

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KALEIDA HEALTH % JONATHAN SWIATKOWSKI Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 726 EXCHANGE STREET Suite 200 City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14210 F Name and address of principal officer JODY LOMEO 100 HIGH STREET BUFFALO, NY 14203	D Employer identification number 16-1533232 E Telephone number (716) 859-8501 G Gross receipts \$ 1,313,720,004
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.KALEIDAHEALTH.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1998 M State of legal domicile NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	9,280
	6	Total number of volunteers (estimate if necessary)	6	1,626
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,084,627
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,126,951
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	20,185,652	21,313,490
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,109,372,026	1,161,013,584
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,670,915	7,497,945
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,508,868	30,359,860
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,159,737,461	1,220,184,879
	14	Benefits paid to or for members (Part IX, column (A), line 4)	318,865	191,300
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	627,065,263	663,521,603
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	505,805,964	520,408,012
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,133,190,092	1,184,120,915
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	26,547,369	36,063,964
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,169,457,849	1,138,382,417
	22	Net assets or fund balances Subtract line 21 from line 20	935,456,911	948,334,948

Part II Signature Block

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

Sign Here	***** Signature of officer	2016-11-15 Date			
	JON SWIATKOWSKI Chief Financial Officer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TODD P TERESCO	Preparer's signature TODD P TERESCO	Date 2016-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00247720
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	
	Firm's address ▶ 515 Broadway 4th Floor Albany, NY 122072974			Phone no (518) 427-4600	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

KALEIDA HEALTH IS A VOLUNTARY, NOT-FOR-PROFIT, NEW YORK STATE DEPARTMENT OF HEALTH ARTICLE 28 LICENSED HOSPITAL-BASED HEALTHCARE DELIVERY SYSTEM SERVICING THE COMMUNITIES OF WESTERN NEW YORK STATE AT VARIOUS LEVELS AND WITH FACILITIES IN MULTIPLE LOCATIONS THROUGHOUT THE REGION KALEIDA HEALTH INCLUDES THE BUFFALO GENERAL MEDICAL CENTER (BUFFALO GENERAL), MILLARD FILLMORE SUBURBAN HOSPITAL (MILLARD SUBURBAN), WOMEN AND CHILDREN'S HOSPITAL OF BUFFALO (WOMEN & CHILDREN'S), AND DEGRAFF MEMORIAL HOSPITAL (DEGRAFF) IN ADDITION TO THE FOUR KALEIDA HEALTH (KALEIDA) HOSPITALS, KALEIDA OPERATES TWO SKILLED NURSING FACILITIES, AND NUMEROUS OUTPATIENT CLINICS THE ABOVE FACILITIES OPERATE UNDER ONE TAX IDENTIFICATION NUMBER OUR FAMILY OF HEALTH CARE ORGANIZATIONS IS BLENDED TOGETHER INTO ONE FRAMEWORK FOR LEADERSHIP, GOVERNANCE, SHARED SERVICES, FINANCIAL INFRASTRUCTURE AND INFORMATION TECHNOLOGY PLATFORMS COLLECTIVELY, KALEIDA HEALTH'S MARKET SHARE IS 31.7% IN WESTERN NEW YORK, 40.4% IN ERIE

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,065,912,515 including grants of \$ 191,300) (Revenue \$ 1,161,601,069) See attachment 1

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

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 1,065,912,515

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 JONATHAN SWIATKOWSKI 100 HIGH STREET 11TH FLOOR SOUTH BUFFALO, NY 14203 (716) 859-8836	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							11,458,048	0	1,952,797	

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 **▶ 560**

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

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
SODEXO MANAGEMENT INC, PO BOX 81049 WOBURN, MA 018131049	CLEANING & LAUNDRY	4,555,816
WNY RADIOLOGY LLC, PO BOX 4029 BUFFALO, NY 14240	RADIOLOGY SVCS	5,379,031
MACRO HELIX INC, PO BOX 742256 ATLANTA, GA 303742256	340B SOFTWARE FEES	1,658,959
WE CARE TRANSPORTATION, 401 EAST AMHERST STREET BUFFALO, NY 14215	PATIENT TRANSPORT	1,377,037
PST SERVICES INC, PO BOX 742526 ATLANTA, GA 303742526	MEDICAL BILLING	1,287,159

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 70**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d 4,810,863	4,810,863				
	e Government grants (contributions) 1e 13,816,859	13,816,859				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 2,685,768	2,685,768				
	g Noncash contributions included in lines 1a-1f \$ 4,354,054	4,354,054				
	h Total. Add lines 1a-1f ▶	21,313,490				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code 623990	1,155,262,552	1,155,262,552		
	b MANAGEMENT FEES	561000	72,900	72,900		
	c LAB SERVICES	621500	5,678,132	5,678,132		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		1,161,013,584			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,108,876	-234,094	-939,938
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties ▶			0			
6a Gross rents		(i) Real	2,245,546			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	2,245,546	0		
d Net rental income or (loss) ▶			2,245,546	73,363		2,172,183
7a Gross amount from sales of assets other than inventory		(i) Securities	95,832,397			
		(ii) Other		91,797		
		b Less cost or other basis and sales expenses	93,501,535	33,590		
		c Gain or (loss)	2,330,862	58,207		
d Net gain or (loss) ▶			2,389,069			2,389,069
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a _____				
		b Less direct expenses b _____				
		c Net income or (loss) from fundraising events ▶		0		
9a Gross income from gaming activities See Part IV, line 19		a _____				
		b Less direct expenses b _____				
	c Net income or (loss) from gaming activities ▶		0			
10a Gross sales of inventory, less returns and allowances	a _____					
	b Less cost of goods sold b _____					
	c Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue	Business Code					
11a REBATE REVENUE	900099	22,221,457			22,221,457	
b UNIVERSITY LEASE INCOME	531120	1,546,664			1,546,664	
c VENDING MACHINE COMMISSIONS	900099	926,612			926,612	
d All other revenue		3,419,581	821,579	200,170	2,397,832	
e Total. Add lines 11a-11d ▶		28,114,314				
12 Total revenue. See Instructions ▶		1,220,184,879	1,155,850,037	5,084,627	37,936,725	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	191,300	191,300		
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	6,677,637		6,677,637	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	484,399,362	450,161,052	34,238,310	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,270,492	33,831,482	4,439,010	
9	Other employee benefits	98,725,674	90,219,108	8,506,566	
10	Payroll taxes	35,448,438	33,035,630	2,412,808	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	2,160,577	1,105,325	1,055,252	
c	Accounting	487,597	53,350	434,247	
d	Lobbying	236,012		236,012	
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)	122,562,255	113,555,235	9,007,020	
12	Advertising and promotion	4,310,212	3,667,141	643,071	
13	Office expenses	2,505,348	2,004,387	500,961	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	9,996,149	4,197,042	5,799,107	
17	Travel	909,625	701,749	207,876	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	14,514,201	11,611,361	2,902,840	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	61,447,048	47,038,795	14,408,253	
23	Insurance	14,117,675	10,127,819	3,989,856	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	HEALTH CARE SUPPLIES	203,050,459	202,972,510	77,949	
b	EQUIPMENT RENTAL & MAINTENANCE	28,628,512	12,863,420	15,765,092	
c	SERVICE CONTRACTS	12,729,468	10,451,202	2,278,266	
d	UTILITIES	7,559,997	5,968,440	1,591,557	
e	All other expenses	35,192,877	32,156,167	3,036,710	
25	Total functional expenses. Add lines 1 through 24e	1,184,120,915	1,065,912,515	118,208,400	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	74,063,634	1	41,396,112
	2 Savings and temporary cash investments	53,471,293	2	44,682,583
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	136,503,002	4	159,866,006
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	26,982,367	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	22,794,299	8	25,724,911
	9 Prepaid expenses and deferred charges	13,640,606	9	10,908,230
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,562,963,276		
	b Less accumulated depreciation	10b 1,081,030,326	426,127,201	10c 481,932,950
	11 Investments—publicly traded securities	86,642,646	11	74,551,845
	12 Investments—other securities See Part IV, line 11	71,923,551	12	66,484,188
	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	257,309,250	15	232,835,592
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,169,457,849	16	1,138,382,417	
Liabilities	17 Accounts payable and accrued expenses	133,088,661	17	149,661,885
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	63,946,133	20	0
	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	232,383,053	23	313,990,121
	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	506,039,064	25	484,682,942
	26 Total liabilities. Add lines 17 through 25	935,456,911	26	948,334,948
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	96,795,381	27	67,087,683
	28 Temporarily restricted net assets	121,724,799	28	103,226,405
	29 Permanently restricted net assets	15,480,758	29	19,733,381
	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	234,000,938	33	190,047,469	
34 Total liabilities and net assets/fund balances	1,169,457,849	34	1,138,382,417	

