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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

KALEIDA HEALTH

% REBECCA HASLINGER

Doing business as

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

726 EXCHANGE STREET Suite 200

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

BUFFALO, NY 14210

F Name and address of principal officer

JODY LOME0

100 HIGH STREET

BUFFALO, NY 14203

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 ▶

D Employer identification number

16-1533232

E Telephone number

(716) 859-8528

G Gross receipts \$ 1,399,460,625

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.KALEIDAHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1998

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

KALEIDA HEALTH PROVIDES HEALTHCARE SERVICES FOR THE EIGHT COUNTIES OF WNY AT FOUR ACUTE CARE, TWO LT CARE, AND OTHER OUTPATIENT AND PRIMARY CARE SITES

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

21,313,49039,715,656

1,161,013,5841,218,391,196

7,497,9459,121,642

30,359,86018,538,520

1,220,184,8791,285,767,014

191,300464,634

00

663,521,603687,042,053

00

520,408,012535,475,509

1,184,120,9151,222,982,196

36,063,96462,784,818

Beginning of Current Year

End of Year

1,138,382,4171,202,747,678

948,334,9481,009,880,563

190,047,469192,867,115

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

2017-11-15

Date

JON SWIATKOWSKI CFO/TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

MARILYN E FARLEY

Preparer's signature

MARILYN E FARLEY

Date

2017-11-15

Check ☐ if self-employed

PTIN

P01231880

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 515 Broadway 4th Floor

Phone no (518) 427-4600

Albany, NY 122072974

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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

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 \$ 1,099,192,356	including grants of \$ 464,634	(Revenue \$ 1,219,881,229)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	1,099,192,356
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	600	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	9,565	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► REBECCA HASLINGER 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 (716) 859-8528

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

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

Form **990** (2016)

[illegible]

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 ▶ 640

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO MANAGEMENT INC, PO BOX 81049 WOBBURN, MA 018131049	CLEANING & DIETARY	5,234,925
WNY RADIOLOGY LLC, PO BOX 4029 BUFFALO, NY 14240	RADIOLOGY SVCS	5,203,248
P2P STAFFING INC, PO BOX 4729 WINTER PARK, FL 327934729	CLINICAL DOCUMENTING	2,077,985
MACRO HELIX INC, PO BOX 742256 ATLANTA, GA 303742256	340B SOFTWARE FEES	1,719,220
WE CARE TRANSPORTATION, 401 EAST AMHERST ST BUFFALO, NY 14215	PATIENT TRANSPORT	1,206,360

Form 990 (2016)

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	26,490,261			
	e Government grants (contributions)	1e	12,313,942			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	911,453			
	g Noncash contributions included in lines 1a-1f \$ _____		3,764,608			
	h Total. Add lines 1a-1f		39,715,656			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	623990	1,212,542,689	1,212,542,689		
	b MANAGEMENT FEES	561000	72,900		72,900	
	c LAB SERVICES	621500	5,775,607		5,775,607	
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,218,391,196			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,977,167		-1,159,658	9,136,825
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
		2,374,861				
	b Less rental expenses					
	c Rental income or (loss)	2,374,861 0				
	d Net rental income or (loss)		2,374,861		73,363	2,301,498
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		114,754,788 83,298				
	b Less cost or other basis and sales expenses	113,659,437 34,174				
	c Gain or (loss)	1,095,351 49,124				
	d Net gain or (loss)		1,144,475			1,144,475
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 0				
	b Less direct expenses	b 0				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a 0				
	b Less direct expenses	b 0				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a 0				
b Less cost of goods sold	b 0					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code					
11a REBATE REVENUE	900099	10,388,942			10,388,942	
b UNIVERSITY LEASE INCOME	531120	1,234,980			1,234,980	
c MANAGEMENT & CONSULTING FEES	541610	980,891	976,416	4,475		
d All other revenue		3,558,846	513,617	152,984	2,892,245	
e Total. Add lines 11a-11d		16,163,659				
12 Total revenue. See Instructions		1,285,767,014	1,214,032,722	4,919,671	27,098,965	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	464,634	464,634		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	7,161,170		7,161,170	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	94,559		94,559	
7 Other salaries and wages.	502,266,131	468,050,420	34,215,711	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	32,289,571	28,692,513	3,597,058	
9 Other employee benefits.	108,519,661	98,619,175	9,900,486	
10 Payroll taxes.	36,710,961	34,146,172	2,564,789	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	1,756,022	827,405	928,617	
c Accounting.	517,761	72,765	444,996	
d Lobbying.	247,505		247,505	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	135,092,966	124,809,177	10,283,789	
12 Advertising and promotion.	3,481,269	2,964,877	516,392	
13 Office expenses.	2,410,316	1,987,923	422,393	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	16,928,052	4,966,273	11,961,779	
17 Travel.	1,020,416	748,591	271,825	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	13,339,740	10,671,792	2,667,948	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	61,449,993	45,405,019	16,044,974	
23 Insurance.	7,355,934	4,994,309	2,361,625	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a HEALTH CARE SUPPLIES	209,184,629	209,621,824	-437,195	
b EQPT RENTAL & MAINTENANCE	29,678,019	13,022,180	16,655,839	
c OTHER	26,531,307	27,677,845	-1,146,538	
d SERVICE CONTRACTS	11,776,819	9,971,280	1,805,539	
e All other expenses	14,704,761	11,478,182	3,226,579	
25 Total functional expenses. Add lines 1 through 24e.	1,222,982,196	1,099,192,356	123,789,840	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		41,396,112	1	23,733,732
	2	Savings and temporary cash investments		44,682,583	2	10,080,703
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		159,866,006	4	164,283,239
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		25,724,911	8	27,764,208
	9	Prepaid expenses and deferred charges		10,908,230	9	15,364,653
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a 1,697,240,957			
	b	Less: accumulated depreciation	10b 1,136,335,001	481,932,950	10c	560,905,956
	11	Investments—publicly traded securities		74,551,845	11	118,829,598
	12	Investments—other securities. See Part IV, line 11		66,484,188	12	49,738,308
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		232,835,592	15	232,047,281
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,138,382,417	16	1,202,747,678	
Liabilities	17	Accounts payable and accrued expenses		149,661,885	17	155,402,146
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	9,843,323
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		313,990,121	23	349,965,673
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		484,682,942	25	494,669,421
	26	Total liabilities. Add lines 17 through 25		948,334,948	26	1,009,880,563
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		67,087,683	27	86,795,710
	28	Temporarily restricted net assets		103,226,405	28	85,831,208
	29	Permanently restricted net assets		19,733,381	29	20,240,197
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		190,047,469	33	192,867,115
	34	Total liabilities and net assets/fund balances		1,138,382,417	34	1,202,747,678

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,285,767,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,222,982,196
3	Revenue less expenses Subtract line 2 from line 1	3	62,784,818
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	190,047,469
5	Net unrealized gains (losses) on investments	5	-207,690
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-59,757,482
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	192,867,115

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ 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		No
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	Yes	
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	Yes	
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?	Yes	
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	

Software ID:
Software Version:
EIN: 16-1533232
Name: KALEIDA HEALTH

Form 990 (2016)

Form 990, Part III, Line 4a:

KALEIDA HEALTH IS A VOLUNTARY, NOT-FOR-PROFIT, NEW YORK STATE DEPARTMENT OF HEALTH ARTICLE 28 LICENSED HOSPITAL-BASED HEALTHCARE DELIVERY SYSTEM SERVICING THE COMMUNITIES OF WESTERN NEW YORK STATE AT VARIOUS LEVELS AND WITH FACILITIES IN MULTIPLE LOCATIONS THROUGHOUT THE REGION KALEIDA HEALTH INCLUDES THE BUFFALO GENERAL MEDICAL CENTER (BUFFALO GENERAL), MILLARD FILLMORE SUBURBAN HOSPITAL (MILLARD SUBURBAN), WOMEN AND CHILDREN'S HOSPITAL OF BUFFALO (WOMEN & CHILDREN'S), AND DEGRAFF MEMORIAL HOSPITAL (DEGRAFF) IN ADDITION TO THE FOUR KALEIDA HEALTH (KALEIDA) HOSPITALS, KALEIDA OPERATES TWO SKILLED NURSING FACILITIES, AND NUMEROUS OUTPATIENT CLINICS THE ABOVE FACILITIES OPERATE UNDER ONE TAX IDENTIFICATION NUMBER OUR FAMILY OF HEALTH CARE ORGANIZATIONS IS BLENDED TOGETHER INTO ONE FRAMEWORK FOR LEADERSHIP, GOVERNANCE, SHARED SERVICES, FINANCIAL INFRASTRUCTURE AND INFORMATION TECHNOLOGY PLATFORMS COLLECTIVELY, KALEIDA HEALTH'S MARKET SHARE IS 31.8% IN WESTERN NEW YORK, 40.0% IN ERIE COUNTY AND 29.5% IN NIAGARA COUNTY ANNUALLY ONE MILLION COMBINED INPATIENT, EMERGENCY DEPARTMENT AND OUTPATIENT VISITS OCCUR AT THE HEALTH CARE FACILITIES IN THE KALEIDA HEALTH SYSTEM, WHICH EMPLOYS APPROXIMATELY 9,600 STAFF AND HAVE APPROXIMATELY 2,300 MEDICAL STAFF MEMBERS DURING 2016, THERE WERE 55,696 INPATIENT DISCHARGES, OF WHICH 26% WERE MEDICAID AND MEDICAID MANAGED, 41% MEDICARE AND MEDICARE MANAGED CARE AND 1% WERE UNINSURED KALEIDA HEALTH'S MISSION IS TO ADVANCE THE HEALTH OF OUR COMMUNITY OUR VISION IS TO PROVIDE COMPASSIONATE, HIGH-VALUE, QUALITY CARE, IMPROVING HEALTH IN WESTERN NEW YORK AND BEYOND, EDUCATING FUTURE HEALTH CARE LEADERS AND DISCOVERING INNOVATIVE WAYS TO ADVANCE MEDICINE OUR VALUES CLEARLY STATE WHO WE ARE AND HOW WE PERFORM OUR WORK CENTERED REMAIN CENTERED AROUND THE PATIENT AND FAMILY ACCOUNTABLE BE ACCOUNTABLE TO PATIENTS AND EACH OTHER RESPECT SHOW RESPECT AND INTEGRITY EXCELLENCE PROVIDE EXCELLENCE IN ALL WE DO KALEIDA HEALTH'S PROGRAMS AND AFFILIATES ARE LICENSED BY THE STATE OF NEW YORK DEPARTMENT OF HEALTH AND ACCREDITED BY DNV KALEIDA IS CERTIFIED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR PARTICIPATION IN MEDICARE AND MEDICAID THE ACCREDITATION COUNSEL FOR GRADUATE MEDICAL EDUCATION APPROVES ALL RESIDENCY PROGRAMS FOR PHYSICIANS, AND THE AMERICAN DENTAL ASSOCIATION APPROVES ITS DENTAL AND ORAL SURGERY PROGRAMS KALEIDA IS ALSO A MEMBER OF THE COUNCIL OF TEACHING HOSPITALS, THE AMERICAN DENTAL ASSOCIATION, THE AMERICAN MEDICAL ASSOCIATION AND THE GREATER NEW YORK HOSPITAL ASSOCIATION OPERATION OF EMERGENCY ROOMS KALEIDA HEALTH OPERATES FOUR EMERGENCY ROOMS, ONE IN EACH OF THE ACUTE CARE HOSPITALS, GENERATING A TOTAL OF 167,318 PATIENT VISITS DURING 2016 THE EMERGENCY DEPARTMENTS, WHICH OPERATE 24 HOURS A DAY, SEVEN DAYS EACH WEEK, ARE OPEN TO ANYONE, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES BOARD OF DIRECTORS AND COMMUNITY GUIDANCE KALEIDA HEALTH MAINTAINS COMMUNITY CONTROL OVER THE CORPORATION THROUGH ITS BOARD OF DIRECTORS, COMPRISED OF COMMUNITY AND FAITH LEADERS, AND LEADERS IN BUSINESS AND INDUSTRY, HEALTHCARE AND PHYSICIANS REPRESENTING THE MEDICAL STAFF OF KALEIDA HEALTH THE MAJORITY OF THE DIRECTORS RESIDE IN WESTERN NEW YORK AND EACH DIRECTOR SERVES A THREE-YEAR TERM OPEN MEDICAL STAFF AS CONFERRED BY THE BOARD OF DIRECTORS, MEDICAL STAFF MEMBERSHIP IS OFFERED TO PROFESSIONALLY COMPETENT PHYSICIANS, DENTISTS, PODIATRISTS AND OTHER SPECIFIED INDIVIDUALS, WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS OUTLINED IN THE BYLAWS, RULES AND REGULATIONS, POLICIES OF THE MEDICAL STAFF AND KALEIDA HEALTH, CONSISTENT WITH THE NEEDS OF KALEIDA HEALTH'S PATIENTS STAFF MEMBERSHIP OR PARTICULAR CLINICAL PRIVILEGES SHALL NOT BE DENIED ON THE BASIS OF AGE, SEX, SEXUAL ORIENTATION, RACE, COLOR, CREED, NATIONAL ORIGIN, A DISABILITY UNRELATED TO THE ABILITY TO FULFILL PATIENT CARE AND MEDICAL STAFF RESPONSIBILITIES OR ANY OTHER CRITERION UNRELATED TO THE EFFICIENT DELIVERY OF QUALITY PATIENT CARE, TO PROFESSIONAL QUALIFICATIONS OR TO THE NEEDS OF THE COMMUNITY, OR TO THE PURPOSES, NEEDS AND CAPABILITIES OF KALEIDA HEALTH EVERY MEMBER OF THE MEDICAL STAFF ASSISTS THE HOSPITALS IN FULFILLING OUR MISSION AND RESPONSIBILITY TO PROVIDE EMERGENCY AND UNCOMPENSATED CARE FOR THOSE IN NEED USE OF SURPLUS FUNDS SURPLUS FUNDS ARE USED TO FURTHER THE MISSION AND OPERATIONS OF KALEIDA HEALTH, SUCH AS REINVESTING IN COMMUNITY BENEFIT PROGRAMS, AND MAKING IMPROVEMENTS IN FACILITIES, PATIENT CARE, MEDICAL, NURSING AND ALLIED HEALTH TRAINING, EDUCATION AND RESEARCH IN SUPPORT OF THE HEALTH NEEDS OF THE COMMUNITY COMMUNITY BENEFIT PROGRAMS AND SERVICES KALEIDA HEALTH OFFERS NUMEROUS COMMUNITY BENEFIT PROGRAMS AND SERVICES IN RESPONSE TO THE COMMUNITY'S NEEDS, BY IMPROVING ACCESS TO CARE, IMPROVE PUBLIC HEALTH, ADVANCE KNOWLEDGE AND RELIEVE GOVERNMENT PROGRAMS THESE PROGRAMS ARE CONDUCTED IN COMMUNITY-BASED SETTINGS SUCH AS SCHOOLS, CHURCHES, COMMUNITY CENTERS, SENIOR CENTERS AND PROGRAMS ARE ALSO OFFERED AT KALEIDA'S HOSPITAL CAMPUSES AND FACILITIES COMMUNITY BENEFIT PROGRAMS AND SERVICES INCLUDE HEALTH FAIRS, HEALTH SCREENINGS, HEALTH EDUCATION LECTURES AND WORKSHOPS FOR COMMUNITY GROUPS AND THE GENERAL PUBLIC, SCHOOL HEALTH EDUCATION PROGRAMS, AND CONSUMER HEALTH INFORMATION IN THE KALEIDA HEALTH LIBRARIES KALEIDA ALSO OFFERS A NUMBER OF SUBSIDIZED HEALTH SERVICES SUCH AS OUTPATIENT CLINICS, LONG-TERM CARE SERVICES, WOMEN'S HEALTH CENTERS, DIALYSIS SERVICES, BEHAVIORAL HEALTH SERVICES, SCHOOL-BASED HEALTH CENTERS, EARLY CHILDHOOD PROGRAM, EARLY INTERVENTION SERVICES, FAMILY PLANNING SERVICES, WESTERN NEW YORK CLINICAL INFORMATION EXCHANGE AND HEALTH-E-LINK AND DIAGNOSTIC, THERAPEUTIC AND REHABILITATION SERVICES FOR CHILDREN WITH SPECIAL NEEDS KALEIDA'S HOSPITALS SERVE AS A MAJOR TEACHING AFFILIATE OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO'S SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES AND DENTAL MEDICINE, WITH TRAINING TO 400 MEDICAL AND DENTAL RESIDENTS EACH YEAR KALEIDA IS INVOLVED IN AND SPONSORS RESEARCH PROJECTS, AND WE PROVIDE LOAN FORGIVENESS FOR PHYSICIANS TO ESTABLISH OR JOIN EXISTING PRACTICES THAT SERVE THE UNDERSERVED COMMUNITIES OF BUFFALO AND WESTERN NEW YORK KALEIDA OFFERS CLINICAL TRAINING FACILITIES AND SUPPORT FOR NURSING AND A NUMBER OF ALLIED HEALTH PROFESSIONAL TRAINING PROGRAMS AT LOCAL COLLEGES AND UNIVERSITIES, AND OTHER PROFESSIONAL DEVELOPMENT/CONTINUING EDUCATION TRAINING PROGRAMS FOR COLLEAGUES FROM HEALTH CARE ORGANIZATIONS ACROSS THE REGION

