	Dec 2017	Dec 2016
ASSETS	2017	2010
CURRENT ASSETS		
Cash	140,020.00	183,715.00
Cash Capital Campaign	1,142,649.00	507,359.00
Accounts Receivable, Net	339,208.00	361,276.00
Grants Receivable	370,268.00	380,195.00
Annual Pledges Receivable	220,785.00	307,854.00
Campaign Pledges Receivable	182,742.00	281,313.00
Inventory	157,659.00	172,765.00
Prepaid Expenses	90,981.00	64,566.00
TOTAL CURRENT ASSETS	2,644,312.00	2,259,043.00
LAND, BUILDING, AND EQUIPMEN	7,619,247.00	7,646,293.00
	7,619,247.00	7,646,293.00
OTHER ASSETS		
Investments	826,105.00	769,389.00
Long Term Campaign Pledges Rec	147,550.00	327,871.00
Charitable Gift Annuity	17,033.00	16,402.00
Pooled Income Fund	48,824.00	45,108.00
TOTAL OTHER ASSETS	1,039,512.00	1,158,770.00
-	44 000 074 00	
TOTAL ASSETS	11,303,071.00	11,064,106.00
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	232,764.00	163,816.00
Line of Credit	2000	205,000.00
Accrued Payroll & Related Expens	184,219.00	179,421.00
Deferred Grant Support	45,066,00	33,671.00
Current Portion of Long Term Debt	152,023.00	209,108.00
TOTAL CURRENT LIABILITIE	614,072.00	791,016.00
OTHER LIABILITIES		
Debt	180,451.00	204,558.00
Capital Campaign Debt	1,270,282.00	1,456,754.00
Charitable Gift Annuity	5,475.00	5,860.00
Pooled Income Fund	13,459.00	13,147.00
TOTAL OTHER LIABILITIES	1,469,667.00	1,680,319.00
TOTAL LIABILITIES	2,083,739.00	2,471,335.00
NET ASSETS		
Operating	2,479,509.00	2,149,198.00
Results of Operations, YTD	626,558.00	418,471.00
Property, Plant, & Equipment	5,570,874.00	5,570,874.00
Temporarily Restricted	442,391.00	354,230.00
Permanently Restricted	100,000.00	100,000.00
TOTAL NET ASSETS	9,219,332.00	8,592,773.00
	The column of	alough Lough
TOTAL LIAB AND NET ASSET_		11,064,108.00

Architectural Narrative

of the site paved.

Corning, NY	
Planned Parenthood of the	9
CON Application 171262	
Planned Parenthood of the	proposes to relocate from its current facility at approximately miles away. The proposed site at 35
West William Street was recently acquired by	and has a two story existing masonry structure in of part of the current CON application). The new site is

The FEMA Flood Map classifies the site as Zone X and is protected by a levee.

Public Utilities, water, sewer, electric and gas, serve the site.

Renovations and Addition at 35 W. William Street

propose to continue providing similar medical services,
education and advocacy for sexual and reproductive health, as well as counseling and advocacy services for
victims of the new location will allow the agency to better serve the community, since the
current rented space is poorly configured with inadequate areas for patient waiting, education and
examination.

approximately 0.3 acres in size with 100' of street frontage and is relatively flat with good overall drainage.

Minimal parking (4 spaces) is provided at the rear of the property, adjacent to the annex building, with 80%

Vehicular access is achieved by a one-way system with both entry and exits off of Williams Street.

The building in question is a two-story platform framed precast concrete cored slab over cinder block structure with a facing brick veneer and built up roof. It contains 3,000 gross square feet (GSF) on the first floor, which is at grade, and 1,630 GSF on the upper floor. It was originally constructed in 1964 for the Corning Community Television Corporation and underwent fairly extensive interior renovations in 1993 when it was used as offices for Corning Glass.

The proposal is to completely gut and renovate the first floor and to construct a 1,200 GSF two story extension to accommodate vertical circulation and public spaces (entrance lobby, waiting room and ADA toilets). The building envelope will be upgrade with new high efficiency insulated glazed and thermally broken windows in addition to furring out the interior face of the walls with insulated chase walls and a new TPO roof will be installed over increased rigid insulation to improve overall R-values. The existing stair connecting the two levels will be retained in place. The first floor work will comprise new plumbing and electrical systems as well as a new fully ducted mechanical system. A new fire protection system will be installed throughout the building. The second floor will undergo minor alterations in the existing portion (new finishes, doors, hardware and casework) and the upper level of the extension will comprise two offices and circulation space. The intent, at present, is to construct the elevator hoistway and pit for future installation of an elevator once funds become available.

Finish floors are carpet in waiting, circulation and administrative areas, VET in clinical spaces including 1st floor corridors and rubber flooring in stairwells. Walls will be painted gypsum board and ceilings are to be a combination of suspended acoustic tile and gypsum board soffits. All lighting throughout will be high efficiency LED fixtures.

STATE HOSPITAL CODE REVIEW - CON APPLICATION # 171262

RENOVATIONS AND ADDITION AT 35 W. WILLIAM STREET

REVISION CLOUD & TAG

DIMENSION TO THE FACE

OF FRAMING AT NEW

CONSTRUCTION, TYP.

OF FINISH AT EXISTING

DIMENSION TO THE FACE

OF FINISH

EQUIPMENT TAG

/----

CONTRACT LIMIT LINE

PARTITIONS, DOORS AND ITEMS TO BE REMOVED

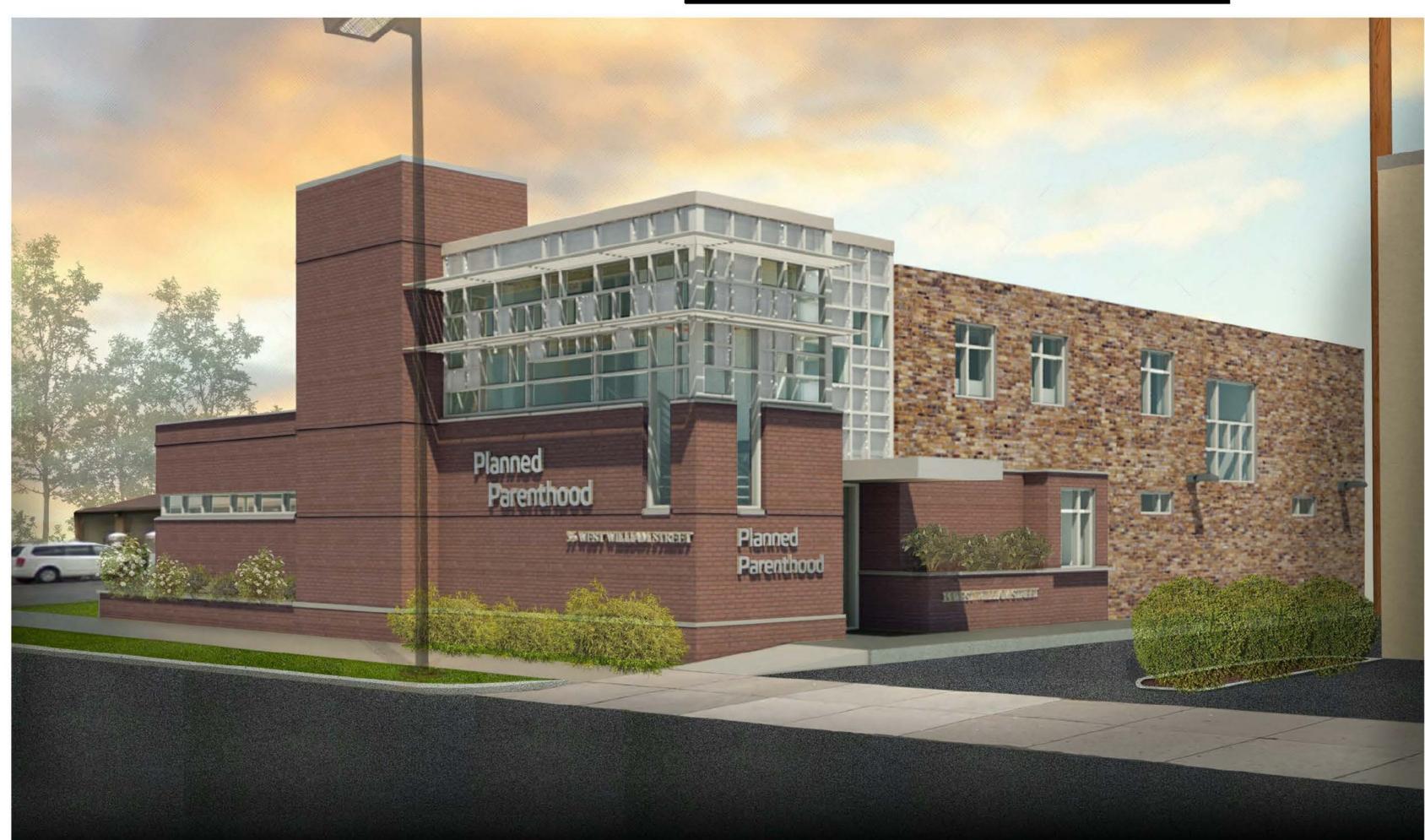
EXISTING PARTITION

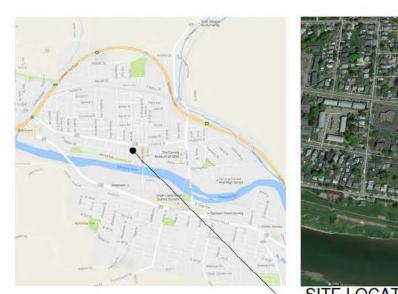
FULL HEIGHT PARTITION

PARTIAL HEIGHT PARTITION

CORNING, NY

PLANNED PARENTHOOD OF THE







CEILING HEIGHT

PLAN ELEVATION

SITE ELEVATION

WORKING POINT

STRUCTURAL ELEVATION

SITE LOCATION

ARCHITECTURAL SYMBOLS AND PATTERNS

DETAIL ENLARGEMENT

DETAIL SECTION

WALL SECTION

BUILDING SECTION

INTERIOR ELEVATION

A101

A101

DRAWING LIST

GENE	RAL
G001	COVER SHEE
0.400	CODE COME

CODE CONFORMANCE PLAN

CIVIL

UTILITIES, GRADING AND DRAINAGE PLAN **EROSION SEDIMENT CONTROL PLANS AND**

SITE DETAILS SITE DETAILS

DESIGN DATA AND GENERAL NOTES

FRAMING PLANS

SCHEDULE OF SPECIAL INSPECTIONS **FOUNDATION PLANS**

DETAILS DETAILS DETAILS

DETAILS DETAILS

ARCHITECTURAL DEMOLITION

AD101 FIRST & SECOND FLOOR AND ROOF **DEMOLITION PLANS**

ARCHITECTURAL

TYPICAL MOUNTING HEIGHTS

LAYOUT PLANS

FIRST, SECOND FLOOR & ROOF PLANS FIRST AND SECOND FLOOR REFLECTED

CEILING PLANS AND DETAILS FIRST AND SECOND FLOOR FINISH PLANS

SOUTH AND EAST EXTERIOR ELEVATIONS NORTH AND WEST EXTERIOR ELEVATIONS

INTERIOR ELEVATIONS

INTERIOR ELEVATIONS

INTERIOR ELEVATIONS AND ENLARGED PLANS **BUILDING SECTIONS (FOR REFERENCE ONLY)**

ENLARGED PLANS, ELEVATIONS AND SECTIONS - FRONT OFFICE

STAIR AND ELEVATOR PLANS AND SECTIONS

EXTERIOR DETAILS

EXTERIOR DETAILS EXTERIOR DETAILS

DOOR AND FRAME SCHEDULE AND DETAILS WINDOW ELEVATIONS AND DETAILS

WINDOW ELEVATIONS AND DETAILS FIRST AND SECOND FLOOR FURNITURE PLANS

SIGNAGE SCHEDULE

DRAWING INDEX, ABBREVIATIONS & SYMBOLS

FIRST AND SECOND FLOOR PLANS

PLUMBING DEMO PD101 DEMO FLOOR PLANS

DRAWING INDEX. ABBREVIATIONS & SYMBOLS

SCHEDULES AND DETAILS

FOUNDATION PLAN

FLOOR PLANS

MECHANICAL DEMO

MD101 DEMO PLANS

MECHANICAL

M001 DRAWING INDEX, ABBREVIATIONS,

SCHEDULES & SYMBOLS M002 DETAILS

M101 FLOOR PLANS M102 CODE CONFORMANCE

ELECTRICAL DEMO

ED101 FIRST AND SECOND FLOOR PLANS -**DEMOLITION**

DRAWING INDEX, ABBREVIATIONS & SYMBOLS

SCHEDULES

SCHEDULES, DETAILS AND DIAGRAMS

FIRST AND SECOND FLOOR PLANS - POWER **ROOF PLAN**

FIRST & SECOND FLOOR PLANS - LIGHTING

FIRST FLOOR PLAN - SPECIAL SYSTEMS

PROJECT INFORMATION

DATE:

JOB NUMBER:

CONSTRUCTION CLASSIFICATION: SPRINKLER PROTECTION:

BUILDING USE CLASSIFICATION:

TOTAL EXISTING BUILDING AREA: **AREA OF RENOVATION:**

AREA OF ADDITION: TOTAL AREA OF PROJECT: 14 April 2017

1506

FULLY SPRINKLERED

B (BUSINESS)

4,606 GSF

4,606 GSF

2,251 GSF 6,857 GSF

PROGRESS PRINT

Chiang | O'Brien

ARCHITECTS

Crescent Building

217 North Aurora Street Ithaca, New York 14850 607.241.0244

Sack & Associates

CONSULTING ENGINEERS, P.C.