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	1,220,184,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,184,120,915
3	Revenue less expenses Subtract line 2 from line 1	3	36,063,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	234,000,938
5	Net unrealized gains (losses) on investments	5	-8,888,118
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-71,129,315
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	190,047,469

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		No
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	Yes	
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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EVAN EVANS MD DIRECTOR	1 0 0 0	X					55,289	0	257,000	
JODY LOMELO PRES/CEO EX-OFFICIO W/VOTE	40 0 1 0	X		X			1,324,753	0	489,360	
ROBERT J HALONEN DIRECTOR	1 0 0 0	X					0	0	0	
JOHN R KOELMEL CHAIRMAN	1 0 0 0	X					0	0	0	
DAVID A MILLING MD SECRETARY	1 0 0 0	X					0	0	0	
HERMAN S MOGAVERO JR MD DIRECTOR	1 0 0 0	X					0	0	0	
FRANCISCO VASQUEZ PHD VICE CHAIR	1 0 0 0	X					0	0	0	
AMY L CLIFTON DIRECTOR	1 0 0 0	X					0	0	0	
CHRISTOPHER T GREENE ESQ DIRECTOR	1 0 0 0	X					0	0	0	
ROBERT M ZAK DIRECTOR	1 0 0 0	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARREN J KING DIRECTOR	10 00	X					0	0	0	
FRANK CURCI DIRECTOR	10 00	X					0	0	0	
KEVIN GIBBONS MD DIRECTOR	10 00	X					0	0	0	
GEORGE MATTHEWS MD DIRECTOR	10 00	X					0	0	0	
NICHOLAS J AQUINO MD DIRECTOR	10 00	X					0	0	0	
WILLIAM I MAGGIO DIRECTOR	10 00	X					0	0	0	
CHRISTOPHER C ROSS TREASURER	10 00	X					0	0	0	
MARY LOU RUSIN EDD RN DIRECTOR	10 00	X					0	0	0	
ALYSON SPAULDING GENERAL COUNSEL	40 00			X			393,763	0	165,759	
DAVID HUGHES MD EVP, CMO	40 10			X			643,825	0	201,969	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TONI BOOKER EVP, CHIEF HUMAN RESOURCES OFC	40 0 0 0			X				547,822	0	42,759
JONATHAN SWIATKOWSKI EVP, CFO	40 0 1 5			X				571,770	0	166,462
JAMAL GHANI EVP, COO	40 0 0 0			X				672,928	0	37,859
DONALD BOYD SVP BUSINESS DEVELOPMENT	40 0 1 5				X			619,810	0	37,562
CHRISTOPHER LANE SVP OPERATIONS MFS, DMH	40 0 0 0				X			455,506	0	37,430
CHERYL KLASS SVP OPERATIONS BGMC	40 0 0 0				X			631,169	0	472,344
ALLEGRA JAROS SVP OPERATIONS WCHOB	40 0 0 0				X			425,302	0	37,396
MICHAEL HUGHES SVP, PUBLIC AFFAIRS MARKETING	40 0 0 0				X			335,700	0	85,202
AARON HOFFMAN MD EMPLOYED PHYSICIAN	40 0 0 0					X		938,743	0	43,724
CHRISTOPHER MALLAVARAPU EMPLOYED PHYSICIAN	40 0 0 0					X		919,404	0	50,941

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JOHN BUTSCH EMPLOYED PHYSICIAN	40 0 0 0					X			613,395	0	45,144
CARROLL HARMON EMPLOYED PHYSICIAN	40 0 0 0					X			638,019	0	8,613
KAVEH VALI MD EMPLOYED PHYSICIAN	40 0 0 0					X			561,417	0	30,016
JAMES KASKIE FORMER CEO EX-OFFICIO W/ VOTE	0 0 0 0						X		1,109,433	0	0

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization KALEIDA HEALTH

Employer identification number

16-1533232

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2014 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
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 II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

Table with 2 columns: Name of the organization (KALEIDA HEALTH) and Employer identification number (16-1533232)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

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

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

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

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

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

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total. Add lines 1c through 1i.
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
1			
1a	Yes		
1b	Yes		
1c		No	
1d		No	
1e		No	
1f	Yes		85,545
1g	Yes		150,467
1h		No	
1i		No	
1j			236,012
2a		No	
2b			
2c			
2d		No	

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

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

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

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

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KALEIDA HEALTH

Employer identification number
16-1533232

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,738,989	30,087,437	28,644,541	46,995,623	72,587,179
b Contributions	1,435,796	1,656,821	1,589,183	3,133,756	5,877,436
c Net investment earnings, gains, and losses	-1,046,152	850,732	1,819,135	2,880,650	28,660
d Grants or scholarships					
e Other expenditures for facilities and programs	1,306,974	1,856,001	1,965,422	24,365,488	31,497,652
f Administrative expenses					
g End of year balance	29,821,659	30,738,989	30,087,437	28,644,541	46,995,623

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 73 220 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 26 780 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,713,868		6,713,868
b Buildings		502,000,914	333,643,141	168,357,773
c Leasehold improvements				
d Equipment		1,038,865,298	737,835,722	301,029,576
e Other		15,383,196	9,551,463	5,831,733
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				481,932,950

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	1,201,085,440
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-7,089,586
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		-140,471
e	Add lines 2a through 2d		2e	-7,230,057
3	Subtract line 2e from line 1		3	1,208,315,497
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		11,869,382
c	Add lines 4a and 4b		4c	11,869,382
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,220,184,879

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	1,182,813,943
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	1,182,813,943
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		1,306,972
c	Add lines 4a and 4b		4c	1,306,972
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	1,184,120,915

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information (continued)

