50m 990-EZ Beturn of Organization Exempt From Income Tax	OMB No. 1545-1150
Form <b>990-EZ</b> Return of Organization Exempt From Income Tax	<b>2017</b>
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)	
Do not enter social security numbers on this form as it may be made public.	Open to Public
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.	Inspection
A For the 2017 calendar year, or tax year beginning and ending	
B Check if applicable: C Name of organization D Emplo	oyer identification number
Address change NEW YORK STATE ASSOCIATION FOR RURAL	
Name change HEALTH, INC. 51	-0489828
	hone number
	7-756-4198
	o Exemption
Application bonding	ber 🕨
	k ▶ if the organization is
	equired to attach Schedule B
	1 990, 990-EZ, or 990-PF).
K Form of organization: Corporation Trust X Association Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,	• E0 E70
column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions fo	► \$ 58,578.
Check if the organization used Schedule 0 to respond to any question in this Part I	
	1 11,515.
	2 37,983.
	3 9,075.
4 Investment income SEE SCHEDULE O	4 5.
5a Gross amount from sale of assets other than inventory 5a	
b Less: cost or other basis and sales expenses	
	5c
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than	
<b>G</b> \$15,000)	
a Gross income from gaming (attach Schedule G in greater than         \$15,000)         b Gross income from fundraising events (not including \$ of contributions	
from fundraising events reported on line 1) (attach Schedule G if the sum of such	
gross income and contributions exceeds \$15,000) 6b	
c Less: direct expenses from gaming and fundraising events	
	6d
7a       Gross sales of inventory, less returns and allowances       7a         b       Less: cost of goods sold       7b	
	7c
	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 58,578.
	10
	11
<b>10</b> Optimize a three concentrations and conclusion have fits	12 45,638.
	13 2,560.
👸 14 Occupancy, rent, utilities, and maintenance	14
<b>15</b> Printing, publications, postage, and snipping	15 573.
16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16 20,849.
	17 69,620.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -11,042.
19 Net assets or fund balances at beginning of year (from line 27, column (A))	E 004
	<u>19</u> 58,994. 20 0.
	20 0. 21 47,952.
21       Net assets or fund balances at end of year. Combine lines 18 through 20         LHA       For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2017)