721 East Genesee Street, Syracuse, NY 13210

Tel 315.471.4013

RYAN BIGGS

CLARK DAVIS

STRUCTURAL ENGINEERING

Skaneateles Falls, NY 13153 Tel 315.685.4732

Fax 315.685.4753

Trowbridge Wolf

Michaels

LANDSCAPE ARCHITECTS LLI

1001 W. Seneca Street,

Ithaca, New York 14850

Tel 607.277.1400

Fax 607.277.6092

T.G. Miller, P.C

CIVIL ENGINEERING

Ithaca, New York 14850

Tel 607.272.6477 Fax 607.273.6322

NOT FOR CONSTRUCTION

SET NUMBER

G001



DOOR & INTERIOR

EXTERIOR WINDOW &

ROOM IDENTIFICATION

ROOM FINISH KEY

NOTE KEY

WINDOW TAG

LOUVER TAG

WALL TAG

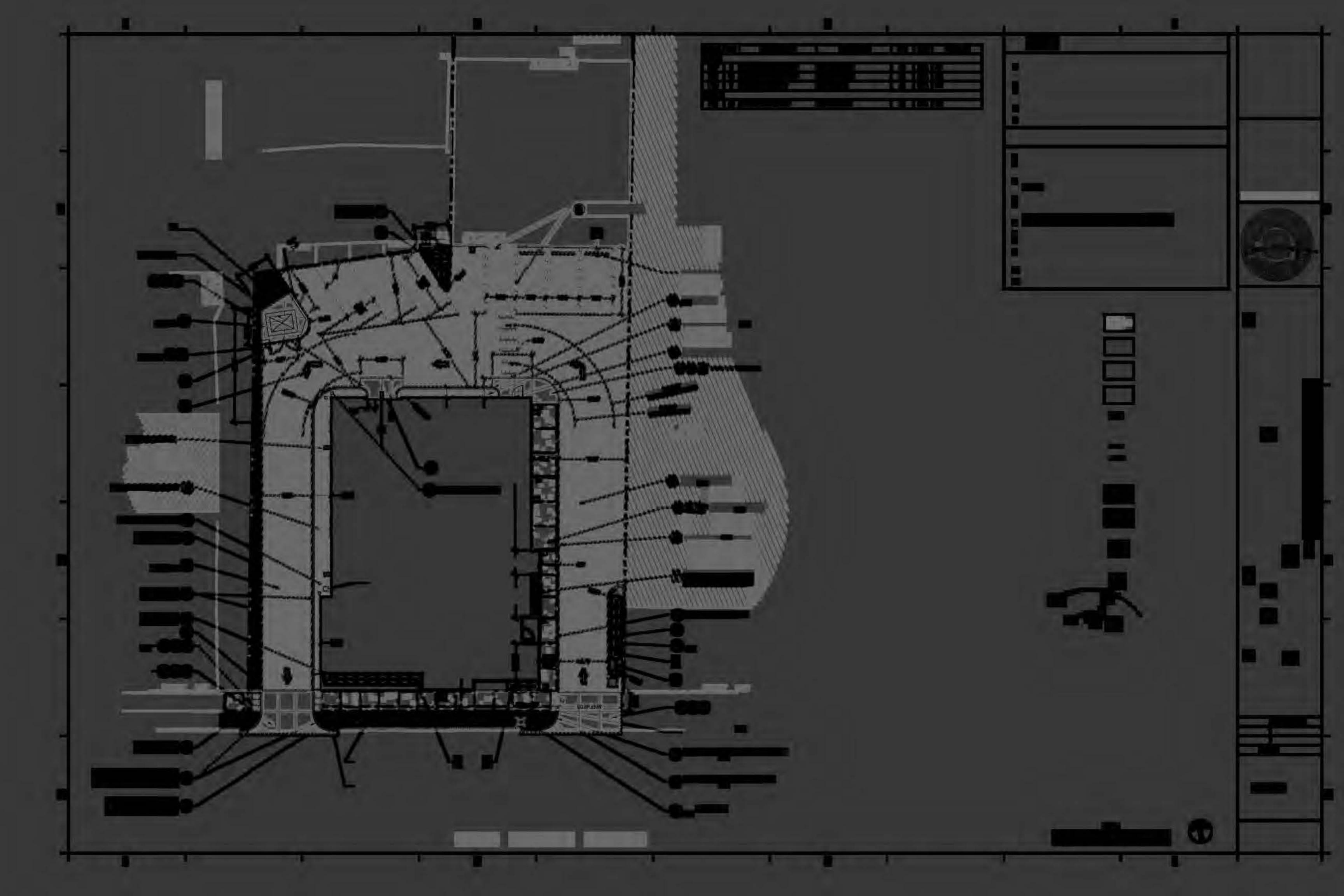
ROOM NAME

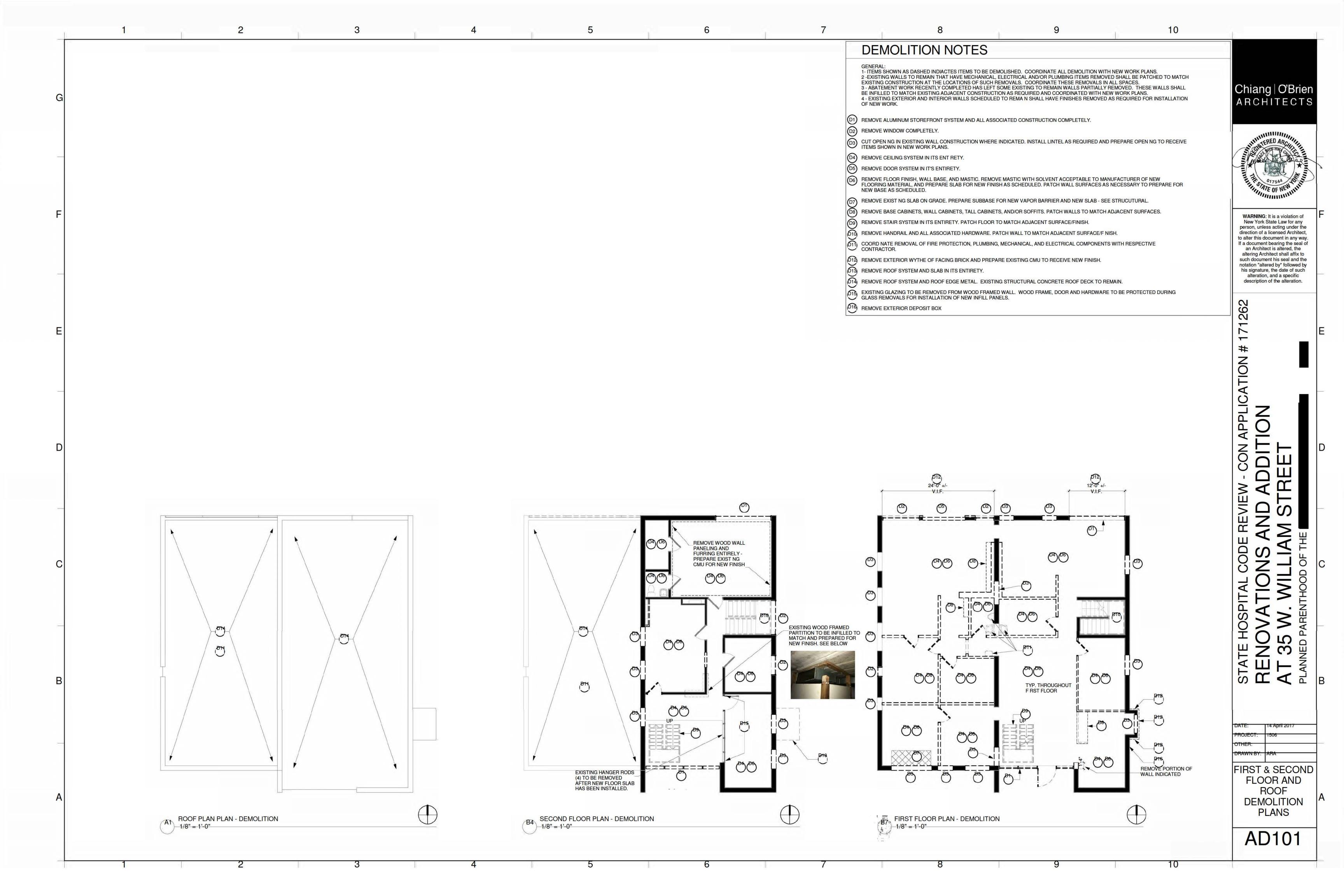
W1

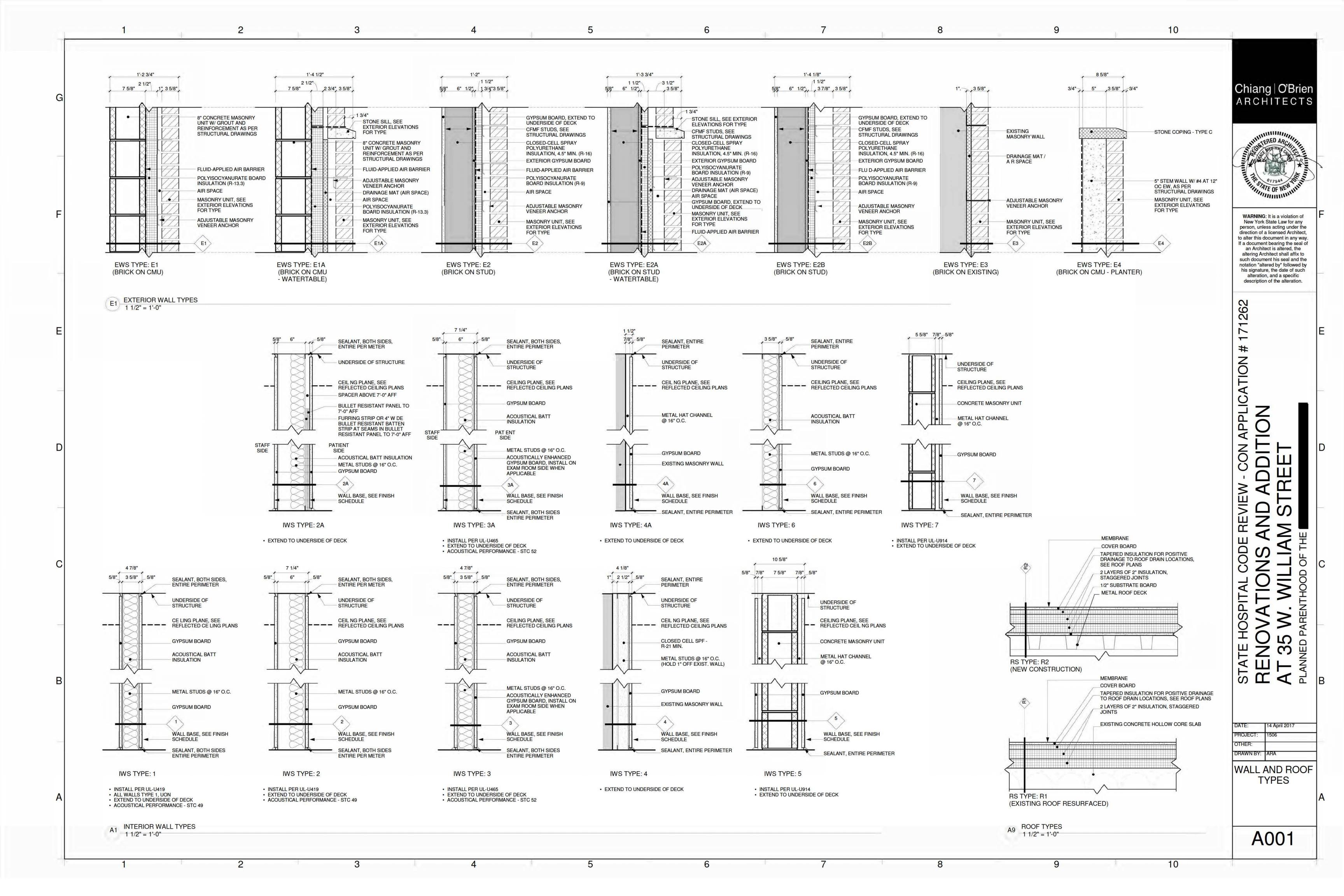
WALL FINISH

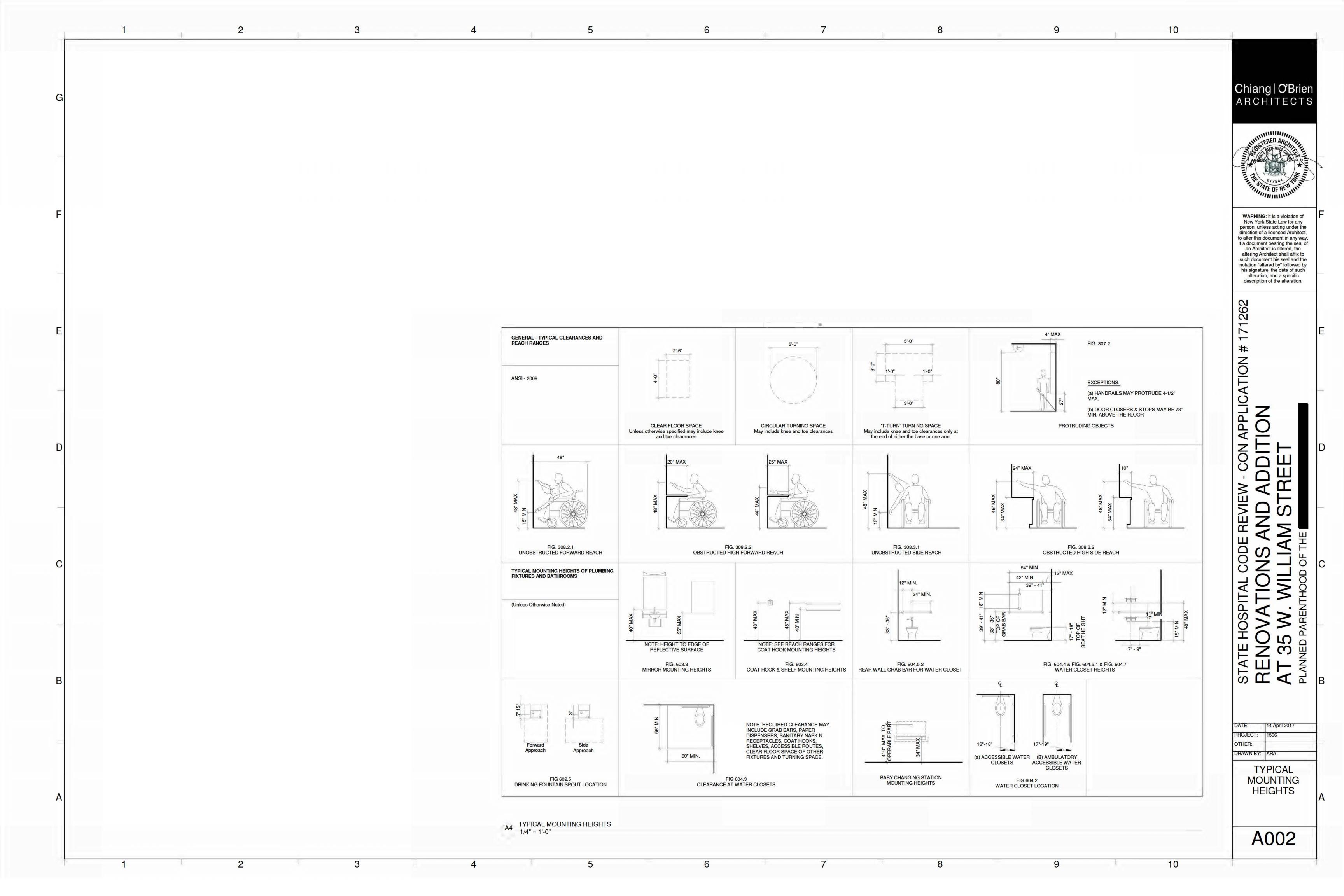
WALL BASE

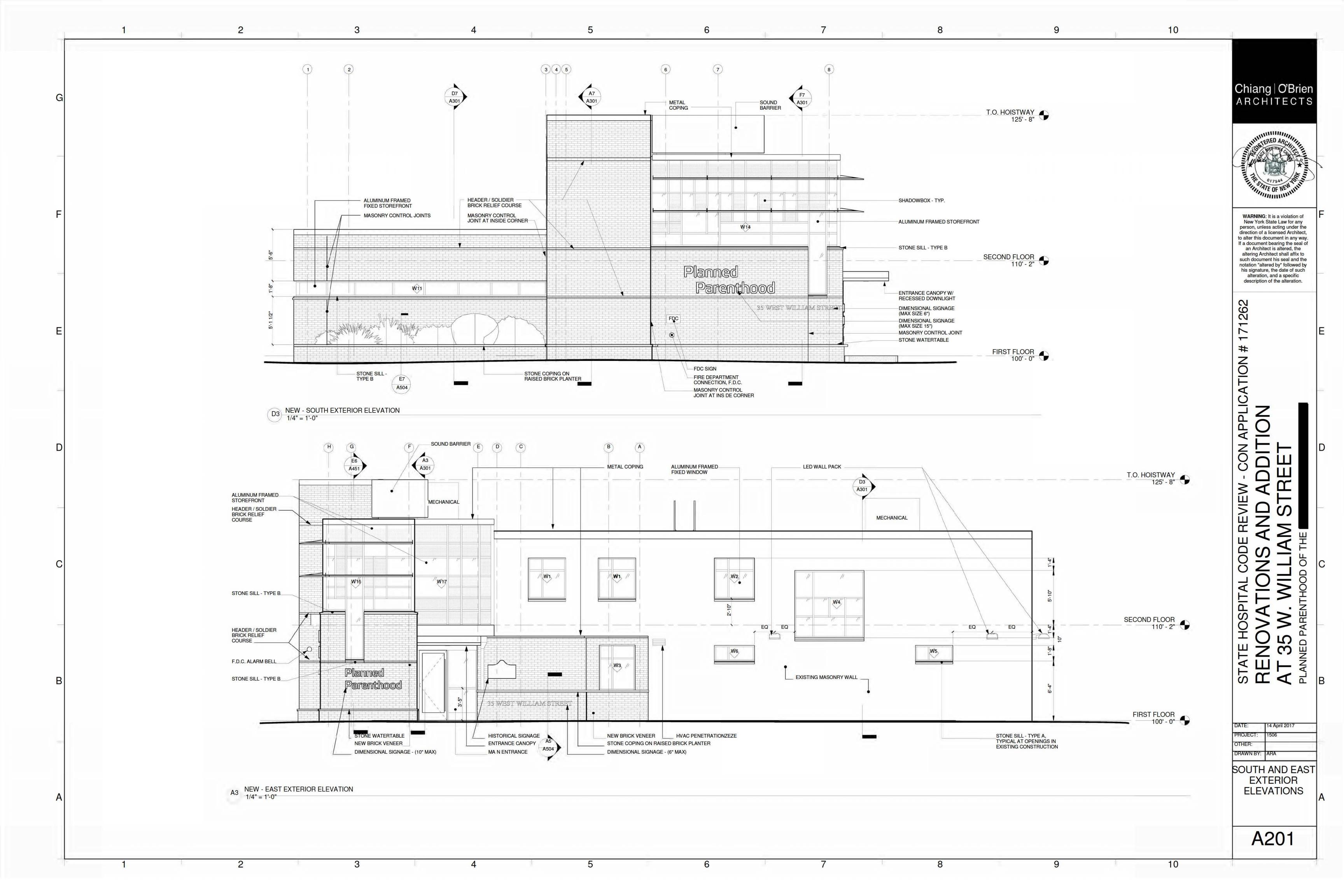
FLOOR FINISH F1 B1

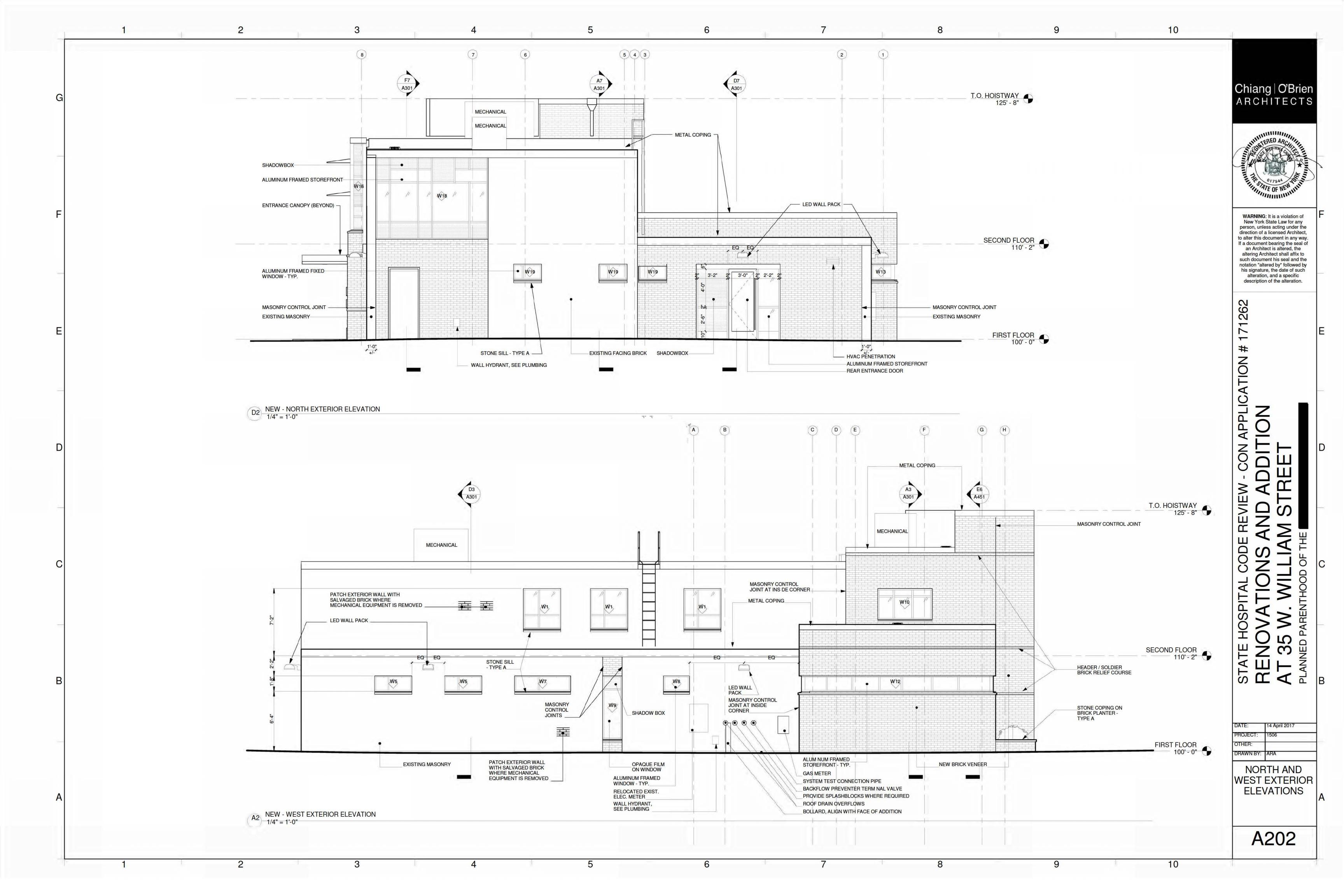


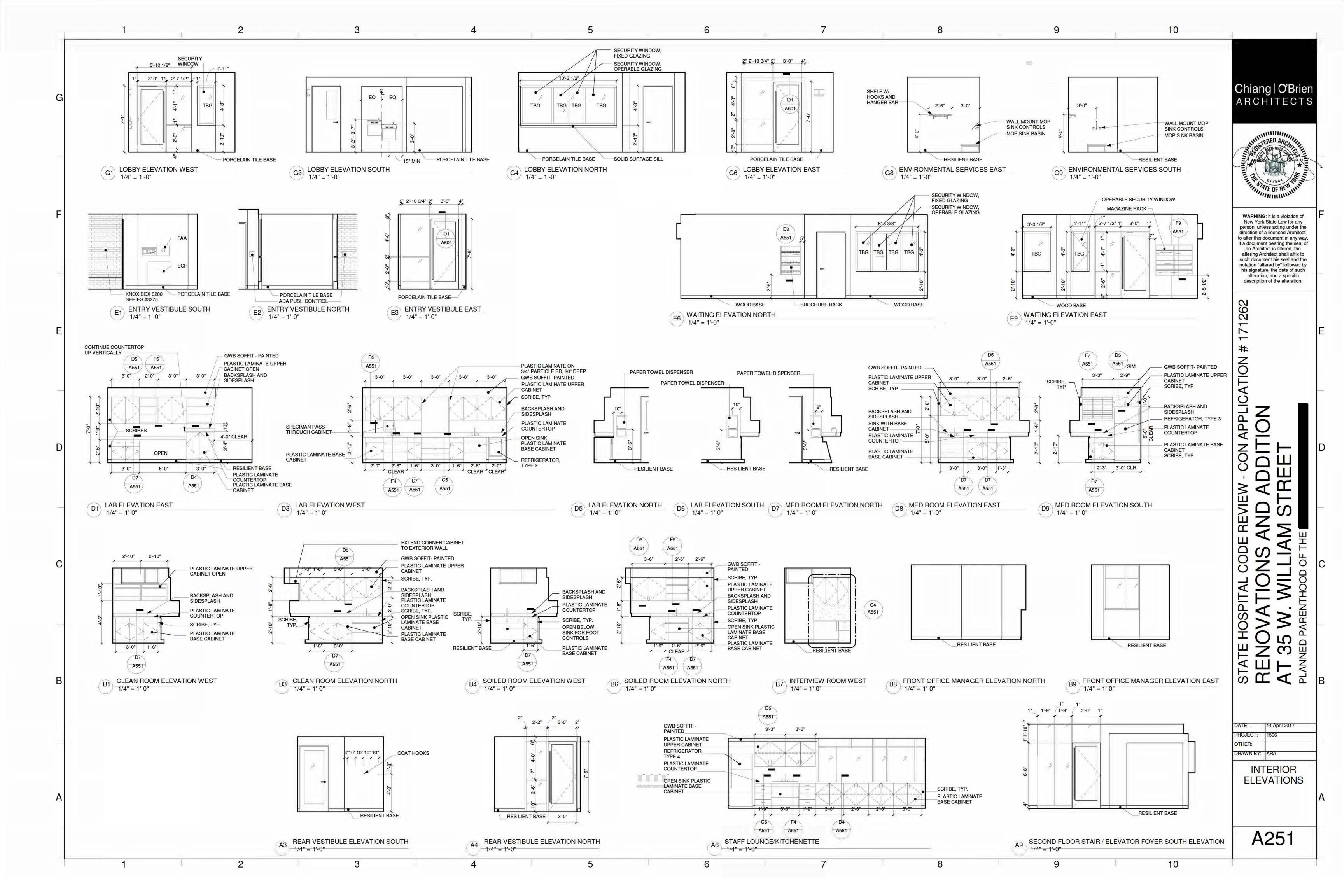


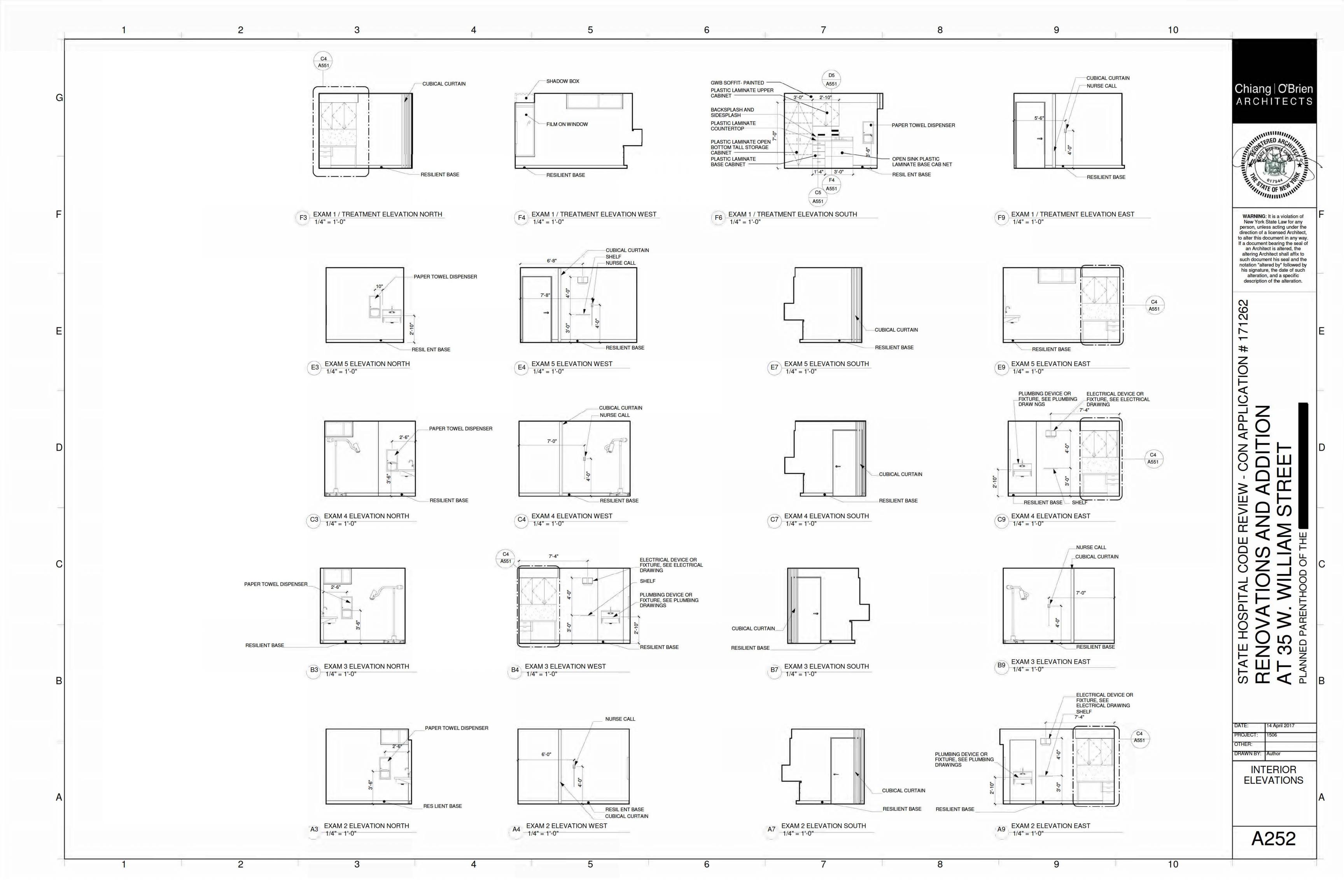


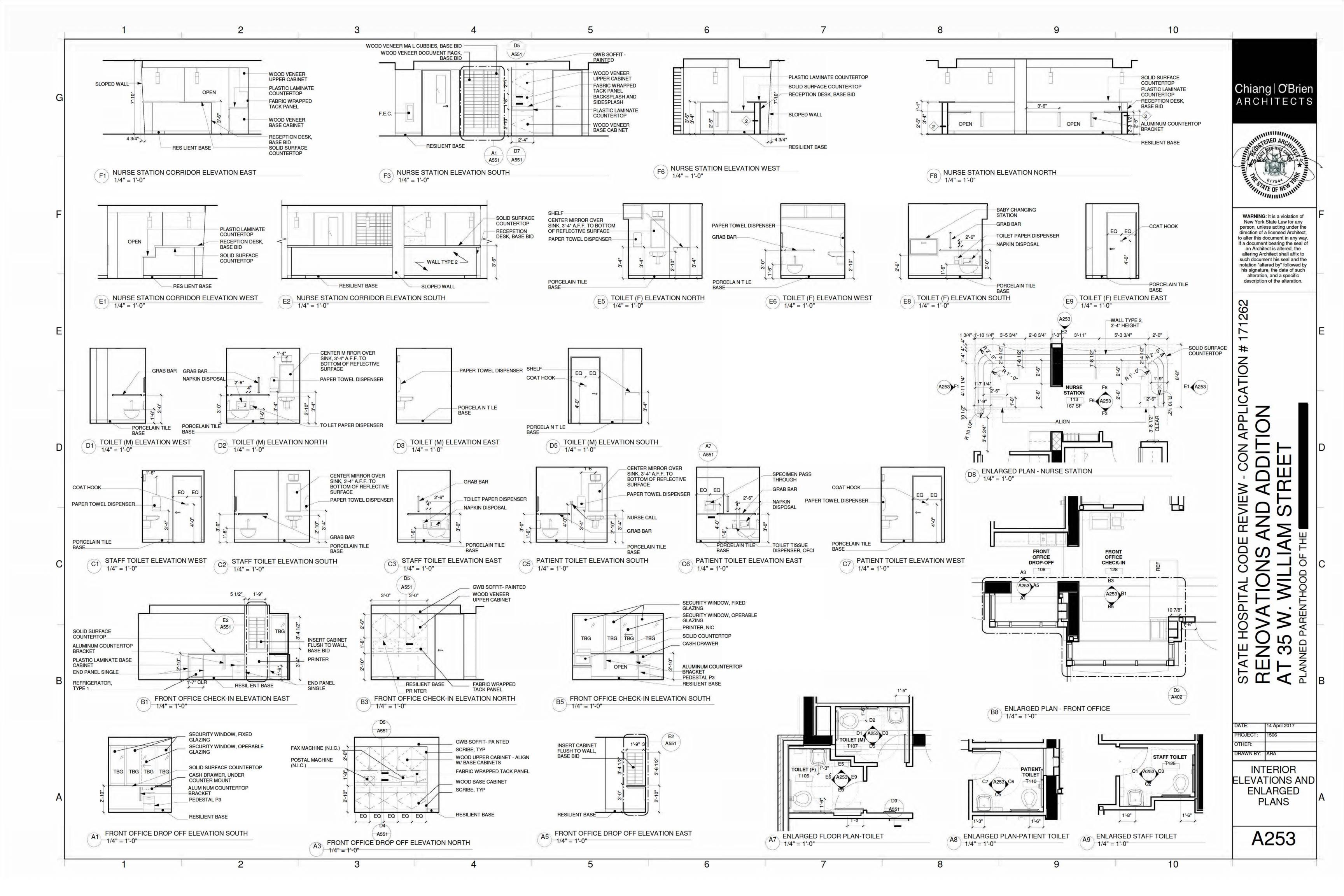














HOWARD A. ZUCKER, M.D., J.D. Commissioner

SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioning

June 8, 2018

Operations Manager Planned Parenthood of the Inc.

Re: 171262-L
Planned Parenthood of the no.
(Steuben County)
Relocate the Planned Parenthood
at extension clinic to 35 West William Street, Corning Total Project Cost: \$3,409,192

Dear

The Department of Health has reviewed the documentation addressing the contingencies that were related to the proposed approval of the above project. As of this date, all contingencies on this project have been satisfied.

At the time construction begins, you must complete the attached Construction Start Confirmation form and return it to the Bureau of Project Management.

The Department considers the commencement of construction your acknowledgment that project costs will not exceed the total project costs indicated above. Additional costs will not be eligible for reimbursement without the prior approval of the Department.

Per 710.9 you must notify the appropriate Regional Office at least two months in advance of the anticipated completion of construction date, so that the pre-opening survey can be scheduled. You must contact the Regional Office using the "Regional Office" tab in NYSE-CON. The "Regional Office" tab enables applicants to propose pre-opening survey dates and request Department staff to schedule surveys. Additionally, the tab enables entry of applicant contact information and electronic communications during the pre-opening process. If you have questions, please contact your Regional Office.

Certificate of Need staff are interested in your experience with the CON process for this project. Please take a short survey to let us know how we are doing. The web address to the survey is https://www.surveymonkey.com/s/9Y6258P If you have any questions regarding this letter, please contact the Bureau of Project Management at 518-402-0911, New York State Department of Health, Center for Health Care Facility Planning, Licensure and Finance, Room 1842, Corning Tower, Empire State Plaza, Albany, New York 12237.

Sincerely,

Charles P. Abel Deputy Director

Center for Health Care Facility Planning, Licensure and Finance

Enclosure

CONSTRUCTION START CONFIRMATION

Upon the start of construction, please complete the following information and return this form to:

Bureau of Project Management
New York State Department of Health
ESP - Coming Tower - Room 1842
Albany, New York 12237

CON Project Number:	County:
Facility Name:	
Project Description:	
Construction Start Date:	
Percent Complete to Date (if any):	
Anticipated Completion Date:	
Name:	Title:
Signature:	Date:

Application Number: 171262

Facility Name: Planned Parenthood of the Inc Relocate the Planned Parenthood at Inc extension clinic to 35 West

Phillip LaCombe, Financial Analysis and

Project Description: William Street, Coming

Created By: Review on 06/09/2017

CorrespondenceType: Request for Additional Information

Recipient: Applicant CorrespondenceVisible To: All

Message:

 Please provide a copy of your 2016 certified Balance Sheet and Income statement. If not certified, then internal statement please.

Please provide in detail how this is going to be financed. Grants or letters of contributions could be submitted. Also, please provide what inventory by itemizing what is going to be sold in order to meet total priect costs.

Created By: Applicant on 06/15/2017

CorrespondenceType: Request for Additional Information Recipient: Financial Analysis and Review

Correspondence Visible To: All

Message:

As noted in our application, we are anticipating cash of \$2,254,550 and financing of \$500,000. Please see the attached term sheet from Chemung Canal for details on their financing of the loan. Since the time of our application, we have continued to ready the site for construction and we have currently spent \$806,398 at the site. We have \$646,730 on hand in cash at the bank. This leaves \$801,422 forthcoming (i.e. \$2,254,550 less \$806,398 less \$646,730).

We have budgeted \$250,000 of this amount to come from the sale of our current site. This estimates represents the sale of the building without contents as we will be moving over medical and lab equipment, along with basic furniture, to the new building. Our most recent discussion with a real estate specialist noted an approximately \$300,000 estimate in sale for the building, but we will not be putting the current site on the market until closer to construction completion to ensure no loss of access to patients.

The remaining \$551,422 is anticipated from national fundraising through Planned Parenthood Federation of America (PPFA) and local charitable gifts. We have received confirmation that \$56,858 will be received by September 2017 with \$126,155 additionally expected by December 2017. The remaining fundraising of approximately \$370k will come from a combination of local charitable gifts and national fundraising with PPFA.

Waiting for Information

Attachments:

Bank Letter.dod ***

Created By: Financial Analysis and Review on 07/19/2017

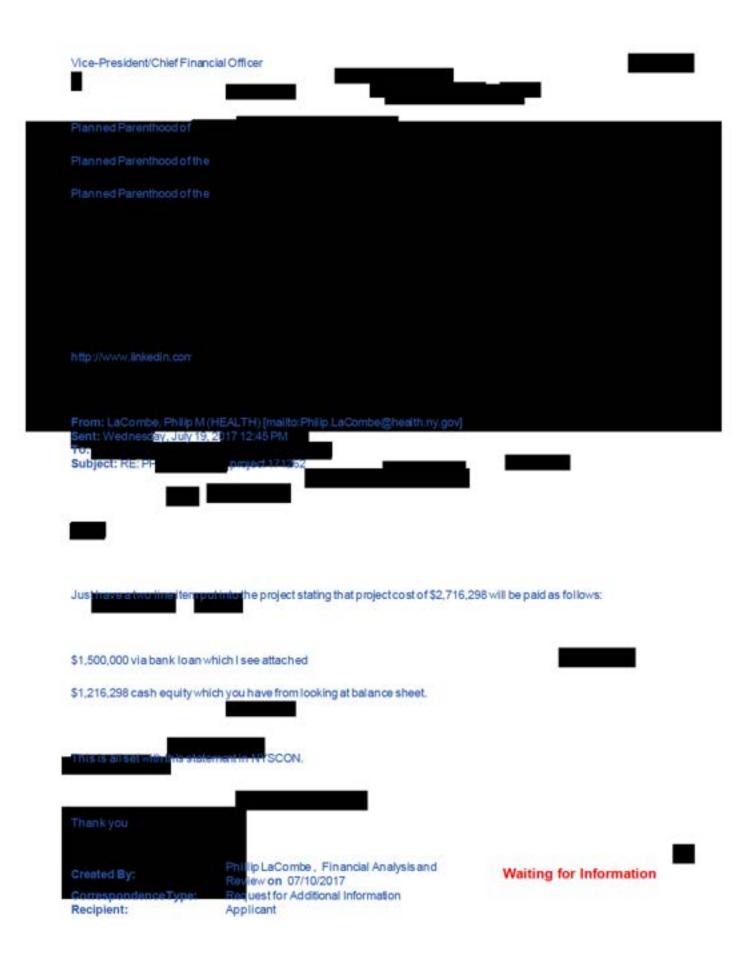
CorrespondenceType: Request for Additional Information

Recipient:

Correspondence Visible To: All

Message: Philip

That is correct as you have stated it below



Correspondence Visible To: All

Message:

Please submit a copy of the latest certifieds and internal financial statements indicating that there would be enough equity ensure that Total Project Cost of \$2,716,298 can be paid. I do see a letter of intent for a loan, so the difference can be paid in cash. A balance sheet and income statement is what is needed.



Created By: Phillip LaCombe, Financial Analysis and Review on 03/23/2018 Waiting for Information

CorrespondenceType: Request for Additional Information

Recipient: Applicant Correspondence Visible To: All

Message:

- 1. Please send in with the cost of construction going up on how it will be paid for.
- Please send in the latest year end financials certified or internals that will pay for this project.
- 3. Also, if using bankloan, please submit new bankloan amount with term interest etc.

Application Number: 171262

Facility Name: Planned Parenthood of the Inc.
Relocate the Planned Parenthood at Extension clinic to 35 West

Project Description: William Street, Coming

Created By: William Atkinson, Construction Cost

Control on 06/14/2017

CorrespondenceType: Request for Additional Information

Recipient: Applicant, Dormitory Authority of the State of New York Health System Agency

Correspondence Visible To: All

Message:

Schedule LRA 6 is required for this application. Please upload a compleated LRA 6 and required attachments to NYSE-

CON.

Attachments:

schedule_ira_6.dod **

Created By: William Atkinson, Construction Cost

Control on 06/19/2017

CorrespondenceType: Request for Additional Information

Recipient: Applicant, Dormitory Authority of the State of New York Health System Agency

Correspondence Visible To: All

Message:

There are some discrepancies in the application

Costs

New Construction Costs

Per LRA2 \$554,313 Per LRA5 \$666,012

Renovation Costs

Per LRA2 \$1,098,280 Per LRA5 \$1,068,008

Square Footages

New Construction Per LRA5 2,043 NET SF (After removing 7,493 SF Site work) Per Narrative 1,200 SF

Renovation Per LRA5 4,418 St. Per Narrahive 4,630 SF.

Also Site work is shown as \$56,064 on LRA2 but on LRA5 is shown \$127,381.

Please review and resubmit Schedules as required showing consistent costs and square footages/project narrative.

Created By: Applicant on 06/29/2017

Request for Additional Information CorrespondenceType:

Construction Cost Contri

ecipient: correspondenceVisible To:

Message:

in is in communication with DOHofficials to ensure compliance with all regulations. We will submit newdrawings to DASNY as soon as they are complete.

Created By:

Control on 08/02/2017 Request for Additional Information Correspondence Type:

Applicant Dormitory Authority of the State of New York

Correspondence Visible To: All

Message:

What is status of response to 6/19/17 RFI?

Created By:

CorrespondenceType:

Recipient:

Message:

Created By:

Control on 09/12/2017

orrespondence Request for Adoltonal Information

Recipient: mitory Authority of the w York Health System Agency

Correspondence Visible To: All

Message:

What is status of r

Created By: Applicant on 01/25/2018

CorrespondenceType: Request for Additional Information

Recipient: Construction Cost Control

Con eMisible

Mes

We are currently back on track after our project was put on hold last year. Please let us know if there is anything you

require from us at this time. Thanks so much!

Created By: Construction Cost Control on 01/25/2018

CorrespondenceType: Request for Additional Information

Recipient:

Correspondence Visible To: All

Message:

Still require respo

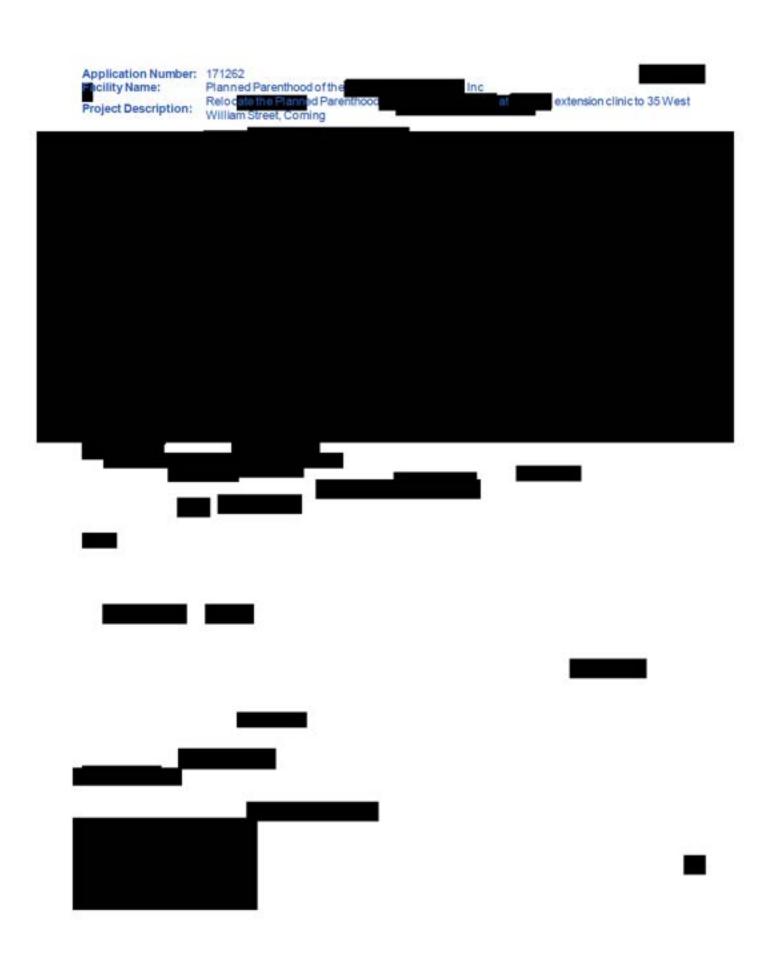
Created By:

mation

struction Cost Control

We will be submitting revised LRA 2 and LRA 5 this week.

Created By: Construction Cost Control on 01/30/2018 Request for Additional Information prrespondenceType: Recipient: Correspondence Visible To: All CorrespondenceType: Message:



Application Number: 171262 Facility Name: Planned Parenthood of the Inc Relocate the Planned Parenthood extension clinic to 35 West Project Description: William Street, Coming Submission Type: Application - Limited Review- Relocation of Extension Clinic Project Status: Project Complete Project Status Date: 10/01/2019 Review Level: Limited Received Date: 04/05/2017 Total Project Cost: \$2,773,298.00 Initial Review Date: 06/08/2017 Acknowledgment Date: 06/08/2017 Main Site Information Facility Name: Planned Parenthood of the Facility ID: Physical Address: Diagnostic and Treatment Facility Type: Center County: Region: Planned Parenthood of the **Operating Certificate** 5401205R Inc. Number: Current Operator: **Current Operator County:** Contact Information Title: Operations Manager Name: Email: Address: Phone: Fax: Alternate Contact Information Email: Name: Other

SubBatch2:

OZ

Withdrawn Date: SubBatch1:

CON Codes List:

30

Application Number: 171262

Facility Name: Planned Parenthood of the Relocate the Planned Parenthood extension clinic to 35 West

Project Description: William Street, Coming

Charles Bonsu, Certification and Surveillance -Created By:

Hospital Services on 06/30/2017 CorrespondenceType: Request for Additional Information

Recipient: Applicant Correspondence Visible To: All

Message:

Please revise the closure plan by answering the attached closure plan guidelines exactly as asked. A Relocation Plan was attached, but we need a Closure Plan instead.

Charles Bonsu

518-402-1003 Attachments:

ClosurePlanGuidelines.dod

Created By: Applicant on 07/06/2017

CorrespondenceType: Request for Additional Information

Recipient: Certification and Surveillance - Hospital Services

Correspondence Visible To: All

Message:

Just to clarify, this needs to be completed now or 90 days prior to the anticipated closure as the form indicates? Thank you.

Certification and Surveillance - Hospital Created By:

Services on 08/03/2017

Request for Additional Information CorrespondenceType:

Recipient:

Correspondence Visible To: All

Message:

Thank you. The closure plan approval is contingent upon completion of this CON review, so you need to submit it nowfor review and approval. Kindly answer the guidelines questions as asked and submit.

Waiting for Information

Thank you again.

Certification and Surveillance - Hospital Created By:

Services on 08/14/2017 Request for Additional Information

CorrespondenceType:

Recipient: Correspondence Visible To: All

Message:

Yes, it needs to be completed aded, the plan is approved when the review of this CON is completed.

Thank you.

Applicant on 08/14/2017 Created By:

CorrespondenceType: Request for Additional Information

Recipient: Certification and Surveillance - Hospital Services

Correspondence Visible To: All

Message:



HOWARD A. ZUCKER, M.D., J.D. Commissioner

SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner

April 31, 2018

Operations Manager Planned Parenthood of the	Inc.
	Re: 171262-L Planned Parenthood of the (Steuben County) Relocate the Planned Parenthood at extension clinic to 35 West William Street, Coming (\$3,409,192)

Dear

The Department of Health approves the above application in accordance with the limited review provisions set forth in 10 NYCRR section 710.1(c)(3).

Approval of this application is subject to the enclosed contingencies first being satisfied. Before beginning any aspect of this project, you must:

- Enter a complete response to each individual contingency via the New York State
 Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the
 Contingencies Tab in NYSE-CON. Failure to meet the due date(s) could result in the
 project being abandoned as set forth in 10 NYCRR section 710.10 (c)(1).
- Receive written approval from the Center for Health Care Facility Planning, Licensure and Finance indicating satisfaction of the contingencies.

in addition to the contingencies, the Department approves this application with the enclosed condition(s).

You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without the prior approval of the Department. Also, in accordance with 10 NYCRR section 710.5, any change in the scope of this project requires prior approval from the Department and may require a new or amended application.

You are responsible for ensuring this project is completed within three years from the date of this letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the project by the applicant and an expiration of the approval.

If you have additional questions or need further assistance, please contact the Bureau of Project Management at (518) 402-0911, New York State Department of Health, Center for Health Care Facility Planning, Licensure and Finance, Corning Tower, Room 1842, Empire State Plaza, Albany, New York 12237.

Charles P. Abel

Deputy Director

Center for Health Care Facility Planning, Licensure and Finance

Enclosure

CONTINGENCIES:

1. Submission of an executed toan commitment, acceptable to the Department. [BFA]

CONDITIONS:

 This project must be completed within three years from the date of this letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the project by the applicant and an expiration of the approval. [PMU]

2. Construction must start on or before June 1, 2018 and construction must be completed by April 1, 2019, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the start date this shall constitute abandonment of the approval. [PMU]

The staff of the facility must be separate and distinct from staff of other entities. The signage must clearly denote the facility is separate and distinct from other adjacent entities. The entrance to the facility must not disrupt any other entity's clinical program space. The clinical space must be used exclusively for the approved purpose. [HSP]

4. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]

BEDS AND/OR SERVICES APPROVED:

Site	PFI	
Planned Parenthood of the Inc.		Relocate extension clinic and certify the new location for the same services.
		Current location [Closure Plan submitted]
35 West William Street Coming, NY 14830	2803	New location



HOWARD A. ZUCKER, M.D., J.D. Commissioner

SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner

June E, 2017

Operations Manager
Planned Parenthood of the

Re: 171262-L
Planned Parenthood of the

(Steuben County)
Relocate the Planned Parenthood
at extension clinic to
35 West William Street, Coming

Dear

The above referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and requisite fee, and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Director of the Center for Health Care Facility Planning, Licensure, and Finance prior to implementing this project.

If you have any questions regarding this project, please do not hesitate to contact me or my staff at (518) 402-0911.

Barbara DelCogliano

Deputy Director

MILENA

Sincerely

Division of Planning and Licensure

BO/MRC/nm

Application Number: 171262

Incility Name: Planned Parenthood of the

Project Description: Relocate in a Planned Parenthood at Coming extension clinic to 35 West

William Street, Coming

Created By: Mark Clotti , Project Management on 05/16/2017

Correspondence Type: Incomplete Application Letter

Recipient: Appl Correspondence Visible To: All

Message:

During initial review of your application it was found to be incomplete for the following reasons. The Architect's Letter of Certification submitted was not the DOH Letter of Certification which is required and must be signed by the applicant and notarized (the DOH Architect's Letters of Certification can be found at the link below) Additionally, you have stated that this project be reviewed by DASNY. This requires that full-size final schematic drawings be submitted in hard copy to DASNY and the transmittal be upload into NYSE-CON.

http://www.health.nv.gov/facilities/cons/more_information/

Please be advised, in accordance with NYCRR Section 710.3 of Title 10 (Health Law), for this project to remain active, all required documentation must be received by the Bureau of Project Management within 14 days of this correspondence of the Department will abandon the project.

If you have any questions please contact me at 518-402-0911.

Thank you.

Mark Clotti

Bursau of Protect Management

Created By: Mark Glottle, Project Management on 06/01/2017

Correspondence Type: Incomplete Application Letter

Correspondence Visible To: All

Message:

The Architecture and Engineering Cerficiation Form that was uploaded on 5/30/17 is not notarized. Please upload a completed and notarized copy so we can begin the review of this project.

Thank you

Created By: Applicant on 06/08/2017
CorrespondenceType: Incomplete Application Letter

Recipient: Project Management

Correspondence Visible To: All

Message:

Letter has been updated. Thank you.

Created By: Waiting for Information

Correspondence type: Request for Additional Information

Recipient: Applicant

Correspondence Visible To: Al

Message:

Please upload a completed LRAS chedule 6 including an architetural narrative for this project within the next 14 days.

Please let us know if you have any questions.

Thank you

NYSE-CON All Sites Information

Submission Number: 171262

Facility Name: Planned Parenthood of the

Project Description: Relocate the Planned Parenthood extension clinic to 35 West

William Street, Corning

Site Information

Site Name: Planned Parenthood of the

Inc. 35 West William Street, Corning, NY Physical Address:

14830

STEUBEN County:



HOWARD A. ZUCKER, M.D., J.D. Commissioner

SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS & ENGINEERS

(For projects not meeting the perquisites for Self-Certification submission.)

Date: May 15, 2017	
CON Number: 171262	
Facility Name: Planned Parenthood of	the
Facility ID Number:	-1
Facility Address	

NYS Department of Health/Office of Health Systems Management Center for Health Care Facility Planning, Licensure, and Finance Bureau of Architectural and Engineering Review ESP, Corning Tower, 18th Floor Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

- I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the
 design and preparation of construction documents, including drawings and specifications for the aforementioned project.
 During the course of construction, periodic site observation visits will be performed, and the necessary standard of care,
 noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals
 associated with the aforementioned project.
- I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and
 constructed, in accordance with the functional program for the referenced construction project and in accordance with any
 project definitions, waivers or revisions approved or required by the New York State Department of Health.
- The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code — 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. __712 (Standards of Construction for General Hospital Facilities)
 b. __713 (Standards of Construction for Nursing Home Facilities)
 c. __714 (Standards of Construction for Adult Day Health Care Program Facilities)
 d. __X715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 e. __716 (Standards of Construction for Rehabilitation Facilities)
 f. __717 (Standards of Construction for New Hospice Facilities and Units)

 PLEASE NOTE ANY EXCEPTIONS HERE:

 I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance
with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not
completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name: Planned Parenthood of	
Location: 35 W. William Street, Corning	77 (ACC 10 CC 10 C
Description: Relocate, expand and imp	rove quality of existing Article 28 DTC
Architectural or Engineering Professional	Signature of Architect or Engineer
18 18 MEN	Grace N. Chine
(S 14 A 8)	Name of Architect of Engineer (Print)
[[*[[清]] []*]]	
1 6	O17544 Professional New York State License Number
17544	217 North Aurora St Haa, NY 1485T
OF NEW	Business Address
changes required by the Division to com- construction or alterations have been co-	
	Authorized Signature for Applicant
5/16/17	CED
Dete	Name (Print) Title
Notary signing required for the applicant	
STATE OF NEW YORK	
STATE OF NEW TORK) 188:
_) ss:
County of Tompkens)
County of Tompkens On the 16 day of May 2017, before	me personally appeared, to me known, who being
County of Tompken S On the 16 day of May 2017, before me duly sworn, did depose and say that he	me personally appeared, to me known, who being she resides a, that he/she is the
County of Tompkens On the 16 day of May 2017, before me duly sworn, did depose and say that he Interim President CEO of the	me personally appeared to me known, who being the resides a state of the corporation described herein w
County of Tompken's On the 16 day of May 2017, before me duly sworn, did depose and say that he/ Interim President/CEO of the executed the foregoing instrument; and that	me personally appeared to the corporation described herein with he/she signed his/her name thereto by order of the board of directors of said
County of Tompken S On the 16 day of May 2017, before me duly sworn, did depose and say that he Interim President CEO of the executed the foregoing instrument; and that corporation.	me personally appeared to the corporation described herein with he/she signed his/her name thereto by order of the board of directors of said PEARL LISA ANDREWS NOTABY PUBLIC-STATE OF NEW YORK
County of Tompken's On the 16 day of May 2017, before me duly sworn, did depose and say that he Interim President CEO of the executed the foregoing instrument; and that corporation.	me personally appeared to the corporation described herein with he/she signed his/her name thereto by order of the board of directors of said PEARL LISA ANDREWS NOTABY PUBLIC-STATE OF NEW YORK
County of Tompkens On the 16 day of May 2017, before me duly sworn, did depose and say that he Interim President CEO of the	me personally appeared to the corporation described herein with he/she signed his/her name thereto by order of the board of directors of said PEARL LISA ANDREWS NOTABY PUBLIC-STATE OF NEW YORK

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Effective 2016.05.01



HOWARD A. ZUCKER, M.D., J.D. Commissioner

SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS & ENGINEERS

(For projects not meeting the perquisites for Self-Certification submission.)