Return Reference	Explanation
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	OTHER REVENUE INCLUDED IN AFS, NOT INCLUDED IN 990 LESS MINORITY INTEREST IN SUBSIDIARY SHOWN AS A REDUCTION IN GAINS IN AFS (140,471)
RECONCILIATION OF REVENUE PER AFS WITH REVENUE PER RETURN	OTHER REVENUE INCLUDED ON 990, NOT IN AFS CONTRIBUTIONS FOR CAPITAL ACQUISITIONS 9,921,413 RESTRICTED CONTRIBUTIONS 1,435,796 RESTRICTED INVESTMENT INCOME 512,173 TOTAL 11,869,382
RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES PER RETURN	SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON 990, NOT IN AFS NET ASSETS RELEASED FROM RESTRICTIONS 1,306,972

Additional Data

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

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other		
(A) INTECH RISK-MANAGED L CAP FUND	3,024,282	F
(B) WTC CTF RE VALUE (PURCH 4/06)	4,377,975	F
(C) BENCHMARK PLUS INST PART L CAP	5,063,519	F
(D) WTC CIF OPPORTUNISTIC FUND	9,317,831	F
(E) KALEIDA MIT COMMON FUND LP	29,068	F
(F) COMMON CAP VENTURE PTNRS VI	65,213	F
(G) COMMON FND CAP PRIVATE EQ P V	71,703	F
(H) KALEIDA MIT REALTY LP	264,718	F
(I) KALEIDA SI REALTY LP	1,073,203	F
(J) ROBECO GLOBAL EMERGING MARKETS	3,713,260	F
(K) AQR GLOBAL RISK	7,360,079	F
(L) PANAGORA RISK PARITY TOTAL RET	7,525,657	F
(M) ORCHARD LANDMARK LTD PTNRS	831,759	F
(N) ABERDEEN EMERGING MARKETS	2,807,946	F
(O) PERMAL FIXED INCOME HOLDING	3,196,094	F
(P) CRESTLINE OFFSHORE FUND	1,148,172	F
(Q) KAYNE ANDERSON INST LTD PTSHP	2,645,014	F
(R) MONROE CAP LTD PTSHP	632,163	F
(S) GAM UNCONSTRAINED FUND	6,414,249	F
(T) EARNEST PARTNERS INTERNATIONAL	4,988,728	F
(U) CVI CREDIT VALUE FUND B III	220,170	F
(V) SYMPHONY LONG-SHORT CREDIT FUN	342,677	F
(W) WHITEBOX MULTI STRAT FD LTD	171,339	F
(X) PROPRIETARY MATRIX SP HEDGE FD	342,677	F
(Y) CANYON PRI	428,346	F
(Z) SELECT EQUITY GROUP PRI	428,346	F

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KALEIDA HEALTH

Employer identification number

16-1533232

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		27,610,296
(2)					
(3)					
(4)					
(5)					
3a Sub-total					27,610,296
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					27,610,296

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 16-1533232

Name: KALEIDA HEALTH

Part V Supplemental Information

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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization KALEIDA HEALTH	Employer identification number 16-1533232
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6b	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,162,811	7,403,369	4,759,442	0 400 %
b Medicaid (from Worksheet 3, column a)			337,945,586	241,550,314	96,395,272	8 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			350,108,397	248,953,683	101,154,714	8 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,322,913		5,322,913	0 450 %
f Health professions education (from Worksheet 5)			51,289,838	22,280,945	29,008,893	2 450 %
g Subsidized health services (from Worksheet 6)			43,427,214	11,368,138	32,059,076	2 710 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			79,500		79,500	0 010 %
j Total. Other Benefits			100,119,465	33,649,083	66,470,382	5 620 %
k Total. Add lines 7d and 7j			450,227,862	282,602,766	167,625,096	14 160 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	147	30,124	84,698		84,698	0.010 %
8 Workforce development						
9 Other						
10 Total	147	30,124	84,698		84,698	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		2 8,180,568
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		3 541,145
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	180,379,874
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	164,173,474
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	16,206,400
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 See Additional Data Table				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

4

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

GROUP A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
a	<input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>200</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance?	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW KALEIDAHEALTH ORG</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW KALEIDAHEALTH ORG</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW KALEIDAHEALTH ORG</u>		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

GROUP A

Name of hospital facility or letter of facility reporting group _____

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		No

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

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

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

21	Yes	
-----------	-----	--

If "No," indicate why

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

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

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

23		No
-----------	--	----

If "Yes," explain in Section C

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

24		No
-----------	--	----

If "Yes," explain in Section C

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 27

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

Part VI Supplemental Information

Provide the following information

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

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

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

Form and Line Reference	Explanation
PART II	COMMUNITY BUILDING ACTIVITIES KALEIDA HEALTH'S COMMUNITY BUILDING ACTIVITIES SERVE THE WESTERN NEW YORK REGION BY FACILITATING, DEVELOPING, COORDINATING, AND COMMUNICATING A MYRIAD OF COMMUNITY HEALTH EDUCATION PROGRAMS, OUTREACH SERVICES, SPEAKERS, AND COMMUNITY REFERRALS PROGRAMS ARE TARGETED FOR PEOPLE OF ALL AGES FROM SCHOOL-AGED CHILDREN TO SENIOR CITIZENS AND PROMOTE THE REDUCTION OF HEALTH DISPARITIES, EFFECTIVE USE OF HEALTH SERVICES, AND PROMOTE OVERALL COMMUNITY HEALTH AND WELLNESS TOPICS RANGE FROM HEALTH INSURANCE ENROLLMENT TO DIABETES, STROKE, AND HEART DISEASE, BLOOD PRESSURE SCREENING, MATERNAL AND CHILD HEALTH TO DISCUSSIONS ABOUT CAREERS IN HEALTHCARE

Form and Line Reference	Explanation
PART III, LINES 2 AND 3	<p>BAD DEBT EXPENSE IS RECORDED USING THE VALUATION METHOD AS OUTLINED IN HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15, WHICH REQUIRES BAD DEBT EXPENSE TO BE RECORDED AT THE AMOUNT THAT THE PAYER IS EXPECTED TO PAY IN ORDER TO REPORT THE COSTS ASSOCIATED WITH BAD DEBT EXPENSE, THE REPORTED BAD DEBT EXPENSE NEEDS TO BE ADJUSTED SO THAT THE AMOUNT EXPECTED TO BE PAID REFLECTS GROSS CHARGES, PRIOR TO THE APPLICATION OF AN RCC KALEIDA HEALTH ADJUSTS BAD DEBT EXPENSE PRIOR TO THE APPLICATION OF AN RCC SO THAT THE REPORTED BAD DEBT EXPENSE AT COST, ON PART III, LINE 2 OF IRS FORM 990, SCHEDULE H REFLECTS THE TRUE COST OF THE BAD DEBTS THE ORGANIZATION HAS A CHARITY CARE POLICY, AND ANY WRITE-OFFS AS A RESULT OF THIS POLICY ARE RECORDED AS CHARITY CARE ALLOWANCES AND ARE A REDUCTION OF THE NET PATIENT REVENUE INDIVIDUALS WHO MAY QUALIFY FOR CHARITY CARE ASSISTANCE UNDER THE POLICY, BUT DO NOT VOLUNTEER TO COMPLETE THE APPLICATION PROCESS WOULD NOT BE GRANTED CHARITY CARE ASSISTANCE KALEIDA USES A PRESUMPTIVE CHARITY CARE PROCESS, WHICH HAS DETERMINED THAT 27% OF SELF-PAY BAD DEBT EXPENSE IN 2015 WOULD HAVE BEEN ELIGIBLE FOR CHARITY CARE ASSISTANCE THEREFORE, WE BELIEVE THAT THE LEVEL OF CHARITY CARE INCLUDED IN BAD DEBT EXPENSE TO BE APPROXIMATELY \$541,145 WE ESTIMATED THIS AMOUNT BY USING THE 2015 CALCULATED PRESUMPTIVE ELIGIBILITY PERCENTAGE ON BAD DEBT WRITE-OFF AMOUNTS OVER \$500 (24.5%), TO DETERMINE THE BAD DEBT WRITE-OFFS THAT WOULD BE ELIGIBLE, IF THEY WERE SCORED USING THE PRESUMPTIVE ELIGIBILITY PROCESS BAD DEBT IS NOT INCLUDED AS A COMMUNITY BENEFIT</p>