732171 11-22-17

Farm	NEW YORK STATE ASSOCIATIO	N FOR RURAL		<b>E</b> 1	01000	28 Page 2
	m 990-EZ (2017) HEALTH, INC. art II Balance Sheets (see the instructions for Part II)			-16	04898	ZO Fayez
Pa		and to any availar	in this Dout II			X
	Check if the organization used Schedule O to resp		A) Beginning of year		( <b>B</b> ) F	nd of year
00	Cash covings and investments		59,364	• 22	· · · · ·	51,402.
22	, , ,		59,504	_		JI,402.
23			285	23		1,665.
24	/ / /					
25			59,649	_		53,067.
26	/ /		655			5,115.
27			58,994	• 27	_	47,952.
Pa	art III Statement of Program Service Accomplishmer	(	,			kpenses for section
	Check if the organization used Schedule O to resp		n in this Part III	X		and 501(c)(4)
What	at is the organization's primary exempt purpose? <b>SEE SCHEDULE O</b>					ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program s ner, describe the services provided, the number of persons benefited, and other relevant inform		es. In a clear and concise		others.)	
28	PROMOTED BETTER HEALTH FOR RURAL NY	THROUGH ASSO	CIATIONS.			
20	CURRENT MEMBERSHIP STANDS AT 70-75.					
	HELD TO EXCHANGE IDEAS.					
	(Grants \$ ) If this amount includes foreign g	rante chock boro	<b></b>		28a	55,214.
29					200	55,211
29						
			<b>`</b>	<u> </u>	000	
~~	(Grants \$ ) If this amount includes foreign g	rants, check here	🕨		29a	
30						
	(Grants \$ ) If this amount includes foreign g				30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g	rants, check here			31a	
32	Tatal muanuana a survisa a survisa a (add lines 00a thus ush 01a)					
	Total program service expenses (add lines 28a through 31a)			🚩	32	55,214.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	even if not compensated -	see the		for Part IV)
Pa		mployees (list each one e pond to any question	even if not compensated -		instructions f	for Part IV)
P	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list each one e cond to any question (b) Average hours	in this Part IV	(d) He	e instructions for the second se	ior Part IV)     (e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e cond to any question (b) Average hours per week devoted to	in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emplo	a instructions f	ior Part IV)           X           (e) Estimated           amount of other
	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title	mployees (list each one e cond to any question (b) Average hours	in this Part IV (C) Reportable compensation (Forms	(d) He contr emplo plans,	alth benefits, ributions to	ior Part IV)           X           (e) Estimated           amount of other
AN	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN         BATTAGLIA	mployees (list each one e cond to any question (b) Average hours per week devoted to position	ven if not compensated - : n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN         BATTAGLIA         DARD         MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to	in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emplo plans,	alth benefits, ributions to byee benefit and deferred	(e) Estimated amount of other compensation
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN         BATTAGLIA         DARD         MEMBER         ERRIK         CHRISLER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00	ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contr emplo plans,	instructions f match benefits, ributions to oyee benefit and deferred opensation 0 •	(e) Estimated amount of other compensation
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN         BATTAGLIA         DARD         MEMBER         ERRIK         CHRISLER         DARD         MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position	ven if not compensated - : n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title (a) Name and title (b) Name and title (c) Name and title (c	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00	ven if not compensated - in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contr emplo plans,	alth benefits, ibutions to oyee benefit and deferred ppensation 0 .	(e) Estimated amount of other compensation 0 . 0 .
	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title (a) Name and title (b) NATTAGLIA (b) NATTAGLIA (b) NATTAGLIA (b) NAME AND MEMBER (b) NATTAGLIA (c) NAME AND MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00	ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contr emplo plans,	instructions f match benefits, ributions to oyee benefit and deferred opensation 0 •	(e) Estimated amount of other compensation
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         OARD MEMBER         ERRIK CHRISLER         OARD MEMBER         ARRIE ROSEAMELIA         OARD MEMBER         ARD MEMBER         CRIE ROSEAMELIA         OARD MEMBER         CKIE LEAF	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00	ven if not compensated - : n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) He contr emplo plans,	alth benefits, ributions to oyee benefit and deferred opensation 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 .
	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title (a) Name and title (b) NATTAGLIA (b) NATTAGLIA (b) NATTAGLIA (b) NAME AND MEMBER (b) NATTAGLIA (c) NAME AND MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00	ven if not compensated - in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contr emplo plans,	alth benefits, ibutions to oyee benefit and deferred ppensation 0 .	(e) Estimated amount of other compensation 0 . 0 .
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         DARD       MEMBER         ERRIK       CHRISLER         DARD       MEMBER         ARRIE       ROSEAMELIA         DARD       MEMBER         ACKIE       LEAF         DARD       MEMBER         CHARD       MERCHANT	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	ven if not compensated - in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) He contr emplo plans,	instructions f ealth benefits, ioutions to oyee benefit and deferred ppensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title (a) Name and title OARD MEMBER ERRIK CHRISLER OARD MEMBER ARRIE ROSEAMELIA OARD MEMBER ACKIE LEAF OARD MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00	ven if not compensated - : n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) He contr emplo plans,	alth benefits, ributions to oyee benefit and deferred opensation 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 .
AN BO DE BO ZA BO RI VI	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         DARD       MEMBER         ERRIK       CHRISLER         DARD       MEMBER         ARRIE       ROSEAMELIA         DARD       MEMBER         ACKIE       LEAF         DARD       MEMBER         CHARD       MERCHANT	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	ven if not compensated - in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) He contr emplo plans,	instructions f ealth benefits, ioutions to oyee benefit and deferred ppensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN BATTAGLIA         DARD MEMBER         ERRIK CHRISLER         DARD MEMBER         ARRIE ROSEAMELIA         DARD MEMBER         ACKIE LEAF         DARD MEMBER         CCHARD MERCHANT         ICE PRESIDENT	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	ven if not compensated - in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) He contr emplo plans,	instructions f ealth benefits, ioutions to oyee benefit and deferred ppensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         DARD MEMBER         ERRIK CHRISLER         DARD MEMBER         ARRIE ROSEAMELIA         DARD MEMBER         ACKIE LEAF         DARD MEMBER         CCHARD MERCHANT         ICE PRESIDENT         HARLOTTE CRAWFORD	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 2.00	ven if not compensated - : in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to oyee benefit and deferred ppensation 0 . 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0 . 0 . 0 . 0 .
