



990

Department of the Treasury  
Internal Revenue Service

2949334904511 8

OMB No. 1545-0047

2017

Open to Public  
Inspection

## Return of Organization Exempt From Income Tax

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

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

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

A For the 2017 calendar year, or tax year beginning

, 2017, and ending

, 20

B Check if applicable		C Name of organization <b>NDH FOUNDATION</b>			D Employer identification number <b>14-1776208</b>	
Address change		Doing business as			E Telephone number <b>(845) 475-9500</b>	
Name change		Number and street (or P O box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ <b>854,439.</b>	
Initial return		PO BOX 5002			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No	
Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code <b>RHINEBECK, NY 12572</b>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No	
Amended return		F Name and address of principal officer <b>ANN ARMATER, EXEC DIRECTOR</b> PO BOX 5002 RHINEBECK, NY 12572			If "No," attach a list (see instructions)	
Application pending					H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> X 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) 4947(a)(1) or 527					J Website: ► <a href="http://WWW.HEALTHQUEST.ORG">WWW.HEALTHQUEST.ORG</a>	
K Form of organization <input checked="" type="checkbox"/> X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►					L Year of formation	
					M State of legal domicile	

## Part I Summary

1 Briefly describe the organization's mission or most significant activities **FUNDRAISING FOR SUPPORT OF NORTHERN DUTCHESCH HOSPITAL'S SERVICES AND PROGRAMS**2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3	15.
4	15.
5	0.
6	50.
7a	0.
7b	

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 2017 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

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

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

Prior Year      Current Year

443,181.      446,570.

0.      0.

532,865.      203,673.

19,860.      6,703.

995,906.      656,946.

383,905.      308,747.

0.      0.

206,659.      223,937.

0.      0.

324,228.

186,491.      136,379.

777,055.      669,063.

218,851.      -12,117.

Beginning of Current Year      End of Year

8,646,348.      9,425,060.

1,233,041.      1,850,189.

7,413,307.      7,574,871.

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. **RECEIVED**      **DEC 03 2018**

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Form 990 (2017)

## Part III Statement of Program Service Accomplishments

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

**1 Briefly describe the organization's mission**

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

If "Yes," describe these changes on Schedule O

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

**4a (Code. ) (Expenses \$ 308,747. including grants of \$ 308,747. ) (Revenue \$ )**

THE FOUNDATION'S PRINCIPLE ACTIVITIES ARE THE SOLICITATION

RECEIPT HOLDING, INVESTMENT AND DISBURSEMENT OF CONTRIBUTIONS ON

RECEIPT HOLDING, INVESTMENT AND DISBURSEMENT OF CONTRIBUTIONS  
BEHALF OF NORTHERN DUTCHESSE HOSPITAL AND ITS CHARITABLE FUND

BEHALF OF N  
AFFILIATES

**4b (Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )**

(3000) \_\_\_\_\_ (2400) \_\_\_\_\_ (1600) \_\_\_\_\_ (800) \_\_\_\_\_ (400) \_\_\_\_\_

**4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )**

---

**4d Other program services (Describe in Schedule O.)**

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses ► 308,747.**

## 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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2 X	
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 X	
4	<b>Section 501(c)(3) organizations.</b> 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 X	
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. . . . .		
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 X	
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 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 X	
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 X	
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 X	
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		
11a	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 X	
11b	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 X	
11c	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 X	
11d	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 X	
11e	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e X	
11f	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 X	
12a	12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	12a X	
12b	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 X	
13	13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	13 X	
14a	14a Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	14a X	
14b	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 X	
15	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 X	
16	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 X	
17	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 X	
18	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 X	
19	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 X	

**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	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	
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	X
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	X
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	X
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	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
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	X
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	X
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	X
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 . . . . .	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
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. . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .	31	X
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	X
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	X
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	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	X
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 . . . . .	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2017)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . 

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

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 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

1b Enter the number of voting members included in line 1a, above, who are independent . . . . . **1b** 15  
 2

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? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Did the organization have members or stockholders? . . . . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . **7a**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O? . . . . . **9**

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

10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a**

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? . . . . .