Date: May 15, 2017
CON Number: 171262
Facility Name: Planned Parenthood of the
Facility ID Number:
Facility Address:
NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review

To The New York State Department of Health:

ESP, Coming Tower, 18th Floor Albany, New York 12237

I hereby certify that:

- I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the
 design and preparation of construction documents, including drawings and specifications for the aforementioned project.
 During the course of construction, periodic site observation visits will be performed, and the necessary standard of care,
 noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals
 associated with the aforementioned project.
- I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and
 constructed, in accordance with the functional program for the referenced construction project and in accordance with any
 project definitions, waivers or revisions approved or required by the New York State Department of Health.
- The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code — 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. __712 (Standards of Construction for General Hospital Facilities)
 b. __713 (Standards of Construction for Nursing Home Facilities)
 c. __714 (Standards of Construction for Adult Day Health Care Program Facilities)
 d. ___715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 e. ___716 (Standards of Construction for Rehabilitation Facilities)
 f. ___717 (Standards of Construction for New Hospice Facilities and Units)

 PLEASE NOTE ANY EXCEPTIONS HERE:

I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital

 I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance
with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not
completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

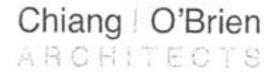
This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name: Planned Parenthood of the - Renovations and Addition at 35 W. William Street Location: 35 W. William Street, Corning, NY 14830 Description: Relocate, expand and improve quality of existing Article 28 DTC Signature of Architect or Engineer Chine Name of Architect or Engineer (Print) 017544 Professional New York State License Number both Aurora St Huza, NY The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the mentioned codes and regulations whether or not physical plant construction or alterations have been completed. Authorized Signature for Applicant Name (Print) Notary signing required for the applicant STATE OF NEW YORK) \$5: County of Tompkens On the 16 day of May 2017, before me personally appeared to me known, who being by me duly sworn, did depose and say that he/she resides a that he/she is the the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said **PEARLLISA ANDREWS** corporation. NOTARY PUBLIC-STATE OF NEW YORK No.01AN6189668

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Ovelified In Tiags County
My Commission Expires 06-30-2020

Effective 2016.05.01



October 1, 2016

NYS Department of Health Office of Health Systems Management Center for Health Care Facility Planning, Licensure, and Finance Bureau of Architectural and Engineering Review ESP, Corning Tower, 18a Floor Albany, New York 12237

Re: Name:

Planned Parenthood of the

Location:

Corning, NY (Steuben County)

Description:

Renovation and Addition to Relocate a Diagnostic and Treatment Center

To the New York State Department of Health:

I have been retained by the above-named facility, to provide services related to the design and preparation of working drawings and specifications for the above referenced construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.

I have ascernained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.

The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code — 10 NYCRR Part 711 (General Standards for Construction) and Part 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)

I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of Bureau of Architectural and Engineering Facility Planning of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86

This document is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, must be submitted for all projects subject to Full or Administrative Reviews.

October 1, 2016

Signature of Architecti.

Grace Chiang, AlA

NYS License No: 17544 Architect

217 N. Aurora Street Ithaca, NY 14850 The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering statement the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the abovementioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Authorized Signature for Applicant 10/4//6 Date Name (Print)		Dena Kions	Nanojer	
Notary signing required for the applic	cant			
STATE OF NEW YORK County of Tomp Ken 5	SS:			
On the Hay of Octobe 2016 be who being by me duly sworn, did depo operations Manager herein which executed the foregoing is directors of said corporation.	of the	she resides at		, to me known, that he/she is the orporation described order of the board of
(Notary) Real Lise 5	Andrews			

PEARL LISA ANDREWS
NOTARY PUBLIC-STATE OF NEW YORK
No. 01AN6189668
Qualified In Tioga County
My Commission Expires 06-30-2020



ANDREW M. CUOMO Governor HOWARD A. ZUCKER, M.D., J.D. Commissioner

SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS & ENGINEERS

		(For projects not meeting the perquisites for Self-Certification submission.)
Da	te: May	15, 2017
CC	N Num	ber: 171262
		unc: Planned Parenthood of the
		Number:
	cility A	
Ce Bu ES	nter for I reau of A P, Comis	tment of Health/Office of Health Systems Management Health Care Facility Planning, Licensure, and Finance urchitectural and Engineering Review ng Tower, 18th Floor w York 12237
То	The Nev	v York State Department of Health:
I he	reby cer	tify that:
1.	design During noting	seen retained by the aforementioned facility, to provide professional architectural/engineering services related to the and preparation of construction documents, including drawings and specifications for the aforementioned project, the course of construction, periodic site observation visits will be performed, and the necessary standard of care, progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals ted with the aforementioned project.
2.	constru	scertained that, to the best of my knowledge, information and belief, the completed structure will be designed and cted, in accordance with the functional program for the referenced construction project and in accordance with any definitions, waivers or revisions approved or required by the New York State Department of Health.
3.	statutes	ove-referenced construction project will be designed and constructed in compliance with all applicable local codes, and regulations, and the applicable provisions of the State Hospital Code 10 NYCRR Part 711 (General Standards struction) and Parts (check all that apply):
	a.	712 (Standards of Construction for General Hospital Facilities)
	b.	713 (Standards of Construction for Nursing Home Facilities)
	c.	714 (Standards of Construction for Adult Day Health Care Program Facilities)
	d.	X 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
	e.	716 (Standards of Construction for Rehabilitation Facilities)
	£	717 (Standards of Construction for New Hospice Facilities and Units)
		PLEASE NOTE ANY EXCEPTIONS HERE:

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86. This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY. Project Name: Planned Parenthood of the Southern Fingerlakes - Renovations and Addition at 35 W. William Street Location: 35 W. William Street, Corning, NY 14830 Description: Relocate, expand and improve quality of existing Article 28 DTC Architectural or Engineering Professional N. Chine 017544 Professional New York State License Number both Auron St Huza, Not The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted berewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above- mentioned codes and regulations, whether or not physical plant construction or alterations have been completed. Authorized Signature for Applicant Date Name (Print) Title Notary signing required for the applicant STATE OF NEW YORK SS: County of On the ____day of _______, to me known, who being by me duly sworn, did depose and say that he/she resides at , that he/she is the

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said

corporation.

(Notary)

, the corporation described herein which

PLANNED PARENTHOOD OF THE INC.

Financial Statements as of December 31, 2016 Together with Independent Auditor's Report



Bonadio & Co., LLP

INDEPENDENT AUDITOR'S REPORT

May 5, 2017	
To the Board of Directors of Planned Parenthood of the	Inc
Report on the Financial Statements	

We have audited the accompanying financial statements of Planned Parenthood of the line., which comprise the statement of financial position as of December 31, 2016, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

432 North rank n Street, Su te 60 Syracuse, New York 13204 p (315) 476 4004 f (315) 475 1513

www.bonad o.com

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Planned Parenthood of the line line. Inc. as of December 31, 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Totals

We have previously audited Planned Parenthood of the statements, and our report dated May 10, 2016 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2015, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Bonadio & Co., LLP

PLANNED PARENTHOOD OF THE

INC.

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2016

	2016	2015
ASSETS		
CURRENT ASSETS:		
Cash and equivalents	\$ 691,07	5 \$ 638,093
Program service fees receivable, net	293,27	7 345,916
Accounts receivable - other	68,00	0 89,250
Grants receivable	380,19	5 287,020
Current portion of pledges receivable	589,16	37 449,510
Inventory	172,76	187,608
Prepaid expenses	64,56	65,795
Total current assets	2,259,04	2,063,192
PROPERTY AND EQUIPMENT, net	7,646,29	7,701,898
OTHER ASSETS:		
Investments	769,38	730,317
Long-term pledges receivable	327,87	1 648,420
Charitable gifts	61,51	59,508
Total other assets	1,158,77	701,438,245
Total assets	\$ 11,064,10	9 \$ 11,203,335

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2016

(With Comparative Totals for 2015) (Continued)

	2016	2015
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Current portion of debt	\$ 209,108	\$ 200,179
Lines-of-credit	205,000	250,000
Accounts payable	163,816	176,853
Accrued payroll and related expenses	126,203	120,452
Other accrued liabilities	53,218	59,037
Deferred grant support	33,671	44,676
Total current liabilities	791,016	851,197
OTHER LIABILITIES:		
Debt, net of current portion	1,661,312	2,158,414
Charitable gift annuity	5,860	6,263
Pooled income fund	13,147	13,159
Total other liabilities	1,680,319	2,177,836
Total liabilities	2,471,335	3,029,033
NET ASSETS:		
Unrestricted -		
Operating	2,083,943	1,917,520
Property, net of related debt	5,570,874	5,343,305
Board designated	483,727	483,727
Total unrestricted	8,138,544	7,744,552
Temporarily restricted	354,230	329,750
Permanently restricted	100,000	
Total net assets	8,592,774	8,174,302
Total liabilities and net assets	\$ 11,064,109	\$ 11,203,335

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2016

	2016	2015
SUPPORT AND REVENUE:		
Program service fees -		
Clinic receipts	\$ 133,612	\$ 148,284
Medicaid receipts	2,190,201	2,209,097
Insurance receipts	1,532,386	1,487,384
Total program service fees	3,856,199	3,844,765
Public support -		
Grants	1,976,168	2,067,304
Contributions and event income	1,146,180	555,860
Total public support	3,122,348	2,623,164
Other income -		
Interest and dividend income, net	9,599	(2,711)
Net realized and unrealized gain on investments	12,286	6,471
Gain on disposal of property	-	269,659
Miscellaneous income	118,587	177,642
Net assets released from restrictions to operations	50,342	334,039
Total other income	190,814	785,100
Total support and revenue	7,169,361	7,253,029
EXPENSES:		
Program services -		
Patient services	4,439,022	4,669,055
Resource Center	293,068	236,476
Public affairs	189,648	208,539
Education	682,767	581,535
Total program services	5,604,505	5,695,605
Supporting services -		
Management and general	775,761	780,596
Fundraising	395,103	409,879
Total supporting services	1,170,864	1,190,475
Total expenses	6,775,369	6,886,080
Change in unrestricted net assets	393,992	366,949
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	52,642	272,548
Interest and dividend income, net	4,813	12,064
Net realized and unrealized gain (loss) on investments	17,367	(10,019)
Release from restriction	(50,342)	(334,039)
Change in temporarily restricted net assets	24,480	(59,446)
CHANGE IN NET ASSETS	418,472	307,503
NET ASSETS - beginning of the year	8,174,302	7,866,799
NET ASSETS - end of the year	\$ 8,592,774	\$ 8,174,302

PLANNED PARENTHOOD OF THE

INC.

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2016

				F	orog	rogram Services			Supporting Services					-	Total Expenses					
		Patient Services	ı	Research Center		Public Affairs		Education		Total	м	anagement and <u>General</u>	E	undraising		Total		2016		2015
Salaries	s	2,003,002	s	132,193	\$	79,392	s	216,532	\$	2,431,119	s	388,116	s	151,788	\$	539,904	s	2,971,023	\$	3,006,400
Payroll taxes and fringe benefits	_	452,444	_	43,529	_	18,290	_	63,329	_	577,592		73,354	-	31,687	_	105,041	_	682,633	_	703,596
Total salaries and benefits		2,455,446		175,722		97,682		279,861		3,008,711		461,470		183,475		644,945		3,653,656		3,709,996
Contraceptives		437,972		55 5 1		*				437,972		i e				9.5		437,972		477,072
Computer support and		004 550		47.404		0.400		20.044		447.005		00 007		00.705		04.040		500.077		F00 0F0
maintenance		361,558		17,164		6,469		32,044		417,235		62,337		28,705		91,042		508,277		522,853
Contracted services		127,716		25,098		4,297		32,889		190,000		47,779		34,909		82,688		272,688		403,063
Depreciation and amortization		118,146		5,457		8,648		23,759		156,010		50,442		14,815		65,257		221,267		355,814
Labs		212,150		5						212,150								212,150		195,679
Occupancy		135,794		7,597		5,614		17,146		166,151		19,996		13,972		33,968		200,119		193,635
Dues and subscriptions		115,105		7,178		4,233		36,973		163,489		23,469		7,019		30,488		193,977		146,326
Program supplies		63,166		14,503		830		36,332		114,831		3,441		34,220		37,661		152,492		106,991
Medications		114,365		-		•				114,365								114,365		107,204
Program workshop		3,535		4,216		50,467		40,512		98,730		3,088		8,571		11,659		110,389		74,625
Communications		216		11,621				94,498		106,335		-		-				106,335		62,914
Travel		54,006		8,830		5,153		16,912		84,901		13,072		3,331		16,403		101,304		97,358
Interest		27,279				1,319		2,910		31,508		60,547		4,094		64,641		96,149		134,804
Staff development		10,905		97		3,439		55,522		69,963		19,780		4,290		24,070		94,033		30,956
Bad debts		39,766		180				-		39,946		-		43,000		43,000		82,946		48,070
Medical supplies		60,660		-		-		-		60,660		-		-				60,660		54,853
Supplies		25,442		5,644		742		9,358		41,186		3,608		1,173		4,781		45,967		55,466
Insurance		41,413						-		41,413								41,413		42,486
Minor equipment		10,380		8,154		141		270		18,945		1,313		633		1,946		20,891		24,995
Miscellaneous	_	24,002	_	1,607	_	614		3,781	_	30,004	_	5,419	_	12,896	_	18,315	_	48,319		40,920
Total expenses	\$	4,439,022	s	293,068	\$	189,648	\$	682,767	\$	5,604,505	\$	775,761	s	395,103	\$	1,170,864	\$	6,775,369	\$	6,886,080

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2016

		2016		2015
CASH FLOW FROM OPERATING ACTIVITIES:				
Change in net assets	s	418,472	\$	307,503
Adjustments to reconcile change in net assets	-			
to net cash flow from operating activities:				
Restricted contributions and grants for capital acquisition				(345,680)
Bad debt expense		82,946		48,070
Depreciation and amortization		221,267		355,814
Gain on disposal of property		1 (100)		(269,659)
Net realized and unrealized (gain) loss on investments		(29,653)		3,548
Changes in:				
Program service fees receivable		12,693		(58,337)
Accounts receivable - other		21,250		(12,432)
Pledges receivable		(222, 265)		(19,126)
Grants receivable		(93,175)		(31,273)
Inventory		14,843		(42,640)
Prepaid expenses		1,229		(12,994)
Accounts payable		(13,037)		18,214
Accrued payroll and related expenses		5,751		23,264
Other accrued liabilities		(5,819)		15,713
Deferred grant support		(11,005)	<u></u>	41,911
Net cash flow from operating activities		403,497		21,896
CASH FLOW FROM INVESTING ACTIVITIES:				
Proceeds from sale of investments		278,998		644,282
Purchase of investments		(288,417)		(648,510)
Purchase of property and equipment		(165,663)		(531,479)
Proceeds from sale of property and equipment				328,371
Change in charitable gift annuity		(59)		1,397
Change in pooled income fund		(2,358)	_	492
Net cash flow from investing activities	-	(177,499)	_	(205,447)
CASH FLOW FROM FINANCING ACTIVITIES:				
Borrowings on lines-of-credit		2,050,639		1,234,000
Repayments on lines-of-credit		(2,095,639)		(1,958,065)
Restricted contributions and grants for capital acquisition		360,157		877,521
Borrowings on long-term debt		-		80,000
Payments on long-term debt	-	(488,173)	_	(165,310)
Net cash flow from financing activities	_	(173,016)	_	68,146
CHANGE IN CASH AND EQUIVALENTS		52,982		(115,405)
CASH AND EQUIVALENTS - beginning of year	-	638,093	_	753,498
CASH AND EQUIVALENTS - end of year	\$	691,075	\$	638,093

PLANNED PARENTHOOD OF THE

INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2016

1. THE ORGANIZATION

Planned Parenthood of the		Inc. (t	the Organizat	ion), is a N	ew York not
for-profit organization which	provides	family planning,	counseling,	education	and
services to are	a residents.	. The Organizatio	n's mission is	s to support	t and protect
each individual's reproductive	e choices.	The Organization	n has office	s and clinic	cs in
Corning,	and	New York.			35000113

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Organization are prepared in conformity with accounting principles generally accepted in the United States of America.

Financial Reporting

The Organization reports its activities and the related net assets using the following net asset categories:

Unrestricted

Unrestricted net assets include resources, which are available for the support of the Organization's operating activities. Additionally, unrestricted net assets include net assets designated by the board of directors for specific operational purposes.

Temporarily Restricted Net Assets

Temporarily restricted net assets include resources that have been donated to the Organization subject to restrictions as defined by the donor. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Permanently Restricted

Permanently restricted net assets include resources that have donor-imposed restrictions that stipulate resources be maintained in perpetuity. Income from these funds is used in accordance with the donor's wishes.

Endowment Funds

The Organization's endowment consists of a fund established to generate income to support the Organization's mission and is included in investments in the accompanying statement of financial position. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Interpretation of Relevant Law

The Board of Directors of the Organization have interpreted the applicable provisions of New York Not-for-Profit Corporation Law to mean that the classification of appreciation on permanently restricted endowment gifts, beyond the original gift amount, follows the donor's restrictions, if any, on the use of the related income (interest and dividends), and should be temporarily restricted until appropriated for expenditure.

Cash and Equivalents

Cash and equivalents include time deposits, certificates of deposit, and all highly liquid debt instruments with original maturities of three months or less. The Organization maintains cash and equivalents at financial institutions, which periodically may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk with respect to cash.

Program Service Fees Receivables

The Organization provides services that are paid for by third-party payers and individuals. No interest is accrued on the related receivables. Program service fees receivable are stated at the amount management expects to collect from outstanding balances. An allowance for doubtful accounts is based on a periodic assessment of specific accounts outstanding and the Organization's historical collection experience. Accounts for which no payments have been received are considered delinquent and are written off after all customary collection efforts have been exhausted.

Third-Party Reimbursement

The Organization renders services under agreements with third-party payers whereby it is reimbursed under provisions of the payers' approved contracts. Amounts received from third-party payers are less than the Organization's established billing rates with the difference accounted for as a contractual adjustment. The ultimate settlement by the Organization with its third-party payers may result in the Organization recording either additional revenue or expense attributable to its service provision. Final determination of the revenue earned by the Organization is subject to audit by third-party payers. Any changes resulting from these audits are recognized in the year they become estimable.

Grant Revenue

The Organization recognizes grant revenue from funding sources when eligible costs are incurred. A receivable is recognized to the extent support earned exceeds cash advances. Amounts received in advance of the related costs being incurred are recorded as deferred grant support.

Pledges Receivable

The Organization records pledges receivable and contribution revenue in the year the pledge commitment is received. Pledges to be received in the future are recorded at their discounted net present value. A reserve for uncollectible pledges is determined based on a review of outstanding pledges. No reserve for uncollectible pledges was considered necessary at December 31, 2016 or 2015.

Investments

Investments are recorded at fair value based on quoted market prices. The Organization invests in various types of investment securities. These investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Inventory

Inventory consists of medical supplies and is valued at the lower of cost, determined on a firstin, first-out (FIFO) basis, or market.

Fair Value Measurement

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methodology used for the Organization's investments was based on quoted market prices. Fair value of the charitable gifts was based on the Organization's percent ownership of the fund's assets, which were valued based on quoted market prices for identical securities. There were no changes in valuation methodologies in 2016 or 2015.

Property and Equipment

Property and equipment is recorded at cost, if purchased, or fair value at the date of donation. The Organization's policy is to capitalize all purchases greater than \$5,000 that have an estimated useful life in excess of one year. Depreciation is provided using the straight-line method over the assets' estimated useful lives or remaining lease term, which range from three to 39 years.

Property and equipment acquired with federal funds are considered to be owned by the Organization while used in the program or in future authorized programs. However, the federal government has a reversionary interest in these assets, as well as the right to determine the use of any proceeds from the sale of assets purchased with the respective funds.

Donated Services

Volunteers have donated significant amounts of time in support of the Organization's activities. However, the value of these services is not reflected in the accompanying financial statements, as they do not meet the criteria for recognition set forth in generally accepted accounting principles.

Functional Expenses

The cost of providing the Organization's various programs and activities has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Advertising

The Organization expenses advertising costs as incurred. Advertising expenses for the years ended December 31, 2016 and 2015 were \$106,335 and \$62,914, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. The Organization has also been classified by the Internal Revenue Service (IRS) as an entity that is not a private foundation.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Comparative Information

The financial statements include certain prior year summarized comparative information in total but not by functional expense classification. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2015, from which the summarized information was derived.

3. PROGRAM SERVICE FEES RECEIVABLE

Program service fees receivable consisted of the following at December 31:

		2016		2015
Medicaid Patient fees and insurance Other	\$	243,971 210,847 4,412	\$	281,222 221,104 7,989
		459,230		510,315
Less: Allowance for doubtful accounts	-	(165,953)	,	(164,399)
	<u>s</u>	293,277	S	345,916

Program service fees receivable by payer class were as follows at December 31:

	2016	2015
Medicaid	53%	55%
Commercial insurance and other third-party payers	40%	38%
Self-pay	7%	<u>7</u> %
	100%	100%

3. PROGRAM SERVICE FEES RECEIVABLE (Continued)

Third-party reimbursement and patient service revenue by payer class were as follows for the years ended December 31:

	2016	2015
Medicaid	57%	57%
Commercial insurance and other third-party payers	40%	39%
Self-pay	3%	4%
	100%	100%

4. PLEDGES RECEIVABLE

Pledges to be received after December 31, 2016 are recorded at their estimated net present value using a discount rate of 1%. Scheduled payments on outstanding pledges receivable are as follows for the years ending December 31:

2017 2018		\$	589,167
2019		_	182,325 148,825
			920,317
Less: Discount to net	present value		(3,279)
			917,038
Less: Current portion		_	(589,167)
		S	327,871

5. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

	2016	2015
Land	\$ 719,174	\$ 719,174
Buildings and improvements	6,889,699	6,889,699
Leasehold improvements	2,325	2,325
Furniture and equipment	814,547	814,547
Construction-in-progress	707,469	541,804
	9,133,214	8,967,549
Less: Accumulated depreciation	(1,486,920)	(1,265,651)
	\$ 7,646,294	S 7,701,898

6. INVESTMENTS

The Organization's investments consist of the following at December 31:

		2016	2015
Cash	s	5,373	\$ 14,390
Common stocks Mutual funds	_	4,736 759,280	715,927
	<u>s</u>	769,389	\$ 730,317

Net investment income consisted of the following for the years ended December 31:

		2016		2015
Interest and dividends Realized and unrealized gain (loss) on investments Management fees	s 	19,319 29,653 (4,907)	\$	14,278 (3,548) (4,925)
	S	44,065	S	5,805

Fair Value

The following are measured at fair value on a recurring basis at December 31, 2016:

	Lev	vel 1 Inputs	Lev	el 2 Inputs	Level	3 Inputs		Total
Investments:								
Money market funds	\$	5,373	S		S		S	5,373
Foreign large cap	135.00	25,383	97.00	**				25,383
Intermediate-term bond		466,908		0				466,908
Large-cap		111,915						111,915
Mid-cap		35,571		2				35,571
Short-term bond		82,079		-		100		82,079
Small-cap		37,424		2				37,424
Common stock	_	4,736					_	4,736
		769,389						769,389
Charitable gifts	_			61,510			_	61,510
	\$	769,389	5	61,510	<u>s</u>		<u>s</u>	830,889

6. INVESTMENTS (Continued)

Fair Value (Continued)

The following are measured at fair value on a recurring basis at December 31, 2015:

	Le	vel 1 Inputs	Lev	el 2 Inputs	Level	3 Inputs		Total
Investments:								
Money market funds	\$	14,390	\$	2	\$		\$	14,390
Foreign large cap	60,500	22,272	27.4	-	10000	99.0	0.50	22,272
Foreign small/mid cap		9,050		-				9,050
Intermediate-term bond		445,389		-		99.0		445,389
Large-cap		96,418		-				96,418
Mid-cap		31,125		-		99.0		31,125
Short-term bond		80,670		-				80,670
Small-cap	-	31,003	_				_	31,003
		730,317				100		730,317
Charitable gifts	_		_	59,508	17		_	59,508
	\$	730,317	\$	59,508	<u>s</u>		\$	789,825

Changes in Endowment Funds

The composition of endowment net assets and the changes in endowment net assets as of December 31, 2016 and 2015 are as follows:

		emporarily Restricted		ermanently Restricted		Total
Endowment net assets, January 1, 2015	\$	224,950	\$	100,000	\$	324,950
Investment income		12,064				12,064
Net depreciation on investments		(10,019)				(10,019)
Amounts appropriated for expenditure		(15,000)	_		=	(15,000)
Endowment net assets, December 31, 2015		211,995		100,000		311,995
Investment income		4,819		~		4,819
Net appreciation on investments		17,367	-		-	17,367
Endowment net assets, December 31, 2016	S	234,181	\$	100,000	S	334,181

6. INVESTMENTS (Continued)

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are reported in unrestricted net assets. There were no such deficiencies as of December 31, 2016 and 2015.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets related to donor-restricted funds that the Organization must hold in perpetuity.

Strategies Employed for Achieving Objectives

The Organization's strategy is to invest its endowment assets in a portfolio of selected mutual funds that cover a broad allocation of common stocks and fixed income securities. This allows for diversity and risk management without the need to track individual securities.

Spending Policy and How the Investment Objectives Relate to Spending Policy

Donors have specified that earnings on the Organization's endowment are unrestricted as to their use. The Organization's policy is to utilize its endowment earnings, as considered necessary, to support the Organization's operating activities in accordance with the donor's intent.

7. CHARITABLE GIFTS

The Organization has been named as a beneficiary of contributions held by Planned Parenthood Federation of America (PPFA) in a charitable gift annuity and a pooled income fund. These interests have been recorded at the estimated net present value based on the Organization's estimated date of receipt of the funds. The change in value of these funds is recorded in contributions revenue in the accompanying statement of activities and changes in net assets and amounted to \$2,417 and (\$1,889) in 2016 and 2015, respectively.

8. FINANCING ARRANGEMENTS

Lines-of-Credit

The Organization maintains a \$300,000 line-of-credit with Tompkins Trust Company. Amounts borrowed on the line bear an interest rate equal to prime, which was 3.75% at December 31, 2016, but at no time will the interest rate be less than 4.00%. The line is secured by substantially all assets of the Organization. As of December 31, 2016 and 2015, there was \$205,000 and \$100,000, respectively, outstanding on the line.

The Organization maintains a \$300,000 line-of-credit with Chemung Canal Trust Company. Amounts borrowed on the line bear an interest rate of 5.00%. The line is secured by substantially all assets of the Organization. As of December 31, 2015, there was \$150,000 outstanding on the line. No amounts were outstanding under the terms of this agreement as of December 31, 2016.

8. FINANCING ARRANGEMENTS (Continued)

Long-Term Debt

Long-term debt consists of the following at December 31:

	2016		2015
Mortgage payable to a local bank secured by the land and building in New York, monthly payments of \$1,457 including interest at the greater of 5.75% or the 5-year treasury rate + 4.00% until August 2031.	\$ 172,207	\$	179,396
Capital lease for data migration project in monthly installments of \$1,604 including interest at 6.95% until June 2020.	56,000		72,000
Mortgage payable to a local bank secured by substantially all assets of the Organization and the New York property, monthly payments of \$15,171 including interest at 4.25% until October 2032.	1,642,213	W	2,107,197
	1,870,420		2,358,593
Less: Current portion	(209,108)	_	(200,179)
	\$ 1,661,312	\$	2,158,414

Scheduled principal payments under these obligations for the next five years and thereafter are as follows:

2017	209,108
2018	145,779
2019	151,612
2020	149,540
2021	148,075
Thereafter	1,066,306
	\$ 1,870,420

Cash paid for interest in 2016 and 2015 was approximately \$96,000 and \$135,000, respectively.

During the construction period in 2015, the Organization capitalized interest incurred on the capital line-of-credit of approximately \$22,000.

9. GRANT REVENUE

Grant revenue consisted of the following at December 31:

		2016		2015
Community based adolescent pregnancy prevention	s	218,824	\$	177,641
Family planning Title X	0,000	1,289,400	8700	1,287,560
		111,408		93,835
NYS crime victim assistance		176,561		114,071
LGBT grant		120,520		133,036
Other grants	_	59,455		261,161
	s	1.976.168	s	2.067.304

10. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at December 31:

		2015		
Unappropriated endowment earnings	\$	234,180	\$	211,995
Pooled income fund		31,961		29,603
Program services		37,774		35,575
Africa partnership		14,629		14,629
Fund		-		998
Research Center		6,731		6,573
Sexual education school		18,412		19,894
Charitable gift annuity		10,542	_	10,483
	S	354,230	\$	329,750

Net assets were released from donor restrictions and expended as follows for the year ended December 31:

		2016		2015
Capital campaign	s		\$	288,417
Endowment earnings appropriated for expenditure		0.00		15,000
Program services		31,261		22,611
Sexual education school		17,043		-
Other	-	2,038	_	8,011
	S	50,342	S	334,039

11. RETIREMENT PLAN

The Organization provides a contributory 401(k) retirement plan. All full-time employees over the age of twenty-one are eligible to participate in the plan. Employees are considered vested in the plan after two years of service. In 2016 and 2015, the Organization made matching contributions up to 4% and 3%, respectively, of employees' salary. Total contributions for the years ended December 31, 2016 and 2015 amounted to approximately \$67,000 and \$49,000, respectively.

12. COMMITMENTS AND CONTINGENCIES

Lease Commitments

The Organization has several non-cancelable operating leases, primarily for program sites and equipment, which expire through May 2021. The monthly payments due under these lease agreements range from \$52 to \$2,914. Rental expense for the years ended December 31, 2016 and 2015 was approximately \$89,000 and \$77,000, respectively.

Future minimum lease payments under all non-cancelable operating leases with initial or remaining terms of one-year or more are as follows:

2017	76,794
2018	72,345
2019	30,628
2020	14,882
Thereafter	8,466
Total	S 203.115

Third Party Payers

Third-party payers, especially governmental funders, have increased substantially their scrutiny of payments made to their designated service providers. Specific areas for review by the governmental payers and their investigative personnel include appropriate billing practices, reimbursement maximization strategies, technical regulation compliance, etc. The stated purpose for these reviews is to recover reimbursements that the payers believe may have been inappropriate.

The Organization has reviewed its internal records and policies with respect to such matters. However, due to the nature of these matters, it is difficult to estimate the ultimate liability, if any, which it may incur related to such matters.

13. RELATED PARTY

The Organization pays annual dues to its national affiliate, PPFA. Dues paid in the years ended December 31, 2016 and 2015 was approximately \$81,000 and \$55,000, respectively.

Additionally, in 2016 and 2015, the Organization received grants from PPFA in the amount of \$32,425 and \$100,000, respectively.

14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through May 5, 2017, which is the date the financial statements were available to be issued.



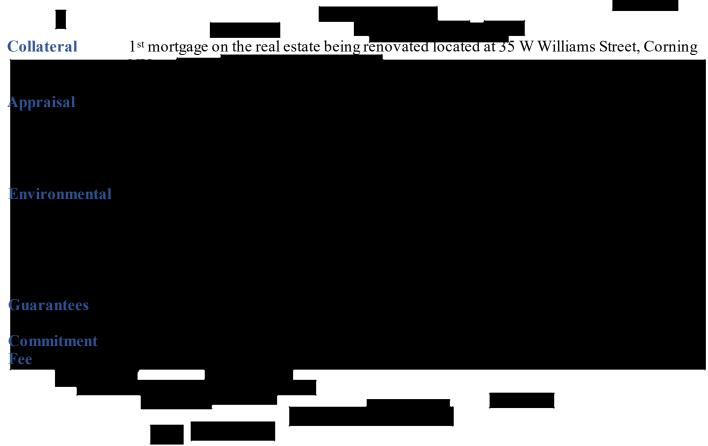
July 13, 2016

Building relationships since 1833

TERM SHEET

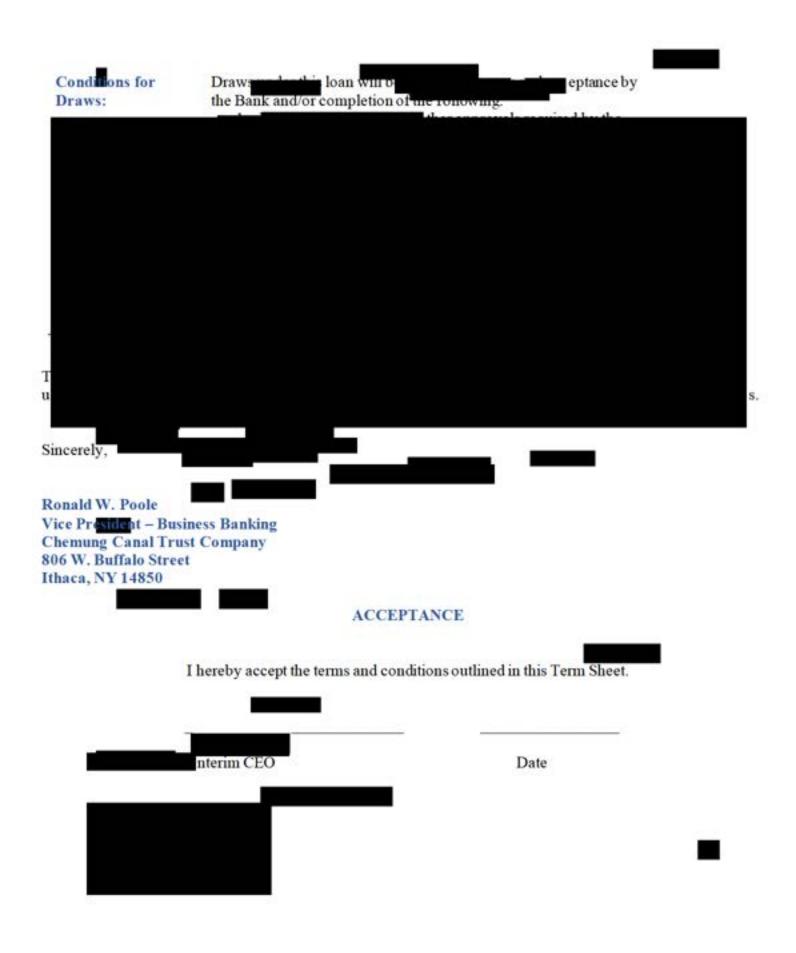
Borrower	Planned Parenthood of the
Lender	Chemung Canal Trust Company
Loan Amount	Approximately \$1,500,000 to be determined upon receipt and acceptance by the Bank of the submitted construction budget. The final amount will be further restricted to no more than 75% of the 'as-completed' and stabilized appraised value or equal to 100% of the construction costs as determined by the Bank, whichever is less.
Purpose	To provide a bridge loan for the renovation of a health center located at 35 W Williams Street, Corning NY. Principal reduction payments will be allowed without penalty, and made to reduce the outstanding principal balance during the interest only period, and before the loan is converted to permanent financing.
Term	Bridge Loan: There will be a 6 month, interest only draw period, followed by a 12 month interest only repayment period for which the borrower may make, at no penalty, principal reduction payments. After the 18 month interest-only period, the remaining principal balance will convert to permanent financing in the form commercial mortgage. The estimated permanent mortgage amount will be \$500,000. The interest rate will be 4.75%.
	Permanent Term: The permanent term will commence at the completion of the construction/renovation term. The permanent term and amortization will be 20 years in duration. Terms for the permanent financing are as follows:
Interest Rate	4.75 % fixed for the first five years of the loan.
Adjustments	The interest rate will be adjusted every five years based on a rate equal to the weekly average yield on United States Treasury Obligations adjusted to a constant maturity of five (5) years as most recently published by the Board of Governors of the Federal Reserve System in Federal Reserve Statistical Release H.15(519) plus 3.00%. The interest rate will never be less than 4.75%.
Payments	Monthly principal and interest payments based on a twenty (20) year term
Prepayment Penalty	The loan may be prepaid in whole or in part during the permanent loan term, subject to payment of a prepayment premium equal to 5.0% of the loan balance in the first loan year; 4.0% of the loan balance in the second loan year; 3.0% of the loan balance in the third loan year, 2.0% of the loan balance in the fourth loan year and 1.0% of the loan balance in the fifth loan year. No prepayment premium will be charged thereafter, nor

will any prepayment premium be due in the event Borrower refinances with the Lender or



Conditions For Closing

- 1. Receipt and acceptance of an appraisal and review prepared by a New York State Certified General Appraiser approved by Chemung Canal Trust Company as to the value estimate as described above.
 - and acceptance of at least a Phase I Environmental Review on the property located as described within this term sheet, by an engineer approved by Chemung Canal Trust Company. The report must ascertain that there are no significant environmental issues with the real estate securing this load.
- 3. Receipt and acceptance of a review of the final construction contract, and architecture drawings.
- 4. Construction draws must be submitted on standard AIA application for payment forms, with progress inspections by an engineer or property inspection manager y Chemung Canal Trust Company.
- 6. A current survey approved by, and certified to, the title insurers and Bank showing the monuments courses and distances of the Property, and structures thereon,
 - ion.
 - osit accounts of the Borrower used for purposes of managing this preperty naintained at Chemung Canal Trust Company.