Form and Line Reference

Explanation

Part III, LINE 4

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

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

Form and Line Reference	Explanation
PART III, LINE 9B - BAD DEBT, MEDICARE & COLLECTION PRACTICES	<p>ONCE PATIENT LIABILITY HAS BEEN DETERMINED FOLLOWING PROCESSING OF APPLICATIONS FOR GOVERNMENT ASSISTANCE, CHARITY CARE, AND/OR INSURANCE CARRIER REMITTANCE, THE PATIENT STATEMENT IS MAILED FOR PAYMENT RECOVERY KALEIDA HEALTH HAS A PRE-COLLECTION PROCESS FOR ACCOUNTS WITH A POSITIVE PATIENT BALANCE GREATER THAN \$499, AND A FIRST BILL DATE OLDER THAN 60 DAYS BUT NOT PREVIOUSLY PAID IN FULL BY THE PATIENT (EXCLUDING ACCOUNTS FOR PATIENTS THAT HAVE SUBMITTED A COMPLETED APPLICATION FOR CHARITY CARE, MEDICAID, OR CHILD HEALTH PLUS, AND AN ELIGIBILITY DETERMINATION IS PENDING) UPON A PATIENT EXPRESSING FINANCIAL CONCERN, THE PATIENT WILL BE OFFERED THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE (CHARITY CARE) ONCE THE PATIENT SUBMITS THE COMPLETED APPLICATION, THE ACCOUNT IS PLACED ON HOLD AND ALL COLLECTION ACTIVITIES ARE SUSPENDED UNTIL AN ELIGIBILITY DETERMINATION IS MADE IF THE PATIENT IS ELIGIBLE FOR CHARITY CARE, THEN THE PATIENT IS NOTIFIED OF THE LEVEL OF CHARITY CARE AWARDED IF 100% CHARITY CARE IS AWARDED, THEN NO BILL IS SENT TO THE PATIENT IF LESS THAN 100% CHARITY CARE IS AWARDED, THEN THE PATIENT WILL RECEIVE A BILL PURSUANT TO THE PRIVATE PAY COLLECTION POLICY COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS KALEIDA HEALTH ASSESSES THE NEEDS OF THE COMMUNITY THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT THE CHNA WAS COMPLETED IN 2013 A COPY OF THE CHNA CAN BE FOUND ON OUR WEBSITE AT WWW.KALEIDAHEALTH.ORG/COMMUNITY/PUBLICATIONS.ASP PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE KALEIDA HEALTH INFORMS INDIVIDUALS OF FINANCIAL ASSISTANCE MADE AVAILABLE AT THE TIME OF REGISTRATION INTO THE INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT AND LONG-TERM CARE FACILITY POSTERS INFORMING THE PATIENT/FAMILY OF ASSISTANCE ARE AVAILABLE THROUGHOUT THE KALEIDA LOCATIONS BROCHURES AND PAMPHLETS INFORMING THE COMMUNITY ARE WIDELY DISTRIBUTED IN THE COMMUNITY AT HEALTH FAIRS, CHURCHES, SCHOOLS AND OTHER PUBLIC LOCATIONS INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AS WELL AS APPLICATION IS ALSO MADE AVAILABLE THROUGH KALEIDA HEALTH'S WEBSITE KALEIDA HEALTH OFFERS ASSISTANCE TO INDIVIDUALS IN OUR COMMUNITY FOR ACCESSING AFFORDABLE HEALTH CARE, INCLUDING *NYS HEALTH MARKETPLACE ASSISTS WITH NAVIGATING, EDUCATING AND ENROLLMENT IN THE NYS HEALTH MARKETPLACE OFFERINGS DEDICATED AND STATE-TRAINED STAFF IS AVAILABLE TO ASSIST INDIVIDUALS IN PERSON OR VIA THE PHONE KALEIDA HEALTH OFFERS IN-PERSON APPOINTMENTS AT (5) FIVE DIFFERENT SITE LOCATIONS *FACILITATED ENROLLMENT ASSISTS ELIGIBLE INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT BY OFFERING EDUCATION AND APPLICATION ASSISTANCE FOR MEDICAID, CHILD HEALTH PLUS, ESSENTIAL PLANS, STATE AID PROGRAM FOR CHILDREN WITH SPECIAL NEEDS AND ALL QUALIFIED HEALTH PLANS MADE AVAILABLE THROUGH THE AFFORDABLE CARE ACT A DEDICATED TELEPHONE NUMBER IS AVAILABLE AND INFORMATION IS PUBLISHED IN BROCHURES AT KALEIDA SITES AND AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY *FINANCIAL ASSISTANCE PROGRAM AS DESCRIBED ABOVE, THE KALEIDA FINANCIAL ASSISTANCE PROGRAM, IF ELIGIBLE, PROVIDES FREE OR REDUCED-PRICES FOR PATIENTS TREATED AT KALEIDA HEALTH HOSPITALS OR LONG-TERM CARE FACILITIES DISCOUNTS ARE AWARDED BASED UPON INCOME AND ASSET VERIFICATION *PRESUMPTIVE ELIGIBILITY KALEIDA HEALTH HAS SHOWN A WILLINGNESS TO EXTEND FINANCIAL ASSISTANCE TO NEEDY PATIENTS WITH OUTSTANDING BILLS WHO HAVE NOT COMPLETED THE CHARITY APPLICATION PROCESS COMMUNITY INFORMATION THREE KALEIDA HEALTH HOSPITALS ARE LOCATED IN ERIE COUNTY AND ONE, DEGRAFF MEMORIAL HOSPITAL, IS LOCATED IN NIAGARA COUNTY LESS THAN ONE MILE FROM THE ERIE COUNTY BORDER ERIE COUNTY ACCORDING TO MEDSTAT MARKET EXPERT 2013 DATA, LESS THAN ONE MILLION PEOPLE RESIDE IN ERIE COUNTY THE POPULATION CONTINUES TO DECLINE AND HAS DONE SO EVEN SINCE THE 2010 CENSUS WHERE THERE WERE 925,717 RESIDENTS IN COMPARISON TO THE 922,988 WHO LIVE IN THE COUNTY TODAY SIMILAR TO NEW YORK STATE, THERE ARE MORE FEMALES THAN MALES HOWEVER, THERE ARE FEWER CHILDREN UNDER AGE 18 AND MORE RESIDENTS OVER AGE 55 IN COMPARISON TO NEW YORK AND THE UNITED STATES ERIE COUNTY RESIDENTS ALSO HAVE A LOWER HOUSEHOLD INCOME THAN THE NEW YORK STATE AVERAGE, WHICH IS EVIDENT IN A HIGHER PERCENTAGE OF RESIDENTS EARNING LESS THAN \$25,000 PER YEAR AND FEWER EARNING OVER \$100,000 IN ADDITION, 67 CENSUS TRACTS ARE IDENTIFIED AS MEDICALLY UNDERSERVED AREAS/POPULATIONS THE LARGEST MUNICIPALITY IN ERIE COUNTY IS THE CITY OF BUFFALO WITH 277,681 RESIDENTS THE AVERAGE HOUSEHOLD INCOME IN THE CITY OF BUFFALO, \$44,979, IS SIGNIFICANTLY LESS THAN THE STATE AVERAGE OVER 42 PERCENT OF HOUSEHOLDS EARN LESS THAN \$25,000 PER YEAR INCLUDING 26.8 PERCENT EARNING LESS THAN \$15,000 AND ONLY 8.4 PERCENT EARNING OVER \$100,000 A DIRECT CORRELATION CAN BE DRAWN TO INCOME FROM THE FACT THAT OVER 17 PERCENT OF RESIDENTS OVER AGE 25 DO NOT HAVE A HIGH SCHOOL DEGREE THE POPULATION IN THE CITY OF BUFFALO ALSO HAS A HIGHER PERCENTAGE OF BLACK NON-HISPANICS AND HISPANIC</p>