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a**

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**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

13 Did the organization have a written whistleblower policy? . . . . .

14 Did the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .

a The organization's CEO, Executive Director, or top management official . . . . . **15a**

b Other officers or key employees of the organization . . . . . **15b**   
 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**   
 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**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NY**,

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records. ►  
 KATHERINE BACHER, SVP & CFO 1351 ROUTE 55 SUITE 200 LAGRANGEVILLE, NY 12548 845-475-9500

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) ADDAM RAKOW	1.00								
TRUSTEE	0.	X					0.	0.	0.
(2) LEWIS J RUGE	1.00								
TRUSTEE	0.	X					0.	0.	0.
(3) ELLEN SILVERSTEIN	1.00								
TRUSTEE	0.	X					0.	0.	0.
(4) STEVEN KAPLAN, MD	1.00								
TRUSTEE	0.	X					0.	0.	0.
(5) WILLIAM AIERSTOK, JR., MD	1.00								
TRUSTEE	0.	X					0.	0.	0.
(6) BRUCE CUTTLER, DDS	1.00								
TRUSTEE	0.	X					0.	0.	0.
(7) PHILIP MELTZER	1.00								
TRUSTEE	0.	X					0.	0.	0.
(8) GEORGE VERRILLI, MD	1.00								
VICE CHAIR	0.	X					0.	0.	0.
(9) TIMOTHY HOOLIHAN	1.00								
TRUSTEE	0.	X					0.	0.	0.
(10) CAROL L. GORDON	1.00								
TRUSTEE	0.	X					0.	0.	0.
(11) BRAD KEIL	1.00								
TRUSTEE	0.	X					0.	0.	0.
(12) JANET SAULPAUGH	1.00								
SECRETARY	0.	X					0.	0.	0.
(13) KEVIN M. SHEEHAN	1.00								
TRUSTEE	0.	X					0.	0.	0.
(14) KELLY J. MOSHER	1.00								
TRUSTEE	0.	X					0.	0.	0.

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

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
15) GERALYN ELY		1.00									
TRUSTEE		0.	X						0.	0.	0.
16) LAWRIE BIRD FIRESTONE		1.00									
TRUSTEE		0.	X						0.	0.	0.
17) SEAN KEMP		1.00									
TRUSTEE		0.	X						0.	0.	0.
18) KRISTIN RUGE HUTCHINS		1.00									
TRUSTEE		0.	X						0.	0.	0.
19) ANN ARMATER		1.00									
SR. VP OF DEVELOPMENT		40.00		X					0.	342,898.	43,920.
20) GARY ZMRHAL		1.00									
TREASURER		40.00		X					0.	435,250.	0.
21) KATHERINE BACHER		1.00									
TREASURER		40.00		X					0.	542,938.	35,434.
22) MICHAEL HOLZHUETER		1.00									
ASST. SECRETARY		40.00		X					0.	1,043,442.	105,563.
23) CHERYL BOOTH		1.00									
ASST. SECRETARY		40.00		X					0.	110,857.	7,942.
24) DAWN MORRISON		1.00									
EXECUTIVE DIRECTOR		40.00		X					0.	116,511.	32,267.
<b>1b Sub-total</b>									0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>									0.	2,591,896.	225,126.
<b>d Total (add lines 1b and 1c)</b>									0.	2,591,896.	225,126.

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 ► 0.

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.</b>		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>					
1a Federated campaigns . . . . .	1a				
1b Membership duos . . . . .	1b				
1c Fundraising events . . . . .	1c				
1d Related organizations . . . . .	1d				
1e Government grants (contributions) . . . . .	1e				
f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	446,570.			
g Noncash contributions included in lines 1a-1f \$					
<b>h Total Add lines 1a-1f . . . . .</b>		<b>446,570</b>			
<b>Program Service Revenue</b>	<b>Business Code</b>				
2a					
b					
c					
d					
e					
f All other program service revenue . . . . .					
<b>g Total Add lines 2a-2f . . . . .</b>		<b>0.</b>			
3 Investment income (including dividends, interest, and other similar amounts). <b>ATTACHMENT 1 . . . . .</b>		203,310.			203,310.
4 Income from investment of tax-exempt bond proceeds . . . . .		0.			
5 Royalties . . . . .		0.			
6a Gross rents . . . . .	(i) Real				
b Less rental expenses . . . . .	(ii) Personal				
c Rental income or (loss) . . . . .					
d Net rental income or (loss) . . . . .		0.			
7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less cost or other basis and sales expenses . . . . .	(ii) Other				
c Gain or (loss) . . . . .					
d Net gain or (loss) . . . . .		363.			363.
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)					
See Part IV, line 18 . . . . .	a	192,850.			
b Less direct expenses . . . . .	b	197,493.			
c Net income or (loss) from fundraising events. <b>ATTACHMENT 2 . . . . .</b>		-4,643.			-4,643.
9a Gross income from gaming activities					
See Part IV, line 19 . . . . .	a				
b Less direct expenses . . . . .	b				
c Net income or (loss) from gaming activities . . . . .		0.			
10a Gross sales of inventory, less returns and allowances . . . . .	a				
b Less cost of goods sold . . . . .	b				
c Net income or (loss) from sales of inventory. . . . .		0.			
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
<b>11a AFFILIATE REVENUE</b>		11,346.	11,346.		
b					
c					
d All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . .		11,346.			
<b>12 Total revenue. See instructions . . . . .</b>		<b>656,946.</b>	<b>11,346.</b>		<b>199,030.</b>