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			
JODY LOMEODIRECTOR	40 0	X		X				1,385,574	0	511,484
PRES/CEO EX-OFFICIO W/VOTE	1 0									
EVAN EVANS MDDIRECTOR	1 0	X						64,419	0	276
JOHN R KOELMELFORMER CHAIRMAN (THRU 4/27/16)	1 0	X						0	0	0
	0 0									
DAVID A MILLING MDSECRETARY	1 0	X						0	0	0
	0 0									
FRANCISCO VASQUEZ PHDDIRECTOR	1 0	X						0	0	0
	0 0									
AMY L CLIFTONDIRECTOR	1 0	X						0	0	0
	0 0									
CHRISTOPHER T GREENE ESQDIRECTOR	1 0	X						0	0	0
	0 0									
DARREN J KINGDIRECTOR	1 0	X						0	0	0
	0 0									
FRANK CURCICHAIRMAN	1 0	X						0	0	0
	0 0									
KEVIN GIBBONS MDDIRECTOR	1 0	X						0	0	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			
GEORGE MATTHEWS DIRECTOR	1 0 0 0	X						0	0	0
NICHOLAS J AQUINO MD DIRECTOR	1 0 0 0	X						0	0	0
WILLIAM I MAGGIO VICE CHAIR	1 0 0 0	X						0	0	0
CHRISTOPHER C ROSS TREASURER	1 0 0 0	X						0	0	0
MARY LOU RUSIN EDD RN DIRECTOR	1 0 0 0	X						0	0	0
ALYSON SPAULDING GENERAL COUNSEL	40 0 0 0			X				456,679	0	255,681
DAVID HUGHES MD EVP, CMO	40 0 0 5			X				582,882	0	225,249
TONI BOOKER EVP, CHIEF HUMAN RESOURCES OFC	40 0 0 0			X				565,935	0	52,521
JONATHAN SWIATKOWSKI EVP, CFO	40 0 0 5			X				600,904	0	204,595
JAMAL GHANI FORMER EVP, COO	40 0 0 0			X				765,388	0	15,950

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			
DONALD BOYD EVP BUSINESS DEVELOPMENT	40 0 1 0			X				720,411	0	75,077
CHRISTOPHER LANE VP PRESIDENT BGMC	40 0 0 0				X			516,243	0	69,558
CHERYL KLASS EVP, CHIEF NURSE EXECUTIVE	40 0 0 0				X			656,776	0	57,498
ALLEGRA JAROS SVP OPERATIONS WCHOB	40 0 0 0				X			423,719	0	66,719
MICHAEL HUGHES SVP, PUBLIC AFFAIRS MARKETING	40 0 0 0				X			353,581	0	114,218
AARON HOFFMAN MD EMPLOYED PHYSICIAN	40 0 0 0					X		830,325	0	49,624
CHRISTOPHER MALLAVARAPU MD EMPLOYED PHYSICIAN	40 0 0 0					X		901,132	0	47,987
CARROLL HARMON MD EMPLOYED PHYSICIAN	40 0 0 0					X		639,019	0	10,242
KATHRYN BASS MD EMPLOYED PHYSICIAN	40 0 0 0					X		586,856	0	40,774
LAN ADAMS MD EMPLOYED PHYSICIAN	40 0 0 0					X		601,518	0	40,118

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES KASKIE FORMER CEO	0 0 0 0						X	192,017	0	0

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization KALEIDA HEALTH		Employer identification number 16-1533232

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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s) _____

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
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>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

OMB No 1545-0047

2016

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 KALEIDA HEALTH	Employer identification number 16-1533232
--	--

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

2 Political expenditures ▶ \$

3 Volunteer hours

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 720 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-
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		89,156
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		158,349
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			247,505
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
GRANTS TO OTHER ORGANIZATIONS & DIRECT CONTACT WITH LEGISLATIVE BODY	SCHEDULE C, PART II-B, QUESTIONS 1F AND 1G THE AMOUNT REFLECTED FOR PART II-B, QUESTION 1F REPRESENTS THE PORTION OF THE DUES PAID TO THE GREATER NEW YORK HOSPITAL ASSOCIATION ATTRIBUTABLE TO LOBBYING ACTIVITIES. THE AMOUNT REFLECTED FOR PART II-B, QUESTION 1G REPRESENTS PAYMENTS MADE TO ORGANIZATIONS IN AN EFFORT TO ADVOCATE ON THE ORGANIZATION'S BEHALF AT THE NEW YORK STATE AND FEDERAL LEVELS AS IT SPECIFICALLY RELATES TO HEALTH CARE LEGISLATION AND REGULATORY ISSUES.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319113477	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization KALEIDA HEALTH				Employer identification number 16-1533232	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				☐ 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,821,659	30,738,989	30,087,437	28,644,541	46,995,623
b Contributions	1,770,884	1,435,796	1,656,821	1,589,183	3,133,756
c Net investment earnings, gains, and losses	-6,512,169	-1,046,152	850,732	1,819,135	2,880,650
d Grants or scholarships					
e Other expenditures for facilities and programs	-2,358,931	1,306,974	1,856,001	1,965,422	24,365,488
f Administrative expenses					
g End of year balance	27,439,305	29,821,659	30,738,989	30,087,437	28,644,541

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 74 670 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶ 25 330 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,713,867		6,713,867
b Buildings		509,115,193	358,135,110	150,980,083
c Leasehold improvements				
d Equipment		1,165,959,196	768,173,500	397,785,696
e Other		15,452,701	10,026,391	5,426,310
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				560,905,956

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) DEFERRED FINANCING	11,069,506
(2) INTEREST IN NET ASSETS OF FDNS	136,548,290
(3) OTHER RECEIVABLES	39,724,716
(4) OTHER ASSETS	27,668,244
(5) ESTIMATED 3RD PARTY PAYOR REC	14,451,655
(6) GRANT RECEIVABLE - LT	2,584,870
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	232,047,281

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO THIRD PARTY PAYORS	18,883,081
SELF INSURANCE LIABILITY	146,611,429
OTHER LIABILITIES	20,359,841
PENSION LIABILITY	288,441,474
ASSET RETIREMENT OBLIGATIONS	13,600,635
CAPITAL LEASE OBLIGATIONS	6,772,961
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	494,669,421

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

☒

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	

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

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	

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

Part XIII	Supplemental Information
------------------	---------------------------------

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 16-1533232
Name: KALEIDA HEALTH

Supplemental Information

Return Reference	Explanation
INTENDED USE OF ENDOWMENTS	SCHEDULE D, PART V, QUESTION 4 THE FOLLOWING ARE THE INTENDED USES OF THE ORGANIZATION'S E NDOWMENT FUNDS 1) CAPITAL EXPANSION AND IMPROVEMENT 2) ADVANCEMENT OF MEDICAL EDUCATION A ND RESEARCH AND HEALTH CARE SERVICES 3) SUPPORT PEDIATRIC HEALTH CARE SERVICES

Supplemental Information	
Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X, QUESTION 2 KALEIDA RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE-LIKELY THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT NEED TO BE RECORDED

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
KALEIDA HEALTH

Employer identification number

16-1533232

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		32,679,282
(2)					
(3)					
(4)					
(5)					
3a Sub-total					32,679,282
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					32,679,282

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 16-1533232

Name: KALEIDA HEALTH

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

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

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,104,216	7,403,369	4,700,847	0 380 %
b Medicaid (from Worksheet 3, column a)			355,749,804	256,839,481	98,910,323	8 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			367,854,020	264,242,850	103,611,170	8 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,306,184	0	6,306,184	0 520 %
f Health professions education (from Worksheet 5)			53,734,461	22,423,801	31,310,660	2 560 %
g Subsidized health services (from Worksheet 6)			35,765,829	8,420,955	27,344,874	2 240 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			95,806,474	30,844,756	65,099,043	5 330 %
k Total. Add lines 7d and 7j			463,660,494	295,087,606	168,710,213	13 800 %

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

Cat No 50192T

Schedule H (Form 990) 2016

Part II

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	172	38,992	93,426		93,426	0.010 %
8 Workforce development						
9 Other						
10 Total	172	38,992	93,426		93,426	0.010 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1 Yes

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 9,391,417

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.

3 575,224

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).