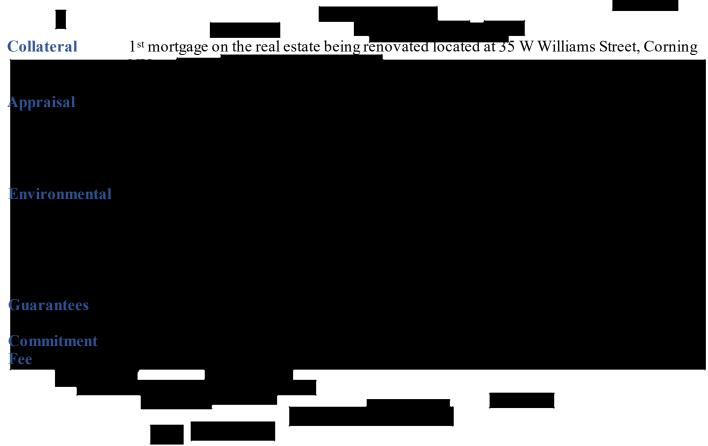
July 13, 2016

Building relationships since 1833

TERM SHEET

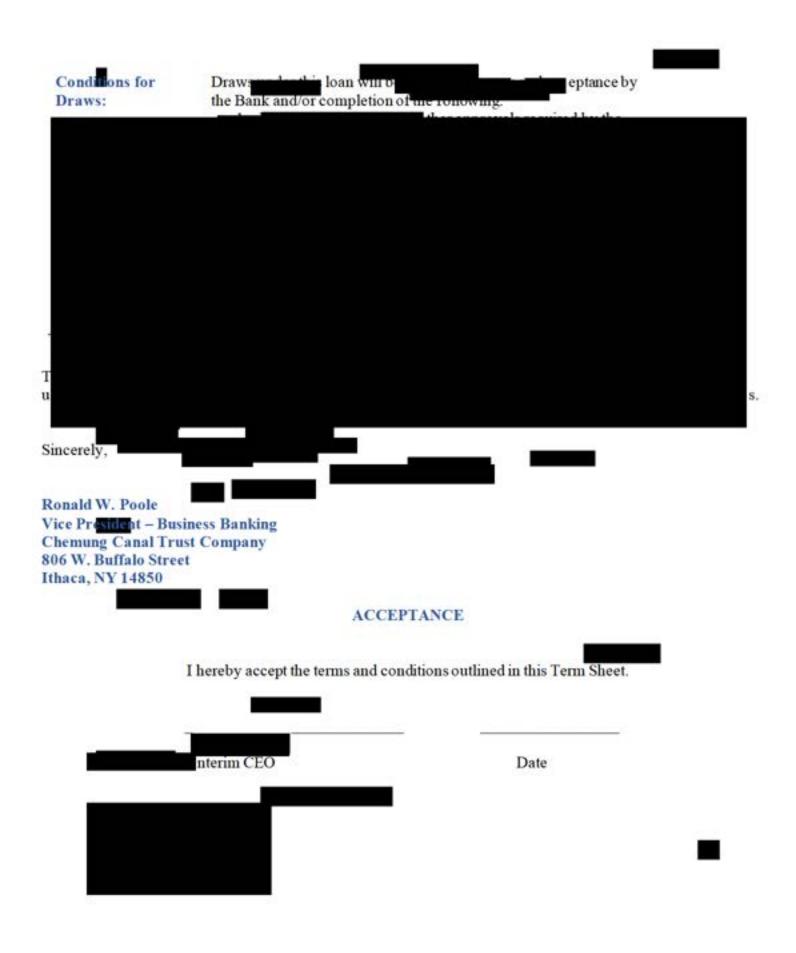
Borrower	Planned Parenthood of the
Lender	Chemung Canal Trust Company
Loan Amount	Approximately \$1,500,000 to be determined upon receipt and acceptance by the Bank of the submitted construction budget. The final amount will be further restricted to no more than 75% of the 'as-completed' and stabilized appraised value or equal to 100% of the construction costs as determined by the Bank, whichever is less.
Purpose	To provide a bridge loan for the renovation of a health center located at 35 W Williams Street, Corning NY. Principal reduction payments will be allowed without penalty, and made to reduce the outstanding principal balance during the interest only period, and before the loan is converted to permanent financing.
Term	Bridge Loan: There will be a 6 month, interest only draw period, followed by a 12 month interest only repayment period for which the borrower may make, at no penalty, principal reduction payments. After the 18 month interest-only period, the remaining principal balance will convert to permanent financing in the form commercial mortgage. The estimated permanent mortgage amount will be \$500,000. The interest rate will be 4.75%.
	Permanent Term: The permanent term will commence at the completion of the construction/renovation term. The permanent term and amortization will be 20 years in duration. Terms for the permanent financing are as follows:
Interest Rate	4.75 % fixed for the first five years of the loan.
Adjustments	The interest rate will be adjusted every five years based on a rate equal to the weekly average yield on United States Treasury Obligations adjusted to a constant maturity of five (5) years as most recently published by the Board of Governors of the Federal Reserve System in Federal Reserve Statistical Release H.15(519) plus 3.00%. The interest rate will never be less than 4.75%.
Payments	Monthly principal and interest payments based on a twenty (20) year term
Prepayment Penalty	The loan may be prepaid in whole or in part during the permanent loan term, subject to payment of a prepayment premium equal to 5.0% of the loan balance in the first loan year; 4.0% of the loan balance in the second loan year; 3.0% of the loan balance in the third loan year, 2.0% of the loan balance in the fourth loan year and 1.0% of the loan balance in the fifth loan year. No prepayment premium will be charged thereafter, nor

will any prepayment premium be due in the event Borrower refinances with the Lender or



Conditions For Closing

- 1. Receipt and acceptance of an appraisal and review prepared by a New York State Certified General Appraiser approved by Chemung Canal Trust Company as to the value estimate as described above.
 - and acceptance of at least a Phase I Environmental Review on the property located as described within this term sheet, by an engineer approved by Chemung Canal Trust Company. The report must ascertain that there are no significant environmental issues with the real estate securing this load.
- 3. Receipt and acceptance of a review of the final construction contract, and architecture drawings.
- 4. Construction draws must be submitted on standard AIA application for payment forms, with progress inspections by an engineer or property inspection manager y Chemung Canal Trust Company.
- 6. A current survey approved by, and certified to, the title insurers and Bank showing the monuments courses and distances of the Property, and structures thereon,
 - ion.
 - osit accounts of the Borrower used for purposes of managing this preperty naintained at Chemung Canal Trust Company.





April 3, 2018

Building relationships since 1833

TERM SHEET

	TERM SHEET
Borrower	Planned Parenthood of the
Lender	Chemung Canal Trust Company
Loan Amount	Approximately \$1,500,000 to be determined upon receipt and acceptance by the Bank of the submitted construction budget. The final amount will be further restricted to no more than 75% of the 'as-completed" and stabilized appraised value or equal to 90% of the construction costs as determined by the Bank, whichever is less.
Purpose	To provide a bridge loan for the renovation of a health center located at 35 W. Williams Street, Corning NY. Principal reduction payments will be allowed without penalty, and made to reduce the outstanding principal balance during the interest only period, and before the loan is converted to permanent financing.
Term	Bridge Loan: There will be a 6 month, interest only draw period, followed by a 12 month interest only repayment period for which the borrower may make, at no penalty, principal reduction payments. After the 18 month interest-only period, the remaining principal balance will convert to permanent financing in the form commercial mortgage. The estimated permanent mortgage amount will be \$750,000. The interest rate will be 5.00%.
	Permanent Term: The permanent term will commence at the completion of the construction/renovation term. The permanent term and amortization will be 20 years in duration. Terms for the permanent financing are as follows:
Interest Rate	5.00 % fixed for the first five years of the loan.
Adjustments	The interest rate will be adjusted every five years based on a rate equal to the weekly average yield on United States Treasury Obligations adjusted to a constant maturity of five (5) years as most recently published by the Board of Governors of the Federal Reserve System in Federal Reserve Statistical Release H.15(519) plus 2.50%. The interest rate will never be less than 5.00 %.
Payments	Monthly principal and interest payments based on a twenty (20) year term
Prepayment Penalty	The loan may be prepaid in whole or in part during the permanent loan term, subject to payment of a prepayment premium equal to 5.0% of the loan balance in the first loan year; 4.0% of the loan balance in the second loan year; 3.0% of the loan balance in the third loan year, 2.0% of the loan balance in the fourth loan year and 1.0% of the loan

balance in the fifth loan year. No prepayment premium will be charged thereafter, nor will any prepayment premium be due in the event Borrower refinances with the Lender or

any of its subsidiaries during the prepayment premium period.

Collateral

1st mortgage on the real estate being renovated located at 35 W Williams Street, Corning NY.

Appraisal

Receipt and acceptance by the Lender of an appraisal of the collateral by a New York State Certified General Appraiser.

Environmental A Phase I Environmental Site Assessment prepared by an environmental engineer approved by the Lender, or acceptance of a current environmental report as determined by the Bank.

Guarantees

The loan will not be guaranteed

Commitment Fee

A commitment fee of \$6,000.00 will be due upon acceptance of a formal commitment letter.

Conditions For Closing

- Receipt and acceptance of an appraisal and review prepared by a New York State Certified General Appraiser approved by Chemung Canal Trust Company as to the value estimate as described above.
- Receipt and acceptance of at least a Phase I Environmental Review on the property located as described within this term sheet, by an engineer approved by Chemung Canal Trust Company. The report must ascertain that there are no significant environmental issues with the real estate securing this loan.
- 3. Receipt and acceptance of a review of the final construction contract, and architecture drawings.
- 4. Construction draws must be submitted on standard AIA application for payment forms, with progress inspections by an engineer or property inspection manager approved by Chemung Canal Trust Company.
- 5. A current survey approved by, and certified to, the title insurers and Bank showing the monuments, courses and distances of the Property, and structures thereon, encroachments, easements, rights-of-way and other customary and relevant information.
- 6. The deposit accounts of the Borrower used for purposes of managing this property will be maintained at Chemung Canal Trust Company.

Conditions for Draws: Draws under this loan will be subject to review and acceptance by the Bank and/or completion of the following:

- Building permits and all other approvals required by the local municipalities.
- Builders Risk Insurance Policy in force from the general contractor naming Chemung Canal Trust Company loss pavee.
- All construction and improvements have been completed to the Bank's satisfaction, in accordance with the approved plans and specifications.
- AIA draw applications with progress inspections by an engineer approved by Chemung Canal Trust Company.

To accept the terms as provided, please sign and return to my attention.

This term sheet should not be construed as a letter of commitment. A letter of commitment will be provided upon receipt of all required documentation and subsequent Chemung Canal Trust Company required approvals.

Sincerely,

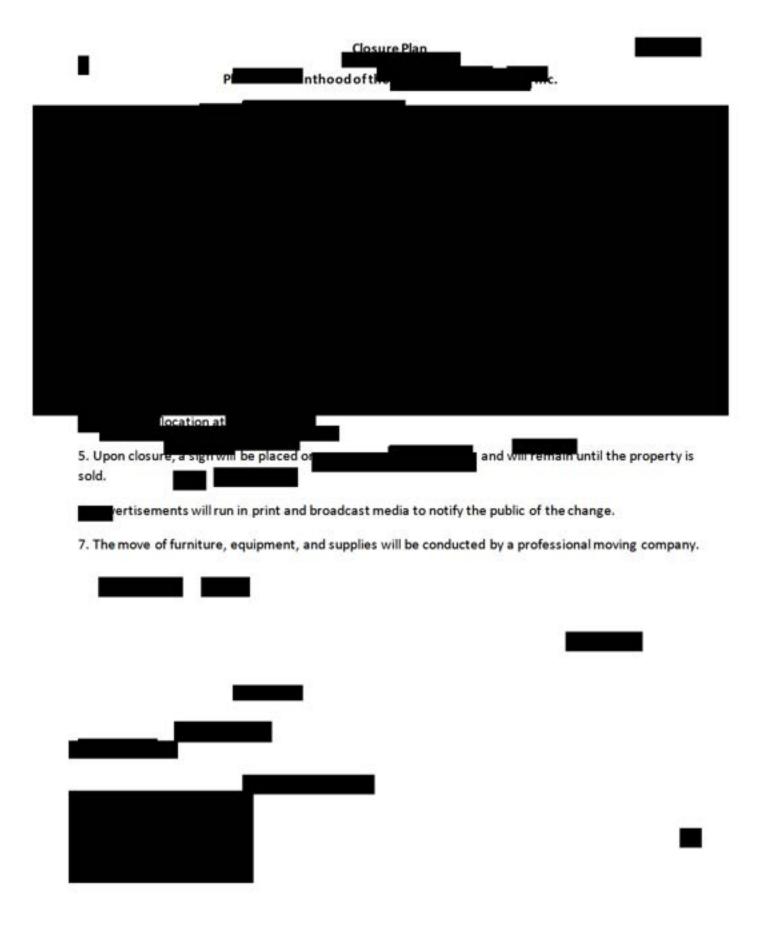
Ronald W. Poole

Vice President – Business Banking Chemung Canal Trust Company 806 W. Buffalo Street

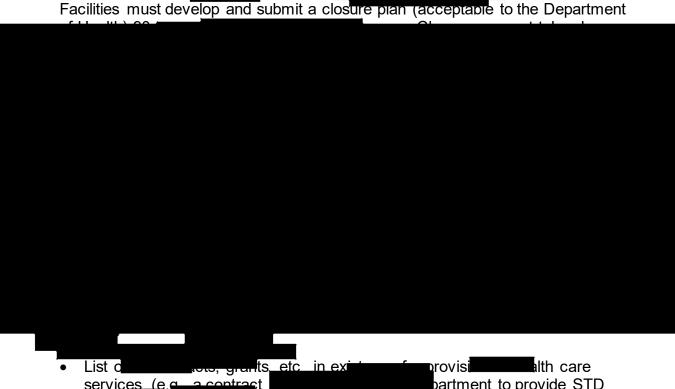
Ithaca, NY 14850

ACCEPTANCE

I hereby accept the terms and condition	ons outlined in this Term Sheet.
CEO	Date



Closure Plan Guidelines



- services (e.g. a contract partment to provide STD screen
- Proposed schedule for phases of closing
- Dates admissions will be discontinued
- Plan to ensure adequate staffing throughout process
- Payroll information / health insurance
- Facility contact person for communication related to closure issues telephone num
- rm patients about) the nearest, alternative facilities Identifi less of operator) and confirmation these alternative facilities are open to new patients.

ents, contracted services, staff, other agencies, Office of naged care programs

nmunity and elected officials

Copies of draft notification letters

Patient notification information, including.

on of medical records

requirements

- demonstration of medical record custodian acceptable to the Department of Health
- Process for handling medical information that may come post closure
- Proper disposal of medications, biologicals, chemicals, and medical supplies
- Disposition of building and contents after closure
- Maintenance of all records as required by federal, state, and logical regulations

Communication with the Department of Health must occur throughout the

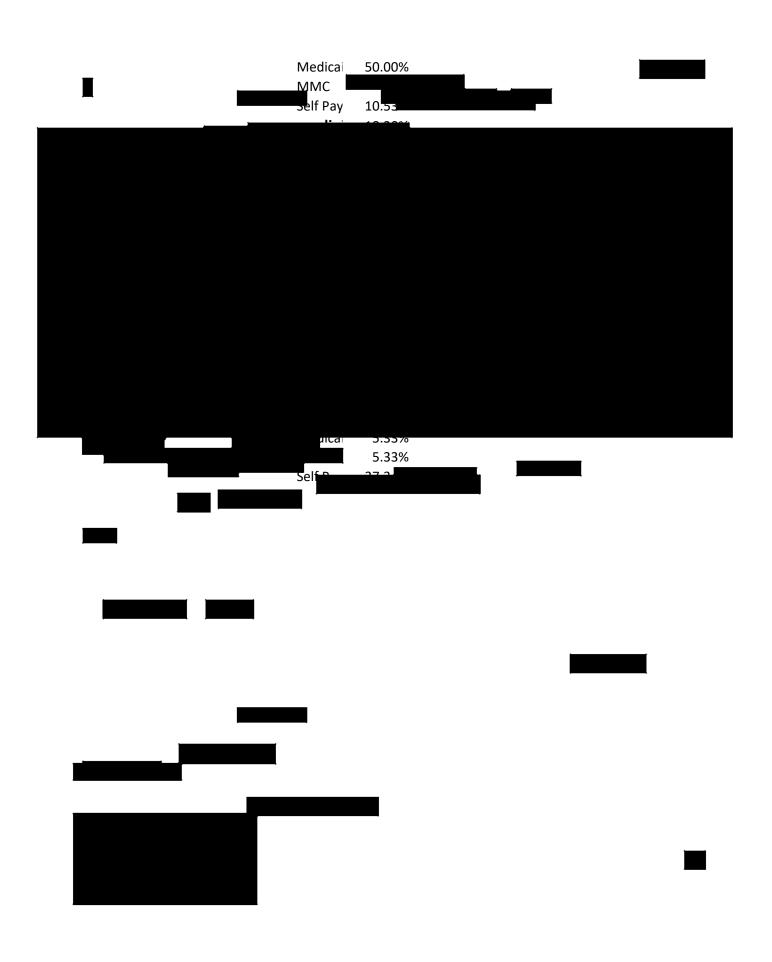
Also, on the last day of operations (if the facility is closing), the facility must

2018 Budget	Corning	2-0		Corning
	FP 110	120	TG	Total
VISITS				
Clinician	2,502	161	108	2,771
Nurse	574		60	634
2018 Total	3,076	161	168	3,405
REVENUE (at roll-up levels)				
Insurance Rev	250,958	17,672	5,643	274,274
Medicaid Rev	360,125	17,297	3,104	380,525
Patient Rev	22,375	7,799	1,743	31,917
Health Dept Rev	0	0	0	0
REVENUE PROJECTIONS				
Commercial Rev	244,907	17,672	5,643	268,223
Exchange Rev	6,051	0	0	6,051
Medicaid Rev	222,239	15,854	760	238,854
FPBP Rev	128,110	20,001	,,,,	128,110
Medicaid MC Rev	9,775	1,442	2,344	13,561
Self-Pay Rev	22,375	7,799	1,743	31,917
	22,3/3	7,799	1,743	31,917
TCHD Rev	622 450	42.767	10.400	COC 715
Patient Service Rev	633,458	42,767	10,490	686,715
	225.00	205.00	04.55	_
Commercial Rev/Visit NP	235.00	295.00	91.55	
Exchange Rev/Visit NP	235.00		91.55	_
Health Dept Rev/Visit NP				
Medicaid Rev/Visit NP	255.00	195.00	53.49	
FPBP Rev/Visit NP	247.88			
Medicaid MC Rev/Visit NP	314.92	340.57	270.17	
Patient Rev/Visit NP	145.00	460.00	48.00	
2.00				
Commercial Rev/Visit Non clin	81.83		31.65	
Exchange Rev/Visit Non Clin	81.83		31.65	
Health Dept Rev/Visit Non Clin				
Medicaid Rev/Visit Non clin	40.85		25.09	
FPBP Rev/Visit Non Clin	33.36			
Medicaid MC Rev/Visit Non clin	29.77		25.09	
Patient Rev/Visit Non clin	16.01		0.00	
Commercial % NP	39%	37%	47%	
Exchange % NP	1%			
Health Dept % NP				
Medicaid % NP	33%	50%	12%	
FPBP % NP	20%			
Medicaid MC % NP	1%	3%	8%	
Patient Rev % NP	6%	11%	34%	
ration new 70 Hr				
	100%	100%	100%	

Commercia	al % Non clin	31%		52%	
Exchang	e % Non clin	1%		0%	
Health Dep	ot % Non clin				
Medicai	d % Non clin	44%		5%	
FPB	P % Non clin	18%			
Medicaid M	C % Non clin	0%		5%	
Patient Re	w % Non clin	5%		37%	
11000010010010		100%	0%	100%	
Priv	ate Visits NP	970	59	50	1,080
Exchar	nge Visits NP	24	0	0	24
Health D	ept Visits NP	0	0	0	0
Medic	aid Visits NP	823	81	13	916
FF	PBP Visits NP	503	0	0	503
Medicaid	MC Visits NP	31		8	43
Pati	ent Visits NP	151	17	36	204
Private V	isits Non clin	179	0	31	210
Exchange V	isits Non clin		0	0	
Health Dept V	isits Non clin	0	0	0	0
Medicaid V	isits Non clin	254	0		257
FPBP V	isits Non clin	103	0	0	103
Medicaid MC V	isits Non clin		0		
Patient V	isits Non clin	31	0	23	54
	Private Rev	244,907	17,672	5,643	268,223
E	xchange Rev	6,051	0	0	6,051
Hea	ith Dept Rev	0	0	0	0
Λ	Medicaid Rev	222,239	15,854	760	238,854
	FPBP Rev	128,110	0	0	128,110
Medi	caid MC Rev	9,775	1,442	2,344	13,561
	Patient Rev	22,375	7,799	1,743	31,917

2017 Market Increase

Corn	17.66%		
FP clinici	69.68%		
Comme	38.78%		
Exchang	0.97%		
FPBP	20.10%		
Medical	32.88%		
MMC	1.23%		
Self Pay	6.03%		
mab	5.15%		
Comme	36.84%		



Limited Review Application

State of New York Department of Health Office of Primary Care and Health Systems Management

CITY

Coming

COUNTY

Steuben

TOTAL PROJECT COST: \$ 2,773,298

ZIP

14830

TELEPHONE NUMBER

CONTACT E-MAIL:

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (NOTE – Some projects may involve requisite "Construction". If so, and total project costs are below designated thresholds, then both boxes must be checked and necessary LRA Schedules submitted).

Please read the LRA Instructions to ensure submission of an appropriate and complete application:

Pleas	e read the LRA Instructions to	ensure submissio	on of an app	ropriate and com	plete application:	•					
×	Minor Construction - Minor relating to clinical space - che Necessary LRA Schedules: C	ck "Non-Clinical	"box below)		up to \$6,000,000 (orup to \$15.	000,000, if not				
	■ Equipment - Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$6,000,000. (NOT necessary for "1-for-1" replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limit review and CON review for one for one equipment replacement) Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.										
	Service Delivery – Project to decertify a facility's beds/services, add services which involve a total project cost under \$6,000,000; or convert beds within approved categories. (If construction associated, also check "Construction" above.) Necessary LRA Schedules: Cover Sheet, 7, 8, 10, and 12. *If proposing to decertify beds within a nursing home, provide description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms).										
	Health Information Technol information systems, with a to Necessary LRA Schedules: C	talproject cost up	to \$15,000.	000.		100					
	Cardiac Services — Project by or replace a cardiac catheterize above.) Necessary LRA Schedules: C	ation laboratory o	r equipment.								
×	Relocation of Extension Clin Necessary LRA Schedules: C						ion clinic.				
	Part-Time Clinic – Project to site – for applicants a lready ce above.) Necessary LRA Schedules: C	rtified for "part-t	imeclinic". (If construction a							
OPEI 981	RATING CERTIFICATE NO.	CERTIFIED O			Inc	TYI	PE OF FACILITY				
	RATOR ADDRESS - STREET ned Parenthood of the	& NUMBER	PFI	NAME AND	TITLE OF CON	TACT PERS	SON				
CITY	CC	DUNTY	ZIP	STREET AN	DNUMBER						
	ECT SITE ADDRESS – STRE William St.	ET & NUMBER	PFI M894	CITY		STATE	ZIP				

FAX NUMBER



71 Fuller Road, Albany, NY 12205 ph: 518-463-2192 fax 518-449-3068

CUSTOMER'S PURC	HASE ORDER NO.	DATE 4/19/17	
SOLD TO CHI	DNG OBR	100	
		AUTHORITY	
SHIP TO 514	BROAD	wan	
ADDRESS No			
PHONE NO.		NAME SUE WHITE	<u> </u>
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QUANTITY	DESCRIP		UNIT LIST
156	AND T	WIN65	
	35	w william ST	
			1211
0	- AE	CEIVED BY	
Ch	alr	mas	



71 Fuller Road, Albany, NY 12205 ph: 518-463-2192 fax 518-449-3068

0413-50		
CUSTOMER'S PURCHASE ORDER, N	O. DATE	
chiana a	Brian Architects	
DRESS 515 Prod	1 1	12207
P TO		1001
DRESS		
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75et land	7. 0.3/11	
15	BECEIVED BY	To
1.1am	mes Dar	-y Jon

	2017	2016	2017	Variance	Variance	
	Actual	Actual	Budget	To Budget	% To Budget	
Public Support						
Grants	1,940,183.	1,976,167.	1,915,522.	24,661.	1.9	
Contributions and Event Income	1,113,853.	1,121,195.	657,000.	456,853.	70.9	
Total Support	3,054,036.	3,097,362.	2,572,522.	481,515.	19.	
Patient Services Revenue						
Clinic Receipts	108,351.	133,613.	144,344.	-35,993.	(25.9)	
Medicaid Patient Receipts	1,905,537.	2,123,241.	2,305,619.	-400,082.	(17.9	
Insurance Receipts	1,751,245.	1,532,383.	1,777,261.	-26,016.	(1.9	
Health Department Income	52,618.	59,816.	62,621.	-10,003.	(16.9	
Other Income	212,941.	160,705.	157,333.	55,608.	35.9	
Total revenue	4,030,692.	4,009,758.	4,447,178.	-416,485.	(9.9	
Total support and revenue	7,084,728.	7,107,120.	7,019,699.	65,029.	1.9	
Program Services						
Billing	340,262.	244,201.	301,037.	39,225.	13.9	
Communications	110,194,	90,623.	146,386.	-36,192.	(25.9	
Facilities	76,983.	96,364.	87,958.	-10,975.	(12.9	
Patient Services	4,337,340.	4,125,052.	4,335,158.	2,182.	0.	
	276,084.	292,224.	244,236.	31,848.	13.	
Public Affairs	222,576.	181,435.	250,403.	-27,828.	(11.9	
Education	492,594.	541,360.	561,727.	-69,133.	(12.9	
Total program services	5,856,033.	5,571,259.	5,926,905.	-70,873.	(1.9	
Supporting Services						
Management and General						
Board & Executive	207,094.	326,100.	279,405.	-72,311.	(26.9	
Finance, HR, & IT	478,864.	429,657.	456,612.	22,252.	5.	
Security	11,131.	7,922.	13,066.	-1,935.	(15.9	
Annual Fundraising	287,305.	318,904.	239,911.	47,394.	20.	
Total supporting services	984,394.	1,082,583.	988,994.	-4,600.	(0.9	
Total Expenses	6,840,426.	6,653,841.	6,915,899.	-75,473.	(1.%	
Operating Gain/Loss	244,302.	453,278.	103,800.	140,502.	135.9	
Capital Campaign Contributions	405,668.	91,628.	38,236.	367,432.	961.	
Capital Campaign Fundraising Expense	-23,412,	-126,435.		-23,412.	0.9	
Accounting Gain/Loss	626.558.	418.471.	142.036.	484,522.	341.9	

	2017	2016	2017	Variance	Variance	
	Actual	Actual	Budget	To Budget	% To Budget	
Public Support						
Grants	1,940,183.	1,976,167.	1,915,522.	24,661.	1.9	
Contributions and Event Income	1,113,853.	1,121,195.	657,000.	456,853.	70.9	
Total Support	3,054,036.	3,097,362.	2,572,522.	481,515.	19.	
Patient Services Revenue						
Clinic Receipts	108,351.	133,613.	144,344.	-35,993.	(25.9)	
Medicaid Patient Receipts	1,905,537.	2,123,241.	2,305,619.	-400,082.	(17.9	
Insurance Receipts	1,751,245.	1,532,383.	1,777,261.	-26,016.	(1.9	
Health Department Income	52,618.	59,816.	62,621.	-10,003.	(16.9	
Other Income	212,941.	160,705.	157,333.	55,608.	35.9	
Total revenue	4,030,692.	4,009,758.	4,447,178.	-416,485.	(9.9	
Total support and revenue	7,084,728.	7,107,120.	7,019,699.	65,029.	1.9	
Program Services						
Billing	340,262.	244,201.	301,037.	39,225.	13.9	
Communications	110,194,	90,623.	146,386.	-36,192.	(25.9	
Facilities	76,983.	96,364.	87,958.	-10,975.	(12.9	
Patient Services	4,337,340.	4,125,052.	4,335,158.	2,182.	0.	
	276,084.	292,224.	244,236.	31,848.	13.	
Public Affairs	222,576.	181,435.	250,403.	-27,828.	(11.9	
Education	492,594.	541,360.	561,727.	-69,133.	(12.9	
Total program services	5,856,033.	5,571,259.	5,926,905.	-70,873.	(1.9	
Supporting Services						
Management and General						
Board & Executive	207,094.	326,100.	279,405.	-72,311.	(26.9	
Finance, HR, & IT	478,864.	429,657.	456,612.	22,252.	5.	
Security	11,131.	7,922.	13,066.	-1,935.	(15.9	
Annual Fundraising	287,305.	318,904.	239,911.	47,394.	20.	
Total supporting services	984,394.	1,082,583.	988,994.	-4,600.	(0.9	
Total Expenses	6,840,426.	6,653,841.	6,915,899.	-75,473.	(1.%	
Operating Gain/Loss	244,302.	453,278.	103,800.	140,502.	135.9	
Capital Campaign Contributions	405,668.	91,628.	38,236.	367,432.	961.	
Capital Campaign Fundraising Expense	-23,412,	-126,435.		-23,412.	0.9	
Accounting Gain/Loss	626.558.	418.471.	142.036.	484,522.	341.9	

PLANNED PARENTHOOD OF THE INC.

Financial Statements as of December 31, 2015 Together with Independent Auditor's Report



Bonadio & Co., LLP

INDEPENDENT AUDITOR'S REPORT

May 10, 2016	
To the Board of Directors of Planned Parenthood of the	Inc.
Report on the Financial Statements We have audited the accompanying financial	ial statements of Planned Parenthood

of the line., which comprise the statement of financial position as of December 31, 2015, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

432 North rank n Street, Su te 60 Syracuse, New York 13204 p (315) 476 4004 f (315) 475 1513

www.bonad o.com

(Continued)

INDEPENDENT AUDITOR'S REPORT (Continued)

Opinion	
In our opinion, the financial statements referred to above pres	sent fairly, in all material respects, the
financial position of Planned Parenthood of the	Inc. as of December 31,
2015, and the changes in its net assets and its cash flows for with accounting principles generally accepted in the United Sta	
Report on Summarized Comparative Totals	2007 S 100 PR 200 PR 10 C - 200 PR

We have previously audited Planned Parenthood of the land land line.'s 2014 financial statements, and our report dated May 12, 2015 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2014, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Bonadio & Co., LLP

PLANNED PARENTHOOD OF THE

INC.

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2015

	2015	2014
ASSETS		
CURRENT ASSETS:		
Cash and equivalents	\$ 638,093	\$ 753,498
Program service fees receivable, net	345,916	335,649
Accounts receivable - other	89,250	76,818
Grants receivable	287,020	255,747
Current portion of pledges receivable	449,510	586,055
Inventory	187,608	144,968
Prepaid expenses	65,795	52,801
Total current assets	2,063,192	2,205,536
PROPERTY AND EQUIPMENT, net	7,701,898	7,584,945
OTHER ASSETS:		
Investments	730,317	729,637
Long-term pledges receivable	648,420	1,024,590
Charitable gifts	59,508	62,028
Total other assets	1,438,245	1,816,255
Total assets	\$ 11,203,335	\$ 11,606,736

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2015

(With Comparative Totals for 2014) (Continued)

	2015	2014
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Current portion of debt	\$ 200,179	\$ 6,811
Lines-of-credit	250,000	3,231,761
Accounts payable	176,853	158,639
Accrued payroll and related expenses	120,452	97,188
Other accrued liabilities	59,037	43,324
Deferred grant support	44,676	2,765
Total current liabilities	851,197	3,540,488
OTHER LIABILITIES:		
Debt, net of current portion	2,158,414	179,396
Charitable gift annuity	6,263	
Pooled income fund	13,159	13,185
Total other liabilities	2,177,836	199,449
Total liabilities	3,029,033	3,739,937
NET ASSETS:		
Unrestricted -		
Operating	1,917,520	2,236,899
Property, net of related debt	5,343,305	4,656,977
Board designated	483,727	483,727
Total unrestricted	7,744,552	7,377,603
Temporarily restricted	329,750	389,196
Permanently restricted	100,000	
Total net assets	8,174,302	7,866,799
Total liabilities and net assets	\$ 11,203,335	\$ 11,606,736

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2015

	2015	2014
SUPPORT AND REVENUE:	State Comments	V.7900.7036
Program service fees - Clinic receipts Medicaid receipts	\$ 148,284 2,209,097	\$ 170,384 1,708,894
Insurance receipts	1,487,384	1,193,825
Total program service fees	3,844,765	3,073,103
Public support - Grants Contributions and event income	2,067,304 555,860	2,097,539 545,525
Total public support	2,623,164	2,643,064
Other income -		
Interest and dividend income, net Net realized and unrealized gain on investments Gain (loss) on disposal of property Miscellaneous income Net assets released from restrictions to operations	(2,711) 6,471 269,659 177,642 334,039	11,855 19,512 (6,717) 106,743 2,732,545
Total other income	785,100	2,863,938
Total support and revenue	7,253,029	8,580,105
Program services - Patient services Resource Center Public affairs Education	4,669,055 236,476 208,539 581,535	4,544,395 366,950 135,134 599,260
Total program services	5,695,605	5,645,739
Supporting services - Management and general Fundraising	780,596 409,879	700,782 503,471
Total supporting services	1,190,475	1,204,253
Total expenses	6,886,080	6,849,992
Change in unrestricted net assets	366,949	1,730,113
TEMPORARILY RESTRICTED NET ASSETS: Contributions Interest and dividend income, net Net realized and unrealized gain (loss) on investments Release from restriction	272,548 12,064 (10,019) (334,039)	1,060,861 2,335 8,254 (2,732,545)
Change in temporarily restricted net assets	(59,446)	(1,661,095)
CHANGE IN NET ASSETS	307,503	69,018
NET ASSETS - beginning of the year	7,866,799	7,797,781
NET ASSETS - end of the year	\$ 8,174,302	\$ 7,866,799

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2015

	- F			Prog	rogram Services				Supporting Services						_	Total Expenses			
	Patient Services		Research Center		Public Affairs		Education		Total		Management and General		Fundraising		Total		2015		2014
Salaries	\$ 2,017,50		119,652	\$	76,479	s	251,761	\$	2,465,395	\$	372,613	s	168,392	\$	541,005	\$	3,006,400	\$	3,160,589
Payroll taxes and fringe benefits	473,6	55 _	31,509		17,207	_	69,100	_	591,501		78,824	_	33,271		112,095	_	703,596	_	748,202
Total salaries and benefits	2,491,10	38	151,161		93,686		320,861		3,056,896		451,437		201,663		653,100		3,709,996		3,908,791
Contraceptives Computer support and	476,0	59	3		-		1,013		477,072				3		1		477,072		411,991
maintenance	407,10	35	13,149		6,924		26,777		454,015		53,264		15,574		68,838		522,853		390,761
Labs	195,6	79	-						195,679				-				195,679		184,474
Contracted services	169,0	33	8,207		70,634		22,825		270,749		49,004		83,310		132,314		403,063		345,550
Occupancy	132,9	18	11,455		3,519		16,576		164,468		15,797		13,370		29,167		193,635		253,276
Program supplies	61,3	55	14,955		2,118		8,620		87,048		4,769		15,174		19,943		106,991		134,600
Dues and subscriptions	95,6	38	3,454		5,665		16,424		121,231		17,900		7,195		25,095		146,326		154,353
Bad debts	43,85	53			0 -				43,853				4,217		4,217		48,070		59,076
Depreciation and amortization	225,74	11	8,797		9,849		34,768		279,155		60,054		16,605		76,659		355,814		300,572
Medications	107,20)4	-		*		51000000000		107,204		-		-				107,204		105,634
Communications	41	37	12,430				49,997		62,914						*		62,914		74,994
Travel	43,30)4	4,117		2,880		22,075		72,376		13,184		11,798		24,982		97,358		108,829
Supplies	37,64	13	2,386		758		5,119		45,906		4,590		4,970		9,560		55,466		47,709
Program workshop	86	66	3,519		7,573		42,290		54,248		317		20,060		20,377		74,625		74,686
Medical supplies	54,8	53	-				-		54,853				-		-		54,853		60,346
Minor equipment	15,7	35	933		655		2,570		19,893		3,478		1,624		5,102		24,995		18,519
Insurance	42,4	36	-				381 -		42,486		23						42,486		50,857
Staff development	11,33	27	302		2,406		4,914		18,949		9,766		2,241		12,007		30,956		28,243
Interest	35,42	29			1,357		3,907		40,693		94,111				94,111		134,804		91,796
Miscellaneous	20,9	2 _	1,611		515	8=	2,799	-	25,917	1	2,925	-	12,078		15,003		40,920	-	44,935
Total expenses	\$ 4,669,0	55 \$	236,476	\$	208,539	5	581,535	<u>s</u>	5,695,605	\$	780,596	\$	409,879	s	1,190,475	s	6,886,080	\$	6,849,992

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2015

		2015		2014
CASH FLOW FROM OPERATING ACTIVITIES:				
Change in net assets	\$	307,503	\$	69,018
Adjustments to reconcile change in net assets	70			,-
to net cash flow from operating activities:				
Restricted contributions and grants for capital acquisition		(345,680)		(951,390)
Bad debt expense		48,070		59,076
Depreciation and amortization		355,814		300,572
Loss (gain) on disposal of property		(269,659)		6,717
Net realized and unrealized (gain) loss on investments		3,548		(27,766)
Changes in:		and the second state of		
Program service fees receivable		(58,337)		25,968
Accounts receivable - other		(12,432)		(76,818)
Pledges receivable		(19,126)		(17,734)
Grants receivable		(31,273)		174,446
Inventory		(42,640)		(20,594)
Prepaid expenses		(12,994)		(24,161)
Accounts payable		18,214		43,065
Accrued payroll and related expenses		23,264		(664)
Other accrued liabilities		15,713		8,289
Deferred grant support	_	41,911	_	(83,487)
Net cash flow from operating activities	7	21,896	117	(515,463)
CASH FLOW FROM INVESTING ACTIVITIES:				
Proceeds from sale of investments		644,282		4,232,993
Purchase of investments		(648,510)		(4,010,498)
Purchase of property and equipment		(531,479)		(3,214,583)
Proceeds from sale of property and equipment		328,371		
Change in charitable gift annuity		1,397		664
Change in pooled income fund		492		(1,629)
Net cash flow from investing activities		(205,447)	-	(2,993,053)
CASH FLOW FROM FINANCING ACTIVITIES:				
Borrowings on lines-of-credit		1,234,000		3,625,235
Repayments on lines-of-credit		(1,958,065)		(1,801,457)
Restricted contributions and grants for capital acquisition		877,521		1,604,400
Borrowings on long-term debt		80,000		-
Payments on long-term debt		(165,310)		(6,425)
Net cash flow from financing activities	_	68,146	-	3,421,753
CHANGE IN CASH AND EQUIVALENTS		(115,405)		(86,763)
CASH AND EQUIVALENTS - beginning of year	_	753,498	_	840,261
CASH AND EQUIVALENTS - end of year	\$	638,093	\$	753,498

PLANNED PARENTHOOD OF THE

INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

1. THE ORGANIZATION

Planned Parenthood of the				Inc. (the Organization), is a New York not							
for-pr	ofit org	anization	which	provides	family	planning,	counselin	g, educ	ation	and	
		services	to area	residents	. The C	Organizatio	n's mission	n is to si	upport	and	protec
each	individ	ual's repr	oductive	choices.	The (Organizatio	on has offi	ces and	clinic	s in	
	Corni	ing,		and	Ne	w York.				2000011	

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Organization are prepared in conformity with accounting principles generally accepted in the United States of America.