Form and Line Reference	Explanation
<p>PART III, LINE 9B - BAD DEBT, MEDICARE & COLLECTION PRACTICES</p>	<p>CS AS COMPARED TO THE REST OF THE COUNTY, 35.6 PERCENT TO 13 PERCENT RESPECTIVELY NIAGARA COUNTY ACCORDING TO THE MEDSTAT MARKET EXPERT 2013 DATA, JUST OVER 215,000 PEOPLE RESIDE IN NIAGARA COUNTY LIKE OTHER UPSTATE NEW YORK MUNICIPALITIES, THE POPULATION CONTINUES TO DECLINE AND HAS DONE SO EVEN SINCE THE 2010 CENSUS WHERE THERE WERE 216,149 RESIDENTS ALSO SIMILAR TO NEIGHBORING COUNTIES, THERE ARE MORE FEMALES THAN MALES, A LOW PERCENTAGE OF CHILDREN UNDER AGE 18 AND A HIGH PERCENTAGE OF RESIDENTS OVER AGE 55 NIAGARA COUNTY RESIDENTS ALSO HAVE A LOWER HOUSEHOLD INCOME THAN THE NEW YORK STATE AND NATIONAL AVERAGES HERE, 21 CENSUS TRACTS ARE IDENTIFIED AS MEDICALLY UNDERSERVED AREAS/POPULATIONS THE CITY OF NIAGARA FALLS IS THE LARGEST MUNICIPALITY IN NIAGARA COUNTY RESIDENTS IN NIAGARA FALLS HAVE AN AVERAGE SALARY EQUIVALENT TO THE CITY OF BUFFALO LIKE MOST INNER CITIES IN COMPARISON TO THE SUBURBS, THERE ARE A HIGH PERCENTAGE OF HOUSEHOLDS, HERE CLOSE TO 40 PERCENT, THAT EARN LESS THAN \$25,000 AS COMPARED TO NORTH TONAWANDA AND THE COUNTY, THERE ARE FEWER WHITE NON-HISPANICS, FEWER RESIDENTS OVER AGE 25 WITH A BACHELOR'S DEGREE OR HIGHER AND A HIGHER PERCENTAGE OF RESIDENTS THAT DO NOT HAVE A HIGH SCHOOL DEGREE NORTH TONAWANDA, WHERE DEGRAFF IS PHYSICALLY LOCATED ON THE ERIE COUNTY BORDER, HAS A HIGH PERCENTAGE OF WHITE NON-HISPANICS AND ONLY ONE PERCENT OF NON-HISPANIC BLACKS RESIDENTS IN NORTH TONAWANDA ALSO HAVE A HIGHER AVERAGE HOUSEHOLD INCOME IN COMPARISON TO THE REST OF THE COUNTY AS MORE RESIDENTS HAVE A BACHELOR'S DEGREE AND EARN OVER \$100,000 HOWEVER, THE AVERAGE INCOME IS STILL LESS THAN THE NEW YORK STATE AND US AVERAGES THERE ARE SIX OTHER HOSPITALS IN ERIE COUNTY AND FOUR OTHER HOSPITALS IN NIAGARA COUNTY SERVING THE COMMUNITIES MORE INFORMATION CAN BE FOUND IN THE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY SERVICE PLAN THE CHNA WAS COMPLETED IN FALL 2013 A COPY OF THE CHNA CAN BE FOUND ON OUR WEBSITE AT WWW.KALEIDAHEALTH.ORG/COMMUNITY/PUBLICATIONS.ASP PROMOTION OF COMMUNITY HEALTH KALEIDA HEALTH'S MISSION IS TO ADVANCE THE HEALTH OF THE COMMUNITY KALEIDA HEALTH'S VISION IS TO PROVIDE COMPASSIONATE, HIGH-VALUE, QUALITY CARE, IMPROVING HEALTH IN WESTERN NEW YORK AND BEYOND, EDUCATING FUTURE HEALTH CARE LEADERS AND DISCOVERING INNOVATIVE WAYS TO ADVANCE MEDICINE KALEIDA HEALTH'S VALUES CLEARLY STATE WHO THEY ARE AND HOW THEY PERFORM THEIR WORK C - REMAIN CENTERED AROUND THE PATIENT AND FAMILY A - BE ACCOUNTABLE TO PATIENTS AND EACH OTHER R - SHOW RESPECT AND INTEGRITY E - PROVIDE EXCELLENCE IN ALL WE DO TO CARRY OUT THE MISSION, MUCH OF KALEIDA HEALTH'S COMMUNITY BENEFIT WORK IS FOCUSED ON THE NEEDS OF LOW INCOME, MEDICALLY UNDERSERVED POPULATIONS KALEIDA HEALTH REPRESENTATIVES ACTIVELY ENGAGE IN VARIOUS COMMUNITY HEALTH COLLABORATIONS WITH LOCAL HEALTH DEPARTMENTS, STATE HEALTH DEPARTMENT AND LOCAL NOT-FOR-PROFIT HEALTH AND HUMAN SERVICE AGENCIES POVERTY TRENDS, COMMUNITY HEALTH RESEARCH AND LOCAL COMMUNITY HEALTH NEEDS ARE REVIEWED ON A REGULAR BASIS WHILE PLANNING SERVICES AND PROGRAMS RESPONSIVE TO COMMUNITY PRIORITIES, PROGRAM DEVELOPMENT AND SERVICES FILL IDENTIFIED GAPS OR SUPPLEMENT EXISTING PROGRAMS MOST KALEIDA HEALTH COMMUNITY HEALTH OUTREACH PROGRAMS ARE OFFERED IN PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS OR GOVERNMENT AGENCIES IN ORDER TO LEVERAGE RESOURCES AND MEET THE COMMUNITY'S NEEDS THIS INCLUDES EDUCATION AND ACTIVE PARTICIPATION IN HEALTH EVENTS WITH TARGETED AUDIENCES INFORMATION REGARDING AVAILABILITY OF COMMUNITY HEALTH PROGRAMS, ASSISTANCE WITH HEALTH INSURANCE ENROLLMENT AND FINANCIAL ASSISTANCE FOR MEDICAL CARE RECEIVED AT KALEIDA HEALTH HOSPITALS, EMERGENCY DEPARTMENTS, OUTPATIENT CLINICS, OR LONG-TERM CARE FACILITIES IS DISSEMINATED TO THE PUBLIC IN THE COMMUNITY BENEFIT AND TRIENNIAL COMMUNITY SERVICES PLAN AND AVAILABLE ON THE KALEIDA HEALTH WEBSITE OR IN PRINT FORM UPON REQUEST THE VISITING NURSING ASSOCIATION OF WESTERN NEW YORK,</p>