5 184,107,379

6 Enter Medicare allowable costs of care relating to payments on line 5.

6 166,009,319

7 Subtract line 6 from line 5. This is the surplus (or shortfall).

7 18,098,060

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.
☐ Cost accounting system ☒ Cost to charge ratio ☐ 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
(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MFSC LLC	PHYSICIAN SERVICES	55.768 %		44.232 %
2 COMMUNITY MEDICAL	PHYSICIAN SERVICES			100 %
3 GENERAL PHYSICIANS	PHYSICIAN SERVICES			100 %
4 HARLEM ROAD LEASING	MRI EQUIPMENT LEASING	50 %		
5 AMTON IMAGING LLC	HEALTH CARE SERVICES	50 %		
6 WNY HEALTHENET LLC	HEALTH CARE SERVICES	14.286 %		
7 SITE E LLC	REAL ESTATE LEASING CO	50.151 %		
8 ALTUS MANAGEMENT	GROUP PURCHASING ORGANIZATION	49.917 %		
9 SOUTHTOWNS IMAGING	IMAGING EQUIPMENT LEASING	70 %		
10 COLLABORATIVE CARE	HEALTH CARE SERVICES	60 %		
11 GL MEDICAL BILLING	MEDICAL BILLING	50 %		
12 GREAT LAKES PHYS PC	PHYSICIAN SERVICES			100 %
13 SOUTHTOWNS SURG CTR	PHYSICIAN SERVICES	63.171 %		36.829 %

Schedule H (Form 990) 2016

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?

4

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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
GROUP A**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):** _____

14

Community Health Needs Assessment

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

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

GROUP A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 % b ☐ Income level other than FPG (describe in Section C) c ☒ Asset level d ☐ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)	13 Yes	
14 Explained the basis for calculating amounts charged to patients? 15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	14 Yes	
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) WWW KALEIDAHEALTH ORG b ☒ The FAP application form was widely available on a website (list url) WWW KALEIDAHEALTH ORG c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW KALEIDAHEALTH ORG d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☒ Other (describe in Section C)	15 Yes	
	16 Yes	

Part V Facility Information (continued)**Billing and Collections**

GROUP A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

GROUP A

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
22		
23		No
24		No

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

[illegible]

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? 29

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, FINANCIAL ASSISTANCE - LINE 3C	KALEIDA HEALTH HAS IMPLEMENTED AND COMMUNICATES ITS FINANCIAL ASSISTANCE (CHARITY CARE) POLICY, WHICH ASSISTS LOW INCOME, UNINSURED OR UNDERINSURED INDIVIDUALS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR MEDICAL SERVICES RENDERED. LEVELS OF DISCOUNTS ARE AWARDED BASED UPON INCOME AND ASSET VERIFICATION AND IN ACCORDANCE WITH THE FEDERAL POVERTY GUIDELINES AS PUBLISHED ANNUALLY BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. INDIVIDUALS ARE PROVIDED FINANCIAL ASSISTANCE CONTACT INFORMATION DURING INTAKE AND REGISTRATION. THE APPLICANT FOR FREE OR REDUCED PRICE CARE WORKS DIRECTLY WITH A MEMBER OF THE FINANCIAL COUNSELING OR CHARITY CARE TEAM FOR FINANCIAL SCREENING AND ENROLLMENT IN A GOVERNMENT-FUNDED PROGRAM, IF ELIGIBLE. AFTER REVIEW OF INCOME AND ASSETS, AN INDIVIDUAL MAY BE APPROVED FOR FREE CARE (100% DISCOUNT) OR A DISCOUNT LEVEL OF 50, 60, 75, OR 90%, FOR MEDICALLY NECESSARY SERVICES RENDERED AT A KALEIDA FACILITY, AS FOLLOWS: LESS THAN 200% OF FEDERAL POVERTY GUIDELINE IS AWARDED 100% DISCOUNT 200% - 249% OF FEDERAL POVERTY GUIDELINE IS AWARDED 90% DISCOUNT 250% - 299% OF FEDERAL POVERTY GUIDELINE IS AWARDED 75% DISCOUNT 300% - 349% OF FEDERAL POVERTY GUIDELINE IS AWARDED 60% DISCOUNT 350% - 400% OF FEDERAL POVERTY GUIDELINE IS AWARDED 50% DISCOUNT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART 1, LINE 7	THE AMOUNTS REPORTED IN THE TABLE UNDER PART 1, LINE 7 WERE DETERMINED USING THE HEALTH SYSTEM'S DECISION SUPPORT SOFTWARE PROGRAM AND REVENUE AND EXPENSES FROM THE GENERAL LEDGER. THE OVERALL REVENUE AND EXPENSES INCLUDED IN THE DECISION SUPPORT SOFTWARE PROGRAM WERE RECONCILED TO THE GENERAL LEDGER WHICH RECONCILES TO THE AUDITED FINANCIAL STATEMENTS. THE DECISION SUPPORT SOFTWARE PROGRAM ALLOCATES DIRECT COSTS TO EACH PATIENT ACCOUNT BASED ON THE RESOURCES USED BY THAT PATIENT WITHIN THE SPECIFIC COST CENTER. INDIRECT COSTS ARE ALLOCATED USING SIMILAR STEPDOWN METHODOLOGY USED BY CMS IN THE INSTITUTIONAL COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II	KALEIDA HEALTH'S COMMUNITY HEALTH SERVICES SUPPORTS A COMPREHENSIVE PROGRAM OF COMMUNITY HEALTH IMPROVEMENT ADVOCACY OUTREACH IS CONDUCTED IN MULTIPLE WESTERN NEW YORK COMMUNITIES TARGETING VARIED POPULATIONS OF ALL AGES AND ETHNICITIES, INCLUDING THE MEDICALLY UNDERSERVED PROGRAMS AND EVENTS PROMOTE THE REDUCTION OF HEALTH DISPARITIES, ACCESS TO CARE, AND PROMOTE OVERALL COMMUNITY HEALTH AND WELLNESS, AND INCLUDE HEALTH EDUCATION AND SCREENING, SPEAKERS ON HEALTH-RELATED TOPICS, AND COMMUNITY REFERRALS TOPICS RANGE FROM HEALTH INSURANCE ENROLLMENT TO DIABETES, STROKE, HEART DISEASE, MATERNAL AND CHILD HEALTH, AND HEALTH CAREER EXPLORATION IN 2016, KALEIDA HEALTH PARTNERED WITH SEVERAL ORGANIZATIONS AND PARTICIPATED IN 172 EVENTS TO REACH 38,992 INDIVIDUALS WITH COMMUNITY SERVICE PROGRAMMING WHILE MULTIPLE EVENTS WERE HELD IN VARIOUS COMMUNITIES ACROSS WESTERN NEW YORK, THE FOLLOWING TOOK PLACE IN BUFFALO, A CITY WITH SEVERAL CENSUS TRACTS FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS - NEAR EAST SIDE AND WEST SIDE TASK FORCE - PASSPORT TO WELLNESS, AN OUTREACH/WELLNESS/MEDICAL SCREENING PROGRAM AT LOCAL TOPS GROCERY MARKETS TARGETING MOSTLY LATINO AND AFRICAN AMERICAN COMMUNITIES, AND ALSO REACHES THIS POPULATION WITH HEALTH SCREENING PROVIDED AT THE BROADWAY MARKET ON BUFFALO'S EAST SIDE - NIAGARA FRONTIER TRANSPORTATION AUTHORITY - OUTREACH AND WELLNESS EDUCATION TO THE UNDERSERVED AT THE MAIN & UTICA SUBWAY STATION - BUFFALO EAST HIGH SCHOOL - FAMILY WELLNESS DAYS AT THE BUFFALO PUBLIC SCHOOL LOCATED IN AN UNDERSERVED AREA ON BUFFALO'S EAST SIDE - BUFFALO PUBLIC LIBRARY - A COMMUNITY WELLNESS EVENT AT THE LIBRARY DURING HISPANIC HERITAGE MONTH - BUFFALO MUNICIPAL HOUSING AUTHORITY - FAMILY WELLNESS PROGRAM AT THE MARTHA MITCHELL CENTER, FREDERICK DOUGLASS COMMUNITY CENTER, AND SHAFFER VILLAGE, ALL UNDERSERVED - JUNETEENTH FESTIVAL - HEALTH AND WELLNESS EDUCATION PROVIDED AT THIS FESTIVAL ON BUFFALO'S EAST SIDE THAT ATTRACTS THOUSANDS OF PEOPLE OF ALL AGES AND RACES - IN 2016, KALEIDA HEALTH CONDUCTED TWO MEN'S PROSTATE CANCER OUTREACH AND SCREENING EVENTS TARGETING BUFFALO'S AFRICAN AMERICAN AND HISPANIC POPULATION AT THE JOHNNIE B WILEY STADIUM AND THE FREDERICK DOUGLASS COMMUNITY CENTER KALEIDA HEALTH COLLABORATED WITH WNY UROLOGY AND CANCER CARE OF WNY, AND WITH COMMUNITY AND FAITH BASED ORGANIZATIONS TO PROMOTE THE EVENTS INCLUDING BUFFALO MUNICIPAL HOUSING AUTHORITY, BUFFALO BRANCH NAACP, BUFFALO UNITED FRONT, INC , HISPANIC HERITAGE COUNCIL OF WNY, HISPANIC PASTORS ASSOCIATION OF WNY, AREA FRATERNITIES, AND MILLENIUM COLLABORATIVE CARE PPS THE PROGRAMS SUPPORTED KALEIDA HEALTH'S PLEDGE TO HELP TO INCREASE COLORECTAL CANCER SCREENING RATES BY SUPPORTING THE 80% BY 2018 INITIATIVE, LED BY THE AMERICAN CANCER SOCIETY (ACS), THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND THE NATIONAL COLORECTAL CANCER ROUNDTABLE (AN ORGANIZATION CO-FOUNDED BY ACS AND CDC) COLORECTAL CANCER IS ONE OF THE MOST COMMON CANCERS IN BOTH MEN AND WOMEN AND IS ONE OF THE MOST PREVENTABLE AND TREATABLE WHEN DETECTED EARLY - WUFO 1080 AM - THROUGH THE GREAT LAKES HEALTH RADIO PROGRAM, KALEIDA HEALTH PROVIDES GUEST SPEAKERS EVERY OTHER WEEK FOR 1/2 HOUR ON A VARIETY OF HEALTH AND WELLNESS TOPICS THE WUFO LISTENERSHIP IS PREDOMINANTLY URBAN AND REPRESENTS ALL AGES, RACES, AND ETHNIC GROUPS IN WNY - A NUMBER OF BLOCK CLUBS AND FAITH-BASED ORGANIZATIONS ALSO PARTNER WITH KALEIDA HEALTH TO PROVIDE HEALTH AND WELLNESS OUTREACH AND EDUCATION AT MULTIPLE LOCATIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINES 2 AND 3	BAD DEBT EXPENSE IS RECORDED USING THE VALUATION METHOD AS OUTLINED IN HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15, WHICH REQUIRES BAD DEBT EXPENSE TO BE RECORDED AT THE AMOUNT THAT THE PAYER IS EXPECTED TO PAY. IN ORDER TO REPORT THE COSTS ASSOCIATED WITH BAD DEBT EXPENSE, THE REPORTED BAD DEBT EXPENSE NEEDS TO BE ADJUSTED SO THAT THE AMOUNT EXPECTED TO BE PAID REFLECTS GROSS CHARGES, PRIOR TO THE APPLICATION OF A RATIO OF COSTS TO CHARGES (RCC). KALEIDA HEALTH ADJUSTS BAD DEBT EXPENSE PRIOR TO THE APPLICATION OF AN RCC SO THAT THE REPORTED BAD DEBT EXPENSE AT COST, ON PART III, LINE 2 OF IRS FORM 990, SCHEDULE H REFLECTS THE TRUE COST OF THE BAD DEBTS. THE ORGANIZATION HAS A CHARITY CARE POLICY, AND ANY WRITE-OFFS AS A RESULT OF THIS POLICY ARE RECORDED AS CHARITY CARE ALLOWANCES AND ARE A REDUCTION OF THE NET PATIENT REVENUE. INDIVIDUALS WHO MAY QUALIFY FOR CHARITY CARE ASSISTANCE UNDER THE POLICY, BUT DO NOT VOLUNTEER TO COMPLETE THE APPLICATION PROCESS WOULD NOT BE GRANTED CHARITY CARE ASSISTANCE. KALEIDA ALSO USES A PRESUMPTIVE CHARITY CARE PROCESS, WHICH HAS DETERMINED THAT 55% OF SELF-PAY BAD DEBT EXPENSE IN 2016 WOULD HAVE BEEN ELIGIBLE FOR CHARITY CARE ASSISTANCE. THEREFORE, WE BELIEVE THAT THE LEVEL OF CHARITY CARE INCLUDED IN BAD DEBT EXPENSE TO BE APPROXIMATELY \$1,110,919. WE ESTIMATED THIS AMOUNT BY USING THE 2016 CALCULATED PRESUMPTIVE ELIGIBILITY PERCENTAGE ON BAD DEBT WRITE-OFFS AMOUNTS OVER \$500 (55%), AND APPLIED THIS PERCENTAGE TO THOSE BAD DEBT WRITE-OFFS AMOUNTS UNDER \$500, TO DETERMINE THE BAD DEBT WRITE-OFFS THAT WOULD HAVE BEEN ELIGIBLE, IF THEY WERE SCORED USING THE PRESUMPTIVE ELIGIBILITY PROCESS. BAD DEBT IS NOT INCLUDED AS COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, LINE 4	KALEIDA PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICIES WITHOUT CHARGE OR AT AMOUNTS LESS THAN THEIR ESTABLISHED RATES BECAUSE KALEIDA DOES NOT ANTICIPATE COLLECTIONS OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE KALEIDA GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED BY COMMERCIAL AND GOVERNMENT INSURANCE PLANS ADDITIONS TO THE ESTIMATED ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE BY MEANS OF THE PROVISION OF BAD DEBTS THE PROVISION FOR BAD DEBTS PRIMARILY RELATES TO PATIENTS WITHOUT INSURANCE AND TO THOSE THAT ARE EITHER UNDERINSURED OR WITHOUT THE NECESSARY RESOURCES TO PAY COINSURANCE AND DEDUCTIBLE BALANCES ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED DEBT COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, LINE 8	THERE ARE NO MEDICARE SHORTFALLS INCLUDED IN THE CALCULATION OF COMMUNITY BENEFIT COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT, AS REFLECTED IN PART III, LINE 6 KALEIDA HEALTH USED THE FILED, BUT UNAUDITED 2015 CMS MEDICARE COST REPORT TO DETERMINE THE AMOUNTS REPORTED ON THESE LINES