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	308,747.	308,747.		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(l)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	177,728.			177,728.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	46,209.			46,209.
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees) . . . . .				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
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) . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	7,436.			7,436.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	4,000.		4,000.	
17 Travel . . . . .	3,409.			3,409.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	1,715.			1,715.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	3,162.			3,162.
23 Insurance . . . . .	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
a SUPPORT SERVICES . . . . .	32,088.		32,088.	
b PURCHASED SERVICES . . . . .	54,733.			54,733.
c SERVICE CONTRACTS . . . . .	10,431.			10,431.
d MISCELLANEOUS . . . . .	19,405.			19,405.
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e	669,063.	308,747.	36,088.	324,228.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing	1,462,935	1	2,701,972
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	2,974,151	3	1,861,625
	4 Accounts receivable, net	0	4	0
	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 1958(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	0	8	0
	9 Prepaid expenses and deferred charges	4,962	9	3,598
Assets	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a /0,133		
	b Less accumulated depreciation	10b 62,450	10c 11,445	10c 8,283
	11 Investments - publicly traded securities	ATCH 4 4,192,855	11	4,849,582
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	8,646,348	16	9,425,060
	17 Accounts payable and accrued expenses	4,386	17	10,914
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
Liabilities	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	0	23	0
	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	1,228,655	25	1,839,275
	26 Total liabilities. Add lines 17 through 25	1,233,041	26	1,850,189
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	638,207	27	1,056,227
	28 Temporarily restricted net assets	6,339,570	28	6,083,114
	29 Permanently restricted net assets	435,530	29	435,530
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	30		
	31 Paid-in or capital surplus, or land, building, or equipment fund	31		
	32 Retained earnings, endowment, accumulated income, or other funds	32		
	33 Total net assets or fund balances	7,413,307	33	7,574,871
	34 Total liabilities and net assets/fund balances	8,646,348	34	9,425,060

Form 990 (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	656,946.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	669,063.
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-12,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	7,413,307.
5	Net unrealized gains (losses) on investments . . . . .	5	430,137.
6	Donated services and use of facilities . . . . .	6	0.
7	Investment expenses . . . . .	7	0.
8	Prior period adjustments . . . . .	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-256,456.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	7,574,871.

**Part XII Financial Statements and Reporting**Check 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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	X	
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? . . . . .		X
3b	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		

Form 990 (2017)

**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.)

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	250,313.	4,548,775.	3,869,485.	463,041.	441,927.	9,573,541.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
4 Total. Add lines 1 through 3 . . . . .	250,313.	4,548,775.	3,869,485.	463,041.	441,927.	9,573,541.
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). . . . .						0.
6 Public support. Subtract line 5 from line 4						9,573,541.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 . . . . .	250,313.	4,548,775.	3,869,485.	463,041.	441,927.	9,573,541.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	186,542.	227,563.	42,785.	532,865.	203,673.	1,193,428.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1 . . . . .						11,346.
11 Total support. Add lines 7 through 10 . . .						10,778,315.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	14	88.82%
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15	89.39%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

**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) ►

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) . . . . .

	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

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 . . . . . ►

	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . . 15 %

16 Public support percentage from 2016 Schedule A, Part III, line 15 . . . . . 16 %

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

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . . 17 %

18 Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . . 18 %

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described in (a) above?
- A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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? 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.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
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)

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

	Yes	No
--	-----	----

## 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? 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

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? 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.