Financial Reporting

The Organization reports its activities and the related net assets using the following net asset categories:

Unrestricted

Unrestricted net assets include resources, which are available for the support of the Organization's operating activities. Additionally, unrestricted net assets include net assets designated by the board of directors for specific operational purposes.

Temporarily Restricted Net Assets

Temporarily restricted net assets include resources that have been donated to the Organization subject to restrictions as defined by the donor. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Permanently Restricted

Permanently restricted net assets include resources that have donor-imposed restrictions that stipulate resources be maintained in perpetuity. Income from these funds is used in accordance with the donor's wishes.

Endowment Funds

The Organization's endowment consists of a fund established to generate income to support the Organization's mission and is included in investments in the accompanying statement of financial position. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The Board of Directors of the Organization have interpreted the applicable provisions of New York Not-for-Profit Corporation Law to mean that the classification of appreciation on permanently restricted endowment gifts, beyond the original gift amount, follows the donor's restrictions, if any, on the use of the related income (interest and dividends), and should be temporarily restricted until appropriated for expenditure.

Cash and Equivalents

Cash and equivalents include time deposits, certificates of deposit, and all highly liquid debt instruments with original maturities of three months or less. The Organization maintains cash and equivalents at financial institutions, which periodically may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk with respect to cash.

Program Service Fees Receivables

The Organization provides services that are paid for by third-party payers and individuals. No interest is accrued on the related receivables. Program service fees receivable are stated at the amount management expects to collect from outstanding balances. An allowance for doubtful accounts is based on a periodic assessment of specific accounts outstanding and the Organization's historical collection experience. Accounts for which no payments have been received are considered delinquent and are written off after all customary collection efforts have been exhausted.

Third-Party Reimbursement

The Organization renders services under agreements with third-party payers whereby it is reimbursed under provisions of the payers' approved contracts. Amounts received from third-party payers are less than the Organization's established billing rates with the difference accounted for as a contractual adjustment. The ultimate settlement by the Organization with its third-party payers may result in the Organization recording either additional revenue or expense attributable to its service provision. Final determination of the revenue earned by the Organization is subject to audit by third-party payers. Any changes resulting from these audits are recognized in the year they become estimable.

Grant Revenue

The Organization recognizes grant revenue from funding sources when eligible costs are incurred. A receivable is recognized to the extent support earned exceeds cash advances. Amounts received in advance of the related costs being incurred are recorded as deferred grant support.

Pledges Receivable

The Organization records pledges receivable and contribution revenue in the year the pledge commitment is received. Pledges to be received in the future are recorded at their discounted net present value. A reserve for uncollectible pledges is determined based on a review of outstanding pledges. No reserve for uncollectible pledges was considered necessary at December 31, 2015 or 2014.

Investments

Investments are recorded at fair value based on quoted market prices. The Organization invests in various types of investment securities. These investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements.

Inventory

Inventory consists of medical supplies and is valued at the lower of cost, determined on a firstin, first-out (FIFO) basis, or market.

Fair Value Measurement

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methodology used for the Organization's investments was based on quoted market prices. Fair value of the charitable gifts was based on the Organization's percent ownership of the fund's assets, which were valued based on quoted market prices for identical securities. There were no changes in valuation methodologies in 2015 or 2014.

Property and Equipment

Property and equipment is recorded at cost, if purchased, or fair value at the date of donation. The Organization's policy is to capitalize all purchases greater than \$5,000 that have an estimated useful life in excess of one year. Depreciation is provided using the straight-line method over the assets' estimated useful lives or remaining lease term, which range from three to 39 years.

Property and equipment acquired with federal funds are considered to be owned by the Organization while used in the program or in future authorized programs. However, the federal government has a reversionary interest in these assets, as well as the right to determine the use of any proceeds from the sale of assets purchased with the respective funds.

Donated Services

Volunteers have donated significant amounts of time in support of the Organization's activities. However, the value of these services is not reflected in the accompanying financial statements, as they do not meet the criteria for recognition set forth in generally accepted accounting principles.

Functional Expenses

The cost of providing the Organization's various programs and activities has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Advertising

The Organization expenses advertising costs as incurred. Advertising expenses for the years ended December 31, 2015 and 2014 were \$62,914 and \$74,994, respectively.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. The Organization has also been classified by the Internal Revenue Service (IRS) as an entity that is not a private foundation.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Comparative Information

The financial statements include certain prior year summarized comparative information in total but not by functional expense classification. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2014, from which the summarized information was derived.

Reclassifications

Certain amounts have been reclassified in the 2014 financial statements to conform to the current year presentation.

3. PROGRAM SERVICE FEES RECEIVABLE

Program service fees receivable consisted of the following at December 31:

		2014		
Patient fees and insurance Medicaid Other	s 	221,104 281,222 7,989	\$	177,493 285,667 7,679
		510,315		470,839
Less: Allowance for doubtful accounts		(164,399)	9	(135,190)
	<u>s</u>	345,916	S	335,649

Program service fees receivable by payer class were as follows at December 31:

	2015	2014
Commercial insurance and other third-party payers Medicaid	38% 55%	31% 61%
Self-pay		
	100%	100%

3. PROGRAM SERVICE FEES RECEIVABLE (Continued)

Third-party reimbursement and patient service revenue by payer class were as follows for the years ended December 31:

	2015	2014
Medicaid	57%	56%
Commercial insurance and other third-party payers	39%	38%
Self-pay	4%	<u>6</u> %
	100%	100%

4. PLEDGES RECEIVABLE

Pledges to be received after December 31, 2015 are recorded at their estimated net present value using a discount rate of 1%. Scheduled payments on outstanding pledges receivable are as follows for the years ending December 31:

2016	\$ 449,510
2017	323,180
2018	189,015
2019	154,025
	1,115,730
Less: Discount to net present value	(17,800)
	1,097,930
Less: Current portion	(449,510)
	\$ 648,420

5. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

	2015	2014
Land	\$ 719,174	\$ 733,174
Buildings and improvements	6,889,699	7,214,631
Leasehold improvements	2,325	13,425
Furniture and equipment	814,547	832,505
Construction-in-progress	541,804	16,079
	8,967,549	8,809,814
Less: Accumulated depreciation	(1,265,651)	(1,224,869)
	S 7,701,898	\$ 7,584,945

6. INVESTMENTS

The Organization's investments consist of the following at December 31:

			2014		
Cash Mutual funds	s	14,390 715,927	\$	7,386 722,251	
	<u>s</u>	730,317	<u>s</u>	729,637	

Net investment income consisted of the following for the years ended December 31:

		2015		2014
Interest and dividends Realized and unrealized gain (loss) on investments Management fees		14,278 (3,548) (4,925)	\$	18,644 27,766 (4,454)
	s	5,805	S	41,956

Fair Value

The following are measured at fair value on a recurring basis at December 31, 2015:

	Level 1 Inputs		Level 2 Inputs		Level 3 Inputs		Total	
Investments:								
Foreign large cap	\$	22,272	S		S	9.00	\$	22,272
Foreign small/mid cap		9,050		_		-		9,050
Intermediate-term bond		445,389		-		100		445,389
Large-cap		96,418						96,418
Mid-cap		31,125		-				31,125
Short-term bond		80,670		- 2				80,670
Small-cap	_	31,003	_		_		_	31,003
		715,927				-		715,927
Charitable gifts	_		_	59,508	<u> </u>	-	_	59,508
	s	715,927	s	59,508	S	-	s	775,435

6. INVESTMENTS (Continued)

Fair Value (Continued)

The following are measured at fair value on a recurring basis at December 31, 2014:

	Level 1 Inputs		Level 2 Inputs		Level 3 Inputs		Total	
Investments:								
Foreign large cap	\$	22,177	\$	12	\$		\$	22,177
Foreign small/mid cap		9,958		-		-		9,958
Intermediate-term bond		417,088		_				417,088
Large-cap		121,134		-		-		121,134
Mid-cap		35,661		_				35,661
Short-term bond		82,647		-		-		82,647
Small-cap		33,586	-		-			33,586
		722,251		12		2		722,251
Charitable gifts			9	62,028		-		62,028
	\$	722,251	\$	62,028	\$		\$	784,279

Changes in Endowment Funds

The composition of endowment net assets and the changes in endowment net assets as of December 31, 2015 and 2014 are as follows:

Endowment net assets, January 1, 2014		Temporarily Restricted		ermanently Restricted		Total
		241,361	\$	100,000	\$	341,361
Investment income		2,335				2,335
Net appreciation on investments		8,254				8,254
Amounts appropriated for expenditure		(27,000)	_		_	(27,000)
Endowment net assets, December 31, 2014		224,950		100,000		324,950
Investment income		12,064		×		12,064
Net depreciation on investments		(10,019)		0		(10,019)
Amounts appropriated for expenditure		(15,000)	_		=	(15,000)
Endowment net assets, December 31, 2015	s	211,995	\$	100,000	s	311,995

6. INVESTMENTS (Continued)

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are reported in unrestricted net assets. There were no such deficiencies as of December 31, 2015 and 2014.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets related to donor-restricted funds that the Organization must hold in perpetuity.

Strategies Employed for Achieving Objectives

The Organization's strategy is to invest its endowment assets in a portfolio of selected mutual funds that cover a broad allocation of common stocks and fixed income securities. This allows for diversity and risk management without the need to track individual securities.

Spending Policy and How the Investment Objectives Relate to Spending Policy

Donors have specified that earnings on the Organization's endowment are unrestricted as to their use. The Organization's policy is to utilize its endowment earnings, as considered necessary, to support the Organization's operating activities in accordance with the donor's intent.

7. CHARITABLE GIFTS

The Organization has been named as a beneficiary of contributions held by Planned Parenthood Federation of America (PPFA) in a charitable gift annuity and a pooled income fund. These interests have been recorded at the estimated net present value based on the Organization's estimated date of receipt of the funds. The change in value of these funds is recorded in contributions revenue in the accompanying statement of activities and changes in net assets and amounted to (\$1,889) and \$965 in 2015 and 2014, respectively.

8. FINANCING ARRANGEMENTS

Lines-of-Credit

The Organization maintains a \$300,000 line-of-credit with Tompkins Trust Company. Amounts borrowed on the line bear an interest rate equal to prime, which was 3.50% at December 31, 2015, but at no time will the interest rate be less than 4.00%. The line is secured by substantially all assets of the Organization. As of December 31, 2015 and 2014, there was \$100,000 and \$300,000, respectively, outstanding on the line.

The Organization maintains a \$300,000 line-of-credit with Chemung Canal Trust Company. Amounts borrowed on the line bear an interest rate of 5.00%. The line is secured by substantially all assets of the Organization. As of December 31, 2015 and 2014, there was \$150,000 and \$190,000, respectively, outstanding on the line.

8. FINANCING ARRANGEMENTS (Continued)

Lines-of-Credit (Continued)

In 2013, the Organization entered into a \$4,950,000 capital line-of-credit with Tompkins Trust Company for the construction of new facilities in New York. Amounts borrowed on the line bear interest at 4.25%. The line is secured by substantially all assets of the Organization and the New York property. In 2015, this line-of-credit was refinanced to a note payable. As of December 31, 2015 and 2014, there was \$0 and \$2,741,761, respectively, outstanding on the line.

Long-Term Debt

Long-term debt consists of the following at December 31:

	2015		2014
Mortgage payable to a local bank secured by the land and building in New York, monthly payments of \$1,457 including interest at 5.75% (interest variable after August 2016 and every 60 months thereafter) until August 2031.	\$ 179,396	\$	186,207
Capital lease for data migration project in monthly installments of \$1,604 including interest at 6.95% until June 2020.	72,000		2
Mortgage payable to a local bank secured by substantially all assets of the Organization and the New York property, monthly payments of \$15,171 including interest at 4.25% until October 2032.	2,107,197		
at 4.25% until October 2032.	2,358,593	_	186,207
Less: Current portion	(200,179)		(6,811)
	\$ 2,158,414	\$	179,396

Scheduled principal payments under these obligations for the next five years and thereafter are as follows:

2016	\$ 200,179
2017	201,083
2018	201,985
2019	202,915
2020	195,851
Thereafter	1,356,580
	\$ 2,358,593

Cash paid for interest in 2015 and 2014 was approximately \$135,000 and \$113,000, respectively.

During the construction period in 2014, the Organization capitalized interest incurred on the capital line-of-credit of approximately \$22,000.

9. GRANT REVENUE

Grant revenue consisted of the following at December 31:

		2015		2014
Community based adolescent pregnancy prevention	s	177,641	\$	192,992
Family planning Title X	200	1,287,560	8400	1,287,590
		49,842		160,879
NYS crime victim assistance		114,071		150,734
LGBT grant		133,036		140,200
Other grants	_	305,154		165,144
	S	2,067,304	S	2,097,539

10. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at December 31:

		2015		2014
Unappropriated endowment earnings	s	211,995	\$	224,950
Capital campaign		-		42,838
Pooled income fund		29,603		30,094
Program services		35,575		35,196
Africa partnership		14,629		14,870
Fund		998		6,556
Research Center		6,573		6,895
Sexual education school		19,894		15,917
Charitable gift annuity		10,483	-	11,880
	s	329,750	S	389,196

Net assets were released from donor restrictions and expended as follows for the year ended December 31:

		2015		2014
Capital campaign Endowment earnings appropriated for expenditure Other	\$	288,417 15,000 30,622	\$	2,668,439 27,000 37,106
	s	334,039	s	2,732,545

11. RETIREMENT PLAN

The Organization provides a contributory 401(k) retirement plan. All full-time employees over the age of twenty-one are eligible to participate in the plan. Employees are considered vested in the plan after two years of service. In 2014, the Organization made a matching contribution up to 3% of employees' salary for three months and froze the matching contributions to the plan for the remaining nine months. In 2015, the Organization made a matching contribution of up to 3% of employees' salary for all 12 months. Total contributions for the years ended December 31, 2015 and 2014 amounted to approximately \$49,000 and \$26,000, respectively.

12. COMMITMENTS AND CONTINGENCIES

Lease Commitments

The Organization has several non-cancelable operating leases, primarily for program sites and equipment, which expire through May 2021. The monthly payments due under these lease agreements range from \$52 to \$2,914. Rental expense for the years ended December 31, 2015 and 2014 was approximately \$77,000 and \$55,000, respectively.

Future minimum lease payments under all non-cancelable operating leases with initial or remaining terms of one-year or more are as follows:

2016	\$ 76,178
2017	72,814
2018	68,365
2019	30,628
2020	18,090
Thereafter	3.527
Total	\$ 269,602

Third Party Payers

Third-party payers, especially governmental funders, have increased substantially their scrutiny of payments made to their designated service providers. Specific areas for review by the governmental payers and their investigative personnel include appropriate billing practices, reimbursement maximization strategies, technical regulation compliance, etc. The stated purpose for these reviews is to recover reimbursements that the payers believe may have been inappropriate.

The Organization has reviewed its internal records and policies with respect to such matters. However, due to the nature of these matters, it is difficult to estimate the ultimate liability, if any, which it may incur related to such matters.

13. RELATED PARTY

The Organization pays annual dues to its national affiliate, PPFA. Dues paid in the years ended December 31, 2015 and 2014 was approximately \$55,000 and \$75,000, respectively.

Additionally, in 2015, the Organization received a grant in the amount of \$100,000 from PPFA.

14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through May 10, 2016, which is the date the financial statements were available to be issued.

PLANNED PARENTHOOD OF THE

Financial Statements as of December 31, 2016 Together with Independent Auditor's Report

INDEPENDENT AUDITOR'S REPORT

May 5, 2017

To the Board of Directors of

Report on the Financial Statements

Planned Parenthood of the

We have audited the accompanying financial statements of Planned Parenthood of the which comprise the statement of financial position as of December 31, 2016, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in offer to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

INDEPENDENT AUDITOR'S REPORT

(Continued)

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Planned Parenthood of the 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Totals

We have previously audited Planned Parenthood of the 2015 financial statements, and our report dated May 10, 2016 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2015, is consistent, in all material respects, with the audited financial statements from which it has been derived.

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2016

		2016	2015
ASSETS			115
CURRENT ASSETS:			4/10
Cash and equivalents	\$	691,075	6 638,093
Program service fees receivable, net		293,277	345,916
Accounts receivable - other		68,000	89,250
Grants receivable		380,195	287,020
Current portion of piedges receivable		589,167	449,510
Inventory		172,765	187,608
Prepaid expenses	195	64,566	65,795
Total current assets	U	2,259,045	2,063,192
PROPERTY AND EQUIPMENT, net	_	7,646,294	7,701,898
OTHER ASSETS:			
Investments		769,389	730,317
Long-term pledges receivable		327,871	648,420
Charitable gifts	-	61,510	59,508
Total other assets	-	1,158,770	1,438,245
Total assets	\$	11,064,109	\$ 11,203,335

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2016

(With Comparative Totals for 2015) (Continued)

		4
	2016	2015
LIABILITIES AND NET ASSETS		JANE
CURRENT LIABILITIES:	A	Ch
Current portion of debt	\$ 209,108	\$ 200,179
Lines-of-credit	205,000	250,000
Accounts payable	163,816	176,853
Accrued payroll and related expenses	126,203	120,452
Other accrued liabilities	53,218	59,037
Deferred grant support	33,671	44,676
Total current liabilities	791,016	851,197
OTHER LIABILITIES:	V	
Debt, net of current portion	1,661,312	2,158,414
Charitable gift annuity	5,860	6,263
Pooled income fund	13,147	13,159
Total other liabilities	1,680,319	2,177,836
Total liabilities	2,471,335	3,029,033
NET ASSETS:		
Unrestricted - Operating	2,083,943	1,917,520
Property, net of related work	5,570,874	5,343,305
Board designated	483,727	483,727
Total unrestricted	8,138,544	7,744,552
Temporarily restricted	354,230	329,750
Permanently restricted	100,000	100,000
Total net assets	8,592,774	8,174,302
Total liabilities and net assets	\$ 11,064,109	\$ 11,203,335

PLANNED PARENTHOOD OF THE

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2016

	2016	2015
SUPPORT AND REVENUE:		7
Program service fees -		0
Clinic receipts	\$ 133,61	ACCUSATION OF THE PROPERTY OF
Medicaid receipts	2,190,20	
Insurance receipts	1,532,38	6 1,487,384
Total program service fees	3,856,19	9 3,844,765
Public support -	- 4	V O.
Grants	1,976,16	
Contributions and event income	1,146,18	0 555,860
Total public support	3,122,34	8 2,623,164
Other income -		
Interest and dividend income, net	9,59	9 (2,711)
Net realized and unrealized gain on investments	12,28	6 6,471
Gain on disposal of property		- 269,659
Miscellaneous income	118,58	
Net assets released from restrictions to operations	50,34	2 334,039
Total other income	190,81	4 785,100
Total support and revenue	7,169,36	7,253,029
EXPENSES: Program services -		
Patient services	4,439,02	2 4,669,055
Resource Center	293,06	30.00 (8.4 (1.4.7)) 1.4.70 (8.
Public affairs	189,64	
Education	682,76	7 581,535
Total program services	5,604,50	5,695,605
Supporting services -		
Management and general	775,76	
Fundraising	395,10	3 409,879
Total supporting services	1,170,86	4 1,190,475
Total expenses	6,775,36	9 6,886,080
Change in unrestricted net assets	393,99	2 366,949
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	52,64	
Interest and dividend income, net	4,81	
Net realized and unrealized gain (loss) on investments	17,36	
Release from restriction	(50,34	
Change in temporarily restricted net assets	24,48	0 (59,446)
CHANGE IN NET ASSETS	418,47	2 307,503
NET ASSETS - beginning of the year	8,174,30	2 7,866,799
NET ASSETS - end of the year The accompanying notes are an integral pa	\$ 8,592,77 rt of these statemen	



INC

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2016

		2016		2015
CASH FLOW FROM OPERATING ACTIVITIES:				4
Change in net assets	\$	418,472	\$	307,503
Adjustments to reconcile change in net assets				A 4
to net cash flow from operating activities:				AVI
Restricted contributions and grants for capital acquisition			- 1	(345,680)
Bad debt expense		82,946	()	48,070
Depreciation and amortization		221,267		355,814
Gain on disposal of property		A 1	1.	(269,659)
Net realized and unrealized (gain) loss on investments		(29,653)	W	3,548
Changes in:				0.0000
Program service fees receivable		(30,307)		(58,337)
Accounts receivable - other		21,250		(12,432)
Pledges receivable	-	(222, 265)		(19,126)
Grants receivable		(93,175)		(31,273)
Inventory	W	14,843		(42,640)
Prepaid expenses	_	1,229		(12,994)
Accounts payable	1	(13,037)		18,214
Accrued payroll and related expenses		5,751		23,264
Other accrued liabilities		(5,819)		15,713
Deferred grant support		(11,005)		41,911
Net cash flow from operating activities		360,497		21,896
CASH FLOW FROM INVESTING ACTIVITIES:				
Proceeds from sale of investments		278,998		644,282
Purchase of investments		(288,417)		(648,510)
Purchase of property and equipment		(165,663)		(531,479)
Proceeds from sale of property and equipment		(100,000)		328,371
Change in charitable gift annuity		(59)		1,397
Change in pooled income fund		(2,358)		492
Net cash flow from investing activities		(177,499)	_	(205,447)
CASH FLOW FROM FINANCING ACTIVITIES:				
Borrowings on lines-of-credit		2,050,639		1,234,000
Repayments on lines-of-credit		(2,095,639)		(1,958,065)
Restricted contributions and grants for capital acquisition		403,157		877,521
Borrowings on long-term debt				80,000
Payments on long-term debt	-	(488,173)		(165,310)
Net cash flow from financing activities	_	(130,016)	_	68,146
CHANGE IN CASH AND EQUIVALENTS		52,982		(115,405)
CASH AND EQUIVALENTS - beginning of year	_	638,093	_	753,498
CASH AND EQUIVALENTS - end of year	\$	691,075	\$	638,093

PLANNED PARENTHOOD OF THE

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NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2016

1. THE ORGANIZATION



Planned	Parenthood o	f the			Inc. (t	the Org	anizati	on), is	a Ne	W Yo	ork not-
for-profit	organization	which	provides	family	planning,	couns	eling,	educa	ation	and	
	services	to area	residents	. The C	Organizatio	n's mis	ssion is	to su	pport	and	protect
each ind	lividual's repr	oductive	choices.	The (Organizatio	n has	offices	and	clinic	s in	
	Corning,		and Total	Ne	w York.					W	

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Organization are prepared in conformity with accounting principles generally accepted in the United States of America.

Financial Reporting

The Organization reports its activities and the related net assets using the following net asset categories:

Unrestricted

Unrestricted net assets include resources, which are available for the support of the Organization's operating activities. Additionally, unrestricted net assets include net assets designated by the board of directors for specific operational purposes.

Temporarily Restricted Net Assets

Temporarily restricted net assets include resources that have been donated to the Organization subject to restrictions as defined by the donor. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Permanently Restricted

Permanently restricted net assets include resources that have donor-imposed restrictions that stipulate resources be maintained in perpetuity. Income from these funds is used in accordance with the donor's wishes.

Endowment Funds



The Organization's endowment consists of a fund established to generate income to support the Organization's mission and is included in investments in the accompanying statement of financial position. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The Board of Directors of the Organization have interpreted the applicable provisions of New York Not-for-Profit Corporation Law to mean that the classification of appreciation on permanently restricted endowment gifts, beyond the original gift amount, follows the donor's restrictions, if any, on the use of the related income (interest and dividends), and should be temporarily restricted until appropriated for expenditure.

Cash and Equivalents

Cash and equivalents include time deposits, certificates of deposit, and all highly liquid debt instruments with original maturities of three months or less. The Organization maintains cash and equivalents at financial institutions, which periodically may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk with respect to cash.

Program Service Fees Receivables

The Organization provides services that are paid for by third-party payers and individuals. No interest is accrued on the related receivables. Program service fees receivable are stated at the amount management expects to collect from outstanding balances. An allowance for doubtful accounts is based on a periodic assessment of specific accounts outstanding and the Organization's historical collection experience. Accounts for which no payments have been received are considered delinquent and are written off after all customary collection efforts have been exhausted.

Third-Party Reimbursement

The Organization renders services under agreements with third-party payers whereby it is reimbursed under provisions of the payers' approved contracts. Amounts received from third-party payers are less than the Organization's established billing rates with the difference accounted for as a contractual adjustment. The ultimate settlement by the Organization with its third-party payers may result in the Organization recording either additional revenue or expense attributable to its service provision. Final determination of the revenue earned by the Organization is subject to audit by third-party payers. Any changes resulting from these audits are recognized in the year they become estimable.

Grant Revenue

The Organization recognizes grant revenue from funding sources when eligible costs are incurred. A receivable is recognized to the extent support earned exceeds cash advances. Amounts received in advance of the related costs being incurred are recorded as deferred grant support.

Pledges Receivable

The Organization records pledges receivable and contribution revenue in the year the pledge commitment is received. Pledges to be received in the future are recorded at their discounted net present value. A reserve for uncollectible pledges is determined based on a review of outstanding pledges. No reserve for uncollectible pledges was considered necessary at December 31, 2016 or 2015.

Investments

Investments are recorded at fair value based on quoted market prices. The Organization invests in various types of investment securities. These investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements.



Inventory

Inventory consists of medical supplies and is valued at the lower of cost, determined on a firstin, first-out (FIFO) basis, or market.

Fair Value Measurement

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methodology used for the Organization's investments was based on quoted market prices. Fair value of the charitable gifts was based on the Organization's percent ownership of the fund's assets, which were valued based on quoted market prices for identical securities. There were no changes in valuation methodologies in 2016 or 2015.

Property and Equipment

Property and equipment is recorded at cost, if purchased, or fair value at the date of donation. The Organization's policy is to capitalize all purchases greater than \$5,000 that have an estimated useful life in excess of one year. Depreciation is provided using the straight-line method over the assets' estimated useful lives or remaining lease term, which range from three to 39 years.

Property and equipment acquired with federal funds are considered to be owned by the Organization while used in the program or in future authorized programs. However, the federal government has a reversionary interest in these assets, as well as the right to determine the use of any proceeds from the sale of assets purchased with the respective funds.

Donated Services

Volunteers have done of significant amounts of time in support of the Organization's activities. However, the value of these services is not reflected in the accompanying financial statements, of they do not meet the criteria for recognition set forth in generally accepted accounting principles.

Functional Expenses

The cost of providing the Organization's various programs and activities has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Advertising

The Organization expenses advertising costs as incurred. Advertising expenses for the years ended December 31, 2016 and 2015 were \$106,335 and \$62,914, respectively.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. The Organization has also been classified by the Internal Revenue Service (IRS) as an entity that is not a private foundation.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Comparative Information

The financial statements include certain prior year summarized comparative information in total but not by functional expense classification. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2015, from which the summarized information was derived.

3. PROGRAM SERVICE FEES RECEIVABLE

Program service fees receivable consisted of the following at December 31:

4-16		2016		2015
Patient fees and insurance Medicaid Other	\$	210,847 243,971 4,412	\$	222,602 281,222 7,989
C.V.		459,230		510,315
Less: Allowance for woubtful accounts	_	(165,953)	_	(164,399)
CX /	<u>s</u>	293,277	\$	345,916

Program service fees receivable by payer class were as follows at December 31:

	(()	2016	2015
1	Commercial insurance and other third-party payers	40%	38%
)	Medicaid Self-pay	53% 	55% <u>7</u> %
\vee		100%	100%

3. PROGRAM SERVICE FEES RECEIVABLE (Continued)

Third-party reimbursement and patient service revenue by payer class were as follows for the years ended December 31:

	2016	2015
Medicaid Commercial insurance and other third-party payers Self-pay	57% 40% 3%	57% 39% 4%
	100%	100%

4. PLEDGES RECEIVABLE

Pledges to be received after December 31, 2016 are recorded at their estimated net present value using a discount rate of 1%. Scheduled payments on outstanding pledges receivable are as follows for the years ending December 31:

2017	589,167
2018	182,325
2019	148,825
×	920,317
Less: Discount to net present value	(3,279)
. 0,0	917,038
Less: Current portion	(589,167)
2 (U) s.	327,871

PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

CX/		2016		2015
Land Buildings and improvements Leasehold improvements Furniture and equipment Construction-in-progress	\$	719,174 6,889,699 2,325 814,547 707,469	\$	719,174 6,889,699 2,325 814,547 541,804
•		9,133,214		8,967,549
Less: Accumulated depreciation		(1,486,920)	_	(1,265,651)
	S	7.646.294	\$	7,701,898

6. INVESTMENTS

The Organization's investments consist of the following at December 31:

		2016		
Cash Common stocks Mutual funds	\$	5,373 4,736 759,280	\$	14,390 - 715,927
	<u>s</u>	769,389	\$	730,317

Net investment income consisted of the following for the years ended December 31

		2016	2015	
Interest and dividends Realized and unrealized gain (loss) on investments Management fees	\$	19,319 29,653 (4,907)	\$	14,278 (3,548) (4,925)
	/ S	44,065	\$	5,805

Fair Value

The following are measured at fair value on a recurring basis at December 31, 2016:

	Lev	vel 1 Inputs	Lev	el 2 Inputs	Level	3 Inputs		Total
Investments:		- 0	61	4				
Money market funds	\$	5,373	\$	-	S		\$	5,373
Foreign large cap		25,383	1	-				25,383
Intermediate-term bond	A.	466,908		-		-		466,908
Large-cap	. //	111,915		-				111,915
Mid-cap	4.7	35,571		-				35,571
Short-term bond		82,079		-				82,079
Small-cap	. IN	37,424		-				37,424
Common stock	W_	4,736	_		_		_	4,736
		769,389						769,389
Charitable gips	_		_	61,510	_		_	61,510
XV	\$	769,389	\$	61,510	\$	_	\$	830,889

6. INVESTMENTS (Continued)

Fair Value (Continued)

The following are measured at fair value on a recurring basis at December 31, 2015:

	Le	vel 1 Inputs	Lev	rel 2 Inputs	Level	3 Inputs		Total
Investments:								1
Money market funds	\$	14,390	\$	2	\$		\$	14,390
Foreign large cap		22,272	250		3525		0.000	22,272
Foreign small/mid cap		9,050		-				9,050
Intermediate-term bond		445,389		1.0		-	- 4	445,389
Large-cap		96,418		-				.96,418
Mid-cap		31,125		-		4		31,125
Short-term bond		80,670		-		$\Lambda \Lambda$		80,670
Small-cap	_	31,003		-	-	15	V.	31,003
		730,317				150		730,317
Charitable gifts	_			59,508	_0		<u>- 1</u>	59,508
	\$	730,317	\$_	59,508	\$		\$	789,825

Changes in Endowment Funds

The composition of endowment net assets and the changes in endowment net assets as of December 31, 2016 and 2015 are as follows:

. 0		emporarily Restricted		ermanently Restricted		Total
Endowment net assets, January 1, 2015	\$	224,950	\$	100,000	\$	324,950
Investment income		12,064				12,064
Net depreciation on investments		(10,019)		-		(10,019)
Amounts appropriated for expenditure	_	(15,000)	_		-	(15,000)
Endowment net assets, December 31, 2015		211,995		100,000		311,995
Investment income		4,819				4,819
Net appreciation on investments	_	17,367	_		_	17,367
Endowment net assets, December 31, 2016	\$	234,181	\$	100,000	\$	334,181

6. INVESTMENTS (Continued)

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are reported in unrestricted net assets. There were no such deficiencies as of December 31, 2016 and 2015.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets related to donor-restricted funds that the Organization must hold in perpetuity.

Strategies Employed for Achieving Objectives

The Organization's strategy is to invest its endowment assets in a portfolio of selected mutual funds that cover a broad allocation of common stocks and fixed income securities. This allows for diversity and risk management without the need to track individual securities.

Spending Policy and How the Investment Objectives Relate to Spending Policy

Donors have specified that earnings on the Organization's endowment are unrestricted as to their use. The Organization's policy is to utilize its endowment earnings, as considered necessary, to support the Organization's operating activities in accordance with the donor's intent.