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part IV - Management Companies and Joint Ventures (see instructions)

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MFSC LLC	PHYSICIAN SERVICES	55.297 %		44.703 %
2 COMMUNITY MEDICAL	PHYSICIAN SERVICES			100 %
3 GENERAL PHYSICIANS	PHYSICIAN SERVICES			100 %
4 HARLEM ROAD LEASING	MRI EQUIPMENT LEASING	50 %		
5 AMTON IMAGING LLC	HEALTH CARE SERVICES	50 %		
6 PARK CLUB LANE LLC	HEALTH CARE SERVICES	30 %		
7 WNY HEALTHENET LLC	HEALTH CARE SERVICES	14.286 %		
8 SITE E LLC	REAL ESTATE LEASING CO	50.16 %		
9 ALTUS MANAGEMENT	GROUP PURCHASING ORGANIZATION	52.167 %		
10 SOUTHTOWNS IMAGING	IMAGING EQUIPMENT LEASING	70 %		
11 COLLABORATIVE CARE	HEALTH CARE SERVICES	60 %		
12 GL MEDICAL BILLING	MEDICAL BILLING	50 %		
13 GREAT LAKES PHYS PC	PHYSICIAN SERVICES			100 %
14 HARLEM IMAGING LLC	IMAGING SERVICES	50 %		
15 SOUTHTOWNS SURG CTR	PHYSICIAN SERVICES	57.25 %		42.75 %

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year?
4

Name, address, primary website address, and state license number

1	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	BUFFALO GENERAL MEDICAL CENTER 100 HIGH STREET BUFFALO, NY 14203 WWW.KALEIDAHEALTH.ORG 1401014H	X	X		X			X			A
2	WOMEN & CHILDREN'S HOSPITAL OF BUFFAL 219 BRYANT STREET BUFFALO, NY 14222 WWW.KALEIDAHEALTH.ORG 1401014H	X	X	X	X			X			A
3	MILLARD FILLMORE SUBURBAN HOSPITAL 1540 MAPLE ROAD WILLIAMSVILLE, NY 14221 WWW.KALEIDAHEALTH.ORG 1401014H	X	X		X			X			A
4	DEGRAFF MEMORIAL HOSPITAL 445 TREMONT STREET NORTH TONAWANDA, NY 14120 WWW.KALEIDAHEALTH.ORG 1401014H	X	X		X			X			A

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
1 HIGHPOINTE ON MICHIGAN 1031 MICHIGAN AVE BUFFALO, NY 14203	INPATIENT SKILLED NURSING FACILITY
1 CENTER FOR LABORATORY MEDICINE 115 FLINT ROAD AMHERST, NY 14226	HOSPITAL BASED LAB SERVICES
2 MILLARD FILLMORE SURGERY CENTER 215 KLEIN ROAD WILLIAMSVILLE, NY 14221	AMBULATORY SURGERY CENTER
3 DEGRAFF SKILLED NURSING FACILITY 445 TREMONT STREET NORTH TONAWANDA, NY 14120	INPATIENT SKILLED NURSING FACILITY
4 ELMWOOD OBGYN 239 BRYANT STREET BUFFALO, NY 14222	MEDICAL SERVICES - PRIMARY CARE, PRENATAL OUTPATIENT
5 NORTH BUFFALO MEDICAL PARK 900 HERTEL AVE BUFFALO, NY 14207	MEDICAL SERVICES - PRIMARY CARE, RADIOLOGY OUTPATIENT, OUTPATIENT THERAPY SERVICES
6 MAPLE WEST MEDICAL COMPLEX 705 MAPLE ROAD AMHERST, NY 14221	MEDICAL SERVICES - PRIMARY CARE, OTHER SPECIALTIES
7 COMMUNITY MENTAL HEALTH CENTER 1028 MAIN STREET BUFFALO, NY 14203	HOSPITAL BASED OUTPATIENT BEHAVIORAL HEALTH SERVICES
8 KALEIDA HEALTH FAMILY PLANNING CENTER 1313 MAIN STREET BUFFALO, NY 14209	OUTPATIENT FAMILY PLANNING
9 HODGE PEDIATRICS 125 HODGE STREET BUFFALO, NY 14222	HOSPITAL BASED OUTPATIENT PRIMARY CARE SERVICES
10 WCHOB SPECIALTY CLINICS 140 HODGE STREET BUFFALO, NY 14222	HOSPITAL BASED OUTPATIENT PRIMARY CARE SERVICES
11 TOWN GARDEN PEDIATRICS 461 WILLIAM STREET BUFFALO, NY 14204	HOSPITAL BASED OUTPATIENT PRIMARY CARE SERVICES
12 WCHOB WOMEN'S OBGYN HEALTH CENTER 462 GIRDER STREET BUFFALO, NY 14215	HOSPITAL BASED OUTPATIENT PRIMARY CARE SERVICES
13 WCHOB MCKINLEY OBGYN 3860 MCKINLEY PARKWAY BUFFALO, NY 14202	MEDICAL SERVICES - PRIMARY CARE
14 WCHOB LANCASTER OBGYN 6363 TRANSIT ROAD LANCASTER, NY 14086	MEDICAL SERVICES - PRIMARY CARE, PRENATAL OUTPATIENT

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Name and address	Type of Facility (describe)
16 WCHOB CHILD PROTECTION CENTER 556 FRANKLIN STREET BUFFALO, NY 14202	MEDICAL SERVICES - PRIMARY CARE
1 STANLEY MAKOWSKI SBHC 1095 JEFFERSON AVE BUFFALO, NY 14214	SCHOOL BASED PRIMARY CARE SERVICES
2 WCHOB LOCKPORT OBGYN 475 SOUTH TRANSIT ROAD LOCKPORT, NY 14094	MEDICAL SERVICES - PRIMARY CARE, PRENATAL OUTPATIENT
3 HILLERY PARK #27 SBHC 72 PAWNEE PARKWAY BUFFALO, NY 14210	SCHOOL BASED PRIMARY CARE SERVICES
4 BENNETT HIGH SCHOOL SBHC 2885 MAIN STREET BUFFALO, NY 14214	SCHOOL BASED PRIMARY CARE SERVICES
5 WESTMINSTER #68 SBHC 24 WESTMINSTER AVE BUFFALO, NY 14215	SCHOOL BASED PRIMARY CARE SERVICES
6 ML KING #39 SBHC 487 HIGH STREET BUFFALO, NY 14211	SCHOOL BASED PRIMARY CARE SERVICES
7 BUILD ACADEMY #91 SBHC 340 FOUGERON STREET BUFFALO, NY 14211	SCHOOL BASED PRIMARY CARE SERVICES
8 BUFFALO SCHOOL OF TECHNOLOGY SBHC 414 SOUTH DIVISION STREET BUFFALO, NY 14201	SCHOOL BASED PRIMARY CARE SERVICES
9 DR LYDIA WRIGHT #89 SBHC 106 APPENHEIMER STREET BUFFALO, NY 14214	SCHOOL BASED PRIMARY CARE SERVICES
10 HERMAN BADILLO #76 SBHC 315 CAROLINE STREET BUFFALO, NY 14201	SCHOOL BASED PRIMARY CARE SERVICES
11 SOUTHTOWNS CLINIC 4535 SOUTHWESTERN BLVD HAMBURG, NY 14075	MEDICAL SERVICES - PRIMARY CARE