AN BO DE BO CA BO TA BO DE BO CA BO TA BO DE BO CA BO TA BO	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         OARD MEMBER         ERRIK CHRISLER         OARD MEMBER         ARRIE ROSEAMELIA         OARD MEMBER         ACKIE LEAF         OARD MEMBER         ICHARD MERCHANT         ICE PRESIDENT         IARLOTTE CRAWFORD         OARD MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 2.00 1.00	ven if not compensated - : in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) He contr emplo plans,	alth benefits, ibutions to oyee benefit and deferred ppensation 0 . 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         OARD MEMBER         ERRIK CHRISLER         OARD MEMBER         ARTIE ROSEAMELIA         OARD MEMBER         ACKIE LEAF         OARD MEMBER         ICHARD MERCHANT         ICE PRESIDENT         IARLOTTE CRAWFORD         OARD MEMBER         AREN MADDEN         OARD MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 2.00	ven if not compensated - : in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	instructions f realth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN         BATTAGLIA         DARD MEMBER         ERRIK CHRISLER         DARD MEMBER         CKIE ROSEAMELIA         DARD MEMBER         CKIE LEAF         DARD MEMBER         CCHARD MERCHANT         ICE PRESIDENT         IARLOTTE CRAWFORD         DARD MEMBER         AREN MADDEN         DARD MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 2.00 1.00 1.00 1.00	ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	instructions f realth benefits, robustors to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         OARD MEMBER         ERRIK CHRISLER         OARD MEMBER         CKIE ROSEAMELIA         OARD MEMBER         CKIE LEAF         OARD MEMBER         CCHARD MERCHANT         ICE PRESIDENT         HARLOTTE CRAWFORD         OARD MEMBER         AREN MADDEN         OARD MEMBER         ERTRUDE O'SULLIVAN         OARD MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 2.00 1.00	ven if not compensated - : n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	instructions f realth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         OARD MEMBER         ERRIK CHRISLER         OARD MEMBER         CKIE ROSEAMELIA         OARD MEMBER         CKIE LEAF         OARD MEMBER         CCHARD MERCHANT         CCE PRESIDENT         IARLOTTE CRAWFORD         OARD MEMBER         AREN MADDEN         OARD MEMBER         ERTRUDE O'SULLIVAN         OARD MEMBER         ARA WALL BOLLINGER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 2.00 1.00 1.00 1.00 1.00	ven if not compensated - : in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	instructions f raith benefits, ributions to oyee benefit and deferred ppensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         OARD MEMBER         ERRIK CHRISLER         OARD MEMBER         CKIE ROSEAMELIA         OARD MEMBER         CKIE LEAF         OARD MEMBER         CCE PRESIDENT         IARLOTTE CRAWFORD         OARD MEMBER         CREN MADDEN         OARD MEMBER         CREN MADDEN         OARD MEMBER         CARD MEMBER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 2.00 1.00 1.00 1.00	ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	instructions f realth benefits, robustors to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         IN       BATTAGLIA         OARD MEMBER         ERRIK CHRISLER         OARD MEMBER         CKIE ROSEAMELIA         OARD MEMBER         CKIE LEAF         OARD MEMBER         CCHARD MERCHANT         ICE PRESIDENT         IARLOTTE CRAWFORD         OARD MEMBER         AREN MADDEN         OARD MEMBER         ERTRUDE O'SULLIVAN         OARD MEMBER         ERTRUDE O'SULLIVAN         OARD MEMBER         RAR WALL BOLLINGER         RESIDENT         ARY ZELAZNY	mployees         (list each one e           cond to any question         (b) Average hours           per week devoted to         position           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           2.00         1.00           1.00         1.00           1.00         1.00	ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	instructions f realth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         (a) Name and title         IN BATTAGLIA         DARD MEMBER         ERRIK CHRISLER         DARD MEMBER         CKIE ROSEAMELIA         DARD MEMBER         CKIE LEAF         DARD MEMBER         CCHARD MERCHANT         ICE PRESIDENT         HARLOTTE CRAWFORD         DARD MEMBER         CREN MADDEN         DARD MEMBER         ERTRUDE O'SULLIVAN         DARD MEMBER         RAR WALL BOLLINGER         RESIDENT         ARA WALL BOLLINGER         RAR WALL BOLLINGER         RAR WALL BOLLINGER         ARA WALL BOLLINGER	mployees (list each one e cond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 2.00 1.00 1.00 1.00 1.00	ven if not compensated - : in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	instructions f raith benefits, ributions to oyee benefit and deferred ppensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
	Art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         (a) Name and title         IN         BATTAGLIA         DARD MEMBER         ERRIK CHRISLER         DARD MEMBER         CARD MEMBER         ARTIE ROSEAMELIA         DARD MEMBER         CKIE LEAF         DARD MERBER         CCHARD MERCHANT         ICE PRESIDENT         HARLOTTE CRAWFORD         DARD MEMBER         REN MADDEN         DARD MEMBER         ERTRUDE O'SULLIVAN         DARD MEMBER         RA WALL BOLLINGER         RESIDENT         ARA WALL BOLLINGER         RESIDENT         ARD MEMBER         ELEN EVANS	mployees         (list each one e           cond to any question         (b) Average hours           per week devoted to         position           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00	in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)           0.	(d) He contr emplo plans,	instructions f alth benefits, ibutions to oyee benefit and deferred appensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
	Art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         (a) Name and title         IN         BATTAGLIA         DARD MEMBER         ERRIK CHRISLER         DARD MEMBER         CARD MEMBER         ARTIE ROSEAMELIA         DARD MEMBER         CCHARD MERBER         CCHARD MERCHANT         ICCE PRESIDENT         HARLOTTE CRAWFORD         DARD MEMBER         AREN MADDEN         DARD MEMBER         ERTRUDE O'SULLIVAN         DARD MEMBER         RARA WALL BOLLINGER         RESIDENT         RAY ZELAZNY         DARD MEMBER         ELEN EVANS         DARD MEMBER	mployees         (list each one e           cond to any question         (b) Average hours           per week devoted to         position           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           2.00         1.00           1.00         1.00           1.00         1.00	ven if not compensated - in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) He contr emplo plans,	instructions f realth benefits, ributions to oyee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
	art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         (a) Name and title         UN BATTAGLIA         DARD MEMBER         ERRIK CHRISLER         DARD MEMBER         ARRIE ROSEAMELIA         DARD MEMBER         ACKIE LEAF         DARD MEMBER         CCHARD MERCHANT         ICE PRESIDENT         IARLOTTE CRAWFORD         DARD MEMBER         AREN MADDEN         DARD MEMBER         ERTRUDE O'SULLIVAN         DARD MEMBER         RAR WALL BOLLINGER         RESIDENT         ARY ZELAZNY         DARD MEMBER         ELEN EVANS         DARD MEMBER         CHARD KAZEL	mployees         (list each one e           cond to any question         (b) Average hours           per week devoted to         position           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00	in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)           0.	(d) He contr emplo plans,	instructions f raith benefits, ributions to oyee benefit and deferred ppensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
	Art IV       List of Officers, Directors, Trustees, and Key E         Check if the organization used Schedule O to resp         (a) Name and title         (a) Name and title         IN         BATTAGLIA         DARD MEMBER         ERRIK CHRISLER         DARD MEMBER         CARD MEMBER         ARTIE ROSEAMELIA         DARD MEMBER         CCHARD MERBER         CCHARD MERCHANT         ICCE PRESIDENT         HARLOTTE CRAWFORD         DARD MEMBER         AREN MADDEN         DARD MEMBER         ERTRUDE O'SULLIVAN         DARD MEMBER         RARA WALL BOLLINGER         RESIDENT         RAY ZELAZNY         DARD MEMBER         ELEN EVANS         DARD MEMBER	mployees         (list each one e           cond to any question         (b) Average hours           per week devoted to         position           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00	in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)           0.	(d) He contr emplo plans,	instructions f instructions f instructions to oyee benefit and deferred opensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