CHARITABLE GIFTS

The Organization has been named as a beneficiary of contributions held by Planned Parenthood Federation of America (PPFA) in a charitable gift annuity and a pooled income fund. These interests have been recorded at the estimated net present value based on the Organization's estimated date of receipt of the funds. The change in value of these funds is recorded in contributions revenue in the accompanying statement of activities and changes in net assets and amounted to \$2,417 and (\$1,889) in 2016 and 2015, respectively.

8. FINANCING ARRANGEMENTS

Lines-of-Credit

The Organization maintains a \$300,000 line-of-credit with Tompkins Trust Company. Amounts borrowed on the line bear an interest rate equal to prime, which was 3.75% at December 31, 2016, but at no time will the interest rate be less than 4.00%. The line is secured by substantially all assets of the Organization. As of December 31, 2016 and 2015, there was \$205,000 and \$100,000, respectively, outstanding on the line.

The Organization maintains a \$300,000 line-of-credit with Chemung Canal Trust Company. Amounts borrowed on the line bear an interest rate of 5.00%. The line is secured by substantially all assets of the Organization. As of December 31, 2015, there was \$150,000 outstanding on the line. No amounts were outstanding under the terms of this agreement as of December 31, 2016.

8. FINANCING ARRANGEMENTS (Continued)

Long-Term Debt

Long-term debt consists of the following at December 31:

		2016		2015
Mortgage payable to a local bank secured by the land and building in New York, monthly payments of \$1,457 including interest at the greater of 5.75% or the 5-year treasury rate + 4.00% until August 2031.	\$	172,207	\$	179,396
Capital lease for data migration project in monthly installments of \$1,604 including interest at 6.95% until June 2020.		56,000	0	72,000
Mortgage payable to a local bank secured by substantially all assets of the Organization and the New York property, monthly payments of \$15,171 including interest at 4.25% until October 2032.		1,642,213		2,107,197
Less: Current portion)	1,870,420 (209,108)		2,358,593 (200,179)
Less, Current portion	s	1,661,312	\$	2,158,414
Scheduled principal payments under these obligations for	the I	next five year	e and	thereafter

Scheduled principal payments under these obligations for the next five years and thereafter are as follows:

2017	40	209,108
2018		145,779
2019	4 1 1 1	151,612
2020		149,540
2021	- W IA	148,075
Thereafter		1,066,306
		\$ 1,870,420

Cash paid interest in 2016 and 2015 was approximately \$96,000 and \$135,000, respectively.

Deling the construction period in 2015, the Organization capitalized interest incurred on the capital line-of-credit of approximately \$22,000.

9. GRANT REVENUE

Grant revenue consisted of the following at December 31:

	2016			2015		
Community based adolescent pregnancy prevention	\$	218,824	\$	177,641		
Family planning Title X		1,289,400		1,287,560		
		111,408		93,835		
NYS crime victim assistance		176,561		114,071		
LGBT grant		120,520		133,036		
Other grants	-	59,455	-	261,161		
	\$	1,976,168	5	2,067,304		

10. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at December 31:

	0	2016	2015
Unappropriated endowment earnings	V	234,180	\$ 211,995
Pooled income fund	M	31,961	29,603
Program services		37,774	35,575
Africa partnership		14,629	14,629
Fund			998
Research Center		6,731	6,573
Sexual education school		18,412	19,894
Charitable gift annuity	_	10,542	 10,483
101	S	354,230	\$ 329,750

Net assets were released from donor restrictions and expended as follows for the year ended December 31:

		2016		2015
Capital campaign	\$		\$	288,417
Endowment earnings appropriated for expenditure				15,000
Program services		31,261		22,611
Sexual education school		17,043		
96 er	_	2,038	-	8,011
	\$	50,342	\$	334,039

11. RETIREMENT PLAN

The Organization provides a contributory 401(k) retirement plan. All full-time employees over the age of twenty-one are eligible to participate in the plan. Employees are considered vested in the plan after two years of service. In 2016 and 2015, the Organization made matching contributions up to 4% and 3%, respectively, of employees' salary. Total contributions for the years ended December 31, 2016 and 2015 amounted to approximately \$67,000 and \$49,000, respectively.

12. COMMITMENTS AND CONTINGENCIES

Lease Commitments

The Organization has several non-cancelable operating leases, primarily for program sites and equipment, which expire through May 2021. The monthly payments due under these lease agreements range from \$52 to \$2,914. Rental expense for the years ended December 31, 2016 and 2015 was approximately \$29,000 and \$39,000, respectively.

Future minimum lease payments under all non-cancelable operating leases with initial or remaining terms of one-year or more are as follows:

2017	76	,794
2018	72	,345
2019	30	,628
2020	14	,882
Thereafter		3,466
Total	\$ 203	3,115

Third Party Payers

Third-party payers, especially governmental funders, have increased substantially their scrutiny of payments made to their designated service providers. Specific areas for review by the governmental payers and their investigative personnel include appropriate billing practices, reimbursement maximization strategies, technical regulation compliance, etc. The stated purpose for these reviews is to recover reimbursements that the payers believe may have been inappropriate.

The Organization has reviewed its internal records and policies with respect to such matters. However, due to the nature of these matters, it is difficult to estimate the ultimate liability, if any, which it may incur related to such matters.

13. RELATED PARTY

The Organization pays annual dues to its national affiliate, PPFA. Dues paid in the years ended December 31 2016 and 2015 was approximately \$81,000 and \$55,000, respectively.

Additionally, in 2016 and 2015, the Organization received grants from PPFA in the amount of \$32,425 and \$100,000, respectively.

14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through May 5, 2017, which is the date the financial statements were available to be issued.

Schedule LRA 2

Total Project Cost

ITEM	EST	IMATED PROJECT COST
1.1 Land Acquisition (attach documentation)	\$	470,000.00
1.2 Building Acquisition	\$	0.00
	1.1-1.2 Subto	otal: 470,000.00
2.1 New Construction	S	597,675.00
2.2 Renovation and Demolition	\$	1,300,075.00
2.3 Site Development	S	152,691.00
2.4 Temporary Power	5	0.00
	2.1-2.4 Subto	otal: 2,050,441.00
3.1 Design Contingency	\$	96,130.00
3.2 Construction Contingency	\$	205,044.00
	3.1-3.2 Subto	otal: 301,174.00
4.1 Fixed Equipment (NIC)	5	84,800.00
4.2 Planning Consultant Fees	\$	92,000.00
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$	254,045.00
4.4 Construction Manager Fees	5	0.00
4.5 Capitalized Licensing Fees	\$	0.00
4.6 Health Information Technology Costs	\$	48,000.00
4.6.1 Computer Installation, Design, etc.	\$	0.00
4.6.2 Consultant, Construction Manager Fees, etc.	\$	0.00
4.6.3 Software Licensing, Support Fees	5	0.00
4.6.4 Computer Hardware/Software Fees	S	0.00
4.7 Other Project Fees (Consultant, etc.)	S	44,000.00
	4.1-4.7 Subto	
5.1 Movable Equipment	s	57,600.00
6.1 Total Basic Cost of Construction	\$	3,402,060.00
7.1 Financing Cost (points, fees, etc.)	\$	6,132.00
7.2 Interim Interest Expense - Total Interest on Construction Loan:		5,252100
Amount \$ 0 @ 0.00% % for 0 month		0.00
7.3 Application Fee	S	1,000.00
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$	3,409,192.00

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date	4/1/2018	
Construction Completion Date	2/1/2019	
		(Rev. 1/31/2013)

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 5

Space & Construction Cost Dis

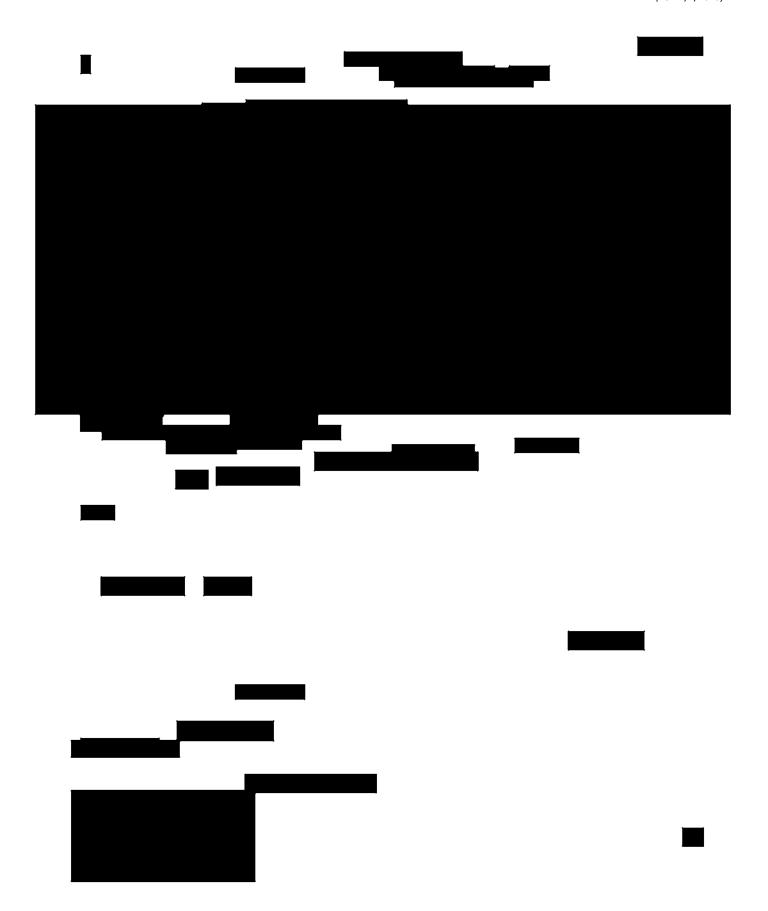
N		

Alteration

L	OCATION						
Bldg. No.	Floor No. (2)	Sect. No. (3)	Code and Functional Category Description (4)	Functional Gross SF (5)	Construction Cost per SF (6)	Total Construction Cost (7)	(ALT) Scope of Work (8)
1	1		902 - General Administration	419	\$325.00	\$136,175.00	C
1	1		908 - Medical / Social Services	1,139	\$300.00	\$341,700.00	C
1	1		933 - Medical Laboratory	114	\$300.00	\$34,200.00	C
1	1		940 - Industrial / Service Functions	159	\$150.00	\$23,850.00	C
1	1	-	942 - Laundry / Linen	162	\$200.00	\$32,400.00	C
1	1		943 - Maintenance / Housekeeping	81	\$225.00	\$18,225.00	C
1	1		944 - Medical Supplies/Central Ser	80	\$300.00	\$24,000.00	C
1	1		947 - Enclosed Circulation Spaces	842	\$225.00	\$189,450.00	C
1	1		960 - Building System	91	\$250.00	\$22,750.00	C
1	2		902 - General Administration	639	\$325.00	\$207,675.00	C
1	2		923 - Lobby / Waiting	96	\$350.00	\$33,600.00	C
1	2		940 - Industrial / Service Functions	58	\$150.00	\$8,700.00	C
1	2		943 - Maintenance / Housekeeping	27	\$200.00	\$5,400.00	C
1	2		944 - Medical Supplies/Central Ser	154	\$300.00	\$46,200.00	C
1	2		946 - Staff Lockers	243	\$250.00	\$60,750.00	C
1	2		947 - Enclosed Circulation Spaces	340	\$225.00	\$76,500.00	C
1	2		960 - Building System	154	\$250.00	\$38,500.00	C
		-	Total Construction	4,798	2877	\$1,300,075	

d, is it "freestanding"? Yes 🗌	No 🖾	
e facilities to be affected by this projec	t are located in a:	
Other Metropolitan or Suburban	Area Rui	al Area
New Construction Report	Number of pages	
Alteration Construction Report	Number of pages	1
	Facilities to be affected by this projection of Suburban New Construction Report	Facilities to be affected by this project are located in a: Other Metropolitan or Suburban Area Rur New Construction Report Number of pages

Do not use the master copy. Photocopy master and then complete copy if this schedule is required.



State of New York Department of Health/Office of Health Systems Management

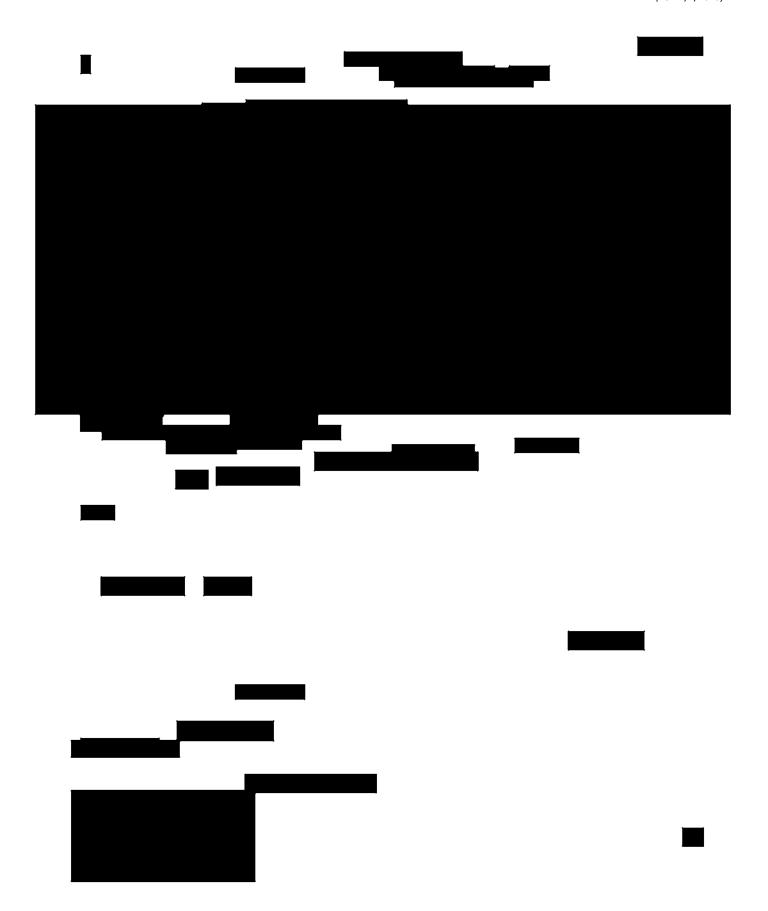
Schedule LRA 5

		INCAN
Space & Construction Cost Distribution	19 <u>0.00</u> 0	
		Alteration

L	OCATION	le.					
Bldg. No. (1)	Floor No.	Sect. No. (3)	Code and Functional Category Description (4)	Functional Gross SF (5)	Construction Cost per SF (6)	Total Construction Cost (7)	(ALT) Scope of Work (8)
1	1		902 - General Administration	50	\$325.00	\$16,250.00	110.77
1	1		923 - Lobby / Waiting	725	\$350.00	\$253,750.00	
1	1		940 - Industrial / Service Functions	74	\$150.00	\$11,100.00	
1	1		947 - Enclosed Circulation Spaces	188	\$225.00	\$42,300.00	
1	1		968 - Vertical Mechanized Move	68	\$950.00	\$64,600.00	
1	2		923 - Lobby / Waiting	273	\$350.00	\$95,550.00	
1	2		947 - Enclosed Circulation Spaces	199	\$225.00	\$44,775.00	
1	2		960 - Building System	19	\$250.00	\$4,750.00	
1	2		968 - Vertical Mechanized Move	68	\$920.00	\$64,600.00	
			Total Construction	1,664		\$597,675	

al Area
1

Do not use the master copy. Photocopy master and then complete copy if this schedule is required.



Schedule LRA 2

Total Project Cost

ITEM	ESTIMATEL	PROJECT COST
1.1 Land Acquisition (attach documentation)	\$	0.00
1.2 Building Acquisition	S	482,439.00
	1.1-1.2 Subtotal:	482,439.00
2.1 New Construction	s	554,313.00
2.2 Renovation and Demolition	\$	1,098,280.00
2.3 Site Development	\$	56,064,00
2.4 Temporary Power	\$	0.00
	2.1-2.4 Subtotal:	1,708,657.00
3.1 Design Contingency	S	99,586.00
3.2 Construction Contingency	\$	106,064.00
= =	3.1-3.2 Subtotal:	205,650.00
4.1 Fixed Equipment (NIC)	\$	2,440.00
4.2 Planning Consultant Fees	\$	0.00
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$	155,884.00
4.4 Construction Manager Fees	\$	0.00
4.5 CapitalizedLicensingFees	\$	0.00
4.6 Health Information Technology Costs	\$	16,000.00
4.6.1 Computer Installation, Design, etc.	S	0.00
4.6.2 Consultant, Construction Manager Fees, etc.	\$	0.00
4.6.3 Software Licensing, Support Fees	5	0.00
4.6.4 Computer Hardware/Software Fees	S	0.00
4.7 Other Project Fees (Consultant, etc.)	S	45,000.00
	4.1-4.7 Subtotal:	219,324.00
5.1 Movable Equipment	\$	51,728.00
6.1 Total Basic Cost of Construction	s	2,667,798.00
7.1 FinancingCost(points, fees, etc.)	\$	0,00
7.2 Interim Interest Expense - Total Interest on Construction Loan:	1 2 2 - 7	7. 100
Amount\$ 1,000,000 @ 475.00% % for 12 months	5	47,500.00
7.3 Application Fee	\$	1000
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	s	2,716,298.00

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date	8/1/2017	X
Construction Completion Date	8/1/18	
DESCRIPTION OF STREET STREET,		(Rev. 1/31/2013)

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

A. LEASE		
If any portion of the cost for land, building or Equipment is to be financed through a lease, rental a greement or lease/purchase a greement,	ITEM	COST AS IF PURCHASED
complete the chart at the right.		S
		\$
A complete copy of each proposed lease must be submitted.		\$
Atta chment #	9	S
Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time	Other-(i.e. gifts, grants, **ek TOTAL CASH	\$ 1,516,401.00 \$ 2,254,550.00
to date. Attachment#	21. 2.22.2. 2. 2.2	steer egg in the
	*Attach a full and complete de sold. Attachment#	. N
	** If grants, attach a description	
	Attachment#	
C. DEBT FINANCING	Value of the	
If the project is to be financed by debt of any	Principal \$	500,000.00
type, complete the chart at the right.	Interest Rate	4.75 %

Attacha copy of the proposed letter of interest From the intended source of permanent financing. This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.

Attachment#	
-------------	--

4.75	%
20	Yrs
20	Yrs
	20

^{*} Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

Schedule LRA 4

State of New York Department of Health Office of Primary Care and Health Systems Management

Outline of Architectural/Engineering Action & Environmental Assessment

FACILITY TYPE (1)	CODE (2)	PROPOSED SOLUTION/ACTION (3)	CODE (4)	FUNCTIONAL AREAS/SERVICES (5)
		14000		110000

PLEASE COMPLETE THE FOLLOWING:

- Please submit an Architect's or Engineer's Letter of Certification (See Schedule LRA 6).
- Please submit electronic (via NYSE-CON) and hardcopy Final Schematic Design drawings that complement the project narrative using DSG-01 guidelines.
- 3. Please submit a Physicist's Certification Letter for projects involving radiation producing equipment.

Environmental Assessment

Part I.

The following questions help determine whether the project is "significant" from an environmental standpoint.

1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	Yes	No ⊠
1.2	Does this plan involve construction and change land use or density?		×
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary landuse is involved?		×
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	×	

Part II.

If any question in Part I is answered "yes" the project may be significant and Part II must be completed If all questions in Part II are answered "no" it is likely that the project is not significant.

2.1	Does the project involve physical alteration of ten acres or more?	×
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	⊠
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 ga llons per day?	×

2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	⊠
2.5	Will the project involve parking for 1,000 vehicles or more?	×
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	×
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	⊠
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	×
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	⊠
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	×
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	×
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	⊠
2.13	Will the project significantly a ffect drainage flow on adjacent sites?	×
2.14	Will the project affect any threatened or endangered plants or animal species?	×
2.15	Will the project result in a major adverse effect on air quality?	×
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	M
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	⊠
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	×
2.19	Will the project have any adverse impact on health or sa fety?	×
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	Ø
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	×
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	×
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	×

Part III. Must be completed if any question on Part II was answered "Yes".

3.1	Are there any other state or local a gencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		
3.2	Has any other a gency made an environmental review of this project? If so, give name.		
_	the second secon	7.1	
	Is there a public controversy concerning environmental a spects of this project? If yes, briefly describe the controversy in the space below.		

Contact Information to Question 3.1

Agency Name:	
Contact Name:	
Address:	
State and Zip Code:	
E-Mail Address:	T.
Phone Number:	
Agency Name:	
Contact Name:	
Address:	
State and Zip Code:	
E-Mail Address:	
Phone Number:	
Agency Name:	
Contact Name:	
Address:	
State and Zip Code:	
E-Mail Address:	
Phone Number:	
Agency Name:	
Contact Name:	
Address:	
State and Zip Code:	
E-Mail Address:	
Phone Number:	
POLICE OF TRANSPORT OF TRANSPORT	
Agency Name:	
Contact Name:	
Address:	
State and Zip Code:	
E-Mail Address:	
Phone Number:	

Part IV. Storm and Flood Mitigation

Please use the FEMA Flood Designations scale below as a guide to answering Part IV. Refer to Attachment A on page 5.

1.	Are you in a flood plain? If so, what classification? a. Moderate to Low Risk Area b. High Risk Area c. High Risk Coa stal Area d. Undetermined Risk Area	
2.	Are you in a designated evacuation zone? If so, which zone	×
3.	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards? 100-Year Floodplain 500-Year Floodplain	×

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

http://www.fema.gov/media-library-data/20130726-1437-20490-3457/f 053 elevationcertificate jan13.pdf

Attachment A - FEMA Flood Designations

Definitions of FEMA Flood Zone Designations

Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.

Moderate to Low Risk Areas

In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:

ZONE	DESCRIPTION
B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.
C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.

High Risk Areas

In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all of these zones:

ZONE	DESCRIPTION
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1- A30.
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).
АН	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered a zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.

High Risk - Coastal Areas

In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all of these zones:

ZONE	DESCRIPTION
v	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.

Undetermined Risk Areas

ZONE	DESCRIPTION
	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood
D	insurance rates are commensurate with the uncertainty of the flood risk.

Schedule LRA 4

State of New York Department of Health Office of Primary Care and Health Systems Management

Outline of Architectural/Engineering Action & Environmental Assessment

FACILITY TYPE (1)	CODE (2)	PROPOSED SOLUTION/ACTION (3)	CODE (4)	FUNCTIONAL AREAS/SERVICES (5)
		V2.07		2.800

PLEASE COMPLETE THE FOLLOWING:

- Please submit an Architect's or Engineer's Letter of Certification (See Schedule LRA 6).
- Please submit electronic (via NYSE-CON) and hardcopy Final Schematic Design drawings that complement the project narrative using DSG-01 guidelines.
- 3. Please submit a Physicist's Certification Letter for projects involving radiation producing equipment.

Environmental Assessment

Part I.

The following questions help determine whether the project is "significant" from an environmental standpoint.

1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	Yes	No 🖂
1.2	Does this plan involve construction and change land use or density?		\boxtimes
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?		
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	⊠	

Part II.

If any question in Part I is answered "yes" the project may be significant and Part II must be completed If all questions in Part II are answered "no" it is likely that the project is not significant.

2.1	Does the project involve physical alteration of ten acres or more?	\boxtimes
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	×
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	

2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	⊠
2.5	Will the project involve parking for 1,000 vehicles or more?	\boxtimes
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	Ø
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	⊠
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	⊠
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	⊠
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	M
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	\boxtimes
2.13	Will the project significantly affect drainage flow on adjacent sites?	\boxtimes
2.14	Will the project affect any threatened or endangered plants or animal species?	⊠
2.15	Will the project result in a major adverse effect on air quality?	\boxtimes
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	Ø
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	☒
2.19	Will the project have any adverse impact on health or safety?	\boxtimes
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	⊠
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	⊠
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	

Part III.

Phone Number:

Must be completed if any question on Part II was answered "Yes".

3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		
3.2			
3.3	Is there a public controversy concerning environmenta	aspects of this project? If was	
5.50	briefly describe the controversy in the space below.	aspects of this project: 11 yes,	
_			
ont	act Information to Question 3.1		
	cy Name:		
	act Name:		
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	and Zip Code:		
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gen	cy Name:		
TANKS OF THE PERSON NAMED IN	act Name:		
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	and Zip Code:		
234	il Address:		

Part IV. Storm and Flood Mitigation

Please use the FEMA Flood Designations scale below as a guide to answering Part IV. Refer to Attachment A on page 5.

1.	Are you in a flood plain? If so, what classification?	\boxtimes
	a. Moderate to Low Risk Area b. High Risk Area c. High Risk Coastal Area d. Undetermined Risk Area	
2.	Are you in a designated evacuation zone? If so, which zone	
3.	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards? 100-Year Floodplain 500-Year Floodplain	⊠

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

http://www.fema.gov/media-library-data/20130726-1437-20490-3457/f_053_elevationcertificate_jan13.pdf

Attachment A - FEMA Flood Designations

Definitions of FEMA Flood Zone Designations

Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.

Moderate to Low Risk Areas

In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:

ZONE	DESCRIPTION
B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.
C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.

High Risk Areas

In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all of these zones:

ZONE	DESCRIPTION
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1- A30.
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).
АН	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered Azones if the structure is built or restored in compliance with Zone AR floodplain management regulations.
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.

High Risk - Coastal Areas

In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all of these zones:

ZONE	DESCRIPTION
v	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.

Undetermined Risk Areas

ZONE	DESCRIPTION
	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood
D	insurance rates are commensurate with the uncertainty of the flood risk.

(Rev. 12/2014)

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 5

Space	&	Construction	Cost	Distribution
-------	---	--------------	------	--------------

₹]	New

Alteration

LC	CATIO	<u>v</u>					
Bldg.	Floor	Sect.	Code and Functional	Functional	Construction	Total	(ALT)
No.	No.	No.	Category Description	Gross SF	Cost	Construction	Scope
	i				per SF	Cost	of Work
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
]	I		947 Tunnels, Bridges, Encl Circ	218	\$225.00	\$48,958.00	
]	I	_	704 General Baseline	317	\$400.00	\$126,600.00	
Ţ	I		902 General Administration	126	\$350.00	\$43,981.00	
I	I		923Lobby/Waiting/Public Entrance	702	\$240.00	\$168,586.00	
1	1		920 Public Areas	85	\$240.00	\$20,410.00	
1	1		968 Vert. & Hor. Mech. Movement	79	\$200.00	\$15,866.00	
1	1		968 Vert. & Hor. Mech. Movement	80	\$200.00	\$15,918.00	
1	1		961 Site Work (Grass, signs)	7,493	\$17.00	\$127,381.00	
1	1		947 Tunnels, Bridges, Encl Circ	437	\$225.00	\$98,312.00	
				<u> </u>			
						!	
	i		Total Construction	9,536	\$209.00	\$666,012.00	

1. If new construction is involve	ed, is it "freestanding"? Yes 🗌	No 🛛	
2. (Check where applicable) Th	e facilities to be affected by this projection. Other Metropolitan or Suburban A		ral Area
3. This submission consists of:	☑ New Construction Report☐ Alteration Construction Report	Number of pages Number of pages	<u> </u>
Do not use the master copy.	Photocopy master and then complete	e copy if this schedule	e is required

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 5

Space & Construction Cost Distribution

	1		Total Construction	4,418	\$242.00	\$1,068,008.0	
Į	2		980 Other Functions	437	\$239.00	\$104,350.00	
1	2		960 Building System	209	\$280.00	\$58,612.00	
1	2		947 Tunnels, Bridges, Encl Circ	198	\$225.00	\$44,496.00	
1	2		902 General Administration	520	\$201.00	\$104,564.00	
1	2		704 General Baseline	72	\$281.00	\$20,232.00	
1	1		981 Private Physicians Offices	105	\$201.00	\$21,151.00	
1	I		980 Other Functions	62	\$239.00	\$14,830.00	
1	1		960 Building System	168	\$280.00	\$47,146.00	
ì	1		947 Tunnels, Bridges, Encl Circ	774	\$225.00	\$174,094.00	
1	Ĭ		944 Medical Supplies/Storage	90	\$300.00	\$26,901.00	
1	1		943 Maintenance/Housekeeping	107	\$185.00	\$19,756.00	
1	1		942 Laundry/Linen	164	\$225.00	\$36,916.00	
1	Ì		940 Industrial/Service Functions	35	\$175.00	\$6,090.00	
1	1		920 Public Areas	31	\$215.00	\$6,592.00	
1	I		904 Accounting/Financial Service	79	\$185.00	\$14,624.00	
l	1		902 General Administration	260	\$185.00	\$48,032.00	
1	1		704 General Baseline	921	\$281.00	\$258,863.00	
ì	ì		406 Clinical Laboratory Service	187	\$325.00	\$60,759.00	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
					per SF	Cost	of Work
No.	No.	No.	Category Description	Gross SF	Cost	Construction	Scope
Bldg.	Floor	Sect.	Code and Functional	Functional	Construction	Total	(ALT)
LC	CATIO	N					

1. If new construction is involve	d, is it "freestanding"? Yes [NO (A)	
2. (Check where applicable) The Dense Urban Area	e facilities to be affected by this projection. Other Metropolitan or Suburban		ral Area
3. This submission consists of:	 □ New Construction Report ☑ Alteration Construction Report	Number of pages Number of pages	1

Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

PLANNED PARENTHOOD OF THE Balance Sheet 5/31/2017

_	2017	Prior Year
ASSETS		
CURRENT ASSETS		
Cash	47,419.00	50,647.00
Cash Capital Campaign	687,276.00	318,302.00
Accounts Receivable, Net	399,996.00	379,099.00
Grants Receivable	787,649.00	773,298.00
Annual Pledges Receivable	81,516.00	33,388.00
Campaign Pledges Receivable	141,670.00	211,226.00
Inventory	157,708.00	158,865.00
Prepaid Expenses	76,271.00	80,924.00
TOTAL CURRENT ASSETS	2,379,505.00	2,005,749.00
LAND, BUILDING, AND EQUIPMENT	7,660,421.00	7,649,228.00
	7,660,421.00	7,649,228.00
OTHER ASSETS		
Investments	793,485.00	750,368.00
Long Term Annual Pledges Receivables		6,000.00
Long Term Campaign Pledges Receivable	327,822.00	630,662.00
Charitable Gift Annuity	16,402.00	16,746.00
Pooled Income Fund	45,108.00	42,762.00
TOTAL OTHER ASSETS	1,182,817.00	1,446,538.00
TOTAL ASSETS	11,222,743.00	11,101,515.00
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	89,880.00	54,302.00
Line of Credit		275,000.00
Accrued Payroll & Related Expenses	90,292.00	142,766.00
Deferred Grant Support	345,878.00	315,318.00
Deferred Annual Fund Revenue		10,000.00
Current Portion of Long Term Debt	209,294.00	119,139.00
TOTAL CURRENT LIABILITIES	735,344.00	916,525.00
OTHER LIABILITIES	193310-000	100000000000000000000000000000000000000
Debt	194,543.00	225,045.00
Capital Campaign Debt	1,304,285.00	1,775,146.00
Charitable Gift Annuity	5,860.00	6,263.00
Pooled Income Fund TOTAL OTHER LIABILITIES	13,147.00 1,517,835.00	13,159.00 2,019,613.00
	5 (1970) (1970) (1970)	100000000000000000000000000000000000000
TOTAL LIABILITIES	2,253,179.00	2,936,138.00
NET ASSETS		
Operating	2,562,349.00	2,405,949.00
Results of Operations, YTD	376,790.00	-8,923.00
Property, Plant, & Equipment	5,570,874.00	5,343,305.00
Temporarity Restricted	359,551.00	325,046.00
Permanently Restricted	100,000.00	100,000.00
TOTAL NET ASSETS	8,969,564.00	8,165,377.00
TOTAL LIAB AND NET ASSETS	11,222,743.00	11,101,515.00

PLANNED PARENTHOOD OF THE INC.

Financial Statements as of December 31, 2017 Together with Independent Auditor's Report



Bonadio & Co., LLP

INDEPENDENT AUDITOR'S REPORT

May 8, 2018	
To the Board of Directors of Planned Parenthood of the	Inc
Penert on the Financial Statements	4.8

We have audited the accompanying financial statements of Planned Parenthood of the Inc., which comprise the statement of financial position as of December 31, 2017, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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www.bonad o.com

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Planned Parenthood of the 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Totals

We have previously audited Planned Parenthood of the statements, and our report dated May 5, 2017 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2016, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Bonadio & G., LLP

PLANNED PARENTHOOD OF THE

INC.

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2017

	201	17	2016
ASSETS			
CURRENT ASSETS:			
Cash and equivalents	\$ 1,2	82,669 \$	691,075
Program service fees receivable, net	2	54,589	293,277
Accounts receivable - other	1	02,971	68,000
Grants receivable	3	37,131	380,195
Current portion of pledges receivable	4	03,527	589,167
Inventory	1	57,660	172,765
Prepaid expenses		90,981	64,566
Total current assets	2,6	29,528	2,259,045
PROPERTY AND EQUIPMENT, net	7,5	89,748	7,646,294
OTHER ASSETS:			
Investments	8	26,105	769,389
Long-term pledges receivable	1	47,550	327,871
Charitable gifts		65,857	61,510
Total other assets	1,0	39,512	1,158,770
Total assets	\$ 11,2	58,788 \$	11,064,109

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2017

(With Comparative Totals for 2016) (Continued)

	2017	2016
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Current portion of debt	\$ 152,023	\$ 209,108
Lines-of-credit	ANAL MINISTRAL	205,000
Accounts payable	232,763	163,816
Accrued payroll and related expenses	126,921	126,203
Other accrued liabilities	57,298	53,218
Deferred grant support	11,929	33,671
Total current liabilities	580,934	791,016
OTHER LIABILITIES:		
Debt, net of current portion	1,450,733	1,661,312
Charitable gift annuity	5,475	5,860
Pooled income fund	13,459	13,147
Total other liabilities	1,469,667	1,680,319
Total liabilities	2,050,601	2,471,335
NET ASSETS:		
Unrestricted -		
Operating	2,195,077	2,083,943
Property, net of related debt	5,986,992	5,570,874
Board designated	483,727	483,727
Total unrestricted	8,665,796	8,138,544
Temporarily restricted	442,391	354,230
Permanently restricted	100,000	
Total net assets	9,208,187	8,592,774
Total liabilities and net assets	\$ 11,258,788	\$ 11,064,109

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2017

	2017	2016
SUPPORT AND REVENUE:	2011	2010
Program service fees -		
Clinic receipts	\$ 126,700	\$ 133,612
Medicaid receipts	1,905,533	2,190,201
Insurance receipts	1,751,249	1,532,386
Total program service fees	3,783,482	3,856,199
Public support -		
Grants	1,940,184	1,976,168
Contributions and event income	1,441,884	1,146,180
Total public support	3,382,068	3,122,348
Other income -		
Interest and dividend income, net	641	9,599
Net realized and unrealized gain on investments	18,487	12,286
Miscellaneous income	209,024	118,587
Net assets released from restrictions to operations	21,247	50,342
Total other income	249,399	190,814
Total support and revenue	7,414,949	7,169,361
EXPENSES:		
Program services -		
Patient services	4,735,663	4,439,022
Resource Center	275,719	293,068
Public affairs Education	233,708 608,225	189,648 682,767
	5,853,315	77.20
Total program services	5,000,010	5,604,505
Supporting services -	744.400	777 704
Management and general	744,482 289,900	775,761 395,103
Fundraising	1,034,382	1,170,864
Total supporting services	6,887,697	6,775,369
Total expenses	527,252	393,992
Change in unrestricted net assets	521,252	393,992
TEMPORARILY RESTRICTED NET ASSETS: Contributions	63,763	52,642
Interest and dividend income, net	10,174	4,813
Net realized and unrealized gain on investments	35,471	17,367
Release from restriction	(21,247)	(50,342)
Change in temporarily restricted net assets	88,161	24,480
CHANGE IN NET ASSETS	615,413	418,472
NET ASSETS - beginning of the year	8,592,774	8,174,302
NET ASSETS - end of the year	\$ 9,208,187	\$ 8,592,774

PLANNED PARENTHOOD OF THE

INC.