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	ONCE PATIENT LIABILITY HAS BEEN DETERMINED FOLLOWING PROCESSING OF APPLICATIONS FOR GOVERN MENT ASSISTANCE, CHARITY CARE, AND/OR INSURANCE CARRIER REMITTANCE, THE PATIENT STATEMENT IS MAILED FOR PAYMENT RECOVERY KALEIDA HEALTH HAS A PRE-COLLECTION PROCESS FOR ACCOUNTS W ITH A POSITIVE PATIENT BALANCE GREATER THAN \$4 99 AND A FIRST BILL DATE OLDER THAN 60 DAYS , BUT NOT PREVIOUSLY PAID IN FULL BY THE PATIENT (EXCLUDING ACCOUNTS FOR PATIENTS THAT HAV E SUBMITTED A COMPLETED APPLICATION FOR CHARITY CARE, MEDICAID, OR CHILD HEALTH PLUS, AND AN ELIGIBILITY DETERMINATION IS PENDING) UPON A PATIENT EXPRESSING FINANCIAL CONCERN, THE PATIENT WILL BE OFFERED THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE (CHARITY CARE) ONCE THE PATIENT SUBMITS THE COMPLETED APPLICATION, THE ACCOUNT IS PLACED ON HOLD AND ALL COLLECTION ACTIVITIES ARE SUSPENDED UNTIL AN ELIGIBILITY DETERMINATION IS MADE IF THE PA TIENT IS ELIGIBLE FOR CHARITY CARE, THEN THE PATIENT IS NOTIFIED OF THE LEVEL OF CHARITY C ARE AWARDED IF 100% CHARITY CARE IS AWARDED, THEN NO BILL IS SENT TO THE PATIENT IF LESS THAN 100% CHARITY CARE IS AWARDED, THEN THE PATIENT WILL RECEIVE A BILL PURSUANT TO THE P RIVATE PAY COLLECTION POLICY COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS KALEIDA HEALTH ASS ESSES THE NEEDS OF THE COMMUNITY THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT-COMMUNITY SER VICE PLAN (CHNA-CSP) WITH ITS MOST RECENT PLAN COMPLETED IN 2016 THE 2016-2018 CHNA-CSP I S AVAILABLE TO THE PUBLIC ON THE KALEIDA HEALTH WEBSITE AT WWW.KALEIDAHEALTH.ORG/COMMUNITY /PUBLICATIONS ASP AND A PRINTED COPY IS AVAILABLE UPON REQUEST AT NO CHARGE WRITTEN COMME NTS ON THE 2016-2018 CHNA-CSP ARE INVITED FROM THE PUBLIC THROUGH A LINK ENTITLED "COMMENT ON PLAN," LOCATED NEXT TO THE DOCUMENT THROUGH THE ABOVE LINK IN ADDITION TO THE 2016-20 18 CHNA-CSP (AS REPORTED IN PART V, SECTION B), KALEIDA HEALTH STAFF ENGAGE IN OTHER METHO DS TO ASSESS THE NEEDS OF THE COMMUNITY POVERTY TRENDS, COMMUNITY HEALTH RESEARCH, AND LO CAL COMMUNITY HEALTH NEEDS ARE REVIEWED ON A REGULAR BASIS WHILE PLANNING SERVICES AND PRO GRAMS RESPONSIVE TO COMMUNITY PRIORITIES, PROGRAM DEVELOPMENT AND SERVICES FILL IDENTIFIE D GAPS OR SUPPLEMENT EXSITING PROGRAMS PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE KA LEIDA HEALTH INFORMS INDIVIDUALS OF FINANCIAL ASSISTANCE MADE AVAILABLE AT THE TIME OF REG ISTRATION INTO THE INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT AND LONG-TERM CARE FACILITY POSTERS INFORMING THE PATIENT/FAMILY OF ASSISTANCE ARE AVAILABLE THROUGHOUT THE KALEIDA LOCATIONS BROCHURES AND PAMPHLETS INFORMING THE COMMUNITY ARE WIDELY DISTRIBUTED IN THE C OMMUNITY AT HEALTH FAIRS, CHURCHES, SCHOOLS AND OTHER PUBLIC LOCATIONS INFORMATION REGARD ING THE AVAILABILITY OF FINANCIAL ASSISTANCE AS WELL AS APPLICATION IS ALSO MADE AVAILABLE THROUGH KALEIDA HEALTH'S WEBSITE KALEIDA HEALTH OFFERS ASSISTANCE TO INDIVIDUALS IN OUR COMMUNITY FOR ACCESSING AFFORDABLE HEALTH CARE, INCLUDING *NYS HEALTH MARKETPLACE ASSIST S WITH NAVIGATING, EDUCATING AND ENROLLMENT IN THE NYS HEALTH MARKETPLACE OFFERINGS DEDIC ATED AND STATE-TRAINED STAFF IS AVAILABLE TO ASSIST INDIVIDUALS IN PERSON OR VIA THE PHONE KALEIDA HEALTH OFFERS IN- PERSON APPOINTMENTS AT (5) FIVE DIFFERENT SITE LOCATIONS *FACI LITATED ENROLLMENT ASSISTS ELIGIBLE INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT BY OFFER ING EDUCATION AND APPLICATION ASSISTANCE FOR MEDICAID, CHILD HEALTH PLUS, ESSENTIAL PLANS, STATE AID PROGRAM FOR CHILDREN WITH SPECIAL NEEDS AND ALL QUALIFIED HEALTH PLANS MADE AVA ILABLE THROUGH THE AFFORDABLE CARE ACT A DEDICATED TELEPHONE NUMBER IS AVAILABLE AND INFO RMATION IS PUBLISHED IN BROCHURES AT KALEIDA SITES AND AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY *FINANCIAL ASSISTANCE PROGRAM AS DESCRIBED ABOVE, THE KALEIDA FINANCIAL ASSIS TANCE PROGRAM, IF ELIGIBLE, PROVIDES FREE OR REDUCED-PRICES FOR PATIENTS TREATED AT KALEID A HEALTH HOSPITALS OR LONG-TERM CARE FACILITIES DISCOUNTS ARE AWARDED BASED UPON INCOME A ND ASSET VERIFICATION *PRESUMPTIVE ELIGIBILITY KALEIDA HEALTH HAS SHOWN A WILLINGNESS TO EXTEND FINANCIAL ASSISTANCE TO NEEDY PATIENTS WITH OUTSTANDING BILLS WHO HAVE NOT COMPLET ED THE CHARITY APPLICATION PROCESS THIS IS ACHIEVED THROUGH AN AUTOMATED PARO SCORING PRO CESS USING PUBLIC RECORDS, REGIONAL COST OF LIVING, ESTIMATED HOUSEHOLD INCOME THRESHOLDS, AND COMMUNITY DEMOGRAPHICS TO DERIVE AN ESTIMATED FINANCIAL POSITION FOR EACH PATIENT TH OSE PATIENTS SCREENED THROUGH THIS AUTOMATED PROCESS AND DEEMED ELIGIBLE ARE ADJUSTED OFF TO CHARITY CARE IN LIEU OF BAD DEBT COMMUNITY INFORMATION KALEIDA HEALTH SERVES WESTERN N EW YORK'S EIGHT COUNTIES OF ALLEGANY, CATTARAUGUS, CHAUTAUQUA, ERIE, GENESEE, NIAGARA, ORL EANS, AND WYOMING THE POPULATION FOR THE REGION IS APPROXIMATELY 1 5 MILLION WITH ERIE CO UNTY AND NIAGARA COUNTY COMPRISING AN ESTIMATED 1 1 MILLION OF THIS TOTAL THREE KALEIDA H EALTH HOSPITALS INCLUDING BUFFALO GENERAL MEDICAL CENTER, MILLARD FILLMORE SUBURBAN HOSPIT AL, AND WOMEN AND CHILDREN'S HOSPITAL OF BUFFALO A

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	RE LOCATED IN ERIE COUNTY, THE HOSPITALS' PRIMARY SERVICE AREA DEGRAFF MEMORIAL HOSPITAL IS LOCATED IN NIAGARA COUNTY, ITS PRIMARY SERVICE AREA DEGRAFF ALSO SERVES A NUMBER OF ERIE COUNTY RESIDENTS GIVEN ITS LOCATION IS LESS THAN ONE MILE FROM THE ERIE COUNTY BORDER EACH HOSPITAL'S PRIMARY SERVICE AREA IS DEFINED AS THE COUNTY WITH THE HIGHEST PERCENTAGE OF ALL WNY COUNTIES FOR 2015 INPATIENT DISCHARGES, EMERGENCY DEPARTMENT VISITS, AND OUTPATIENT VISITS AS IDENTIFIED IN THE 2016-2018 CHNA-CSP ERIE COUNTY ERIE COUNTY IS LOCATED IN THE WESTERN PORTION OF NEW YORK STATE BORDERING LAKE ERIE, AND ALSO LIES ON THE INTERNATIONAL BORDER BETWEEN THE UNITED STATES AND CANADA THE FOLLOWING DEMOGRAPHIC STATISTICS FOR ERIE COUNTY ARE FROM MEDSTAT MARKET EXPERT 2016, THE US CENSUS QUICK FACTS, 2014 AMERICAN COMMUNITY SURVEY, AND 2015 POPULATION ESTIMATES AS INDICATED IN KALEIDA HEALTH'S 2016-2018 CHNA-CSP THE COUNTY'S TOTAL POPULATION IS 930,801 AND IS COMPRISED OF URBAN, SUBURBAN, AND RURAL CITIES, TOWNS, AND VILLAGES ERIE COUNTY'S MEDIAN HOUSEHOLD INCOME IS \$51,050, ITS POVERTY RATE IS 15.2%, AND 17.4% OF ITS POPULATION IS OVER 65 YEARS OF AGE ITS LARGEST CITY AND COUNTY SEAT IS BUFFALO WITH A POPULATION OF 277,181 THE 2014 AMERICAN COMMUNITY SURVEY RANKED BUFFALO AS THE FOURTH POOREST CITY IN THE NATION THE CITY HAS A 30.9% POVERTY RATE (INCOME BELOW THE FEDERAL POVERTY LEVEL PER US CENSUS) AND 38.6% OF HOUSEHOLDS HAVE AN AVERAGE INCOME LESS THAN \$25,000 BUFFALO ALSO HAS A HIGH MINORITY POPULATION WITH 35.7% OF ITS RESIDENTS BEING BLACK NON-HISPANIC AND 11.7% HISPANIC AS COMPARED TO 13% BLACK NON-HISPANIC AND 5.3% HISPANIC FOR ALL OF ERIE COUNTY PERSONS UNDER AGE 65 WITHOUT HEALTH INSURANCE COMPRISE 6.9% OF ERIE COUNTY'S POPULATION AND 10.7% OF BUFFALO'S POPULATION BUFFALO GENERAL MEDICAL CENTER AND WOMEN & CHILDREN'S HOSPITAL OF BUFFALO ARE LOCATED IN THE CITY OF BUFFALO AND SERVE A HIGH PERCENTAGE OF BUFFALO'S POOR AND UNDERSERVED POPULATION MOST CENSUS TRACTS IN BUFFALO ARE FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS THE TOWN OF AMHERST IS ONE OF THE COUNTY'S LARGEST SUBURBS WITH A POPULATION OF 139,363 AND IS HOME TO MILLARD FILLMORE SUBURBAN HOSPITAL IN CONTRAST TO BUFFALO, THE TOWN OF AMHERST HAS A POVERTY RATE OF 9.4% AND 33.9% OF HOUSEHOLDS HAVE AN AVERAGE INCOME OVER \$100,000 AMHERST'S POPULATION IS 80.7% WHITE NON-HISPANIC THE TOWN ALSO HAS 8.8% ASIAN-PACIFIC IS LANDER POPULATION, COMPARABLE TO THE NYS RATE OF 8.6% WHILE THE ERIE COUNTY RATE IS 3.1% THE TOWN HAS A SIGNIFICANT SENIOR POPULATION WITH 19.4% OF RESIDENTS 65 YEARS AND OVER, AND MILLARD FILLMORE SUBURBAN HOSPITAL SERVES A HIGH PERCENTAGE OF THE TOWN'S AGING POPULATION NIAGARA COUNTY NIAGARA COUNTY IS LOCATED IN THE WESTERN PORTION OF NEW YORK STATE, JUST NORTH OF BUFFALO (ERIE COUNTY), ADJACENT TO LAKE ONTARIO ON ITS NORTHERN BORDER WITH THE NIAGARA RIVER AND CANADA ON ITS WESTERN BORDER THE FOLLOWING DEMOGRAPHIC STATISTICS FOR NIAGARA COUNTY ARE FROM MEDSTAT MARKET EXPERT, THE US CENSUS QUICK FACTS, 2014 AMERICAN COMMUNITY SURVEY, AND 2015 POPULATION ESTIMATES AS INDICATED IN KALEIDA HEALTH'S 2016-2018 CHNA-CSP THE COUNTY'S TOTAL POPULATION IS 212,170 AND IS COMPRISED OF URBAN, SUBURBAN, AND RURAL CITIES, TOWNS, AND VILLAGES NIAGARA COUNTY'S MEDIAN HOUSEHOLD INCOME IS \$49,091, ITS POVERTY RATE IS 13.4% (INCOME BELOW THE FEDERAL POVERTY LEVEL PER US CENSUS), AND 18.2% OF ITS POPULATION IS OVER 65 YEARS OF AGE ITS CITIES INCLUDE NIAGARA FALLS, POPULATION 63,520, NORTH TONAWANDA, POPULATION 45,253, AND ITS COUNTY SEAT OF LOCKPORT, POPULATION 58,397 THESE CITIES INCLUDE A HIGH PROPORTION OF THE COUNTY'S LOW INCOME AND UNDERSERVED POPULATION 17.2% OF NIAGARA FALLS RESIDENTS ARE BLACK NON-HISPANIC AND THE CITY HAS A 25.3% POVERTY RATE ADDITIONALLY, NIAGARA FALLS IS FEDERALLY DESIGNATED AS AN AREA WITH A MEDICALLY UNDERSERVED POPULATION THE POVERTY RATE FOR NORTH TONAWANDA IS 10.6% AND 18.9% FOR LOCKPORT FURTHERMORE, NIAGARA FALLS AND