09000603 759621 7699786 2017.05060 NEW YORK STATE ASSOCIATION 76997861

**U-EZ** (2017)

NEW	YORK	STATE	ASSOCIATION	FOR	RURAL	

51-0489828 Page 3

Form	990-EZ (2017) <b>HEALTH, INC.</b> 51-048	9828		Page <b>3</b>
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in th	is Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	Х	
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			37
	complete applicable parts of Schedule N	36		X
3/a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		x
	Did the organization file <b>Form 1120-POL</b> for this year?	37b		
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>138b N/A</b>	308		
39 39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ 0 • ; section 4912 $\blacktriangleright$ 0 • ; section 4955 $\blacktriangleright$ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $\mathbf{D}$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed $\blacktriangleright$ NY		100	
42 a	The organization's books are in care of $\blacktriangleright$ THE ORGANIZATION Telephone no. $\blacktriangleright$ 607-7 Located at $\blacktriangleright$ 10 KENNEDY PARKWAY, CORTLAND, NY	<u> </u>	<u> </u>	
۲.	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1304	<u> </u>	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Ves	No
	account)?	42b	103	X
	If "Yes," enter the name of the foreign country:	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
-	If "Yes," enter the name of the foreign country:	L	ı	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			17
	of Form 990-EZ	44b		X X
	Did the organization receive any payments for indoor tanning services during the year?	44c		
۵	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
1E ~	in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	408		
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-F7	(2017)

732173 11-22-17

Forn	NEW YORK STATE ASSOCIAT990-EZ (2017)HEALTH, INC.	ION FOR R	URAL		51-04898	28	Page
46 <b>P</b> a	Did the organization engage, directly or indirectly, in political campaign ac If "Yes," complete Schedule C, Part I Int VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer question		· · ·			46 Y	es No X
	Check if the organization used Schedule O to respond to	o any question in th	nis Part VI .		<u></u>		
	Did the organization engage in lobbying activities or have a section $501(h$ Is the organization a school as described in section $170(b)(1)(A)(ii)$ ? If "Y Did the organization make any transfers to an exempt non-charitable related If "Yes," was the related organization a section 527 organization?	es," complete Schedu ed organization?	Ile E	· · · ·	·····	47 48 49a 49b	Yes No X X X X ived more
	than \$100,000 of compensation from the organization. If there is none, er (a) Name and title of each employee NONE	(b) Averag per week d posit	evoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	amou	stimated nt of othe pensation
	Total number of other employees paid over \$100,000						
51	Complete this table for the organization's five highest compensated indep organization. If there is none, enter "None." <b>NONE</b>		ho each rece	ived more than \$100,	000 of compensat	ion fror	n the
	(a) Name and business address of each independent contractor		(b	) Type of service	(c) C	ompens	ation