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization KALEIDA HEALTH

Employer identification number

16-1533232

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY ORTHOPEDIC SERVICE 5500 MAIN STREET SUITE 107 BUFFALO, NY 14221	16-1406947	N/A	120,000				CONTRIBUTION CONTRIBUTION CONTRIBUTION SPONSORSHIP SPONSORSHIP SPONSORSHIP SPONSORSHIP
UB FOUNDATION 3435 MAIN STREET BUFFALO, NY 14231	16-0865182	501(C)(3)	32,000				SPONSORSHIP SPONSORSHIP
SAVING GRACE MINISTRIES PO BOX 1013 WILLIAMSVILLE, NY 14231	16-1573408	N/A	20,000				Uncompensated Care SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVE SUITE 107 WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	7,700				CONTRIBUTION SPONSORSHIP
SUSAN G KOMEN FOR THE CURE ELM CARLTON STREETS BUFFALO, NY 14263	75-1835298	501(C)(3)	6,000				GALA
CHAMBER OF COMMERCE OF THE TONAWANDAS INC 15 WEBSTER STREET SUITE 125 NORTH TONAWANDA, NY 14120	16-0371125	501(C)(3)	5,600				SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization KALEIDA HEALTH	Employer identification number 16-1533232
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	No								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
HEALTH OR SOCIAL CLUB DUES	SCHEDULE J, PART I, LINE 1A AS PART OF THEIR COMPENSATION PACKAGE, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE ENTITLED TO CHOOSE AS AN EXECUTIVE PERK THE BENEFIT OF BUSINESS RELATED SOCIAL DUES OR INITIATION FEES
SEVERANCE PAYMENTS	SCHEDULE J, PART I, LINE 4A ONE FORMER EMPLOYEE LISTED ON FORM 990, PART VII, SECTION A, RECEIVED SEVERANCE PAYMENTS DURING 2015 JAMES KASKIE, FORMER CEO, \$1,109,433
EXECUTIVE DEFERRED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B DURING THE YEAR, THE FOLLOWING OFFICERS AND KEY EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A PARTICIPATED IN THE EXECUTIVE DEFERRED RETIREMENT PLAN JODY LOMEO, JAMAL GHANI, JONATHAN SWIATKOWSKI, TONI BOOKER, DAVID HUGHES, MD, DONALD BOYD, MICHAEL HUGHES AND CHERYL KLASS EMPLOYER AND EMPLOYEE CONTRIBUTIONS DURING THE YEAR TO THIS PLAN HAVE BEEN REPORTED, AS REQUIRED, ON SCHEDULE J, PART II COLUMNS (B) (III) AND (C) DURING 2015, THE FOLLOWING OFFICERS AND KEY EMPLOYEES RECEIVED PAYMENTS UNDER AN EXECUTIVE DEFERRED RETIREMENT PLAN TONI BOOKER \$114,038 DONALD BOYD \$85,644

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization KALEIDA HEALTH

Employer identification number

16-1533232

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN EVANS	SEE PART V	81,439	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV SUSAN EVANS, COLUMN B - RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SUSAN EVANS IS A FAMILY MEMBER OF A CURRENT BOARD MEMBER OF THE ORGANIZATION, EVAN EVANS, MD, WHO RECEIVED COMPENSATION FROM THE ORGANIZATION IN EXCESS OF \$10,000 COLUMN D - DESCRIPTION OF THE TRANSACTION DURING 2015, THE ORGANIZATION PAID THE INTERESTED PERSON (SUSAN EVANS) IN THE NORMAL COURSE OF BUSINESS FOR PERFORMANCE OF SERVICES AS A UTILIZATION REVIEW COORDINATOR

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Name of the organization
KALEIDA HEALTH

Employer identification number
16-1533232

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS MEDICAL EQUIPMENT)	X	2	4,354,054	REPLACEMENT COST
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II Supplemental Information.

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

Return Reference

Explanation

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
KALEIDA HEALTH**Employer identification number**

16-1533232

Return Reference**Explanation**ORGANIZATION'S
MISSIONKALEIDA HEALTH IS THE LARGEST HEALTHCARE PROVIDER IN WNY, SERVING THE AREA'S 8 COUNTIES WITH
COMPREHENSIVE SERVICES & PROGRAMS PROVIDED AT 4 ACUTE CARE, 2 LT CARE, AS WELL AS OUTPATIENT &
PRIMARY CARE SITES

Return Reference	Explanation
REVIEW PROCESS FOR FORM 990	Form 990, Part VI, Section B, Line 11B ORGANIZATION'S MANAGEMENT (A TEAM COMPRISED OF REPRESENTATIVES OF THE FINANCE, HUMAN RESOURCES AND LEGAL DEPARTMENTS) IN CONSULTATION WITH THE ORGANIZATION'S TAX ADVISORS, KPMG, REVIEW THE FORM 990 THE FINANCIAL REVIEW IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE RELEVANT TIME PERIOD BEFORE THE FORM 990 IS FILED WITH THE IRS, THE FINANCE COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THE FORM 990 AND PROVIDES A COPY OF THE SAME TO THE ORGANIZATION'S FULL BOARD OF DIRECTORS

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

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

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

Return Reference	Explanation
FORM 990, PART XI	<p>OTHER CHANGES IN NET ASSETS OR FUND BALANCES INVESTMENTS IN JOINT VENTURES, NET (87,826,975) MINORITY INTEREST IN SUBSIDIARY (143,514) INCREASE IN PENSION LIABILITY 15,196,274 TRANSFER FROM KALEIDA FOUNDATIONS 33,898,212 OTHER TRANSFERS, NET (177,425) CHANGE IN VALUE OF FOUNDATIONS (32,075,887) ----- TOTAL (71,129,315)</p>

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED PHYSICIAN FEES TOTAL FEES 67363346