Additional Data**Software ID:****Software Version:****EIN:** 16-1533232**Name:** KALEIDA HEALTH**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 4		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	BUFFALO GENERAL MEDICAL CENTER 100 HIGH STREET BUFFALO, NY 14203 WWW KALEIDAHEALTH ORG 1401014H	X	X		X			X			A
2	WOMEN & CHILDREN'S HOSPITAL OF BUFFALO 219 BRYANT STREET BUFFALO, NY 14222 WWW KALEIDAHEALTH ORG 1401014H	X	X	X	X			X			A
3	MILLARD FILLMORE SUBURBAN HOSPITAL 1540 MAPLE ROAD WILLIAMSVILLE, NY 14221 WWW KALEIDAHEALTH ORG 1401014H	X	X		X			X			A
4	DEGRAFF MEMORIAL HOSPITAL 445 TREMONT STREET NORTH TONAWANDA, NY 14120 WWW KALEIDAHEALTH ORG 1401014H	X	X		X			X			A

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	GROUP A IN CONDUCTING ITS 2016-2018 COMMUNITY HEALTH NEEDS ASSESSMENT - COMMUNITY SERVICE PLAN (CHNA-CSP), KALEIDA HEALTH TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BRO AD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITALS LOCATED IN ERIE AND NIAGARA COUNTIES , THE PRIMARY SERVICE AREA FOR EACH COUNTY, KALEIDA HEALTH PARTICIPATED IN COLLABORATIVE WORK GROUPS LED BY THE ERIE COUNTY DEPARTMENT OF HEALTH AND THE NIAGARA COUNTY DEPARTMENT OF HEALTH AND COMPRISED OF REPRESENTATIVES FROM OTHER HOSPITALS, ORGANIZATIONS, AGENCIES, AND SCHOOLS, AND INCLUDED INPUT FROM THE COMMUNITY INCLUDING THE MEDICALLY UNDERSERVED FR OM MARCH THROUGH AUGUST 2016, THE ERIE COUNTY WORK GROUP CONDUCTED COUNTY-WIDE ASSESSMENT ACTIVITIES INCLUDING A CONSUMER SURVEY WITH 1,839 RESPONSES AND FIVE COMMUNITY FOCUS GROUP SESSIONS THERE WERE SEVERAL SURVEY DISTRIBUTION SITES ACROSS THE COUNTY AND OF THE 1,839 SURVEY RESPONSES, 21 3% WERE FROM RESPONDENTS INDICATING AN INCOME BELOW \$35,000 KALEIDA HEALTH DISTRIBUTED THE SURVEY IN ITS PRIMARY CARE CLINICS OF WHICH A SIGNIFICANT NUMBER O F PATIENTS ARE INSURED THROUGH MEDICAID FOCUS GROUP SESSIONS WERE HELD AT A GEOGRAPHIC CR OSS-SECTION OF SITES INCLUDING THE CAZENOVIA LIBRARY, UNITED WAY, AND MERRIWEATHER LIBRARY IN BUFFALO, SPRINGVILLE FIRE HALL IN SPRINGVILLE, AND THE ERIE COUNTY FIRE TRAINING ACADE MY IN CHEEKTOWAGA KALEIDA HEALTH PROMOTED THE MERRIWEATHER LIBRARY EVENT LOCATED ON BUFFA LO'S EAST SIDE, A LOW INCOME AND MEDICALLY UNDERSERVED COMMUNITY, THROUGH A PROMOTIONAL EM AIL TO THE MEMBERS OF THE NEAR EAST SIDE AND WEST SIDE TASK FORCE KALEIDA HEALTH PROVIDED LINKS TO THE CONSUMER SURVEY AND PROMOTED THE FOCUS GROUP SESSIONS ON ITS PUBLIC WEBSITE, EMPLOYEE WEBSITE, AND ON FACEBOOK IN ADDITION TO THE REVIEW OF DATA FROM THE NYS PREVENT ION AGENDA DASHBOARD AND OTHER RELIABLE SOURCES, THESE ACTIVITIES HELPED TO PRIORITIZE THE HEALTH CARE NEEDS OF THE COUNTY AND THE RESULTING IMPLEMENTATION STRATEGIES, AND ARE INCL UDED IN KALEIDA HEALTH'S 2016-2018 CHNA-CSP AND ALIGNED WITH THE ERIE COUNTY DEPARTMENT OF HEALTH, COMMUNITY HEALTH IMPROVEMENT PLAN FROM MARCH THROUGH AUGUST 2016, THE NIAGARA CO UNTY WORK GROUP CONDUCTED COUNTY-WIDE ASSESSMENT ACTIVITIES INCLUDING A CONSUMER SURVEY WI TH 2,111 RESPONSES AND NINE COMMUNITY FOCUS GROUP SESSIONS THERE WERE SEVERAL SURVEY DIST RIBUTION SITES AND OF THE 1,655 SURVEY RESPONDENTS WHO ANSWERED THE QUESTION ON ANNUAL HOU SEHOLD INCOME, 26 7% HAD AN INCOME OF LESS THAN \$35,000 KALEIDA HEALTH'S DEGRAFF MEMORIAL HOSPITAL DISTRIBUTED THE SURVEY IN HOSPITAL WAITING AREAS, FRONT DESK, SWITCHBOARD, PHYSI CIAN OFFICES, OB/GYN CLINICS, AND THE DEGRAFF MCLAUGHLIN CENTER FOR SENIOR WELLNESS COMMU NITY FOCUS GROUP SESSIONS WERE HELD AT A GEOGRAPHIC CROSS-SECTION OF SITES INCLUDING THOSE LOCATED IN MEDICALLY UNDERSERVED COMMUNITIES SITES INCLUDED THE NEIGHBORHOOD HEALTH CENT ER AND BETHANY BAPTIST CHURCH IN NIAGARA FALLS, WOODLANDS SENIOR VILLAGE AND DEGRAFF COMMU NITY CENTER IN NORTH TONAWANDA

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	, HARTLAND BIBLE CHURCH IN GASPORT, OLCOTT UNITED METHODIST CHURCH AND NEWFANE FOOD PANTRY IN NEWFANE, EASTERN NIAGARA HOSPITAL IN LOCKPORT, AND MOUNT ST MARY'S HOSPITAL IN LEWIST ON A COUNTY-WIDE FOCUS GROUP SESSION WAS ALSO HELD TO GET INPUT FROM SEVERAL COMMUNITY-BASED HEALTH, MENTAL HEALTH, AND SOCIAL SERVICE ORGANIZATIONS ACROSS THE COUNTY KALEIDA HEALTH PROVIDED LINKS TO THE CONSUMER SURVEY AND PROMOTED THE FOCUS GROUP SESSIONS ON ITS PUBLIC WEBSITE, EMPLOYEE WEBSITE, AND ON FACEBOOK IN ADDITION TO THE REVIEW OF DATA FROM THE NYS PREVENTION AGENDA DASHBOARD AND OTHER RELIABLE SOURCES, THESE ACTIVITIES HELPED TO PRIORITIZE THE HEALTH CARE NEEDS OF THE COUNTY AND THE RESULTING IMPLEMENTATION STRATEGIES INCLUDED IN KALEIDA HEALTH'S CHNA-CSP AND ALIGNED WITH THE NIAGARA COUNTY DEPARTMENT OF HEALTH, COMMUNITY HEALTH IMPROVEMENT PLAN THE KALEIDA HEALTH 2016-2018 CHNA-CSP IS AVAILABLE TO THE PUBLIC IN THE COMMUNITY HEALTH SECTION OF THE KALEIDA HEALTH WEBSITE AT WWW.KALEIDAHEALTH.ORG AND SPECIFICALLY AT HTTP //KALEIDAHEALTH.ORG/COMMUNITY/PUBLICATIONS.ASP A PAPER VERSION IS AVAILABLE UPON REQUEST AT NO CHARGE WRITTEN COMMENTS ON THE CHNA-CSP ARE INVITED FROM THE PUBLIC THROUGH A LINK ENTITLED "COMMENT ON PLAN" LOCATED NEXT TO THE DOCUMENT THROUGH THE ABOVE LINK THIS INFORMATION IS DOCUMENTED IN THE CHNA-CSP IN THE DISSEMINATION TO THE PUBLIC SECTION NO COMMENTS ON THE CHNA-CSP WERE RECEIVED IN 2016

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	GROUP A KALEIDA HEALTH'S FOUR HOSPITALS ARE INCLUDED IN ITS 2016-2018 CHNA-CSP BUFFALO GENERAL MEDICAL CENTER, MILLARD FILLMORE SUBURBAN HOSPITAL, WOMEN & CHILDREN'S HOSPITAL OF BUFFALO, ALL LOCATED IN ERIE COUNTY, AND DEGRAFF MEMORIAL HOSPITAL LOCATED IN NIAGARA COUNTY IN ERIE COUNTY, KALEIDA HEALTH COLLABORATED ON THE CHNA-CSP PROCESS THROUGH A PARTNERSHIP LED BY THE ERIE COUNTY DEPARTMENT OF HEALTH AND INCLUDED UNRELATED HOSPITAL FACILITIES OF THE CATHOLIC HEALTH SYSTEM IN NIAGARA COUNTY, KALEIDA HEALTH COLLABORATED ON THE CHNA-CSP PROCESS THROUGH A PARTNERSHIP LED BY THE NIAGARA COUNTY DEPARTMENT OF HEALTH, AND INCLUDED THE FOLLOWING UNRELATED HOSPITAL FACILITIES NIAGARA FALLS MEMORIAL MEDICAL CENTER, MOUNT ST MARY HOSPITAL, AND EASTERN NIAGARA HOSPITAL SYSTEM

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6B	GROUP A IN ERIE COUNTY, KALEIDA HEALTH COLLABORATED ON THE 2016-2018 CHNA-CSP PROCESS WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES ERIE COUNTY DEPARTMENT OF HEALTH, UNITED WAY OF BUFFALO AND ERIE COUNTY, P2 COLLABORATIVE OF WNY, BUFFALO STATE COLLEGE, UB SCHOOL OF PUBLIC HEALTH, UB FAMILY MEDICINE PRIMARY CARE RESEARCH CENTER, DAEMEN COLLEGE, AND D'YOUVILLE COLLEGE IN NIAGARA COUNTY, KALEIDA HEALTH COLLABORATED ON THE 2016-2018 CHNA-CSP PROCESS WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES NIAGARA COUNTY DEPARTMENT OF HEALTH, NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH, AND THE P2 COLLABORATIVE OF WNY