 4	
4	

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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	Signature of officer			Date	
Here	RICHARD KAZEL, CURR	ENT TREASURER			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid				self- employed	
Prepare	MARY MADONIA		06/03/19		P00405803
Use Onl	,  Firm's name ► FREED MAXICK				5-4051133
	Firm's address <b>424 MAIN ST</b>	-		Phone no. 71	6-847-2651
	BUFFALO, NY	14202-3508			
May the IRS	discuss this return with the preparer shown above	ve? See instructions			🕨 🗶 Yes 📃 No
					Form <b>990-EZ</b> (2017)

732174 11-22-17

► X Yes No

SC	HE	DULE A			<b>.</b>									OMB No. 1545-0047
(Fo	orm 9	90 or 990-EZ)						ty Statu						2017
				Co	mpiete			ation is a sec (a)(1) nonexe				or a section		2017
		of the Treasury					► Att	ach to Form	990 or F	orm 990-	EZ.			Open to Public
		enue Service				•		orm990 for in						Inspection
Nar	ne of	the organizati					E .	ASSOCIA	TION	FOR	RURAL	I		identification number
D	irt I	Beason				INC.	(	organizations	mustor	omploto th	ic part ) S	oo inctruction		1-0489828
													5.	
11e	Grga	nization is not a A church, co	•				•		•		,			
2	$\square$	A school des										·)(A)(I)·		
3								ization descril				ii).		
4		•	•		•		•					-	(iii). Enter	the hospital's name,
		city, and stat		0					•				~ /	1 /
5		An organizati	ion oper	ated fo	r the be	enefit of a d	colle	ge or universi	ty owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170	(b)(1)(A	<b>(iv).</b> (C	omplete	e Part II.)								
6		A federal, sta	ite, or lo	cal gov	rernmer	t or gover	nme	ntal unit desc	ribed in	section 1	70(b)(1)(A)	(v).		
7		•					tanti	al part of its s	support	from a gov	rernmenta	l unit or from	the general	public described in
		section 170(												
8		A community				-								
9		An agricultur		•									•	•
		or university	or a nor	i-land-g	rant co	lege of agi	ricult	ure (see instr	uctions)	. Enter the	name, cit	y, and state c	of the colleg	e or
10	X	university:	on that	normal	ly rocoi	/os: (1) mo	vro th	an 33 1/30/ /	of ite eur	port from	contributi	one mombor	shin foos	Ind gross receipts from
10														t from gross investment
														after June 30, 1975.
		See section					``		,			5	5	,
11		An organizati	ion orga	nized a	ind ope	rated exclu	usive	ely to test for p	oublic sa	afety. See	section 5	09(a)(4).		
12		An organizati	ion orga	nized a	ind ope	rated exclu	usive	ely for the ben	efit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	/ suppo	rted org	ganizati	ons descri	bed	in section 50	<b>9(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
	_	lines 12a thro	-			• •			-		-		-	
a								ervised, or co						
			-			-	-	larly appoint		a majority	of the dire	ctors or trust	ees of the s	supporting
k								ions A and B		tion with it		ad arganizati	on(o) by bo	wing
Ľ						-		r controlled in ization vestec				-	• • •	-
								ections A and					age the sup	poned
c		¬ ۲	.,					organization o		in connec	tion with.	and functiona	ally integrate	ed with.
				-	-		•	You must co	•				, ,	,
c		Type III no	n-funct	ionally	integra	ated. A sup	opor	ting organizat	ion oper	rated in co	nnection	with its suppo	orted organi	zation(s)
		that is not	functior	ally inte	egrated	. The orgai	nizat	ion generally	must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	requiremer	nt (see ir	nstructio	ons). <b>Y</b> a	ou must co	omp	lete Part IV, S	Section	s A and D	, and Part	V.		
e	. [							itten determin				а Туре I, Туре	e II, Type III	
								Ily integrated						
		er the number			Ũ			orgonization(						
<u> </u>		vide the follow (i) Name of supp		mation		i) EIN		ii) Type of orga		(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı					described on lin bove (see instru		Yes	ing document? No	support (see i	nstructions)	support (see instructions)
							Ť							
Tot	al													
		Paparwork Pa	duction		otico s	oo tho Inc	truc	tions for For	m 990 c	r 990_E7	720001 10	06 17 <b>Scho</b>		m 990 or 990-E7) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 5

Schedule A (Form 990 or 990 EZ) 2017 HEALTH, INC.