2a		
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? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a	--	--
3b	--	--

Schedule A (Form 990 or 990-EZ) 2017

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> 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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	8		
<b>Section C - Distributable Amount</b>		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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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

<b>Section D - Distributions</b>		<b>Current Year</b>
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 <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
AFFILIATE REVENUE					11,346.	11,346.
TOTALS					<u>11,346.</u>	<u>11,346.</u>

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

Name of the organization

NDH FOUNDATION

**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.

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

OMB No 1545-0047

**2017**Open to Public  
Inspection

Employer identification number

14-1776208

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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		<input checked="" type="checkbox"/> Held at the End of the Tax Year
a Total number of conservation easements .....	2a	
b Total acreage restricted by conservation easements .....	2b	
c Number of conservation easements on a certified historic structure included in (a) .....	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
1b 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.

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Schedule D (Form 990) 2017

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**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):

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	435,530.	435,530.	435,530.	435,530.	435,530.
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	435,530.	435,530.	435,530.	435,530.	435,530.

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

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► 100.0000 %

c Temporarily restricted endowment ► \_\_\_\_\_ %

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

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		70,733.	62,450.	8,283.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c). . . . .				8,283.

**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) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes ATTACHMENT 1	
(2) DUE TO NDH	1,440,032.
(3) DUE TO NDRHCF	27,075.
(4) DUE TO VASSAR BROTHERS MED CTR	774.
(5) DUE TO HEALTH QUEST	269,971.
(6) DUE TO HEYMAN FUND	100.
(7) DUE TO VBCM FOUNDATION	27,743.
(8) DUE TO PHC	-1,092.
(9) DUE TO PHC FOUNDATION	2,985.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

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

Schedule D (Form 990) 2017

**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

**PART V LINE 4 ENDOWMENT FUNDS**

ENDOWMENT FUNDS INTENDED USE 1) \$150,000 TO BE USED BY NORTHERN DUTCHES

HOSPITAL IN CONNECTION WITH ITS GENERAL PURPOSES. 2) \$150,000 IS TO BE

USED FOR THE BENEFIT OF THOMPSON HOUSE. 3) \$100,000 FOR THE NDH

FOUNDATION GENERAL PURPOSES. 4) \$25,000 TO BE USED FOR THE BENEFIT OF

THOMPSON HOUSE 5) \$10,530 TO BE USED FOR THE BENEFIT OF NDH AUXILIARY.

**Part XIII Supplemental Information (continued)**ATTACHMENT 1SCHEDULE D; PART X - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>
DUE TO ANDERSON FUND	48,620.
DUE TO ZIPSER FUND	23,067.
<b>TOTALS</b>	<b><u>1,839,275.</u></b>

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**NDH FOUNDATION**

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Employer identification number  
**14-1776208**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

Schedule G (Form 990 or 990-EZ) 2017

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

	(a) Event #1 GALA (event type)	(b) Event #2 GOLF (event type)	(c) Other events 1. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	119,909.	39,109.	33,832.
	2 Less: Contributions . . . . .			
	3 Gross income (line 1 minus line 2). . . . .	119,909.	39,109.	33,832.
	4 Cash prizes . . . . .			
	5 Noncash prizes . . . . .			
	6 Rent/facility costs . . . . .			
	7 Food and beverages . . . . .			
	8 Entertainment . . . . .			
	9 Other direct expenses . . . . .	163,642.	22,341.	11,510.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			► 197,493.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .			► -4,643.

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

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

9 Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain. \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2017

11 Does the organization conduct gaming activities with nonmembers? . . . . .  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . .	13a	%
b An outside facility . . . . .	13b	%

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

 Director/officer       Employee       Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

**SCHEDULE I**  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990.

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

OMB No 1545-0007  
**2017**  
Open to Public  
Inspection

Name of the organization  
**NDH FOUNDATION**

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					RESTRICTED CONTRIBUT		
(1) NORTHERN DUTCHESSE HOSPITAL PO BOX 5002 RHINEBECK, NY 12572	14-1338467		308,747.				
(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 . . . . .							
3 Enter total number of other organizations listed in the line 1 table . . . . .							