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	GROUP A WITH HOSPITALS LOCATED IN BOTH ERIE AND NIAGARA COUNTIES, KALEIDA HEALTH WORKED CO LLABORATIVELY WITH WORK GROUPS LED BY THE ERIE COUNTRY DEPARTMENT OF HEALTH AND THE NIAGAR A COUNTY DEPARTMENT OF HEALTH TO REVIEW HEALTH CARE DATA, DISSEMINATE CONSUMER SURVEYS AND CONDUCT FOCUS GROUP SESSIONS TO PRIORITIZE SIGNIFICANT HEALTH NEEDS AND IMPLEMENTATION ST RATEGIES FOR EACH COUNTY THE STRATEGIES FURTHER ALIGN WITH THE PRIORITY AREAS OF THE NEW YORK STATE PREVENTION AGENDA KALEIDA HEALTH INCLUDED THESE COLLABORATIVE PRIORITY AREAS I N ITS 2016-2018 CHNA-CSP HEALTH CARE NEEDS ADDRESSED IN KALEIDA HEALTH'S 2016-2018 CHNA-C SP IN ERIE COUNTY AND NIAGARA COUNTY, CARDIOVASCULAR DISEASE IS THE NUMBER ONE CAUSE OF D EATH (2014, NYS VIRAL STATISTICS), AND THERE IS A HIGH INCIDENCE OF RISK FACTORS AMONG RES IDENTs INCLUDING HIGH BLOOD PRESSURE, DIABETES, OBESITY, AND SMOKING OUTREACH THROUGH PUB LIC EDUCATION EVENTS HOSTED BY KALEIDA HEALTH HOSPITALS HAVE BEEN HELD IN COLLABORATION WI TH NUMEROUS ORGANIZATIONS INCLUDING THOSE REPRESENTING THE MEDICALLY UNDERSERVED ADDITION ALLY, CARDIOVASCULAR EDUCATION AND SCREENING TARGETING LOW INCOME WOMEN IS ADDRESSED IN TH E CLINICAL SETTING THROUGH A PROGRAM FOR PATIENTS OF KALEIDA HEALTH'S OB-GYN CENTERS, WHER E 73% OF PATIENT VISITS ARE REIMBURSED THROUGH MEDICAID THIS STRATEGY ALIGNS WITH THE NYS PREVENTION AGENDA PRIORITY TO PREVENT CHRONIC DISEASE AND TO INCREASE ACCESS TO HIGH QUAL ITY CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT IN CLINICAL AND COMMUNITY SETTINGS THE HEALTH BENEFITS OF BREASTFEEDING FOR BOTH INFANT AND MOTHER ARE WELL DOCUMENTED AND THE N EW YORK STATE PREVENTION AGENDA SUPPORTS THE PROMOTION OF BREASTFEEDING TO INCREASE THE PR OPORTION OF NEW YORK STATE BABIES WHO ARE BREASTFED IN ERIE COUNTY, THE PERCENT OF INFANT S FED ANY BREAST MILK IN A DELIVERY HOSPITAL WAS 72 1% AND EXCLUSIVELY FED BREAST MILK WAS 51 1% (2012-2014, NYS VITAL STATISTICS) KALEIDA HEALTH IS WORKING TO INCREASE BREASTFEED ING RATES AT ITS DELIVERY HOSPITALS THROUGH EVIDENCE-BASED PROMOTION AND EDUCATION INITIAT IVES THE NEEDS OF THE MEDICALLY UNDERSERVED ARE ADDRESSED GIVEN THAT 68 85% OF INPATIENT DISCHARGES, ED VISITS AND OUTPATIENT VISITS AT WOMEN & CHILDREN'S HOSPITAL OF BUFFALO AND 11 8% AT MILLARD FILLMORE SUBURBAN HOSPITAL ARE REIMBURSED BY MEDICAID HIGH RATES OF POOR MENTAL HEALTH, DRUG ADDICTION, AND BINGE DRINKING IN NIAGARA COUNTY, IN ADDITION TO A SUI CIDE DEATH RATE OF 16% VS THE NEW YORK STATE RATE OF 7 9% (2012-2014, NYS PREVENTION AGEND A DASHBOARD) INDICATE A DIRE NEED TO ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES IN T HE COUNTY ACCESS TO ADEQUATE MENTAL HEALTH CARE AND RESOURCES IS AN ADDED CHALLENGE IN R ESPONSE, KALEIDA HEALTH'S DEGRAFF MEMORIAL HOSPITAL WILL PROMOTE BOTH PROVIDER AND PUBLIC AWARENESS AND KNOWLEDGE OF MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE, AND THE AVAILABLE RESOURCES THIS PROJECT ADDRESSES THE NEEDS OF THIS POPULATION AS A MEDICALLY UNDERSERVED DISPARITY POPULATION IT ALSO

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	ALIGNS WITH THE NYS PREVENTION AGENDA PRIORITY TO PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE THE CHILDREN'S PSYCHIATRY CLINIC OF KALEIDA HEALTH'S WOMEN & CHILDREN'S HOSPITAL OF BUFFALO IN NEIGHBORING ERIE COUNTY, PROVIDES AN ADDED RESOURCE FOR PEDIATRIC MENTAL HEALTH SERVICES FOR NIAGARA COUNTY RESIDENTS HEALTH CARE NEEDS NOT ADDRESSED IN KALEIDA HEALTH'S 2016-2018 CHNA-CSP THE RISING OPIOID ADDICTION PROBLEM IS AN EMERGING AREA OF CONCERN IN BOTH ERIE AND NIAGARA COUNTIES THE ERIE COUNTY DEPARTMENT OF HEALTH INCLUDED IT IN ITS COMMUNITY HEALTH IMPROVEMENT PLAN HOWEVER, IT WAS NOT INCLUDED IN KALEIDA HEALTH'S CHNA-CSP DUE TO AN ADMINISTRATIVE TIMING ISSUE HOWEVER, ERIE COUNTY IS AWARE THAT KALEIDA HEALTH IS COMMITTED TO WORKING WITH ITS ERIE COUNTY PARTNERS TO ADDRESS THE PROBLEM IN 2016, THROUGH A PARTNERSHIP WITH THE ERIE COUNTY DEPARTMENT OF HEALTH, KALEIDA HEALTH HOSPITALS INCLUDING BUFFALO GENERAL MEDICAL CENTER, MILLARD FILLMORE SUBURBAN HOSPITAL, DEGRAFF MEMORIAL HOSPITAL, AND WOMEN & CHILDREN'S HOSPITAL OF BUFFALO EMERGENCY DEPARTMENTS BEGAN TO DISPENSE THE NARCAN OPIOID OVERDOSE KITS TO PATIENTS AND CAREGIVERS FOR PATIENTS WITH AN OPIOID OVERDOSE OR IS AT RISK FOR AN OPIOID OVERDOSE THE COUNTY SUPPLIED THE KITS AND EMERGENCY DEPARTMENT PHYSICIANS PROVIDED THE PATIENT/CAREGIVER EDUCATION ON THE USE OF NARCAN KALEIDA HEALTH WILL CONTINUE TO PARTNER WITH THE COUNTY AND OTHERS TO ADDRESS THIS SIGNIFICANT HEALTH CARE PROBLEM THE NIAGARA COUNTY DEPARTMENT OF HEALTH IS ADDRESSING THE OPIOID PROBLEM AS IT ADDRESSES MENTAL HEALTH AND SUBSTANCE ABUSE IN ITS COMMUNITY HEALTH IMPROVEMENT PLAN KALEIDA HEALTH IS A PARTNER IN THIS NIAGARA COUNTY PRIORITY AREA THROUGH ITS DEGRAFF MEMORIAL HOSPITAL AS IDENTIFIED ABOVE AND IN THE WORK PLAN SECTION OF KALEIDA HEALTH'S 2016-2018 CHNA-CSP FALLS PREVENTION AMONG NIAGARA COUNTY'S SENIOR POPULATION WAS ADDRESSED THROUGH IMPLEMENTATION STRATEGIES INCLUDED IN KALEIDA HEALTH'S LAST CHNA CONDUCTED IN 2013 THE STEP UP TO STOP FALLS PROGRAM WAS HIGHLY SUCCESSFUL AND WHILE NOT INCLUDED AS A PRIORITY AREA IN THE NIAGARA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AND KALEIDA HEALTH'S CHNA-CSP, THE PROGRAM WILL CONTINUE TO EXIST THE NIAGARA COUNTY COLLABORATIVE WORK GROUP DECIDED TO PRIORITIZE OTHER COMMUNITY HEALTH NEEDS FOR 2016-2018 WHILE CANCER IS IDENTIFIED AS THE NUMBER TWO CAUSE OF DEATH IN ERIE AND NIAGARA COUNTIES AND IS A PUBLIC HEALTH CONCERN, IT IS NOT ADDRESSED AS A FOCUS AREA IN THE COUNTY COMMUNITY HEALTH IMPROVEMENT PLANS OR IN KALEIDA HEALTH'S CHNA-CSP FOR 2016-2018, AS THE COUNTY WORK GROUPS DECIDED TO PRIORITIZE OTHER AREAS OF CONCERN HOWEVER, CANCER IS ADDRESSED BY SEVERAL HOSPITALS AND COMMUNITY BASED PREVENTION, EDUCATION, AND TREATMENT INITIATIVES THROUGHOUT THE REGION KALEIDA HEALTH PROVIDES ONCOLOGY SERVICES AT SEVERAL FACILITIES AND IN 2015, KALEIDA HEALTH ACQUIRED CANCER CARE OF WESTERN NEW YORK, AN ONCOLOGY TREATMENT PRACTICE IN 2016, KALEIDA HEALTH HELD TWO MEN'S PROST

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	ATE CANCER OUTREACH AND SCREENING EVENTS TARGETING BUFFALO'S AFRICAN AMERICAN AND HISPANIC POPULATIONS IN COLLABORATION WITH WNY UROLOGY AND CANCER CARE OF WNY

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16J	GROUP A INFORMATION THAT EXPLAINS HOW QUALIFIED PATIENTS CAN ACCESS FINANCIAL ASSISTANCE THROUGH THE HOSPITAL IS INCLUDED ON BILLS AND STATEMENTS TO PATIENTS APPLICATION MATERIALS INCLUDE A NOTICE TO THE PATIENTS THAT ONCE THEY SUBMIT A COMPLETED APPLICATION AND DOCUMENTATION, THEY MAY DISREGARD ANY BILLS UNTIL THE HOSPITAL HAS RENDERED A WRITTEN DECISION ON THE APPLICATION THE HOSPITAL MAY NOT FORWARD ACCOUNTS TO COLLECTION WHILE AN APPLICATION IS PENDING

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

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

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

Name and address	Type of Facility (describe)
1 HIGHPOINTE ON MICHIGAN 1031 MICHIGAN AVE BUFFALO, NY 14203	INPATIENT SKILLED NURSING FACILITY
1 CENTER FOR LABORATORY MEDICINE 115 FLINT ROAD AMHERST, NY 14226	HOSPITAL BASED LAB SERVICES
2 DEGRAFF SKILLED NURSING FACILITY 445 TREMONT STREET NORTH TONAWANDA, NY 14120	INPATIENT SKILLED NURSING FACILITY
3 MILLARD FILLMORE SURGERY CENTER 215 KLEIN ROAD WILLIAMSVILLE, NY 14221	AMBULATORY SURGERY CENTER FACILITY
4 ELMWOOD OBGYN 239 BRYANT STREET BUFFALO, NY 14222	MEDICAL SERVICES - PRIMARY CARE, PRENATAL OUTPATIENT
5 MAPLE WEST MEDICAL COMPLEX 705 MAPLE ROAD AMHERST, NY 14221	MEDICAL SERVICES - PRIMARY CARE, OTHER SPECIALTIES OUTPATIENT THERAPY SERVICES
6 NORTH BUFFALO MEDICAL PARK 900 HERTEL AVE BUFFALO, NY 14207	MEDICAL SERVICES - PRIMARY CARE, RADIOLOGY OUTPATIENT, OUTPATIENT THERAPY SERVICES
7 KALEIDA HEALTH FAMILY PLANNING CENTER 1313 MAIN STREET BUFFALO, NY 14209	OUTPATIENT FAMILY PLANNING
8 COMMUNITY MENTAL HEALTH CENTER 1028 MAIN STREET BUFFALO, NY 14203	HOSPITAL BASED OUTPATIENT BEHAVIORAL HEALTH SERVICES
9 HODGE PEDIATRICS 125 HODGE STREET BUFFALO, NY 14222	HOSPITAL BASED OUTPATIENT PRIMARY CARE SERVICES
10 TOWNE GARDEN PEDIATRICS 461 WILLIAM STREET BUFFALO, NY 14204	HOSPITAL BASED OUTPATIENT PRIMARY CARE SERVICES
11 SOUTHTOWNS SURGERY CENTER 5959 BIG TREE ROAD SUITE 100 ORCHARD PARK, NY 14217	AMBULATORY SURGERY CENTER PRIMARY CARE SERVICES
12 WCHOB SPECIALTY CLINICS 140 HODGE STREET BUFFALO, NY 14222	HOSPITAL BASED OUTPATIENT PRIMARY CARE SERVICES
13 WCHOB WOMEN'S OBGYN HEALTH CENTER 462 GRIDER STREET BUFFALO, NY 14215	HOSPITAL BASED OUTPATIENT PRIMARY CARE SERVICES
14 WCHOB LANCASTER OBGYN 6363 TRANSIT ROAD LANCASTER, NY 14086	MEDICAL SERVICES - PRIMARY CARE, PRENATAL OUTPATIENT