Part II

51-0489828 Page 2

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 $\dots$						
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.						
Se	ction B. Total Support		-				
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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 $\dots$						
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 instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I		-			14	%
	Public support percentage from 2016					15	%
16a	<b>33 1/3% support test - 2017.</b> If the c	-					
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2016.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
k	0 10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17			ons

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

## Schedule A (Form 990 or 990 EZ) 2017 HEALTH, INC.

7

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	19,450.	18,075.	19,530.	18,925.	20,590.	96,570.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,100.	45,308.	46,880.	53,340.	37,983.	221,611.
3	Gross receipts from activities that					.,	
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	57,550.	63,383.	66,410.	72,265.	58,573.	318,181.
7a	Amounts included on lines 1, 2, and						•
	3 received from disqualified persons						0.
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						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						318,181.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a) 2013 57, 550.	(b) 2014 63,383.	66,410.	(d) 2016 72,265.	(e) 2017 58, 573.	318,181.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		31.	35.	18.	5.	89.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b		31.	35.	18.	5.	89.
	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.)	57,550.	63,414.	66,445.	72,283.	58,578.	318,270.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶∟_
	ction C. Computation of Publi						00.07
	Public support percentage for 2017 (I			olumn (f))		15	99.97 %
	Public support percentage from 2016					16	99.96 %
	ction D. Computation of Inves			- 10 - 1 (*)		47	.03 %
	Investment income percentage for 20					17	
	Investment income percentage from 2					18	7 -
199	<b>33 1/3% support tests - 2017.</b> If the						
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						
ŭ	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-06-17			., 5. 100, 0HOOR II		edule A (Form 990	) or 990-EZ) 2017
				7	Cont		

09000603 759621 7699786

2017.05060 NEW YORK STATE ASSOCIATION 76997861

#### Schedule A (Form 990 or 990 EZ) 2017 HEALTH, INC. Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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.)

8

732024 10-06-17

09000603 759621 7699786

Schedule A (Form 990 or 990-EZ) 2017

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

Yes

No

### NEW YORK STATE ASSOCIATION FOR RURAL Schedule A (Form 990 or 990-EZ) 2017 HEALTH, INC.

51-0489828 Page 5

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0047
/3202	5 10-06-17 Schedule A (Form 9 9	90 or 99	7U-EZ)	2017

09000603 759621 7699786

2017.05060 NEW YORK STATE ASSOCIATION 76997861

31-0409020 Page	489828 <sub>Page</sub>	6
-----------------	------------------------	---

#### Schedule A (Form 990 or 990 EZ) 2017 HEALTH, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7  $\perp$  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Sche	dule A (Form 990 or 990 EZ) 2017 HEALTH, INC.		Ę.	51-0489828 Page 7
Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