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

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

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Schedule I (Form 990) (2017)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

NORTHERN DUTCHESSE HOSPITAL

RESTRICTED CONTRIBUTIONS

Y

## Compensation Information

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

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

**2017**

Open to Public  
Inspection

Name of the organization

NDH FOUNDATION

Employer identification number

14-1776208

### Part I Questions Regarding Compensation

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

First-class or charter travel  
 Travel for companions  
 Tax indemnification 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 (such as, maid, chauffeur, chef)

	Yes	No
<b>1b</b>		
<b>2</b>		

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

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

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

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X

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

**a** Receive a severance payment or change-of-control payment? . . . . .  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

<b>5a</b>		X
<b>5b</b>		X

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

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

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

If "Yes" on line 5a or 5b, describe in Part III

<b>5a</b>		X
<b>5b</b>		X

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

If "Yes" on line 6a or 6b, describe in Part III

<b>6a</b>		X
<b>6b</b>		X

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

<b>7</b>		X

**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 . . . . .

<b>8</b>		X

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

<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANN ARMATER	0.	0.	0.	0.	0.	0.	0.
1SR. VP OF DEVELOPMENT	276,411.	43,333.	23,154.	16,200.	27,720.	386,818.	15,900.
GARY ZMRHAL	0.	0.	0.	0.	0.	0.	0.
2TREASURER	435,250.	0.	0.	0.	0.	435,250.	0.
KATHERINE BACHER	0.	0.	0.	0.	0.	0.	0.
3TREASURER	403,825.	116,203.	22,910.	34,085.	1,349.	578,372.	15,900.
MICHAEL HOLZHUETER	0.	0.	0.	0.	0.	0.	0.
4ASST. SECRETARY	637,019.	312,201.	94,222.	79,739.	25,824.	1,149,005.	15,900.
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part II 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.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

NDH FOUNDATION

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**Employer identification number  
14-1776208**SCHEDULE R RELATED TAX ORGANIZATIONS**

ENTITY TAX ID# PRIMARY ACTIVITY LEGAL DOMICILE EXEMPT CODE STATUS

PUBLIC CHARITY STATUS DIRECT CONTROLLING ENTITY

VASSAR BROTHERS MEDICAL CENTER 14-1338586 HOSPITAL NY 501C3 BOX 3 HQ

THE FOUNDATION FOR VASSAR BROTHERS MEDICAL CENTER 14-1736429 FUNDRAISING

NY 501C3 BOX 9 HQ

RIVERSIDE DIVERSIFIED SERVICES, INC (PARENT) 14-1675545 EDUCATION NY

501C3 BOX 9 HQ

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

HEALTH QUEST HOME CARE, INC (CERTIFIED) 14-1788412 HOME HEALTH NY

501C3 BOX 9 HQ

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

BOX 9 HQ

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

NORTHERN DUTCHESS RESIDENTIAL HEALTH CARE FACILITY 22-3129608 NURSING

HOME NY 501C3 BOX 9 HQ

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

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

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

9 HQ

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

BOX 3 HQ

HEALTH QUEST URGENT MEDICAL PRACTICE, PC 80-0152047 MEDICAL CARE NY

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501C3 BOX 3 HQ

VASSAR HEALTH CONNECTICUT INC 81-5056290 HOSPITAL CT APPLYING FOR

501C3 STATUS HQ

VASSAR HEALTH QUEST MEDICAL PRACTICE OF CONNECTICUT INC 82-1466583

MEDICAL CARE CT APPLYING FOR 501C3 STATUS HQ

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

501C3 BOX 3 HQ

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

WELLS MANOR HOUSING DEVELOPMENT FUND CORPORATION 11-2611902 LOW INCOME

HOUSING NY 501C3 BOX 3 HQ

FORM 990 PART VI LINE 6, 7A AND 7B GOVERNING

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

LINE 7A - WITH THE EXCEPTION OF EX OFFICIO TRUSTEES, CANDIDATES FOR  
ELECTION TO THE BOARD SHALL BE NOMINATED AND ELECTED IN THE FOLLOWING  
MANNER: THE COMMITTEE SHALL NOMINATE SUCH CANDIDATES BY APPROVAL OF A  
MAJORITY VOTE OF THE BOARD. ANY CANDIDATE NOMINATED BY THE COMMITTEE MUST  
BE APPROVED BY MAJORITY VOTE OF THE BOARD IN ORDER TO BE ELECTED AS A  
TRUSTEE.LINE 7B - EXCEPT AS OTHERWISE REQUIRED BY LAW, THE CERTIFICATE OF  
INCORPORATION, OR THESE BYLAWS, AN ACTION APPROVED BY MAJORITY VOTE OF  
THE BOARD SHALL BE THE ACT OF THE BOARD

FORM 990 PART VI SECTION B LINE 11B, 12C, 15A AND 15B POLICIES

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

Name of the organization NDH FOUNDATION	Employer identification number 14-1776208
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FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS OF HQ (PARENT OF THE FILING ORGANIZATION) FOR ADDITIONAL REVIEW AND COMMENT. CONTACT INFORMATION WAS PROVIDED SHOULD QUESTIONS ARISE.

