECEIVED A PAYMENT IN 2019 FROM A 457F PLAN IN THE AMOUNT OF \$220,632.
PART I, LINE 6	THE EXECUTIVE COMPENSATION INCENTIVE PLAN HAS VARIOUS PERFORMANCE MEASURES WHICH INCLUDE ONES FOR CLINICAL EXCELLENCE, MARKET GROWTH, AND FINANCIAL STRENGTH. ONE MEASURE UNDER THE FINANCIAL STRENGTH HEADING IS THE COMBINED NET INCOME OF THE UNITED HEALTH SERVICES SYSTEM. A PORTION OF THE 2019 INCENTIVE COMPENSATION PAYMENTS WERE ATTRIBUTABLE TO MEETING THE COMBINED NET INCOME, PATIENT SAFETY, AND QUALITY GOALS.
FORM 990 PART VII SECTION A LINE 5:	INDIVIDUAL: JAMES O'BRIEN, M.D. UNRELATED ORGANIZATION: UNITED MEDICAL ASSOCIATES, INC. TYPE AND AMOUNT OF COMPENSATION: WAGES \$458,168
FORM 990 PART VII SECTION A LINE 5:	INDIVIDUAL: JAMES R. SIMCOE, M.D. UNRELATED ORGANIZATION: UNITED MEDICAL ASSOCIATES, INC. TYPE AND AMOUNT OF COMPENSATION: WAGES \$232,373
FORM 990 PART VII SECTION A LINE 5:	INDIVIDUAL: ROHAN S. JAYASENA, M.D. UNRELATED ORGANIZATION: UNITED MEDICAL ASSOCIATES, INC. TYPE AND AMOUNT OF COMPENSATION: WAGES \$466,742
FORM 990 PART VII SECTION A LINE 5:	INDIVIDUAL: KRISTIN HUMMER, D.O. UNRELATED ORGANIZATION: UNITED MEDICAL ASSOCIATES, INC. TYPE AND AMOUNT OF COMPENSATION: WAGES \$166,428
FORM 990 PART VII SECTION A LINE 5:	INDIVIDUAL: PHYLLIS SHERIFF-WHITE, M.D. UNRELATED ORGANIZATION: UNITED MEDICAL ASSOCIATES, INC. TYPE AND AMOUNT OF COMPENSATION: WAGES \$277,498
FORM 990 PART VII SECTION A LINE 5:	INDIVIDUAL: MARTIN MASARECH, M.D. UNRELATED ORGANIZATION: UNITED MEDICAL ASSOCIATES, INC. TYPE AND AMOUNT OF COMPENSATION: WAGES \$240,833