11 2017.05060 NEW YORK STATE ASSOCIATION 76997861

09000603 759621 7699786

				STATE	ASS	OCIA	TION	FOR RU	RAL	E1 04	00000	_
Schedule A Part VI	(Form 990 or 990-EZ) 2017 Supplemental Inform Part IV, Section A, lines 1,	mation 2, 3b, 3	<b>I.</b> Provide c, 4b, 4c,	the explana 5a, 6, 9a, 9b	o, 9c, 11	a, 11b, a	and 11c;	Part IV, Sect	ion B, lines	r 17b; Part III 1 and 2; Part	IV, Section	C,
	line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	lines 2 aı	nd 3; Part	IV, Section	E, lines 1	1c, 2a, 2	b, 3a, and	d 3b; Part V,	line 1; Part	V, Section B,	line 1e; Pa	rt V,
	``` <i>`</i>											
32028 10-06-	17								Schedu	le A (Form 99	90 or 990-E	E <b>Z) 20</b> 1
00603	759621 769978	6	2	2017.05	060	12 NEW	YORK	STATE		IATION	7699	

Schedule B	
(Form 990, 990-EZ,	
or 990-PF)	

,	
Department of the Treasury	
Internal Revenue Service	

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

# 2017

Employer identification number

Name	of the	organization
		NTE1147

unreu						
	NEW	YORK	STATE	ASSOCIATION	FOR	RURAL
	HEAI	стн, з	ENC.			

51-0489828

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

## Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization NEW YORK STATE ASSOCIATION FOR RURAL HEALTH, INC. Employer identification number

51-0489828

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>1</u>	NATIONAL RURAL HEALTH ASSOCIATION 4501 COLLEGE BLVD., SUITE 225 LEAWOOD, KS 66211	\$9,500.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio 990, 990-EZ, or 990-PF

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(a) No.	<i>u</i> .)	(c)	(-1)
from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	-
(a)		(c)	( )
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	_
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		_	
		\$	-
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\ \ \ \ \	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

Page 3

09000603 759621 7699786

2017.05060 NEW YORK STATE ASSOCIATION

Name of org					Employer identification number				
	ORK STATE ASSOCIATION	FOR RURAL							
	H, INC. <i>Exclusively</i> religious, charitable, etc., o	ontributions to organizations dos	aribad in coati	0.0, 50.1(0)(7)(8)(0)	51-0489828				
Part III	the year from any one contributor. Comple	ete columns <b>(a)</b> through <b>(e) and</b> th	e following line	entry. For organization	ns				
	completing Part III, enter the total of exclusively reli	gious, charitable, etc., contributions of \$	1,000 or less for th	ne year. (Enter this info. onc	e.) ► \$				
(a) No.	Use duplicate copies of Part III if addit	ional space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held				
Farti									
		-							
		-							
		(e) Transfer	of gift						
			_						
ŀ	Transferee's name, address	, and ZIP + 4	R	elationship of tra	insferor to transferee				
		-							
		-							
		-							
(a) No. from				( n <b>-</b>					
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held				
		_							
		_							
		_							
ŀ									
	Transferee's name, address	and $7IP + 4$	Relationship of transferor to transferee						
ł									
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held				
Part I									
		-							
		-							
		_							
	(e) Transfer of gift								
ŀ	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee						
		-							
		-							
(a) No. from	(b) Purpose of gift				winting of how with in hold				
Part I	(b) Purpose of gift	(c) Use of gift		(a) Desc	cription of how gift is held				
		_							
		_							
		-							
ŀ		(e) Transfer of gift							
			or ynt						
	Transferee's name, address	, and ZIP + 4	R	elationship of tra	insferor to transferee				
f									
				<b>.</b>					
723454 11-01	1-17	16		Schedule	B (Form 990, 990-EZ, or 990-PF) (2017				
		10							

09000603 759621 7699786

2017.05060 NEW YORK STATE ASSOCIATION 76997861

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury			ions on		OMB No. 1545-0047
Internal Revenue Service		1990 for the latest information.		Employ	Inspection er identification numb
	HEALTH, INC.				0489828
FORM 990-EZ,	PART I, LINE 4, OTHER IN	IVESTMENT INCOME	:		
DESCRIPTION (	F PROPERTY:				AMOUNT:
INTEREST INCO	ME				Į
FORM 990-EZ,	PART I, LINE 16, OTHER E	EXPENSES:			
DESCRIPTION	F OTHER EXPENSES:				AMOUNT:
CONTRACT SERV	ICES & CONFERENCE EXPENS	SES			10,041
INSURANCE					704
WEBSITE HOST	NG FEES				178
DUES AND SUB	CRIPTIONS				675
TRAVEL					8,074
BANK SERVICE	CHARGES				375
MEETINGS					802
TOTAL TO FORM	990-EZ, LINE 16				20,849
FORM 990-EZ,	PART II, LINE 24, OTHER	ASSETS:			
DESCRIPTION		BEG	OF	YEAR	END OF YEA
ACCOUNTS RECI	IVABLE			285.	1,665
FORM 990-EZ,	PART II, LINE 26, OTHER	LIABILITIES:			
DESCRIPTION		BEG	OF	YEAR	END OF YEA
DEFERRED REVI	NUE			655.	2,555
ACCRUED EXPEN	SES			0.	2,560
TOTAL TO FORM	990-EZ, LINE 26			655.	5,115
	PART III, PRIMARY EXEMPI	PURPOSE - THE	ITSSI	ION OF	THE NEW

732211 09-07-17

17

09000603 759621 7699786 2017.05060 NEW YORK STATE ASSOCIATION 76997861

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>		
Name of the organization NEW YORK STATE ASSOCIATION FOR RURAL HEALTH, INC.	Employer identification number 51-0489828		
YORK STATE ASSOCIATION FOR RURUAL HEALTH (NYSARH) IS TO L	EAD AND TO		
COLLABORATE ON ISSUES THAT AFFECT THE HEALTH, WELFARE, AN	D WELL-BEING		
OF RURAL NEW YORK RESIDENTS; AND TO PROMOTE EQUITABLE ACC	ESS AND		
AVAILABILITY OF HEALTH SERVICES FOR RURAL NEW YORKERS BY	PARTNERING		
WITH OTHER ORGANIZATIONS, ASSOCIATIONS, AND INDIVIDUALS WITH SIMILAR			
INTERESTS IN A COLLEGIAL AND COLLABORATIVE MANNER.			
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:		
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,		
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.		
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,		
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.			

732212 09-07-17

09000603 759621 7699786

Name of the organization NEW YORK STATE ASSOUNDED HEALTH, INC.		Employer identification number 51-0489828		
Part IV   List of Officers, Directors, Trustees, and Key	y Employees. List each one	even if not compensated.	(see the instructions f	or Part IV.)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits,	(e) Estimated amount of othe