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

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

FORM 990 PART VI SECTION C LINE 19 DISCLOSURE

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

SCH R PART V LINE 2 (1) ALLOCATION METHODOLOGY FOR HQ HEALTH QUEST SYSTEMS, INC ALLOCATION OF SUPPORT SERVICES/SHARED EXPENSES/CASH FUNDING GENERAL: THE FOLLOWING SERVICES ARE CONSIDERED SHARED SERVICES FOR HEALTH QUEST AFFILIATES AND THE COST TO PROVIDE THESE SERVICES ARE ALLOCATED TO EACH ENTITY WHICH BENEFITS FROM THE SERVICE BASED ON A PRE DEFINED ALLOCATION METHODOLOGY:

1. SPECIALTY STAFFING

A. VBCM SURGICAL

Name of the organization  
NDH FOUNDATIONEmployer identification number  
14-1776208

- B. RADIOLOGY
- C. ONCOLOGY
- D. VBCM SLEEP LAB
- E. PT/OT/ST
- F. CARDIAC REHAB

2. CLINICAL MANAGEMENT

- A. EMERGENCY ROOM
- B. ONCOLOGY

3. REVENUE CYCLE INCLUDING HEALTH INFORMATION MANAGEMENT, BUDGETS AND REIMBURSEMENT, REVENUE INTEGRITY, SYSTEM BUSINESS OFFICE, PATIENT ACCESS OVERSIGHT, FINANCIAL CLEARANCE CENTER, MANAGED CARE AND DECISION SUPPORT

4. FACILITIES INCLUDING COURIER SERVICE, CONSTRUCTION, PROPERTY MANAGEMENT, FACILITY OPERATIONS, FOOD SERVICE MANAGEMENT AND SECURITY MANAGEMENT

5. BUSINESS DEVELOPMENT INCLUDING STRATEGIC PLANNING, MARKETING AND PUBLIC RELATIONS, ANSWERING SERVICE AND COMMUNITY EDUCATION

6. CORPORATE FINANCE INCLUDING ACCOUNTS PAYABLE, PAYROLL, GENERAL ACCOUNTING, PURCHASING, SUPPLY CHAIN AND MAILROOM, PRACTICE MANAGEMENT BILLING AND MANAGEMENT ENGINEERING

7. INTERNAL AUDIT AND COMPLIANCE

8. PRACTICE MANAGEMENT OPERATIONS INCLUDING PHYSICIAN RECRUITMENT, PHYSICIAN MANAGEMENT AND CENTRALIZED SCHEDULING

9. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT

10. ADMINISTRATIVE INCLUDING EXECUTIVE OFFICE, HOSPITAL SUPPORT AND RISK MANAGEMENT

Name of the organization NDH FOUNDATION	Employer identification number 14-1776208
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## 11. LEGAL COUNSEL

## 12. INFORMATION TECHNOLOGY AND MEDICAL TECHNOLOGY SERVICES (MTS)

## DESCRIPTION OF SERVICES:

## 1. SPECIALTY STAFFING

A. PROVIDES NON UNION STAFFING SERVICES FOR VARIOUS SPECIALTIES TO THE HOSPITALS, OFFSITE ANCILLARY LOCATIONS AND THE FISHKILL MEDICAL MALL

## 2. CLINICAL MANAGEMENT INCLUDES MANAGEMENT OVERSIGHT TO SYSTEM CONSOLIDATED CLINICAL SERVICES

## 3. REVENUE CYCLE

A. HEALTH INFORMATION MANAGEMENT FUNCTIONS INCLUDES CODING AND TRANSCRIPTION OF MEDICAL RECORDS FOR ALL 3 HOSPITALS

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

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

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

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## REGULATIONS

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

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

## 4. FACILITIES

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

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

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

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

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

## 5. BUSINESS DEVELOPMENT

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

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

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

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D. OVERSIGHT OF THE OUTSOURCED ANSWERING SERVICES FOR PHYSICIANS

AFFILIATED WITH THE HOSPITALS AND HQMP

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

6. FINANCE

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

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

C. GENERAL ACCOUNTING FUNCTIONS INCLUDE PREPARATION OF FINANCIAL STATEMENTS, ACCOUNT ANALYSIS, CONTRACT RECONCILIATION, TAX FILINGS, INVESTMENT COORDINATION, AND COORDINATION OF INTERNAL AND EXTERNAL AUDIT FUNCTIONS