**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

CHENANGO MEMORIAL HOSPITAL INC

Employer identification number

15-0532180

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	UNITED HEALTH SERVICES, INC. IS THE SOLE MEMBER OF CHENANGO MEMORIAL HOSPITAL, INC.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER, UNITED HEALTH SERVICES, INC, SHALL ELECT TRUSTEES AT THE ANNUAL MEETING OF THE ORGANIZATION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	UHS INC, (THE MEMBER AS DEFINED BY THE CMH BI-LAWS) MUST PROVIDE PRIOR WRITTEN APPROVAL FOR VARIOUS ACTIONS BY THE CMH BOARD OF DIRECTORS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 PREPARATION AND FILING IS THE RESPONSIBILITY OF THE HOSPITALS BOARD OF DIRECTORS WHO DELEGATES THE TIMELY AND ACCURATE COMPLETION OF THE 990 TO MANAGEMENT. THE FINANCE DIVISION PREPARED THE 990 FORMS WHICH WERE REVIEWED BY THE ORGANIZATION'S PUBLIC ACCOUNTANTS, CONTROLLER, ASSISTANT VP OF FINANCE, CORPORATE CFO AND INDEPENDENT AUDITORS PRIOR TO FILING. A SUMMARY OF KEY ELEMENTS OF THE 990 IS SHARED WITH THE BOARD OF DIRECTORS FOR INFORMATIONAL PURPOSES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS, OFFICERS AND KEY EMPLOYEES SUBMIT CONFLICT OF INTEREST STATEMENTS ANNUALLY WHICH ARE REVIEWED BY THE CEO, BOARD CHAIRMAN AND THE ORGANIZATION'S AUDIT COMMITTEE.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>IT IS THE PHILOSOPHY OF THE HOSPITAL THAT ALL STAFF INCLUDING EXECUTIVE STAFF BE COMPENSATED FAIRLY FOR THEIR WORK. BASE SALARY LEVELS, INCENTIVE/BONUS PROGRAMS AND BENEFIT PLANS SHALL TAKE INTO ACCOUNT THE LOCAL, REGIONAL AND NATIONAL MARKETS TO ALLOW UHS HOSPITALS TO RECRUIT, MOTIVATE, REWARD, RECOGNIZE AND RETAIN HIGHLY TALENTED EXECUTIVES WITH THE SKILL SETS REQUIRED TO FULFILL ITS MISSION. THE EXECUTIVE COMPENSATION PROGRAM MUST FOCUS EXECUTIVES' ATTENTION ON UHS'S STRATEGIC INITIATIVES AND MISSION CRITICAL PERFORMANCE OBJECTIVES THAT WILL LEAD TO THE ORGANIZATION'S AND SYSTEM'S SUCCESS. TO CARRY OUT THIS COMPENSATION PHILOSOPHY, THE UHS HOSPITALS (WHICH INCLUDES CHENANGO MEMORIAL HOSPITAL) BOARD OF DIRECTORS' EXECUTIVE COMPENSATION COMMITTEE REVIEWS ANNUALLY A COMPREHENSIVE REPORT PREPARED BY AN EXTERNAL EXECUTIVE COMPENSATION CONSULTING FIRM, SULLIVAN COTTER ASSOCIATES TO DETERMINE THE APPROPRIATENESS OF THE BASE AND TOTAL COMPENSATION LEVELS FOR THE SENIOR MANAGEMENT STAFF. THIS ANNUAL REPORT FOCUSES ON TWO KEY AREAS; 1) THE COMPETITIVENESS OF THE SENIOR MANAGEMENT STAFF'S BASE AND TOTAL COMPENSATION (INCLUDING BENEFITS) VS. NATIONAL BENCHMARK DATA FOR COMPARABLY SIZED HEALTH CARE SYSTEMS AND HOSPITALS (BASED UPON 'TOTAL REVENUE' METRICS), AND 2) A 'REASONABLENESS ASSESSMENT' CONSISTENT WITH U.S. TREASURY DEPARTMENT REGULATIONS GOVERNING EXECUTIVE COMPENSATION FOR NOT-FOR-PROFIT ORGANIZATIONS. THE DATA FROM THIS REPORT ASSISTS THE EXECUTIVE COMPENSATION COMMITTEE IN DETERMINING THE APPROPRIATENESS OF THE SENIOR MANagements' CURRENT BASE AND TOTAL COMPENSATION LEVELS AND THE NEED FOR ANY ADJUSTMENTS FOR THAT CALENDAR YEAR.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES FORM 1023, FORM 990 AND OTHER INFORMATION REQUIRED UNDER INTERNAL REVENUE SERVICE REGULATIONS TO THE PUBLIC, UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	PHYSICIAN SERVICE FEES: PROGRAM SERVICE EXPENSES 11,945,684. MANAGEMENT AND GENERAL EXPENSES 1,784,987. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 13,730,671.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CUMULATIVE EFFECT OF AUXILIARY INCOME AND EXPENSE -21,008. CHANGE IN INTEREST IN CHENANGO MEMORIAL HOSPITAL FOUNDATION 3,228,237. PENSION CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -3,543,023. CHANGE IN VALUE OF FUNDS HELD IN TRUST BY OTHERS 592,988. RENTAL INCOME INCLUDED IN CONTRIBUTIONS -1,729.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
990, PART XII, LINE 2C:	NIETHER THE PROCESS FOR THE OVERSIGHT OF THE AUDIT NOR THE PROCESS FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT HAS CHANGED DURING THE YEAR. THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANTS.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHENANGO MEMORIAL HOSPITAL INC

**Employer identification number**

15-0532180

**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.

See Additional Data Table

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> PATHWAY HEALTH MANAGEMENT INC 20 MITCHELL AVENUE BINGHAMTON, NY 13903 16-1228654	WINDING DOWN OF MANAGEMENT SERVICES TO SUSQUEHANNA MEDICAL ASSOCIATES	NY	N/A	C					No
<b>(2)</b> CHENANGO MADA INC 179 N BROAD STREET NORWICH, NY 13915 16-1290726	INACTIVE	NY	CMH FUND INC	C			100.000 %	Yes	

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

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



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

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

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

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 15-0532180  
**Name:** CHENANGO MEMORIAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
33-57 HARRISON STREET JOHNSON CITY, NY 13790 16-1165049	HOSPITAL	NY	501 (C) (3)	3	UNITED HEALTH SERVICES INC		No
508 HIGH AVENUE ENDICOTT, NY 13760 22-2902896	SENIOR LIVING CENTER	NY	501 (C) (3)	3	UNITED HEALTH SERVICES INC		No
508 HIGH AVENUE ENDICOTT, NY 13760 22-2902899	SENIOR HOUSING	NY	501 (C) (3)	10	UNITED HEALTH SERVICES INC		No
601 RIVERSIDE DRIVE JOHNSON CITY, NY 13790 22-2348211	HOME HEALTH CARE	NY	501 (C) (3)	10	UNITED HEALTH SERVICES INC		No
20-42 MITCHELL AVENUE BINGHAMTON, NY 13903 22-2682421	PARENT COMPANY	NY	501 (C) (3)	10	BOARD OF DIRECTORS UHS INC		No
601 RIVERSIDE DRIVE JOHNSON CITY, NY 13790 16-1261977	HOME HEALTH CARE	NY	501 (C) (3)	10	UNITED HEALTH SERVICES INC		No
ONE TITUS PLACE WALTON, NY 13856 15-0524324	HOSPITAL	NY	501 (C) (3)	3	UNITED HEALTH SERVICES INC		No
179 NORTH BROAD STREET NORWICH, NY 13815 22-2985550	INACTIVE	NY	501 (C) (3)	12B	CHENANGO MEMORIAL HOSPITAL INC		No