Return Reference**Explanation**

FORM 990 PART IX LINE 11 G

DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 24865985

Return Reference**Explanation**

FORM 990 PART IX LINE 11G

DESCRIPTION INTERNS & RESIDENTS FEES TOTAL FEES 24517706

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 5815218

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
KALEIDA HEALTH

Employer identification number

16-1533232

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KALEIDA MCO LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1570311	DORMANT	NY	0	0	KH
(2) KALEIDA IPA LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1570380	DORMANT	NY	0	0	KH
(3) KALEIDA WNYI LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 45-3189404	HEALTH CARE	NY	593,595	4,479,835	KH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MILLARD FILLMORE AMBULATORY SURGER CTR 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1307129	SUPPORT ORG	NY	501(C)(3)	11A	KH	Yes	
(2) VNA HOME CARE SERVICES 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1491203	HOME HLTH CAR	NY	501(C)(3)	9	KH	Yes	
(3) VNA OF WESTERN NEW YORK 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-0743214	HOME HLTH CAR	NY	501(C)(3)	9	KH	Yes	
(4) VISK 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 22-2738425	SUPPORT ORG	NY	501(C)(3)	9	KH	Yes	
(5) KALEIDA HEALTH FOUNDATION 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1579143	FUNDRAISING	NY	501(C)(3)	7	KH	Yes	
(6) THE WOMEN & CHILDREN'S HOSP OF BFLO FDN 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1332044	FUNDRAISING	NY	501(C)(3)	7	KH	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) KALEIDA PROPERTIES INC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 22-2738483	PROP MGMT SVCS	NY	KALEIDA HEALTH	C Corp	807,678	18,826,893	100 000 %	Yes	
(2) WESTLINK CORPORATION 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1354421	MED & DIAGN SVCS	NY	KALEIDA HEALTH	C Corp	-285	101,161	100 000 %	Yes	
(3) KALEIDA HEALTHNOW INC 257 WEST GENESEE STREET BUFFALO, NY 14202 46-2164089	HEALTH CARE	NY	KALEIDA HEALTH	C Corp	4,245	1,962,474	50 000 %		No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s	Yes	

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	SCHEDULE R, PART V, TRANSACTION TYPE C THERE IS A VARIANCE BETWEEN THE AMOUNT REFLECTED ON PART VIII, LINE 1D (AND SCHEDULE B) - GIFTS, GRANTS AND CONTRIBUTIONS FROM THE FOLLOWING RELATED ORGANIZATIONS AND THE AMOUNT INCLUDED ON SCHEDULE R, PART V AS A RESULT OF THE VARIANCE IN TIMING OF THE RECORDING OF THE TRANSFER BETWEEN THE TWO ORGANIZATIONS KALEIDA HEALTH FOUNDATION RECORDED GRANTS PAID TO THE FILING ORGANIZATION IN THE AMOUNT OF \$2,230,471 (SEE SCHEDULE R, PART V) VERSUS THE \$3,417,726 RECORDED BY THE FILING ORGANIZATION AS GRANTS RECEIVED (SEE PART VIII, LINE 1D AND SCHEDULE B) THE WOMEN & CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION RECORDED GRANTS PAID TO THE FILING ORGANIZATION IN THE AMOUNT OF \$1,260,774 (SEE SCHEDULE R, PART V) VERSUS THE \$936,328 RECORDED BY THE FILING ORGANIZATION AS GRANTS RECEIVED (SEE PART VIII, LINE 1D AND SCHEDULE B)

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MILLARD FILLMORE AMBULATORY SURGER CTR 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1307129	SUPPORT ORG	NY	501(C)(3)	11A	KH	Yes	
VNA HOME CARE SERVICES 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1491203	HOME HLTH CAR	NY	501(C)(3)	9	KH	Yes	
VNA OF WESTERN NEW YORK 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-0743214	HOME HLTH CAR	NY	501(C)(3)	9	KH	Yes	
VISK 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 22-2738425	SUPPORT ORG	NY	501(C)(3)	9	KH	Yes	
KALEIDA HEALTH FOUNDATION 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1579143	FUNDRAISING	NY	501(C)(3)	7	KH	Yes	
THE WOMEN & CHILDREN'S HOSP OF BFLO FDN 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1332044	FUNDRAISING	NY	501(C)(3)	7	KH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HARLEM ROAD LEASING LLC 3435 MAIN STREET BUFFALO, NY 14214 20-5588135	EQUIPMENT LEASING	NY	KALEIDA HEALTH	UNRELATED	91,854	42,676		No	91,854	Yes		50 000 %
AMTON IMAGING LLC 199 PARK CLUB LANE SUITE 300 WILLIAMSVILLE, NY 14221 26-2925470	HEALTH CARE	NY	KALEIDA WNYI	RELATED	335,698	470,282		No	0	Yes		50 000 %
SITE E LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 27-2124795	REAL ESTATE MGMT	NY	KPI	EXCLUDED	113,375	1,647,935		No	0		No	50 160 %
MSFC LLC 100 HIGH STREET BUFFALO, NY 14203 26-1582864	HEALTH CARE	NY	KALEIDA HEALTH	EXCLUDED	249,427	1,798,806		No	0		No	55 297 %
SOUTHTOWNS IMAGING LLC 5959 BIG TREE ROAD SUITE 105 ORCHARD PARK, NY 14127 47-1123230	EQUIPMENT LEASING	NY	KALEIDA WNYI	UNRELATED	-112,281	2,792,663		No	-362,592	Yes		70 000 %
COLLABORATIVE CARE VENTURES LLC 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210	HEALTH CARE	NY	KALEIDA HEALTH	EXCLUDED	-850	11,569,269		No	0	Yes		60 000 %
GREAT LAKES MEDICAL BILLING SVCS LLC 199 PARK CLUB LANE SUITE 300 WILLIAMSVILLE, NY 14221	MEDICAL BILLING	NY	KALEIDA WNYI	UNRELATED	183,435	319,996		No	157,923		No	50 000 %
HARLEM IMAGING LLC 199 PARK CLUB LN SUITE 300 WILLIAMSVILLE, NY 14221	IMAGING SERVICES	NY	KALEIDA WNYI	RELATED	186,743	896,894		No	0		No	50 000 %
ALTUS MANAGEMENT LLC 840 AERO DRIVE SUITE 950 BUFFALO, NY 14225	GROUP PURCHASING	NY	KALEIDA HEALTH	EXCLUDED	174,488	1,823,056		No	0		No	52 167 %

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	VNA HOME CARE SERVICES	Q	2,109,779	ACTUAL COST
(1)	VNA OF WESTERN NEW YORK	Q	14,447,259	ACTUAL COST
(2)	VNA OF WESTERN NEW YORK	O	222,769	ACTUAL COST
(3)	MFSC LLC	J	622,809	ACTUAL COST
(4)	MFSC LLC	P	174,542	ACTUAL COST
(5)	KALEIDA PROPERTIES INC	q	161,817	ACTUAL COST
(6)	KALEIDA PROPERTIES INC	d	4,585,314	ACTUAL COST
(7)	SITE E LLC	k	233,450	ACTUAL COST
(8)	WCHOB FOUNDATION	c	1,260,774	ACTUAL COST
(9)	WCHOB FOUNDATION	s	23,586,389	ACTUAL COST
(10)	WCHOB FOUNDATION	P	120,247	ACTUAL COST
(11)	KALEIDA HEALTH FOUNDATION	c	2,230,471	ACTUAL COST
(12)	KALEIDA HEALTH FOUNDATION	s	14,584,271	ACTUAL COST
(13)	KALEIDA HEALTH FOUNDATION	P	133,111	ACTUAL COST
(14)	SOUTHTOWNS IMAGING LLC	D	108,171	ACTUAL COST
(15)	SOUTHTOWNS IMAGING LLC	J	266,180	ACTUAL COST