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

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

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

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## OPTIMIZING STAFFING RATIOS

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

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

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

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

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

12. INFORMATION TECHNOLOGY AND MTS

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

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

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

AFFILIATE CASH SHORTFALLS: AFFILIATE CASH SHORTFALLS ARE FUNDED BY THE ENTITY(S) BENEFITING FROM THE AFFILIATE SERVICES. EXAMPLES INCLUDE

Name of the organization NDH FOUNDATION	Employer identification number 14-1776208
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HEALTH QUEST MEDICAL PRACTICE AND THE THOMPSON HOUSE. THE CASH SHORTFALL FUNDING IS BASED ON THE PERCENTAGE OF BENEFIT RECEIVED (PERCENTAGE OF REVENUE BY DIVISION FOR HQMP). ALLOCATION METHODOLOGY: NET REVENUE - LAB MANAGEMENT, BUDGETS, REVENUE CYCLE, MANAGED CARE, DECISION SUPPORT, ALL FACILITIES (EXCLUDING CONSTRUCTION), BUSINESS DEVELOPMENT, GENERAL ACCOUNTING, MANAGEMENT ENGINEERING, INTERNAL AUDIT AND COMPLIANCE, EXECUTIVE OFFICE, LEGAL, INFORMATION TECHNOLOGY AND MTS # OF VISITS/PROCEDURES - STAFFING SPECIALTIES HISTORICAL TRENDS - HEALTH INFORMATION MANAGEMENT, CLINICAL MANAGEMENT AND HOSPITAL SUPPORT CASH COLLECTIONS - PATIENT ACCOUNTING AND THE FINANCIAL CLEARANCE CENTER # OF FTE'S - PAYROLL AND HUMAN RESOURCES NON PAYROLL EXPENSES - ACCOUNTS PAYABLE AND PURCHASING PROJECT BASED - CONSTRUCTION # OF FTE'S ALLOCATED TO PHYSICIAN SITES - PRACTICE MANAGEMENT BILLING, OPERATIONS AND PHYSICIAN PRACTICE MANAGEMENT

**SYSTEM BENEFITS:**

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

FORM 990 PART XI LINE 9 RECONCILIATION OF NET ASSETS  
CHANGE IN RESTRICTED CONTRIBUTIONS TO HOSPITAL (\$256,456)

Name of the organization

NDH FOUNDATION

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ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	203,310.			203,310.
<b>TOTALS</b>	<b><u>203,310.</u></b>			<b><u>203,310.</u></b>

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	GROSS INCOME	DIRECT EXPENSES	NET INCOME
STARLITE BALL	119,909.	163,642.	-43,733.
GOLF TOURNAMENT	39,109.	22,341.	16,768.
TASTE OF RHINEBECK	33,832.	11,510.	22,322.
<b>TOTALS</b>	<b><u>192,850.</u></b>	<b><u>197,493.</u></b>	<b><u>-4,643.</u></b>

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	ENDING BOOK VALUE
PREPAID EXPENSE	3,598.
<b>TOTALS</b>	<b><u>3,598.</u></b>

ATTACHMENT 4

Name of the organization

NDH FOUNDATION

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ATTACHMENT 4 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CASH & CASH EQUIVALENTS	530,278.	FMV.
BONDS	1,818,981.	FMV
EQUITY SECURITIES	2,434,455.	FMV
SHORT TERM INVESTMENTS	65,868.	FMV
UNREALIZED GAIN(LOSS)		
TOTALS	<u>4,849,582.</u>	

**SCHEDULE R  
(Form 990)****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.

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
NDH FOUNDATIONOMB No. 1545-0047  
**2017**Employer identification number  
14-1776208**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(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
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

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

**Schedule R (Form 990) 2017**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(j) Yes No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2017

JSA  
7E1308 1 000

**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) . . . . .

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

(a) Name of related organization

	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTH QUEST SYSTEMS INC	P	32,088.	SEE SCHEDULE O
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

**Part VII Supplemental Information**

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