CLAIRE PARDE BOARD MEMBER	1.00	0.	0.	0
JACK SALO	1.00	0.		0
SECRETARY	2.00	0.	0.	0
KATHY CARPENTER	15.00	45 620		
EXECUTIVE DIRECTOR ROBERT WINGATE	15.00	45,638.	0.	0
BOARD MEMBER	1.00	0.	0.	0
	_			
	_			
	_			
	_			
	_			
	_			
	_			
	-			
	_			
	_			
	_			
32471 04-01-17			 hedule O (Form)	

09000603 759621 7699786 2017.05060 NEW YORK STATE ASSOCIATION 76997861

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyin	ig number
Type or print	NEW YORK STATE ASSOCIATION HEALTH, INC.		RURAL	Employe	r identificatior 51-048	number (EIN) or
file by the due date filing your return. Se	e by the le date for ng your 10 KENNEDY PARKWAY Soc			Social se	ocial security number (SSN)	
instruction		reign add	ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (file	a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
Is For	For Code Is For			Co		
Form 9	90 or Form 990-EZ	or Form 990-EZ 01 Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A	(		08
Form 4	orm 4720 (individual) 03 Form 4720 (other than individual)				09	
Form 9	m 990-PF 04 Form 5227				10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		1	
Form 9	90-T (trust other than above)	06	Form 8870			12
• If thi	<ul> <li>The organization named above. The extension is for the organization named above. The extension is for the organization of the calendar year <u>2017</u> or tax year beginning the tax year entered in line 1 is for less than 12 months, check the calendar the tax year entered in line 1 is for less than 12 months, check the calendar the tax year entered in line 1 is for less than 12 months, check the calendar the tax year entered in line 1 is for less than 12 months, check the calendar thec</li></ul>	aroup Exe and atta NOVEI organizatio , an	emption Number (GEN) I uch a list with the names and EINs of MBER 15, 2018 , to file on's return for: d ending	f this is fo all memb	r the whole gr pers the exten npt organizatio	sion is for.
	Change in accounting period				1	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any	0.5	s	0.
_	onrefundable credits. See instructions.			<u>3a</u>	<b>Þ</b>	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069,			3b	s	0.
_	stimated tax payments made. Include any prior year overpa			30	<b>Þ</b>	0.
	alance due. Subtract line 3b from line 3a. Include your pay		, , ,	3c	¢	0.
	y using EFTPS (Electronic Federal Tax Payment System). S				<b>.</b>	
instruct	<b>n:</b> If you are going to make an electronic funds withdrawal ( ions.	airect de	DIT) WITH THIS FORM 8868, SEE FORM 8	453-EO a	na Form 8879	-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice, s	see instru	uctions.		Form 88	368 (Rev. 1-2017

### MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

723841 04-01-17

19.1 2017.05060 NEW YORK STATE ASSOCIATION 76997861

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat						
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	2017 and Ending (	mm/dd/yyyy) 12/31/2	2017		
Check if Applicable:	Name of Organization:         Employer Identification Number (EIN)           NEW YORK STATE ASSOCIATION FOR RURAL HEA         51-0489828					
Name Change	Mailing Address:     NY Registration Number:       10 KENNEDY PARKWAY     21-01-31					
Final Filing	City / State / ZIP: CORTLAND, NY	Telephone: 607 562-2169				
Reg ID Pending	Website: NYSARH.ORG			Email:		
Check your organization's						
registration category:	7A only EPTL	only X DUAL (7A &		onfirm your Registration Category in the harities Registry at www.CharitiesNYS.com.		
2. Certification						
See instructions for certif	ication requirements. Imprope	r certification is a violation	of law that may be subject	to penalties. The certification requires		
two signatories.						
	enalties of perjury that we rev e true, correct and complete in			best of our knowledge and belief, oplicable to this report.		
			KATHY CARPE	INTER		
President or Authorized	Officer:		EXECUTIVE I	DIRECTOR		
Signature Print Name and Title Date RICHARD KAZEL						
Chief Financial Officer or	Treasurer:		CURRENT TRE	LASURER		
Signature Print Name and Title Date						
3. Annual Reporting	g Exemption					
				gory (7A or EPTL only filers) or both		
				ed Char500. No fee, schedules, or		
		n an exemption or are a DL	JAL filer that claims only one	e exemption, you must file applicable		
schedules and attachmer	nts and pay applicable fees.					
X 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.						
<u>3b. EPTL filing exemption:</u> Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.						
4. Schedules and Attachments						
See the following page						
for a checklist of Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to						
complete your filing. Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single sheet as manay aster		
next page to calculate your Make a single check or money order						
fee(s). Indicate fee(s) you	fee(s). Indicate fee(s) you					
are submitting here:	\$	\$	\$	"Department of Law"		
CHAR500 Annual Filing for	Charitable Organizations (Up	dated April 2018)	ΙΙ.			
	fers to an organization's NYS		not refer to its IRS tax desi	gnation.		

1

2017.05060 NEW YORK STATE ASSOCIATION 76997861

768451 04-27-18 1019

09000603 759621 7699786

Page 1

#### NEW YORK STATE ASSOCIATION FOR RURAL HEALTH, INC.

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- 🗏 If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- LX All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

ot Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

ot No Review Report or Audit Report is required because total revenue and support is less than \$250,000

X We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

#### **Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- X \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
$[\mathbf{X}]$ \$25, if the NET WORTH is less than \$50,000
$\fbox$ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 pr \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

#### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit: Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

09000603 759621 7699786

2017.05060 NEW YORK STATE ASSOCIATION 76997861