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
16 WCHOB MCKINLEY OBGYN 3860 MCKINLEY PARKWAY HAMBURG, NY 14219	MEDICAL SERVICES - PRIMARY CARE, PRENATAL OUTPATIENT
1 WCHOB CHILD PROTECTION CENTER 556 FRANKLIN STREET BUFFALO, NY 14202	MEDICAL SERVICES - PRIMARY CARE
2 STANLEY MAKOWSKI SBHC 1095 JEFFERSON AVE BUFFALO, NY 14214	SCHOOL BASED PRIMARY CARE SERVICES
3 WCHOB LOCKPORT OBGYN 475 SOUTH TRANSIT ROAD LOCKPORT, NY 14094	MEDICAL SERVICES - PRIMARY CARE, PRENATAL OUTPATIENT
4 HILLERY PARK #27 SBHC 72 PAWNEE PARKWAY BUFFALO, NY 14210	SCHOOL BASED PRIMARY CARE SERVICES
5 WESTMINSTER #68 SBHC 24 WESTMINSTER AVE BUFFALO, NY 14215	SCHOOL BASED PRIMARY CARE SERVICES
6 BENNETT HIGH SCHOOL SBHC 2885 MAIN STREET BUFFALO, NY 14214	SCHOOL BASED PRIMARY CARE SERVICES
7 DR LYDIA WRIGHT #89 SBHC 106 APPENHEIMER STREET BUFFALO, NY 14214	SCHOOL BASED PRIMARY CARE SERVICES
8 BUILD ACADEMY #91 SBHC 340 FOUGERON STREET BUFFALO, NY 14211	SCHOOL BASED PRIMARY CARE SERVICES
9 BUFFALO SCHOOL OF TECHNOLOGY SBHC 414 SOUTH DIVISION STREET BUFFALO, NY 14201	SCHOOL BASED PRIMARY CARE SERVICES
10 HERMAN BADILLO #76 SBHC 315 CAROLINE STREET BUFFALO, NY 14201	SCHOOL BASED PRIMARY CARE SERVICES
11 ML KING #39 SBHC 487 HIGH STREET BUFFALO, NY 14211	SCHOOL BASED PRIMARY CARE SERVICES
12 THE CHILDRENS PSYCHIATRY CLINIC 1404 SWEET HOME ROAD AMHERST, NY 14228	CERTIFIED MENTAL HEALTH OUTPATIENT SERVICES
13 SOUTHTOWNS CLINIC 4535 SOUTHWESTERN BLVD HAMBURG, NY 14075	MEDICAL SERVICES - PRIMARY CARE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319113477

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
KALEIDA HEALTH

Employer identification number
16-1533232

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11

3 Enter total number of other organizations listed in the line 1 table 6

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

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

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

Return Reference	Explanation
FORM 990, SCHEDULE I	PART I, LINE 2 DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS KALEIDA HEALTH MAKES CONTRIBUTIONS TO ORGANIZATIONS IN WESTERN NEW YORK THAT ALSO HAVE HEALTH CARE RELATED ACTIVITIES ALL CONTRIBUTIONS MUST BE APPROVED BY THE GOVERNING BODY BEFORE MONEY IS DISTRIBUTED

Additional Data

Software ID:
Software Version:
EIN: 16-1533232
Name: KALEIDA HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY ORTHOPEDIC SERVICE 5500 MAIN STREET SUITE 107 BUFFALO, NY 14221	16-1406947	N/A	50,000		FMV		CONTRIBUTION CONTRIBUTION CONTRIBUTION SPONSORSHIP SPONSORSHIP SPONSORSHIP SPONSORSHIP
JACOBS INSTITUTION INC 875 ELLICOTT STREET 5TH FLOOR BUFFALO, NY 14203	26-3085485	N/A	200,000		FMV		SPONSORSHIP CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPSTATE NY TRANSPLANT INC 110 BROADWAY BUFFALO, NY 14203	16-1172453	501(C)(3)	25,000		FMV		Uncompensated Care SPONSORSHIP CONTRIBUTION
UB FOUNDATION 3435 MAIN STREET SUITE 107 BUFFALO, NY 14231	16-0865182	501(C)(3)	58,500		FMV		CONTRIBUTION SPONSORSHIP SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY FLIGHT 455 DELAWARE AVE BUFFALO, NY 14202	16-1573408	N/A	20,000		FMV		GALA SPONSORSHIP
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE SUITE 125 WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	10,000		FMV		SPONSORSHIP SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN FOR THE CURE ELM CARLTON STREETS BUFFALO, NY 14263	75-1835298	501(C)(3)	6,000		FMV		SPONSORSHIP
ECMC LIFELINE FOUNDATION 462 GRIDER STREET BUFFALO, NY 14215	16-0371125	501(C)(3)	13,434		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE BUFFALO INC 225 COMO PARK BLVD BUFFALO, NY 14227	51-0202066	501(C)(3)	12,200		FMV		SPONSORSHIP
43NORTH BPC INC 640 ELLICOTT ST SUITE 108 BUFFALO, NY 14203	47-2878159	501(C)(3)	12,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH COLLEGIATE INSTITUTE 845 KENMORE AVENUE BUFFALO, NY 14223	16-0743159	N/A	10,000		FMV		SPONSORSHIP
CYSTIC FIBROSIS FDN 6931 ARLINGTON RD SUITE T 200 BETHESDA, MD 20814	13-1930701	501(C)(3)	10,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEAF ACCESS SERVICES INC 2495 MAIN STREET SUITE 446 BUFFALO, NY 14214	16-1433932	N/A	10,000		FMV		SPONSORSHIP
WECK CULVER COMMUNICATIONS COR 2900 GENESEE STREET CHEEKTOWAGA, NY 14225	26-1247618	N/A	8,000		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEVIN GUEST HOUSE 782 ELLICOTT STREET BUFFALO, NY 14203	23-7218160	501(C)(3)	7,250		FMV		SPONSORSHIP
AMERICAN CANCER SOCIETY 101 JOHN JAMES AUDUBON PKWY AMHERST, NY 14228	16-0743902	501(C)(3)	6,500		FMV		SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 569 HIGHLAND AVE TONAWANDA, NY 14223	13-1623888	501(C)(3)	5,750		FMV		SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
KALEIDA HEALTH

Employer identification number
16-1533232

Part I Questions Regarding Compensation

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

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
HEALTH OR SOCIAL CLUB DUES	SCHEDULE J, PART I, LINE 1A AS PART OF THEIR COMPENSATION PACKAGE, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE ENTITLED TO CHOOSE AS AN EXECUTIVE PERK THE BENEFIT OF BUSINESS RELATED SOCIAL DUES OR INITIATION FEES
SEVERANCE PAYMENTS	SCHEDULE J, PART I, LINE 4A THE FOLLOWING FORMER EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A, RECEIVED SEVERANCE PAYMENTS DURING 2016: JAMES KASKIE, FORMER CEO, \$192,017; JAMAL GHANI, FORMER COO, \$562,500
EXECUTIVE DEFERRED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B DURING THE YEAR, THE FOLLOWING OFFICERS AND KEY EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A PARTICIPATED IN THE EXECUTIVE DEFERRED RETIREMENT PLAN: JODY LOMELO, JONATHAN SWIATKOWSKI, TONI BOOKER, DAVID HUGHES, MD, DONALD BOYD, MICHAEL HUGHES, CHERYL KLASS AND ALYSON SPAULDING. EMPLOYER AND EMPLOYEE CONTRIBUTIONS DURING THE YEAR TO THIS PLAN HAVE BEEN REPORTED, AS REQUIRED, ON SCHEDULE J, PART II COLUMNS (B) (III) AND (C). DURING 2016, THE FOLLOWING OFFICERS AND KEY EMPLOYEES RECEIVED PAYMENTS UNDER AN EXECUTIVE DEFERRED RETIREMENT PLAN: TONI BOOKER \$149,905; DONALD BOYD \$103,072

Additional Data

Software ID:

Software Version:

EIN: 16-1533232

Name: KALEIDA HEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1JODY LOMEOPRES/CEO EX-OFFICIO W/VOTE	(i)	995,974	354,600	35,000	494,299	17,185	1,897,058	0
	(ii)	0	0	0	0	0	0	0
1ALYSON SPAULDINGGENERAL COUNSEL	(i)	347,679	84,000	25,000	241,499	14,182	712,360	0
	(ii)	0	0	0	0	0	0	0
2DAVID HUGHES MD EVP, CMO	(i)	474,757	83,125	25,000	210,902	14,347	808,131	0
	(ii)	0	0	0	0	0	0	0
3TONI BOOKER EVP, CHIEF HUMAN RESOURCES OFC	(i)	331,080	54,450	180,405	46,187	6,334	618,456	149,905
	(ii)	0	0	0	0	0	0	0
4JONATHAN SWIATKOWSKI EVP, CFO	(i)	449,904	126,000	25,000	190,281	14,314	805,499	0
	(ii)	0	0	0	0	0	0	0
5JAMAL GHANI FORMER EVP, COO	(i)	86,253	113,750	565,385	13,520	2,430	781,338	0
	(ii)	0	0	0	0	0	0	0
6DONALD BOYD EVP BUSINESS DEVELOPMENT	(i)	507,339	85,000	128,072	60,796	14,281	795,488	103,072
	(ii)	0	0	0	0	0	0	0
7CHRISTOPHER LANE VP PRESIDENT BGMC	(i)	443,743	52,500	20,000	55,343	14,215	585,801	0
	(ii)	0	0	0	0	0	0	0
8CHERYL KLASS EVP, CHIEF NURSE EXECUTIVE	(i)	566,776	65,000	25,000	50,940	6,558	714,274	0
	(ii)	0	0	0	0	0	0	0
9ALLEGRA JAROS SVP OPERATIONS WCHOB	(i)	351,219	52,500	20,000	52,537	14,182	490,438	0
	(ii)	0	0	0	0	0	0	0
10MICHAEL HUGHES SVP, PUBLIC AFFAIRS MARKETING	(i)	274,581	54,000	25,000	113,585	633	467,799	0
	(ii)	0	0	0	0	0	0	0
11AARON HOFFMAN MD EMPLOYED PHYSICIAN	(i)	830,325	0	0	34,985	14,639	879,949	0
	(ii)	0	0	0	0	0	0	0
12CHRISTOPHER MALLAVARAPU MD EMPLOYED PHYSICIAN	(i)	901,132			33,508	14,479	949,119	
	(ii)							
13CARROLL HARMON MD EMPLOYED PHYSICIAN	(i)	639,019	0	0	9,127	1,115	649,261	0
	(ii)	0	0	0	0	0	0	0
14KATHRYN BASS MD EMPLOYED PHYSICIAN	(i)	586,856	0	0	39,737	1,037	627,630	0
	(ii)	0	0	0	0	0	0	0
15LAN ADAMS MD EMPLOYED PHYSICIAN	(i)	601,518	0	0	39,050	1,068	641,636	0
	(ii)	0	0	0	0	0	0	0
16JAMES KASKIE FORMER CEO	(i)	0	0	192,017	0	0	192,017	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
KALEIDA HEALTH

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
16-1533232

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY - STATE OF NEW YORK (SCH 1)	14-6000293		09-30-2016	7,650,258	LEASE OF EQUIPMENT		X		X		X
B DORMITORY AUTHORITY - STATE OF NEW YORK (SCH 2)	14-6000293		09-30-2016	7,349,742	LEASE OF EQUIPMENT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	168,499		161,880					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	7,650,258		7,349,742					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	104,266		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	7,348,433		2,825,269					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	197,559		4,524,473					
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART III, LINE 8, PART IV, LINE 7 AND PART V	KALEIDA HEALTH DOES NOT CURRENTLY HAVE WRITTEN POLICIES AND PROCEDURES IN PLACE BUT MANAGEMENT REGULARLY REVIEWS POST-ISSUANCE COMPLIANCE OBLIGATIONS TO ENSURE THERE ARE NO VIOLATIONS OF FEDERAL TAX REQUIREMENTS KALEIDA HEALTH IS CURRENTLY IN THE PROCESS OF ADOPTING WRITTEN POLICIES AND PROCEDURES