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2017

	Program Services								Supporting Services						-	Total Expenses					
	Patient Services		Research Center		Public Affairs		Education		Total		Management and <u>General</u>		Fundraising			Total		2017		2016	
Salaries	\$ 2.	211,883	s	124,316	\$	78,693	\$	238,890	\$	2,653,782	\$	272,586	\$	158,446	\$	431,032	s	3,084,814	\$	2,971,023	
Payroll taxes and fringe benefits		494,233	_	39,056	_	25,351	_	58,599		617,239	_	74,548	-	30,798	-	105,346	-	722,585	_	682,633	
Total salaries and benefits	2,	706,116		163,372		104,044		297,489		3,271,021		347,134		189,244		536,378		3,807,399		3,653,656	
Contraceptives Computer support and		442,918				-				442,918				-				442,918		437,972	
maintenance		311,178		15,642		10,375		26,259		363,454		82,625		10,577		93,202		456,656		508,277	
Contracted services		213,475		15,513		25,684		15,284		269,956		142,313		17,620		159,933		429,889		272,688	
Depreciation and amortization		122,883		3,793		11,715		18,635		157,026		49,126		11,362		60,488		217,514		221,267	
Labs		215,198						-		215,198								215,198		212,150	
Occupancy		157,725		9,136		7,412		15,805		190,078		21,622		8,440		30,062		220,140		200,119	
Dues and subscriptions		56,585		470		3,483		12,314		72,852		15,796		3,328		19,124		91,976		193,977	
Program supplies		67,355		14,181		5,596		16,061		103,193		3,756		25,117		28,873		132,066		152,492	
Medications		112,439		0.00				-		112,439								112,439		114,365	
Program workshop		3,281		38		46,803		40,553		90,675		5,598		12,554		18,152		108,827		110,389	
Communications		432		43,400		1,718		102,881		148,431								148,431		106,335	
Travel		65,528		5,280		8,104		19,808		98,720		17,754		2,716		20,470		119,190		101,304	
Interest		32,611				2,986		4,613		40,210		31,997				31,997		72,207		96,149	
Staff development		7,753		348				14,543		22,644		9,248		1,243		10,491		33,135		94,033	
Bad debts		26,078						_		26,078				1,902		1,902		27,980		82,946	
Medical supplies		71,181						-		71,181								71,181		60,660	
Supplies		35,446		1,775		3,867		16,773		57,861		3,772		1,258		5,030		62,891		45,967	
Insurance		43,292		2.00		- 10				43,292				10				43,292		41,413	
Minor equipment		18,195		1,360		750		3,937		24,242		9,885		760		10,645		34,887		20,891	
Miscellaneous		25,994		1,411	_	1,171	_	3,270	_	31,846	_	3,856	_	3,779	_	7,635	-	39,481	_	48,319	
Total expenses	\$ 4,	735,663	s	275,719	\$	233,708	\$	608,225	\$	5,853,315	\$	744,482	\$	289,900	\$	1,034,382	\$	6,887,697	\$	6,775,369	

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2017

		2017		2016
CASH FLOW FROM OPERATING ACTIVITIES:				
Change in net assets	S	615,413	S	418,472
Adjustments to reconcile change in net assets	-			
to net cash flow from operating activities:				
Restricted contributions and grants for capital acquisition		(391,793)		(77,628)
Bad debt expense		27,980		82,946
Depreciation and amortization		217,514		221,267
Net realized and unrealized (gain) loss on investments		(53,958)		(29,653)
Changes in:				
Program service fees receivable		12,531		12,693
Accounts receivable - other		(34,892)		21,250
Pledges receivable		87,069		(222,265)
Grants receivable		43,064		(93,175)
Inventory		15,105		14,843
Prepaid expenses		(26,415)		1,229
Accounts payable		52,993		(13,037)
Accrued payroll and related expenses		718		5,751
Other accrued liabilities		4,080		(5,819)
Deferred grant support		(21,742)	-	(11,005)
Net cash flow from operating activities	_	547,667	-	325,869
CASH FLOW FROM INVESTING ACTIVITIES:				
Proceeds from sale of investments		850,500		278,998
Purchase of investments		(853,258)		(288,417)
Purchase of property and equipment		(145,014)		(165,663)
Change in charitable gift annuity		(1,016)		(59)
Change in pooled income fund		(3,404)		(2,358)
Net cash flow from investing activities	9	(152,192)		(177,499)
CASH FLOW FROM FINANCING ACTIVITIES:				
Borrowings on lines-of-credit		594,000		2,050,639
Repayments on lines-of-credit		(799,000)		(2,095,639)
Restricted contributions and grants for capital acquisition		668,783		437,785
Payments on long-term debt		(267,664)		(488,173)
Net cash flow from financing activities	-	196,119		(95,388)
CHANGE IN CASH AND EQUIVALENTS		591,594		52,982
CASH AND EQUIVALENTS - beginning of year		691,075		638,093
CASH AND EQUIVALENTS - end of year	\$	1,282,669	\$	691,075
SUPPLEMENTAL CASH FLOW INFORMATION:				
Purchases of fixed assets in accounts payable	S	15,954	\$	-

PLANNED PARENTHOOD OF THE

INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017

1. THE ORGANIZATION

Planned Parent	hood of the		Inc. (t	he Organizat	ion), is a Ne	ew York not-
for-profit organ	ization which	provides	family planning,	counseling,	education	and
S	ervices to area	residents	. The Organizatio	n's mission is	s to support	and protect
each individual	's reproductive	choices.	The Organization	n has office:	s and clinic	s in
Corning		and	New York.			0900-0000

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Organization are prepared in conformity with accounting principles generally accepted in the United States of America.

Financial Reporting

The Organization reports its activities and the related net assets using the following net asset categories:

Unrestricted

Unrestricted net assets include resources, which are available for the support of the Organization's operating activities. Additionally, unrestricted net assets include net assets designated by the board of directors for specific operational purposes.

Temporarily Restricted Net Assets

Temporarily restricted net assets include resources that have been donated to the Organization subject to restrictions as defined by the donor. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Permanently Restricted

Permanently restricted net assets include resources that have donor-imposed restrictions that stipulate resources be maintained in perpetuity. Income from these funds is used in accordance with the donor's wishes.

Endowment Funds

The Organization's endowment consists of a fund established to generate income to support the Organization's mission and is included in investments in the accompanying statement of financial position. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Interpretation of R

The Board of Directors of the Organization have interpreted the applicable provisions of New

CIT CAHAUS

Third-P

The Organization renders served of the payers' approved contracts. Amounts received from third-party payers are less than the Organization's established billing rates with the difference accounted for as a contractual adjustment. The ultimate settlement by the Organization with its third-party payers may result in the Organization recording either additional revenue or expense attributable to its service provision. Final determination of the revenue earned by the Organization is subject to audit by third-party payers. Any changes resulting from these audits are recognized in the year they become estimable.

Grant Revenue

The Organization recognizes grant revenue from funding sources when eligible costs are incurred. A receivable is recognized to the extent support earned except advances. Amounts received in advance of the related costs being incurred are recorded as deferred grant support.

Pledges Receivable

The Organization records pledges receivable and contribution revenue in the year the pledge commitmed. Pledges to be received in the future are recorded at their discounted in the value. A reserve for uncollectible pledges is determined based on a review of outstanding pledges. No reserve for uncollectible pledges was considered necessary at December 31, 2017

rded at fair value based on quoted market prices. The Organization is of investment securities. These investment securities are exposed to interest rate, market, and credit risk. Due to the level of risk associated to securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements.

2. I	SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued) Inventory Inventory consists of medical supplies and is valued at the lower of cost and net realizable
	market the charitable sifts was based on quoted by anization's percent ownership of the fund's assets, and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities and a securities are a securities and a securities are a securities and a securities and a securities are a securities and a securities and a
_	Property and Equipment Property and equipment is recorded at cost, if purchased, or fair value at the date of donation. The Organization's policy is to capitalize all purchases greater than \$5,000 that have an estimated useful life in excess of one year. Depreciation is provided using the straight-line method over the assets' estimated useful lives or remaining lease term, which range from year.
	Property and equipment acquired with federal funds are considered to be owned by the Organization while used in the program or in future authorized programs for federal government has a reversionary interest in these assets, as well as the right to determine the use of any proceeds from the sale of assets purchased with the respective funds.
	Volunteers have donated significant amounts of time in support of the Organization's activities. However, the services is not reflected in the accompanying financial s, as they do not meet the criteria for recognition set forth in generally accepted accounting principles.
	he Organization's various programs and activities has been summarized in the statement of activities. Accordingly, certain costs have been rograms and supporting services benefited.

The Organization expenses advertising costs as incurred. Advertising expenses for the years ended December 31, 2017 and 2016 were \$148,431 and \$106,335, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. The Organization has also been classified by the Internal Revenue Service (IRS) as an entity that is not a private foundation.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Comparative Information

The financial statements include certain prior year summarized comparative information in total but not by functional expense classification. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2016, from which the summarized information was derived.

3. PROGRAM SERVICE FEES RECEIVABLE

Program service fees receivable consisted of the following at December 31:

	<u>2017</u>	<u>2016</u>
Medicaid Patient fees and insurance Other	\$ 200,046 199,930 4,442	\$ 243,971 210,847 4,412
	404,418	459,230
Less: Allowance for doubtful accounts	 (149,829)	 (165,953)
	\$ 254,589	\$ 293,277

Program service fees receivable by payer class were as follows at December 31:

	<u>2017</u>	<u>2016</u>
Medicaid Commercial insurance and other third-party payers Self-pay	50% 41% 9%	53% 40%
	100%	100%

3. PROGRAM SERVICE FEES RECEIVABLE (Continued)

Third-party reimbursement and patient service revenue by payer class were as follows for the years ended December 31:

	<u>2017</u>	<u>2016</u>
Medicaid Commercial insurance and other third-party payers Self-pay	50% 46% 4%	57% 40% 3%
	100%	100%

4. PLEDGES RECEIVABLE

Pledges to be received after December 31, 2017 are recorded at their estimated net present value using a discount rate of 1%. Scheduled payments on outstanding pledges receivable are as follows for the years ending December 31:

2018 2019	\$ 403,527 149,025
	552,552
Less: Discount to net present value	(1,475)
	551,077
Less: Current portion	(403,527)
	\$ 147.550

5. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

		<u>2017</u>		<u>2016</u>
Land Buildings and improvements Leasehold improvements Furniture and equipment Construction-in-progress	\$	719,174 6,893,649 2,325 830,501 848,532	\$	719,174 6,889,699 2,325 814,547 707,469
		9,294,181		9,133,214
Less: Accumulated depreciation		(1,704,433)		(1,486,920)
	<u>\$</u>	7,589,748	<u>\$</u>	7,646,294

6. INVESTMENTS

The Organization's investments consist of the following at December 31:

		<u>2017</u>		<u>2016</u>
Cash Common stocks Mutual funds	\$	1,805 1,509 822,791	\$	5,373 4,736 759,280
	<u>\$</u>	826,105	<u>\$</u>	769,389

Net investment income consisted of the following for the years ended December 31:

	<u>2017</u>	<u>2016</u>
Interest and dividends Realized and unrealized gain on investments Management fees	\$ 16,451 53,958 (5,636)	\$ 19,319 29,653 (4,907)
	\$ 64,773	\$ 44,065

Fair Value

The following are measured at fair value on a recurring basis at December 31, 2017:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments: Money market funds Mutual funds - fixed income Mutual funds - US equity Mutual funds - International Common stock	\$ 1,805 578,245 212,501 32,045 1,509	\$ - - - - -	\$ - - - - -	\$ 1,805 578,245 212,501 32,045 1,509
	826,105	-	-	826,105
Charitable gifts		65,857		65,857
	<u>\$ 826,105</u>	<u>\$ 65,857</u>	<u>\$</u>	<u>\$ 891,962</u>

The following are measured at fair value on a recurring basis at December 31, 2016:

		<u>Level 1</u>		Level 2		Level 3		<u>Total</u>
Investments: Money market funds Mutual funds - fixed income Mutual funds - US equity Mutual funds - International Common stock	\$	5,373 548,986 184,910 25,383 4,737	\$	- - - -	\$	- - - -	\$	5,373 548,986 184,910 25,383 4,737
		769,389		-		-		769,389
Charitable gifts		-	_	61,510	_	<u>-</u>	_	61,510
	<u>\$</u>	769,389	<u>\$</u>	61,510	<u>\$</u>		<u>\$</u>	830,889

6. INVESTMENTS (Continued)

Changes in Endowment Funds

The composition of endowment net assets and the changes in endowment net assets as of December 31, 2017 and 2016 are as follows:

	emporarily Restricted		ermanently Restricted	<u>Total</u>
Endowment net assets, January 1, 2016	\$ 211,995	\$	100,000	\$ 311,995
Investment income Net appreciation on investments	4,819 17,367	_	<u>-</u>	 4,819 17,367
Endowment net assets, December 31, 2016	234,181		100,000	334,181
Investment income Net appreciation on investments	 10,174 35,471		- -	 10,174 35,471
Endowment net assets, December 31, 2017	\$ 279,826	\$	100,000	\$ 379,826

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are reported in unrestricted net assets. There were no such deficiencies as of December 31, 2017 and 2016.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets related to donor-restricted funds that the Organization must hold in perpetuity.

Strategies Employed for Achieving Objectives

The Organization's strategy is to invest its endowment assets in a portfolio of selected mutual funds that cover a broad allocation of common stocks and fixed income securities. This allows for diversity and risk management without the need to track individual securities.

Spending Policy and How the Investment Objectives Relate to Spending Policy

Donors have specified that earnings on the Organization's endowment are unrestricted as to their use. The Organization's policy is to utilize its endowment earnings, as considered necessary, to support the Organization's operating activities in accordance with the donor's intent.

7. CHARITABLE GIFTS

The Organization has been named as a beneficiary of contributions held by Planned Parenthood Federation of America (PPFA) in a charitable gift annuity and a pooled income fund. These interests have been recorded at the estimated net present value based on the Organization's estimated date of receipt of the funds. The change in value of these funds is recorded in contributions revenue in the accompanying statement of activities and changes in net assets and amounted to \$4,420 and \$2,417 in 2017 and 2016, respectively.

8. FINANCING ARRANGEMENTS

Lines-of-Credit

The Organization maintains a \$300,000 line-of-credit with Tompkins Trust Company. Amounts borrowed on the line bear an interest rate equal to prime, which was 3.75% at December 31, 2017, but at no time will the interest rate be less than 4.00%. The line is secured by substantially all assets of the Organization. As of December 31, 2016, there was \$205,000 outstanding on the line. As of December 31, 2017, no amounts were outstanding on the line.

The Organization maintains a \$300,000 line-of-credit with Chemung Canal Trust Company. Amounts borrowed on the line bear an interest rate of 5.00%. The line is secured by substantially all assets of the Organization. No amounts were outstanding under the terms of this agreement as of December 31, 2017 or 2016.

Long-Term Debt

Thereafter

Long-term debt consists of the following at December 31:

Scheduled principal payments under these obligations for the next five years and thereafter Scheduled principal payments under these obligations for the next five years and thereafter Scheduled principal payments under these obligations for the next five years and thereafter					
Scheduled principal payments under these obligations for the next five years and thereafter Scheduled principal payments under these obligations for the next five years and thereafter Scheduled principal payments under these obligations for the next five years and thereafter			2017		2016
Installments of \$1,604 including interest at 6.95% until June 2020. Mortgage payable to a local bank secured by substantially all assets of the Organization and the New York property, monthly payments of \$15,171 including interest at 4.25% until October 2032. 1,398,198 1,642,213 1,602,756 1,870,420 (209,108) Less: Current portion (152,023) (209,108) \$ 1,450,733 \$ 1,661,312	Mortgage payable to a local bank secured by the land and building in New York, monthly payments of \$1,457 including interest at the greater of 5.75% or the 5-year treasury rate + 4.00% until August 2031.	\$	164,558	\$	172,207
all assets of the Organization and the representation and the property, monthly payments of \$15,171 including interest at 4.25% until October 2032. 1,398,198 1,642,213 1,602,756 1,870,420 Less: Current portion (152,023) (209,108) \$ 1,450,733 \$ 1,661,312 Scheduled principal payments under these obligations for the next five years and thereafter	Capital lease for data migration project in monthly installments of \$1,604 including interest at 6.95% until June 2020.		40,000		56,000
Less: Current portion (152,023) (209,108) \$ 1,450,733 \$ 1,661,312 Scheduled principal payments under these obligations for the next five years and thereafter	Mortgage payable to a local bank secured by substantially all assets of the Organization and the property, monthly payments of \$15,171 including interest at 4.25% until October 2032.	-	1,398,198	<u> </u>	1,642,213
\$ 1,450,733 \$ 1,661,312 Scheduled principal payments under these obligations for the next five years and thereafter			1,602,756		1,870,420
Scheduled principal payments under these obligations for the next five years and thereafter	Less: Current portion		(152,023)	_	(209,108)
		\$	1,450,733	\$	1,661,312
	Scheduled principal payments under these obligations for are as follows:	the	next five year	s an	d thereafter

 2018
 \$ 152,023

 2019
 151,612

 2020
 149,540

 2021
 148,075

 2022
 154,737

846,769

1,602,756

Cash paid for interest in 2017 and 2016 was approximately \$72,000 and \$96,000, respectively.

9. GRANT REVENUE

Grant revenue consisted of the following at December 31:

		2017	2016
Community based adolescent pregnancy prevention	\$	175,338	\$ 218,824
Family planning Title X		1,276,515	1,289,400
		89,588	111,408
NYS crime victim assistance		130,669	176,561
LGBT grant		131,503	120,520
Other grants	_	136,571	59,455
	\$	1,940,184	\$ 1,976,168

10. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at December 31:

		2017	2016
Unappropriated endowment earnings	\$	279,826	\$ 234,180
Pooled income fund		35,365	31,961
Program services		69,326	37,774
Africa partnership		14,629	14,629
Research Center		6,623	6,732
Sexual education school		25,064	18,412
Charitable gift annuity	_	11,558	10,542
	\$	442,391	\$ 354,230

Net assets were released from donor restrictions and expended as follows for the year ended December 31:

		2017		2016
Program services Sexual education school	\$	21,027	\$	31,261 17,043
Other	4	109	<u>-</u>	2,038
	\$	21,247	\$	50,342

11. RETIREMENT PLAN

The Organization provides a contributory 401(k) retirement plan. All full-time employees over the age of twenty-one are eligible to participate in the plan. Employees are considered vested in the plan after two years of service. In 2017 and 2016, the Organization made matching contributions up to 4% of employees' salary. Total contributions for the years ended December 31, 2017 and 2016 amounted to approximately \$74,000 and \$67,000, respectively.

12. COMMITMENTS AND CONTINGENCIES

Lease Commitments

The Organization has several non-cancelable operating leases, primarily for program sites and equipment, which expire through May 2021. The monthly payments due under these lease agreements range from \$56 to \$2,629. Rental expense for the years ended December 31, 2017 and 2016 was approximately \$67,000 and \$89,000, respectively.

Future minimum lease payments under all non-cancelable operating leases with initial or remaining terms of one-year or more are as follows:

2018	\$ 69,640
2019	29,045
2020	22,926
2021	14,987
2022	7,726
Thereafter	986
Total	<u>\$ 145,310</u>

Third Party Payers

Third-party payers, especially governmental funders, have increased substantially their scrutiny of payments made to their designated service providers. Specific areas for review by the governmental payers and their investigative personnel include appropriate billing practices, reimbursement maximization strategies, technical regulation compliance, etc. The stated purpose for these reviews is to recover reimbursements that the payers believe may have been inappropriate.

The Organization has reviewed its internal records and policies with respect to such matters. However, due to the nature of these matters, it is difficult to estimate the ultimate liability, if any, which it may incur related to such matters.

13. RELATED PARTY

The Organization is an affiliate of PPFA. In accordance with its affiliation agreement, the Organization is required to pay quarterly assessments to PPFA. These assessments are calculated using a formula based on the Organization's operating expenses. Dues expense recognized under the terms of this agreement was approximately \$2,000 and \$81,000 in 2017 and 2016, respectively. In 2017, PPFA waived a portion of the dues for all affiliates.

Additionally, in 2016, the Organization received grants from PPFA in the amount of \$32,425. No grants were received from PPFA in 2017.

14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through May 8, 2018, which is the date the financial statements were available to be issued.



July, 2017

To: Commissioner of Health/New York State Department of Health
Re: Proposed Closure of Planned Parenthood of the
in Anticipation of Site Relocation
Vice President for Patient Services, Planned Parenthood of the
Dear Commissioner,
I am writing to inform your office of an anticipated site closure for one of Planned Parenthood of the
clinic sites at We will be moving all clinic
operations for this site to a new location at 35 W. Williams Street in Corning, NY and would like to provide
the Department of Health with the following information regarding the anticipated closure and relocation
Anticipated Closure date: A date of closure for the clinic at
as soon as approval of the site relocation to 35 W. Williams St., Corning, NY is received from the New York
State Department of Health.
Number and types of patients and staff affected: Our Corning clinic sees approximately 1,600 patients annually for Family Planning and services at this site; we employ one Center Manager, three nurses, four Medical Associates, one Nurse Practitioner, two billing staff, two members of our , one Health Educator, and one Facilities and Operations Manager, all of whom will relocate to our new site at 35 W. Williams St. in Corning
List of contracts and grants: All of the contracts and grants which affect services at this clinic site, including
Title X Grant, New York State Office of Victims Services Grant, Enough is Enough Grant, New
York State Division of Criminal Justice Services Grant, and the
Steuben County Health Department Contract, will continue to be managed at our administrative offices
in All contracting agencies will be informed of the change in address and contact information per the contract guidelines.
Proposed schedule for phases of closing: proposes that we will continue all client services until
close of business on the day before the proposed closure date. At that time, we will close for services for
four days – two business days plus a weekend - while we move to a new site, and then reopen for all services at our new location at 35 W. Williams St. in Corning four days after closure of

	admissions will be discontinued: We <u>will not discontinue</u> admissions of new clients durin
_	have other clinic sites that we can refer the
new lo	eted and the new site is open, the health center and setting and new clients at our
11882	
	during the
date, c	and of the establishment of clinic services 35 W. Williams St. The
	ation will include the fact that se
from t	hose offe the control of the control
	arking information.
Notific	ation to community and elected officials: Community partners, elected officials, and community
agenci	es will be notified of the planned closure and site relocation via letter and email (where applicable)
60 day	s prior to the closure and move.
Copies	of draft notification letters: Attached
2000	
Patien	t notification information to include:
•	Contact process to assist patients during the closure/move will include telephone numbers for
	our other clinic sites so that patients can access any part of their medical records, request
	prescription refills pointments, and speak with medical staff as needed during the
72	Patients ten notification of closure; relocation information including new address
•	Patients ten notification of closure; relocation information including new address of opening of new site with hours of operation; contact numbers for patient to access
	services as listed above during time of closure/move 60 days prior to closure/move date.
12	It is not anticipated medical records or providers will be interrupted as other
	open during this time
	: Print media and broadcast media spots advertising the closure of
	of the clinic to 35 W. William St. will begin 30 days prior to the closure and s following the relocation.
	Following the relocation.

. in clearly visible locations 60 days prior to the caccess services, medical records, remi requests, and	at our other sites during
clinic relocation.	
Maintenance ired by federal state	e and local later the nance of all reco
regarding the relocation of the clinic at	to 35 W. Williams St., Corning, NY
be managed by ate, and federal requi	rements.
nder of site-specific operating certificate to the l	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
certificate for the new site location: Prior to the opening	
Corning, an application will be made to the NYS DOH to ob Once this has been obtained and the new site is open, the	
for this has been obtained and the new site is open, the	agency win surrender the Operating Certific
It is our intention to maintain communication with the D	epartment of Health throughout this proce
Please do not hesitate to contact me or the agency Fac	ilities contact person, with a
questions or concerns.	
2 2	
2	
Sincerely,	
Vice President for Patient Services	
Planned Parenthood of the	
Training Parellinova VI file	
	ı

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE If any portion of the cost for land, building or Equipment is to be financed through a lease, rental a greenent or lease/purchase a greenent,	ITEM	COST AS IF PURCHASED
complete the chart at the right.		\$
		\$
A complete copy of each proposed lease must be submitted.	-	\$
		\$
Atta chment #	2	\$
If cash is to be used, complete the chart at the right. Attacha copy of the latest certified financial	Sale of Existing Assets* Other—(i.e. gifts, grants, **etc.) TOTAL CASH	\$ 1,500,000 \$ 2,432,596.00
Statement and interim monthly or quarterly financial reports to cover the balance of time to date.	TOTALCASH	\$ 2,432,596.00
Attachment#		
a secondary	*Attach a full and complete descrip sold.	otion of the assets to be
	Attachment#	
	** If grants, attach a description of support	the source of financial
	Attachment#	

C. DEBT FINANCING

 \times

If the project is to be financed by debt of any type, complete the chart at the right.

Attachment# I	Bank Loan
---------------	-----------

\$ 1,500,000.		00.00
	4.75	96
	20	Yrs
	20	Yrs
Commercial		
	Commercial	4.75 20 20

^{*} Commercial, Donnitory Authority Bonds, Donnitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE If any portion of the cost for land, building or Equipment is to be financed through a lease, rental a greenent or lease/purchase a greenent,	ITEM	COST AS IF PURCHASED
complete the chart at the right.		\$
		\$
A complete copy of each proposed lease must be submitted		\$
		\$
Attachment#	2	\$
If cash is to be used, complete the chart at the right. Attacha copy of the latest certified financial	Sale of Existing Assets* Other—(i.e. gifts, grants, **etc.) TOTAL CASH	\$ 1,500,000 \$ 2,716,298.00
Statement and interim monthly or quarterly financial reports to cover the balance of time to date.	TOTAL CASH	3 2,710,290.00
Attachment#		
5) ((((((((((((((((((((((((((((((((((((*Attach a full and complete descrip sold.	otion of the assets to be
	Attachment#	
	** If grants, attach a description of support	the source of financial
	Attachment#	

C. DEBT FINANCING

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If the project is to be financed by debt of any type, complete the chart at the right.

Attachment#	Bank Loan	
Attachment#	Bank Loan	

\$	1,500,0	00.00
	4.75	96
	20	Yrs
	20	Yrs
Commercial		
	Commercial	20 20

^{*} Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE If any portion of the cost for land, building or Equipment is to be financed through a lease,	ITEM	COST AS IF PURCHASED
rental a greement or lease/purchase a greement, complete the chart at the right.	-	S
complete incention in right.		s
A complete copy of each proposed lease must be submitted.		S
		\$
Atta chment #	2	\$
	Other-(i.e. gifts, grants, **etc.)	\$ \$ 1,216,298
right. Attacha copy of the latest certified financial Statement and interim monthly or quarterly	Sale of Existing Assets* Other—(i.e. gifts, grants, **etc.) TOTAL CASH	
financial reports to cover the balance of time to date.		
Attachment#		99 1021 1115
	*Attach a full and complete descrip sold.	otion of the assets to be
	Attachment#	
	** If grants, attach a description of support	the source of financial
	Attachment#	

C. DEBT FINANCING

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If the project is to be financed by debt of any type, complete the chart at the right.

ank Loan

\$	1,500,0	00.00
	4.75	96
	20	Yrs
	20	Yrs
Commercial		
	Commercial	20 20

^{*} Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE If any portion of the cost for land, building or Equipment is to be financed through a lease, rental a greement or lease/purchase a greement,	ITEM	COST AS IF PURCHASED
complete the chart at the right.		\$
		\$
A complete copy of each proposed lease must be submitted		\$
		S
Attachment#	2	\$
right. Attacha copy of the latest certified financial	Sale of Existing Assets* Other—(i.e. gifts, grants, **etc.)	\$ 0.00 \$ 1,189,890.00 \$ 2,659,192.00
Statement and interim monthly or quarterly financial reports to cover the balance of time to date.	TOTAL CASH	\$ 2,659,192.00
Attachment#		
	*Attach a full and complete descrip sold.	ption of the assets to be
	Attachment#	
	** If grants, attach a description of support	the source of financial
	Attachment#	

C. DEBT FINANCING

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If the project is to be financed by debt of any type, complete the chart at the right.

Attachment#	Bank Loan	
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	0,000
4.75	96
20	Yrs
20	Yrs
cial	
	20 20

^{*} Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE If any portion of the cost for land, building or Equipment is to be financed through a lease, rental a greement or lease/purchase a greement,	ITEM	COST AS IF PURCHASED
complete the chart at the right.		\$
		\$
A complete copy of each proposed lease must be submitted		\$
		S
Attachment#	2	\$
right. Attacha copy of the latest certified financial	Sale of Existing Assets* Other—(i.e. gifts, grants, **etc.)	\$ 0.00 \$ 1,189,890.00 \$ 2,659,192.00
Statement and interim monthly or quarterly financial reports to cover the balance of time to date.	TOTAL CASH	\$ 2,659,192.00
Attachment#		
	*Attach a full and complete descrip sold.	ption of the assets to be
	Attachment#	
	** If grants, attach a description of support	the source of financial
	Attachment#	

C. DEBT FINANCING

 \times

If the project is to be financed by debt of any type, complete the chart at the right.

Attachment#	Bank Loan	
-------------	-----------	--

	0,000
4.75	96
20	Yrs
20	Yrs
cial	
	20 20

^{*} Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE If any portion of the cost for land, building or Equipment is to be financed through a lease, rental a greenent or lease/purchase a greenent,	ITEM	COST AS IF PURCHASED
complete the chart at the right.		\$
		\$
A complete copy of each proposed lease must be submitted		\$
		\$
Atta chment #	2	\$
If cash is to be used, complete the chart at the right.	Sale of Existing Assets* Other—(i.e. gifts, grants, **etc.)	\$ 275,000.00 \$ 1,189,890.00
Attacha copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.	TOTAL CASH	\$ 2,313,420.00
Attachment#		
	*Attach a full and complete descrip sold.	otion of the assets to be
	Attachment#	
	** If grants, attach a description of support	the source of financial
	Attachment#	

C. DEBT FINANCING

 \times

If the project is to be financed by debt of any type, complete the chart at the right.

69

96
Yrs
Yrs

^{*} Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

Schedule LRA 6

State of New York Department of Health Office of Primary Care and Health Systems Management

Architectural Submission

This Schedule applies to projects with construction, including Articles- 28, 36 & 40, i.e., Hospitals, D&TCs, RHCFs, CHHAs, LTHHCPs and Hospices.

Instructions: Attachments should be saved or scanned as PDF documents. Most scanners will create this format. The PDF document should be assigned a unique name, so it will not be confused with any other attachment. The title of the attachment, and name of the attached PDF file should be entered in the table below.

Г			
	Example: - atta	achment in PDF format	Architecture Attachment A
A.	Architectural narrative that delineate determined program net The following are suggestions to incl your Intent/Purpose	ant conditions in area of work idered multi-function space occupants	2017-06-14 Architectural Narrative.pdf
В.			2017-06-14 Drawings.pdf
C.	Please select, complete, and submit following link: Architect's or Engineer	the appropriate Certification Letter from the 's Letter of Certification	Architect Letter.pdf
D.	Project involves radiation producing equipment? If yes, a Physicist's Repor	Yes ☐ No ☑ t and drawings must be attached.	N/A
E.	Flood zone location?	Yes □ No ⊠	N/A
		E Certificate from the FEMA website link v.fema.gov.	

Schedule LRA 6

State of New York Department of Health
Office of Primary Care and Health Systems Management

Architectural Submission

This Schedule applies to projects with construction, including Articles-28, 36 & 40, i.e., Hospitals, D&TCs, RHCFs, CHHAs, LTHHCPs and Hospices.