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization
KALEIDA HEALTH

Employer identification number
16-1533232

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN EVANS	SEE PART V	94,559	SEE PART V		No
(2) WALSH INSURANCE	SEE PART V	16,215	SEE PART V		No
(3) TOPS MARKETS LLC	SEE PART V	2,663,004	SEE PART V		No
(4) QUAKER BROOKBRIDGE REAL ESTATE	SEE PART V	1,800,469	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV SUSAN EVANS SUSAN EVANS IS A FAMILY MEMBER OF A BOARD MEMBER, EVAN EVANS, MD, WHO RECEIVED COMPENSATION FROM THE ORGANIZATION IN THE NORMAL COURSE OF BUSINESS FOR PERFORMANCE OF SERVICES AS A UTILIZATION REVIEW COORDINATOR WALSH INSURANCE THEODORE B K WALSH IS A FAMILY MEMBER OF A BOARD MEMBER, AMY CLIFTON, AND A GREATER THAN 35% OWNER OF WALSH INSURANCE, WHICH PROVIDED INSURANCE BROKERAGE SERVICES TO THE ORGANIZATION DURING THE YEAR TOPS MARKETS LLC FRANK CURCI IS A BOARD MEMBER AND A GREATER THAN 35% OWNER OF TOPS MARKETS LLC, WHICH HAD A PHARMACY DISPENSING CONTRACT WITH THE ORGANIZATION DURING THE YEAR QUAKER BROOKBRIDGE REAL ESTATE KEVIN GIBBONS IS A BOARD MEMBER AND A GREATER THAN 35% OWNER OF QUAKER BROOKBRIDGE REAL ESTATE, WHICH LEASED PROPERTY TO THE ORGANIZATION DURING THE YEAR

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
KALEIDA HEALTH

Employer identification number
16-1533232

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts . . .				
25 Other ► (<u>VARIOUS MEDICAL EQUIPMENT</u>)	X	2	3,764,608	REPLACEMENT COST
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
KALEIDA HEALTH**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection****Employer identification number**

16-1533232

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	KALEIDA HEALTH IS THE LARGEST HEALTHCARE PROVIDER IN WNY, SERVING THE AREA'S EIGHT COUNTIES WITH COMPREHENSIVE SERVICES & PROGRAMS PROVIDED AT FOUR ACUTE CARE, TWO LONG TERM CARE, AS WELL AS OUTPATIENT & PRIMARY CARE SITES REVIEW PROCESS FOR FORM 990 ORGANIZATION'S MANAGEMENT IN CONSULTATION WITH THE ORGANIZATION'S TAX ADVISORS, KPMG, REVIEW THE FORM 990 THE FINANCIAL REVIEW IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE RELEVANT TIME PERIOD BEFORE THE FORM 990 IS FILED WITH THE IRS, THE FINANCE COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THE FORM 990 AND PROVIDES A COPY OF THE SAME TO THE ORGANIZATION'S FULL BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, QUESTION 12C UPON EMPLOYMENT AND ANNUALLY THEREAFTER EACH KEY EMPLOYEE AND OFFICER OF THE ORGANIZATION IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE FORM, PROVIDING SUFFICIENT INFORMATION ABOUT HIS/HER PERSONAL INTERESTS AND RELATIONSHIPS SO THE ORGANIZATION CAN (1) DETERMINE WHETHER ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST MAY EXIST, AND (2) MONITOR WORK OR SERVICE ASSIGNMENTS TO AVOID PLACING THE KEY EMPLOYEE, OFFICER OR DIRECTOR IN A POSITION WHERE THERE MAY BE POTENTIAL, ACTUAL, OR EVEN APPEARANCE, OF A CONFLICT OF INTEREST OR A QUESTION OF OBJECTIVITY THE COMPLETED CONFLICTS OF INTEREST AND DISCLOSURE FORMS FOR DIRECTORS ARE RETURNED TO THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION APPROVAL PROCESS	FORM 990, PART VI, SECTION B, QUESTIONS 15A & 15B ON A REGULAR BASIS, THE ORGANIZATION PROVIDES DOCUMENTATION TO THE COMPENSATION COMMITTEE OF THE BOARD WITH RESPECT TO THE COMPENSATION OF THE ORGANIZATIONS OFFICERS AND KEY EMPLOYEES FOR REVIEW AND APPROVAL SUCH INFORMATION IS COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT AND INCLUDES COMPARABLE DATA FROM SIMILAR SIZE TAX-EXEMPT ORGANIZATIONS IN THE WESTERN NEW YORK COMMUNITY AS WELL AS COMPENSATION FOR THESE POSITIONS (AS DISCLOSED ON FORM 990) WITH OTHER ORGANIZATIONS IN THE HEALTH CARE INDUSTRY THAT ARE OF SIMILAR SIZE, DEMOGRAPHICS AND GEOGRAPHY REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENTS BY THE COMPENSATION COMMITTEE IS DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACCESS TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, SECTION C, QUESTION 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICE AT 726 EXCHANGE STREET, SUITE 200, BUFFALO, NY 14210 A NOMINAL FEE IS CHARGED IF COPIES ARE REQUESTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI	OTHER CHANGES IN NET ASSETS OR FUND BALANCES MINORITY INTEREST IN SUBSIDIARY (303,778) DECREASE IN PENSION LIABILITY (42,554,848) TRANSFER FROM KALEIDA FOUNDATIONS (1,905,000) OTHER TRANSFERS NET (1,937,441) CHANGE IN VALUE OF FOUNDATIONS (13,056,415) ----- TOTAL (59,757,482)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED PHYSICIAN FEES TOTAL FEES 74653316

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 25044810

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION INTERNS & RESIDENTS FEES TOTAL FEES 26597730

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 8797110

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
KALEIDA HEALTH

Employer identification number
16-1533232

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KALEIDA MCO LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1570311	DORMANT	NY	0	0	KH
(2) KALEIDA IPA LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1570380	DORMANT	NY	0	0	KH
(3) KALEIDA WNYI LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 45-3189404	HEALTH CARE	NY	-402,601	4,340,148	KH
(4) KALEIDA SERVICES LLC 2100 WEHRLE DRIVE WILLIAMSVILLE, NY 14221 000000000	ADULT DAYCARE	NY	197,196	808,195	KH

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)MILLARD FILLMORE AMBULATORY SURGER CTR 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1307129	SUPPORT ORG	NY	501(C)(3)	12A	KH	Yes	
(2)VNA HOME CARE SERVICES 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1491203	HOME HLTHCARE	NY	501(C)(3)	10	KH	Yes	
(3)VNA OF WESTERN NEW YORK 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-0743214	HOME HLTHCARE	NY	501(C)(3)	10	KH	Yes	
(4)VISK 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 22-2738425	SUPPORT ORG	NY	501(C)(3)	10	KH	Yes	
(5)KALEIDA HEALTH FOUNDATION 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1579143	FUNDRAISING	NY	501(C)(3)	7	KH	Yes	
(6)THE WOMEN & CHILDREN'S HOSP OF BFLO FDN 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1332044	FUNDRAISING	NY	501(C)(3)	7	KH	Yes	
(7)CHILDREN'S HOME HEALTH OF WNY INC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 81-4086046	PED HLTH HOME	NY	501(C)(3)	10	KH	Yes	

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) KALEIDA PROPERTIES INC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 22-2738483	PROP MGMT SVCS	NY	KALEIDA HEALTH	C Corp	1,351,355	17,223,458	100 000 %	Yes	
(2) WESTLINK CORPORATION 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1354421	MED & DIAGN SVCS	NY	KALEIDA HEALTH	C Corp	-290	100,916	100 000 %	Yes	
(3) KALEIDA HEALTHNOW INC 257 WEST GENESEE STREET BUFFALO, NY 14202 46-2164089	HEALTH CARE	NY	KALEIDA HEALTH	C Corp			50 000 %		No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 16-1533232
Name: KALEIDA HEALTH

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
(1) 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1307129	SUPPORT ORG	NY	501(C)(3)	12A	KH	Yes	
(1) 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1491203	HOME HLTHCARE	NY	501(C)(3)	10	KH	Yes	
(2) 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-0743214	HOME HLTHCARE	NY	501(C)(3)	10	KH	Yes	
(3) 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 22-2738425	SUPPORT ORG	NY	501(C)(3)	10	KH	Yes	
(4) 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1579143	FUNDRAISING	NY	501(C)(3)	7	KH	Yes	
(5) 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1332044	FUNDRAISING	NY	501(C)(3)	7	KH	Yes	
(6) 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 81-4086046	PED HLTH HOME	NY	501(C)(3)	10	KH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HARLEM ROAD LEASING LLC 3435 MAIN STREET BUFFALO, NY 14214 20-5588135	EQUIPMENT LEASING	NY	KALEIDA HEALTH	UNRELATED	95,520	138,196		No	0	Yes		50 000 %
(1) AMTON IMAGING LLC 199 PARK CLUB LANE SUITE 300 WILLIAMSVILLE, NY 14221 26-2925470	HEALTH CARE	NY	KALEIDA WNYI	RELATED	-51,165	1,675,196		No	0	Yes		50 000 %
(2) SITE E LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 27-2124795	REAL ESTATE MGMT	NY	KPI	EXCLUDED	111,986	1,642,671		No	0		No	50 160 %
(3) MSFC LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 26-1582864	HEALTH CARE	NY	KALEIDA HEALTH	EXCLUDED	439,259	1,843,351		No	0		No	55 297 %
(4) SOUTHTOWNS IMAGING LLC 5959 BIG TREE ROAD SUITE 105 ORCHARD PARK, NY 14127 47-1123230	EQUIPMENT LEASING	NY	KALEIDA WNYI	UNRELATED	-257,653	2,457,029		No	0	Yes		70 000 %
(5) COLLABORATIVE CARE VENTURES LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210	HEALTH CARE	NY	KALEIDA HEALTH	EXCLUDED	-73,651	17,675,054		No	0		No	60 000 %
(6) GREAT LAKES MEDICAL BILLING SVCS LLC 199 PARK CLUB LANE SUITE 300 WILLIAMSVILLE, NY 14221	MEDICAL BILLING	NY	KALEIDA WNYI	UNRELATED	-93,783	207,923		No	0		No	50 000 %
(7) ALTUS MANAGEMENT LLC 840 AERO DRIVE SUITE 150 BUFFALO, NY 14225	GROUP PURCHAS	NY	KALEIDA HEALTH	EXCLUDED	183,048	1,976,625		No	0		No	52 167 %
(8) SOUTHTOWNS SURGERY CENTER LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 46-4742028	HEALTH CARE	NY	KALEIDA HEALTH	EXCLUDED	-1,801,005	3,122,497		No	0	Yes		63 171 %

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	VNA HOME CARE SERVICES	O	121,793	ACTUAL COST
(1)	VNA HOME CARE SERVICES	Q	1,745,194	ACTUAL COST
(2)	VNA OF WESTERN NEW YORK	O	279,271	ACTUAL COST
(3)	VNA OF WESTERN NEW YORK	L	358,004	ACTUAL COST
(4)	VNA OF WESTERN NEW YORK	Q	14,041,243	ACTUAL COST
(5)	MFSC LLC	J	637,534	ACTUAL COST
(6)	MFSC LLC	D	55,033	ACTUAL COST
(7)	KALEIDA PROPERTIES INC	q	110,973	ACTUAL COST
(8)	KALEIDA PROPERTIES INC	d	4,696,287	ACTUAL COST
(9)	SITE E LLC	k	233,450	ACTUAL COST
(10)	WCHOB FOUNDATION	c	1,516,781	ACTUAL COST
(11)	WCHOB FOUNDATION	s	21,661,975	ACTUAL COST
(12)	WCHOB FOUNDATION	P	90,351	ACTUAL COST
(13)	KALEIDA HEALTH FOUNDATION	c	2,247,827	ACTUAL COST
(14)	KALEIDA HEALTH FOUNDATION	s	1,332,699	ACTUAL COST
(15)	KALEIDA HEALTH FOUNDATION	P	296,081	ACTUAL COST
(16)	SOUTHTOWNS IMAGING LLC	D	402,071	ACTUAL COST
(17)	SOUTHTOWNS IMAGING LLC	J	219,997	ACTUAL COST
(18)	SOUTHTOWNS IMAGING LLC	Q	148,903	ACTUAL COST
(19)	SOUTHTOWNS SURGERY CENTER LLC	L	172,189	ACTUAL COST
(20)	SOUTHTOWNS SURGERY CENTER LLC	J	328,947	ACTUAL COST
(21)	SOUTHTOWNS SURGERY CENTER LLC	D	298,431	ACTUAL COST
(22)	COLLABORATIVE CARE VENTURES LLC	D	251,104	ACTUAL COST