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-			
L	1		
	Example: - att	achment in PDF format	Architecture Attachment A
A.	determined program no The following are suggestions to inc yo • Intent/Purpose • Describe existing physical p		
В.		that complement the architectural narrative. rings using DSG-01 guidelines.	
C.	Please select, complete, and submi following link: <u>Architect's or Enginee</u>	t the appropriate Certification Letter from the er's Letter of Certification	
D.	Project involves radiation producing equipment?	Yes No No	
	If yes, a Physicist's Repo	rt and drawings must be attached.	
E.	Flood zone location?	Yes □ No □	
		FE Certificate from the FEMA website link	

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues		•	
Service Revenue	686,715	686,715	\$686,715.00
Grants Funds	192,863	192,863	\$192,863.00
Foundation			
Other	8,500	8,500	\$8,500.00
Fees	88		
OtherIncome			
(1) TotalRevenues	\$888,078	\$888,078	\$888,078
Expenses			
Salaries and Wage Expense	334,454	334,454	\$334,454.00
Employee Benefits	81,042	81,042	\$81,042.00
Professional Fees	25,399	25,399	\$25,399.00
Medical & Surgical Supplies	114,488	114,488	\$114,488.00
Non-Medical Equipment	4,325	4,325	\$4,325.00
Purchased Services	118,562	118,562	\$118,562.00
Other Direct Expense	81,242	81,242	\$81,242.00
Utilities Expense	5,800	5,800	\$5,800.00
Interest Expense			
Rent Expense	0	0	\$0.00
Depreciation Expense			
Other Expenses		(2)	
(2) TotalExpense	\$768,905	\$768,905	\$768905
	and the second s	20 A - 1 A -	

State of New York Department of Health Office of Primary Care and Health Systems Management

-					
Sec	200		LR	A 7	
OCI	leu	uie			-

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days Patient discharges

Inpatient Services Source of Revenue		Total Current Year			First '	Year Incren	nental	Third `	Year Increm	nental
		Patient Net Revenu		Revenue*	renue* Patient	Net Revenue*		Patient	Net Revenue*	
2000 2000 2000		Days or dis- charges	%	Dollars (\$)	Days or dis- charges	% based on days or discharges		Days or dis- charges	% based on days or discharges	Dollars-\$
Commercial	Fee for Service				333					
	Managed Care							A		β.
Medicare	Fee for Service						2.5	22 0		22
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay								9 1		0
OASAS								3 1		
OMH								J 1		į.
Charity Care										
Bad Debt	- 3	- 3		(5)				8	0	8
All Other										0
Total			100%			100%		100	100%	100

Outpatient Services		Total Curr	ent Year		First Year	Increme	ntal	Third Yea	ar Increm	ental	
Source of	Revenue	\ /: - : 4 -	Net Re	venue*	\ \(\(\); = \(\); \(\)	Net Re	Net Revenue*		Net	Net Revenue*	
		Visits	%	Dollars (\$)	Visits	%	Dollars (\$)	Visits	%	Dollars (\$)	
Commercial	Fee for Service	1247		265654	1247		265654	1247		265654	
	Managed Care	28		6470	28		6470	28		6470	
Medicare	Fee for Service	43		2150	43		2150	43		2150	
	Managed Care										
Medicaid	Fee for Service	1779		366964	1779		366964	1779		366964	
	Managed Care	49		13561	49		13561	49		13561	
Private Pay		258		31917	258		31917	258		31917	
DASAS											
HMC										I	
Charity Care											
Bad Debt											
All Other											
Total		3404	100%	686715		100%	686715	3404	100%	686715	
	patientand	1		222745		Τ	100715			000745	
Outpatient Services				686715			686715			686715	

	Title of Attachment	Filename of attachment
In an attachment, provide the basis and supporting calculations for all revenues by payor.	Corning Revenue Spread	Corning Revenue Spread
2. In an attachment, provide the basis		

^{*}Net of Deductions from Revenue

(Rev. 7/2015)

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues		•	
Service Revenue	686,715	686,715	\$686,715.00
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OtherIncome			
(1) TotalRevenues	\$888,078	\$888,078	\$888,078
Expenses			
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Utilities Expense	5,800	5,800	\$5,800.00
Interest Expense			
Rent Expense	0	0	\$0.00
Depreciation Expense			
Other Expenses		(2)	
(2) TotalExpense	\$768,905	\$768,905	\$768905
Net Total - (1-2)	\$122,766	\$122,766	\$122,766

State of New York Department of Health Office of Primary Care and Health Systems Management

-					
Sec	200		LR	A 7	
OCI	leu	uie			-

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days Patient discharges

Inpatient Services Source of Revenue		Total Current Year			First '	Year Incren	nental	Third `	Year Increm	nental
		Patient Net Revenu		Revenue*	renue* Patient	Net Revenue*		Patient	Net Revenue*	
2000 2000 2000		Days or dis- charges	%	Dollars (\$)	Days or dis- charges	% based on days or discharges		Days or dis- charges	% based on days or discharges	Dollars-\$
Commercial	Fee for Service				333					
	Managed Care							A		β.
Medicare	Fee for Service						2.5	22 0		22
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay								9 1		0
OASAS								3 1		
OMH								J 1		į.
Charity Care										
Bad Debt	- 3	- 3		(5)					0	8
All Other										0
Total			100%			100%		100	100%	100

Outpatient Services		Total Curr	ent Year		First Year	Increme	ntal	Third Yea	ar Increm	ental	
Source of	Revenue	\ /: - : 4 -	Net Re	venue*	\ \(\(\); = \(\); \(\)	Net Re	Net Revenue*		Net	Net Revenue*	
		Visits	%	Dollars (\$)	Visits	%	Dollars (\$)	Visits	%	Dollars (\$)	
Commercial	Fee for Service	1247		265654	1247		265654	1247		265654	
	Managed Care	28		6470	28		6470	28		6470	
Medicare	Fee for Service	43		2150	43		2150	43		2150	
	Managed Care										
Medicaid	Fee for Service	1779		366964	1779		366964	1779		366964	
	Managed Care	49		13561	49		13561	49		13561	
Private Pay		258		31917	258		31917	258		31917	
DASAS											
HMC										I	
Charity Care											
Bad Debt											
All Other											
Total		3404	100%	686715		100%	686715	3404	100%	686715	
	patientand	1		222745		Τ	100715			000745	
Outpatient Services				686715			686715			686715	

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(Rev. 7/2015)

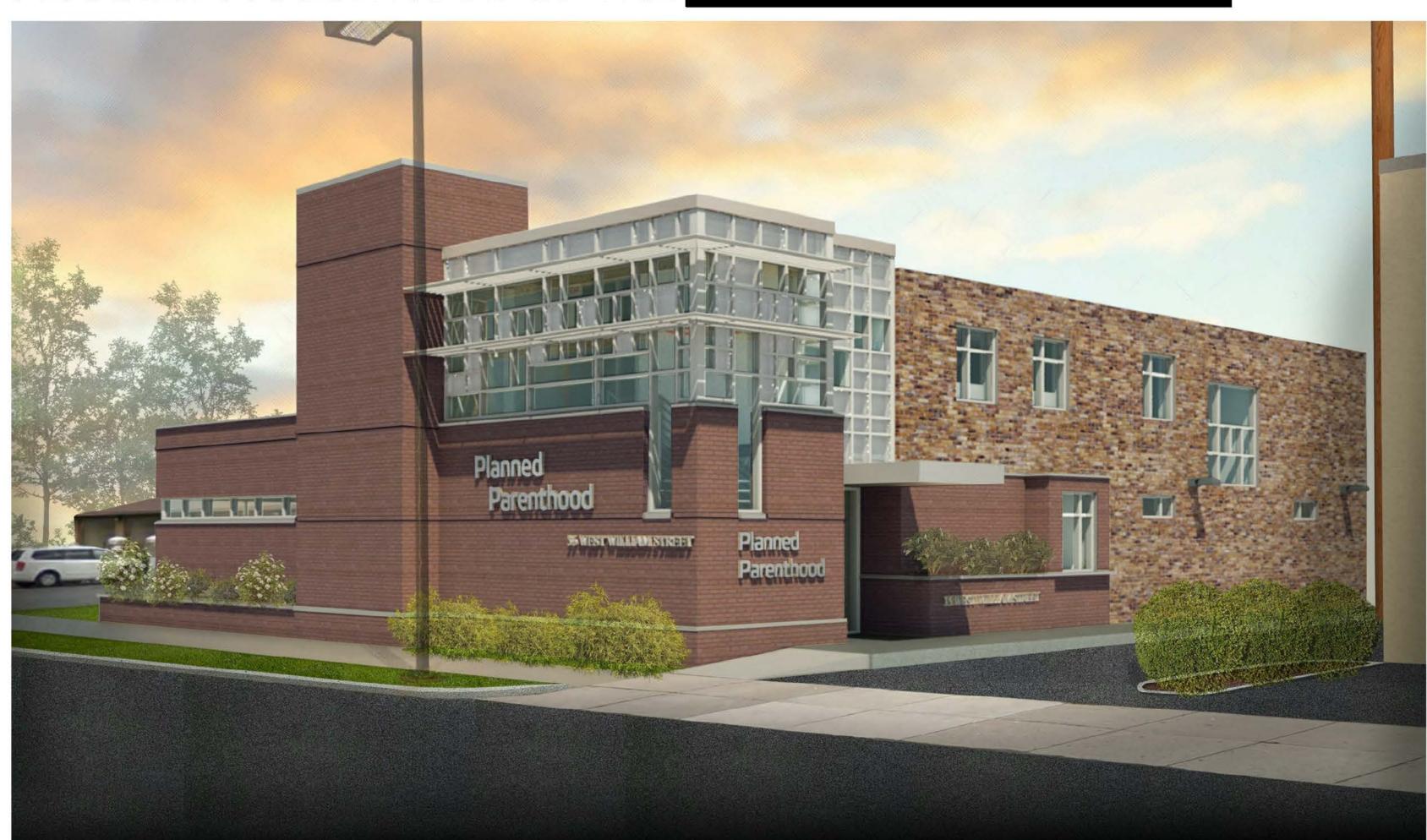
	May 2017	May 2016	2017	Variance	Variance
	Actual	Actual	Budget	To Budget	% To Budget
Public Support					
Grants	169,714.	146,915.	172,343.	-2,629.	(2.%
Contributions and Event Income	34,075.	41,975.	63,113.	-29,039.	(46.%
Total Support	203,789.	188,890.	235,456.	-31,668.	(13.%
Patient Services Revenue					
Clinic Receipts	18,758.	10,786.	12,633.	6,125.	48.9
Medicaid Patient Receipts	182,894.	165,895.	202,396.	-19,502.	(10.%
Insurance Receipts	154,523.	126,153.	155,787.	-1,264.	(1.%
Health Department Income	5,020.	6,111.	5,504.	-484.	(9.%
Other Income	14.557.	₹ 758.	1),105.	1/452	11.9
Total revenue	375,752.	314,703.	389,425.	-13,672.	19.6
Total support and revenue	579,542.	503,592.	624,881.	-45,340.	(7.%
Program Services					
Billing	23,295.	21,441.	25,553.	-2,258.	(9.%
Communications	6,854.	9,164.	11,038.	-4,183.	(38.%
Facilities	4,866.	6,994.	7,462.	-2,596.	(35.%
Patient Services	357,735.	340,624.	369,770.	-12,035.	(3.%
	17,864.	24,731.	20,645.	-2,781.	(13.%
Public Affairs	13,496.	14,884.	21,114.	-7,618.	(36.%
Education	35,516.	33,624.	46,364.	-10,848.	(23.%
Total program services	459,626.	451,462.	501,946.	-42,319.	(8.%
Supporting Services					
Management and General		2572-52	2000	97.7	
Board & Executive	25,537.	23,811.	23,717.	1,820.	8.9
Finance, HR, & IT	54,881.	44,221.	38,701.	16,180.	42.9
Security	1,041.	592.	1,112.	-71.	(6.%
Annual Fundraising	18,560.	25,479.	19,282.	-722.	(4.%
Total supporting services	100,019.	94,103.	82,812.	17,207.	21.9
Total Expenses	559,645.	545,566.	584,757.	-25,112.	(4.%
Operating Gain/Loss	19,896.	-41,973.	40,124.	-20,228.	(50.%)
Capital Campaign Contributions	19,200.	4,000.	3,824.	15,376.	402.9
Capital Campaign Fundraising Expense	-3,553.	-5,955.		-3,553.	0.9
Accounting Gain/Loss	35,543.	-43,928.	43,948.	-8,404.	(19.%

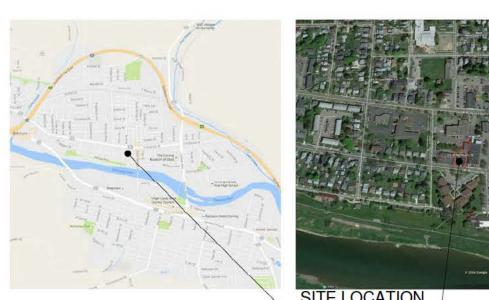
STATE HOSPITAL CODE REVIEW - CON APPLICATION # 171262

RENOVATIONS AND ADDITION AT 35 W. WILLIAM STREET

CORNING, NY

PLANNED PARENTHOOD OF THE





SITE LOCATION

DRAWING LIST

GENERA G001 G100	COVER SHEET CODE CONFORMANCE PLAN			
CIVIL				
C101	UTILITIES, GRADING AND DRAINAGE PLAN			
C102	EROSION SEDIMENT CONTROL PLANS AND DETAILS			
LANDSCAPING				
L101	DEMO PLAN			
L201	LAYOUT PLAN			
L501	SITE DETAILS			
L502	SITE DETAILS			
STRUCTURAL				

STRUC	CTURAL
S001	DESIGN DATA AND GENERAL NOTES
S002	NOTES
S003	SCHEDULE OF SPECIAL INSPECTIONS
S100	FOUNDATION PLANS
S101	FRAMING PLANS
5200	DETAILS

DETAILS DETAILS DETAILS DETAILS

ARCHITECTURAL DEMOLITION AD101 FIRST & SECOND FLOOR AND ROOF

DETAILS

WALL AND ROOF TYPES TYPICAL MOUNTING HEIGHTS LAYOUT PLANS

FIRST, SECOND FLOOR & ROOF PLANS FIRST AND SECOND FLOOR REFLECTED CEILING PLANS AND DETAILS FIRST AND SECOND FLOOR FINISH PLANS

SOUTH AND EAST EXTERIOR ELEVATIONS NORTH AND WEST EXTERIOR ELEVATIONS INTERIOR ELEVATIONS

INTERIOR ELEVATIONS INTERIOR ELEVATIONS AND ENLARGED PLANS BUILDING SECTIONS (FOR REFERENCE ONLY) **ENLARGED PLANS, ELEVATIONS AND**

SECTIONS - FRONT OFFICE STAIR AND ELEVATOR PLANS AND SECTIONS

EXTERIOR DETAILS

EXTERIOR DETAILS

DOOR AND FRAME SCHEDULE AND DETAILS WINDOW ELEVATIONS AND DETAILS

WINDOW ELEVATIONS AND DETAILS

FIRST AND SECOND FLOOR FURNITURE PLANS

A901 SIGNAGE SCHEDULE

DRAWING INDEX, ABBREVIATIONS & SYMBOLS FIRST AND SECOND FLOOR PLANS

PLUMBING DEMO

PD101 DEMO FLOOR PLANS

DRAWING INDEX, ABBREVIATIONS & SYMBOLS

SCHEDULES AND DETAILS

FLOOR PLANS

MD101 DEMO PLANS

MECHANICAL

M001 DRAWING INDEX, ABBREVIATIONS, SCHEDULES & SYMBOLS

M002 DETAILS FLOOR PLANS

M102 CODE CONFORMANCE

ELECTRICAL DEMO

ED101 FIRST AND SECOND FLOOR PLANS -DEMOLITION

ELECTRICAL

DRAWING INDEX, ABBREVIATIONS & SYMBOLS

E002 SCHEDULES

SCHEDULES, DETAILS AND DIAGRAMS

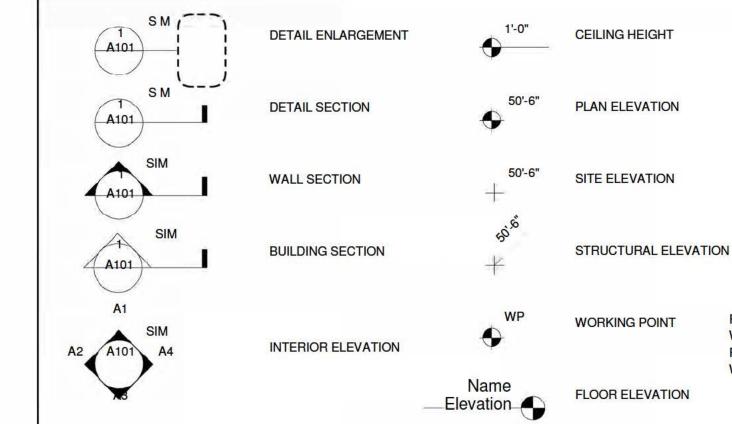
FIRST AND SECOND FLOOR PLANS - POWER

ROOF PLAN

FIRST & SECOND FLOOR PLANS - LIGHTING

FIRST FLOOR PLAN - SPECIAL SYSTEMS

ARCHITECTURAL SYMBOLS AND PATTERNS





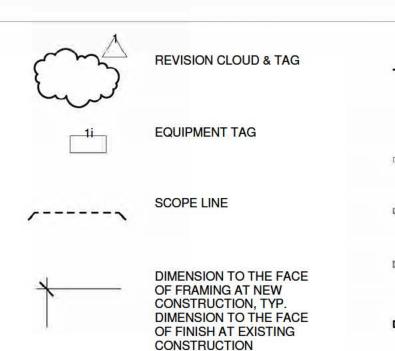
NOTE KEY

WALL FINISH

WALL BASE

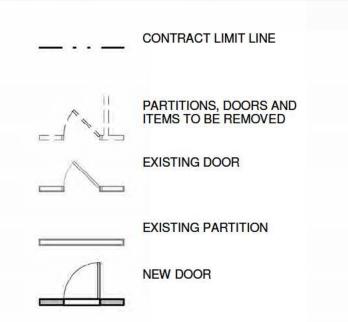
FLOOR FINISH F1 B1

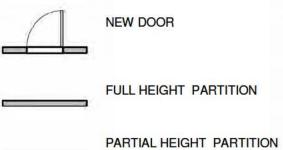
W1



DIMENSION TO THE FACE

OF FINISH





PROJECT INFORMATION

DATE: JOB NUMBER:

CONSTRUCTION CLASSIFICATION: SPRINKLER PROTECTION: **BUILDING USE CLASSIFICATION:**

TOTAL EXISTING BUILDING AREA: AREA OF RENOVATION: **AREA OF ADDITION:**

TOTAL AREA OF PROJECT:

05 January 2018

1506

FULLY SPRINKLERED B (BUSINESS)

4,606 GSF

4,606 GSF 2,251 GSF 6,857 GSF

PROGRESS PRINT

Chiang | O'Brien

ARCHITECTS

Crescent Building

217 North Aurora Street Ithaca, New York 14850 607.241.0244

Sack & Associates

CONSULTING ENGINEERS, P.C. 721 East Genesee Street, Syracuse, NY 13210

Tel 315.471.4013

RYAN BIGGS **CLARK DAVIS**

STRUCTURAL ENGINEERING PO Box 217, Skaneateles Falls, NY 13153 Tel 315.685.4732

Fax 315.685.4753

Trowbridge Wolf

Michaels

LANDSCAPE ARCHITECTS LLI

1001 W. Seneca Street,

Ithaca, New York 14850

Tel 607.277.1400

Fax 607.277.6092

T.G. Miller, P.C

CIVIL ENGINEERING

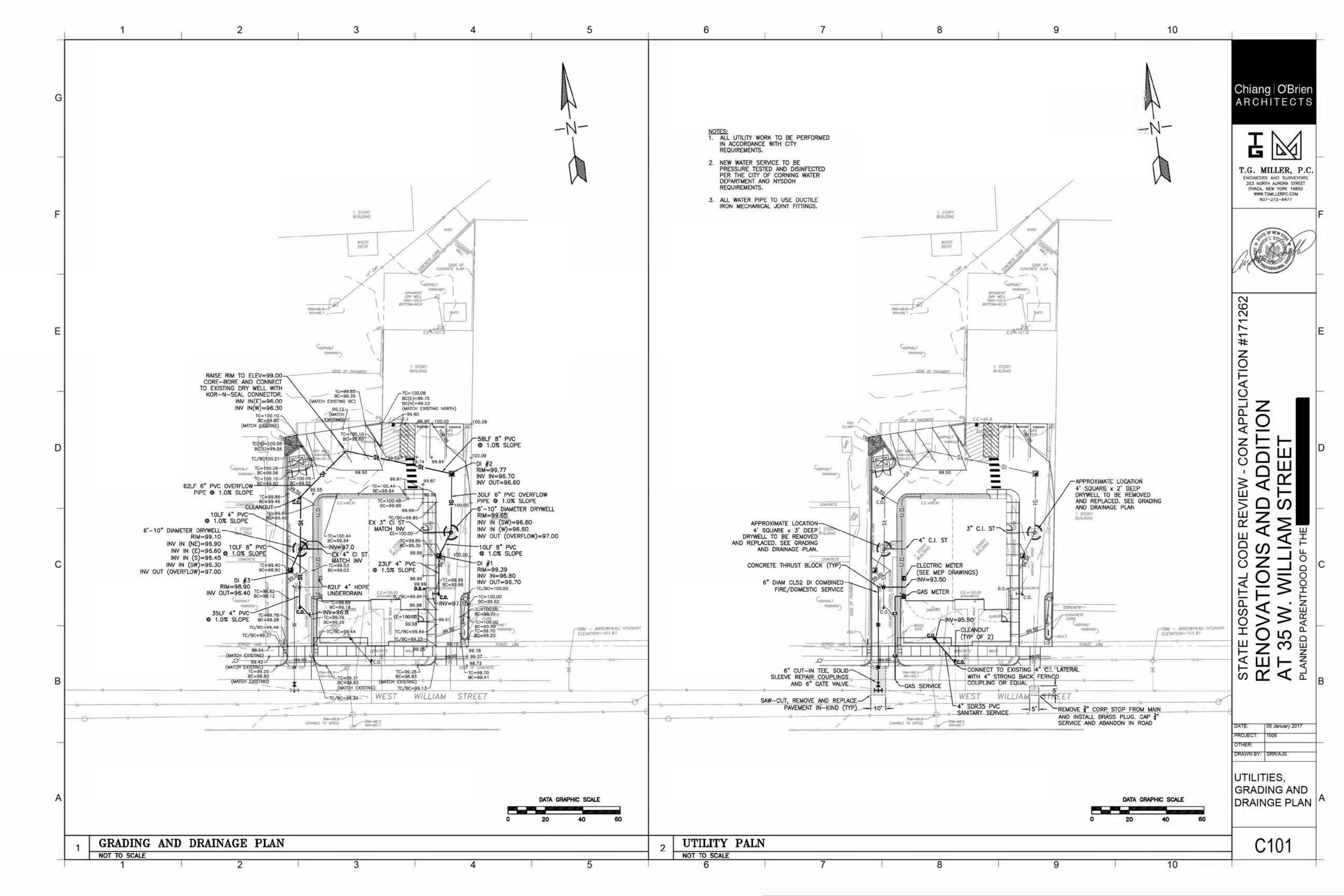
Ithaca, New York 14850

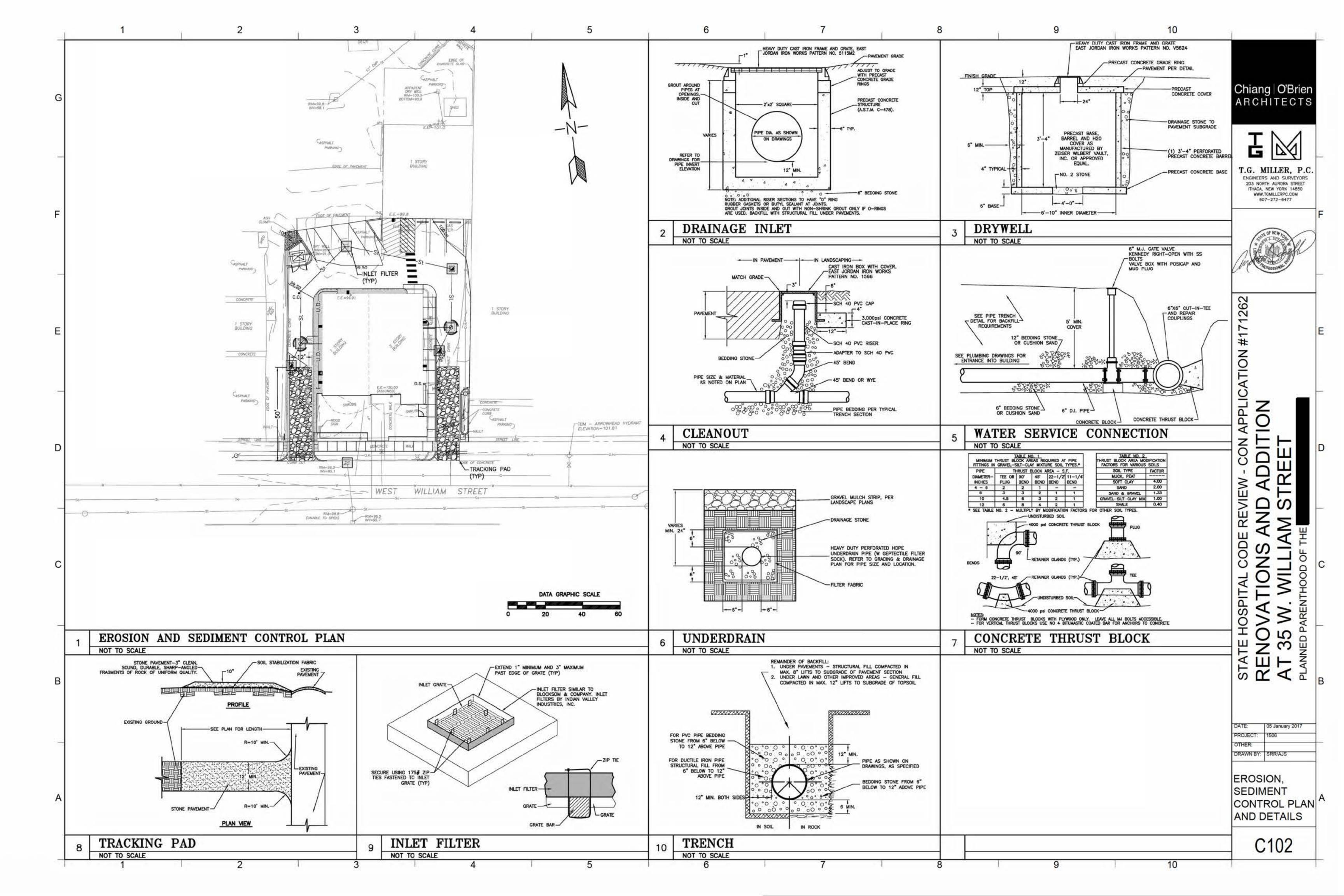
Tel 607.272.6477 Fax 607.273.6322

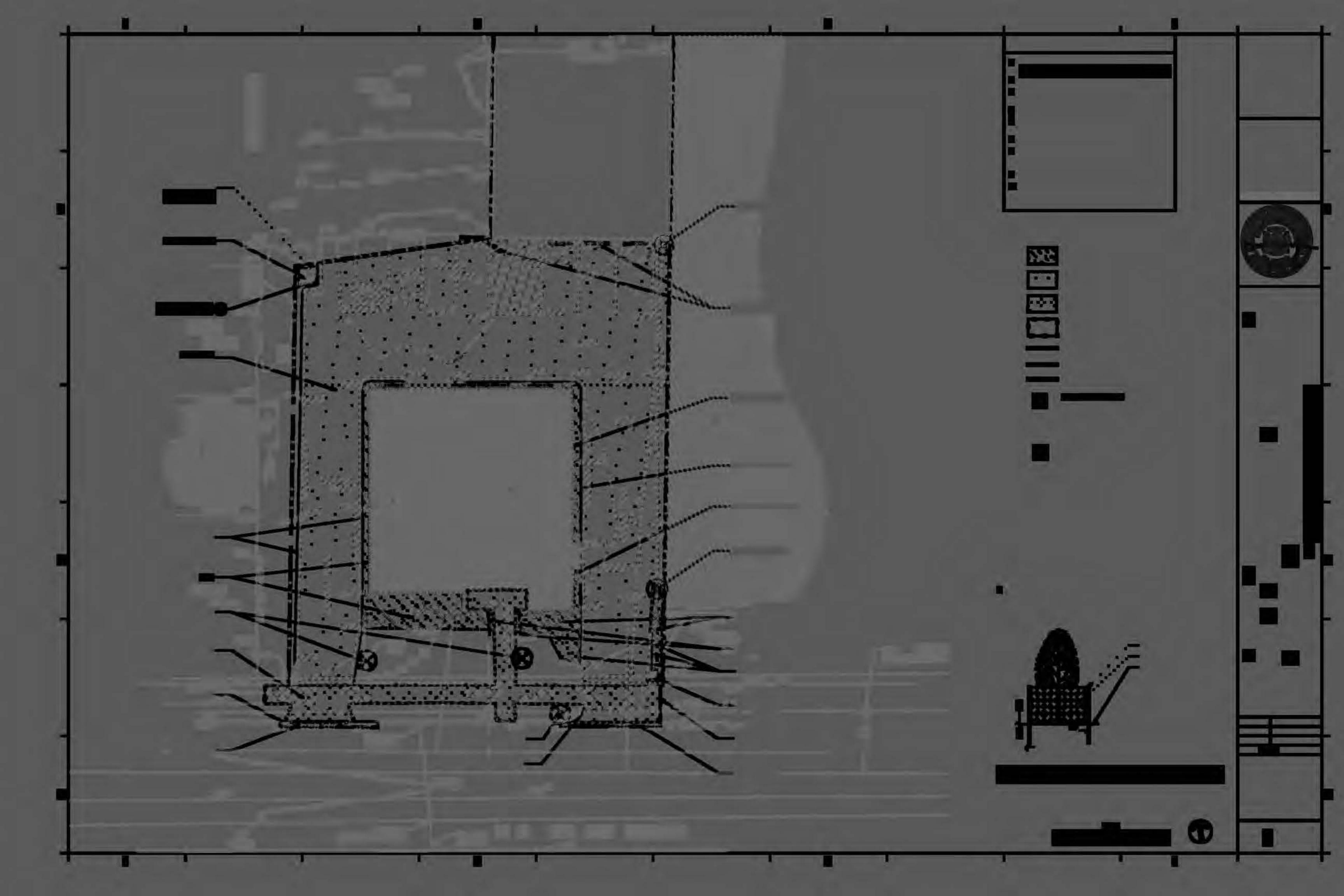
NOT FOR CONSTRUCTION

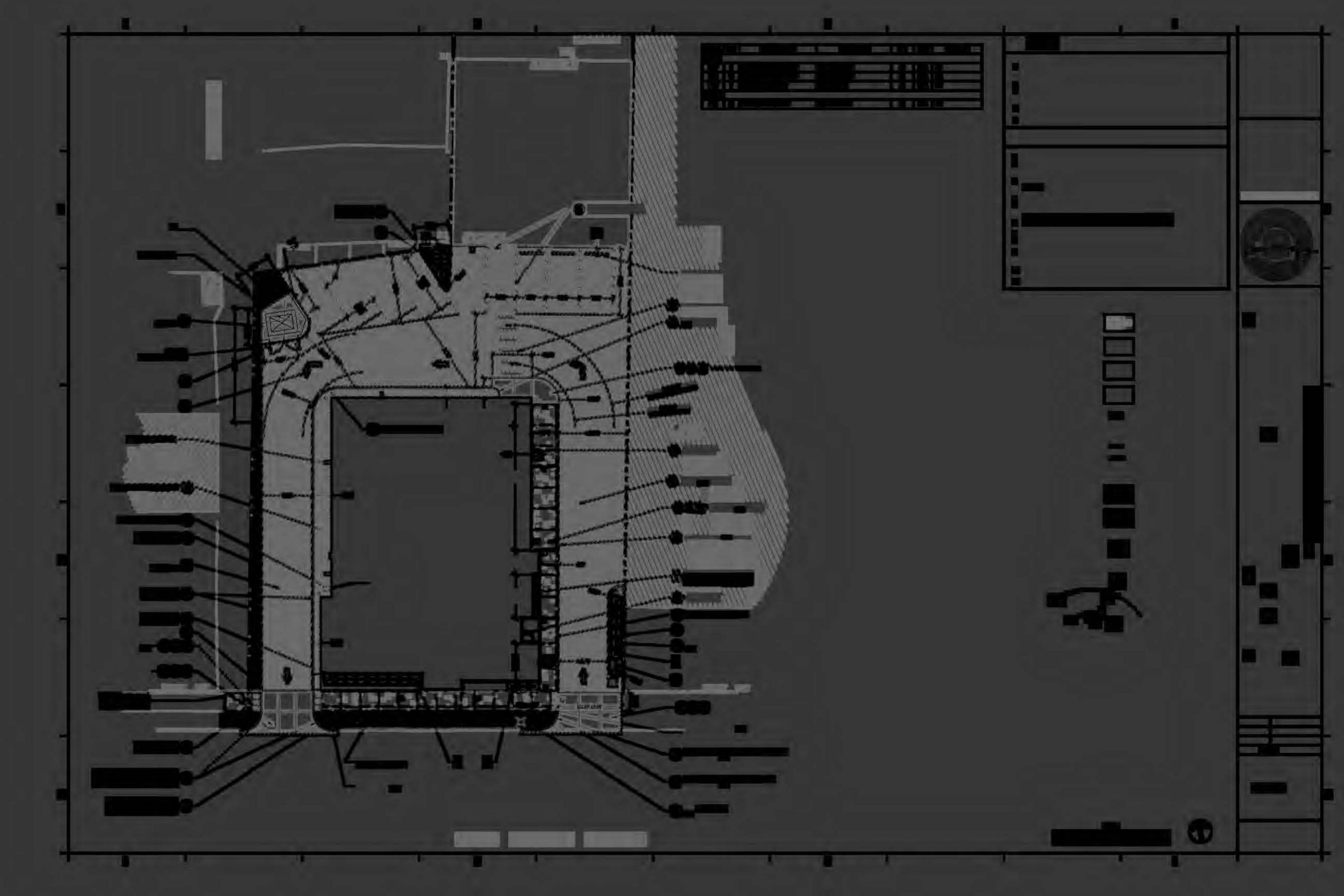
SET NUMBER

G001





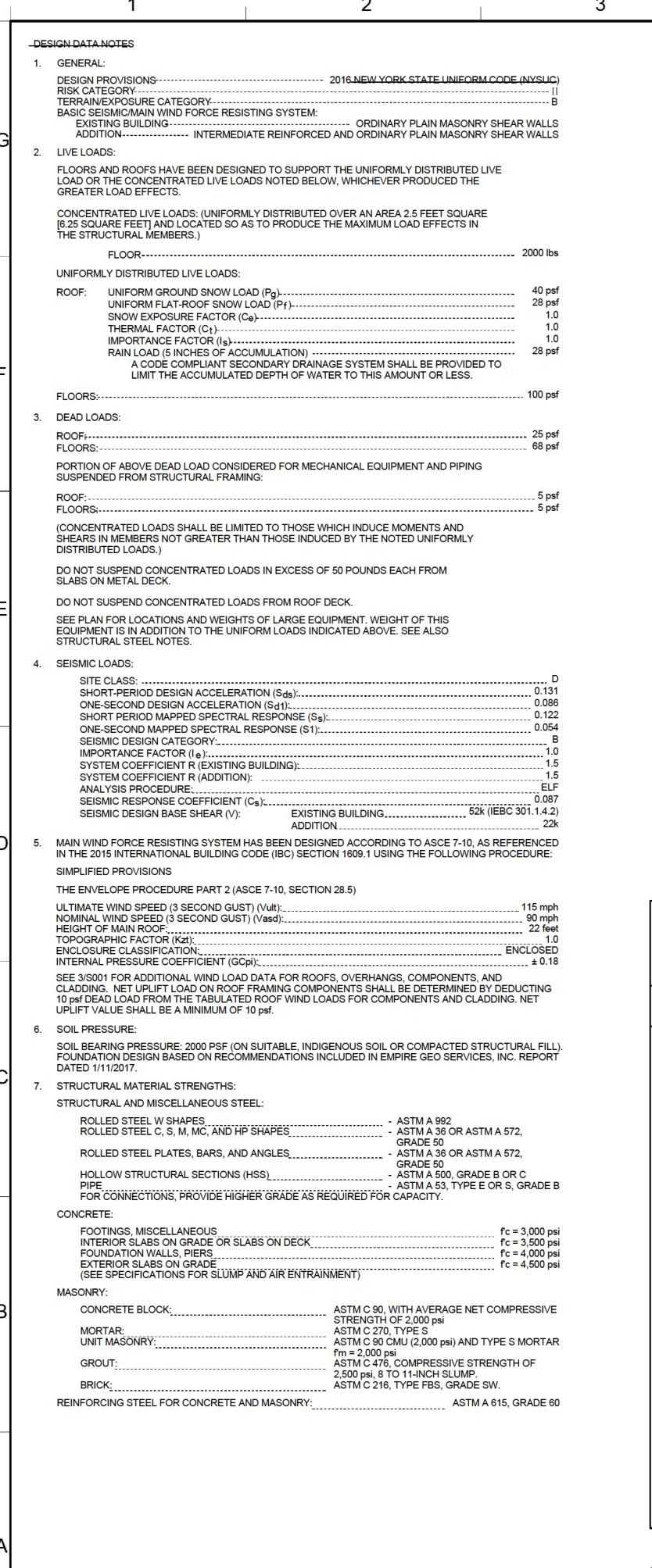


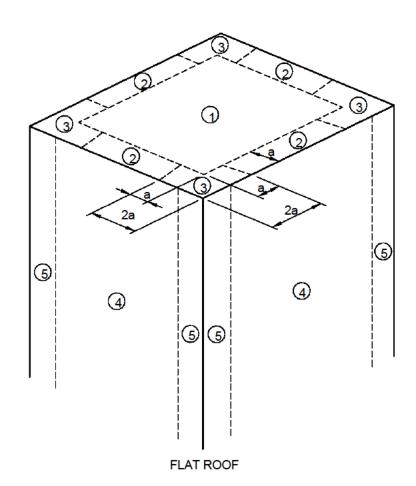












COMPONENTS AND CLADDING WIND PRESSURE ZONE DESIGNATIONS

a = 8'-0"

ZONE 4 AND 5.

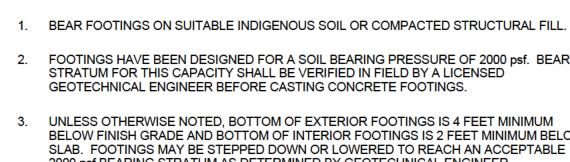
TREATED AS ZONE 2.

HIGH ROOF WITHIN THIS ZONE THE FOLLOWING DESIGN PRESSURES SHALL APPLY: 1. FOR PRESSURE TOWARDS SURFACE USE SAME AS WALL PRESSURE 2. FOR PRESSURE AWAY FROM SURFACE USE SAME AS ROOF PRESSURES EXCEPT ZONE 2 SHALL BE TREATED AS ZONE 1, AND ZONE 3 SHALL BE

COMPONENTS AND CLADDING ROOF WIND PRESSURE ZONE DESIGNATIONS AT ROOF STEPS NOT TO SCALE

ULTIMATE DESIGN WIND PRESSURE FOR EXTERIOR				
C	COMPONENTS AND CLADDING MATERIALS			
	: Vult→115 mph	H (ft)=		
EXPOSURE	: B	Kzt=	1	
ROOF TYPE	SURFACE	EFFECTIVE WIND AREA (sf)	WIND PRESSURE TOWARD SURFACE (psf)	WIND PRESSURE AWAY FROM SURFACE (psf)
		10	16.0	-23.7
	ZONE 1	20	16.0	-23.1
	ROOF	50	16.0	-22 3
		100	16.0	-21.7
		10	16.0	-39 8
	ZONE 2	20	16.0	-35.6
	ROOF EDGES	50	16.0	-30 0
		100	16.0	-25.7
	701/50	10	NA	-34 2
	ZONE 2 ROOF OVERHANG	20	NA	-33.6
	AT ROOF EDGES	50	NA	-32 8
		100	NA	-32 2
		10	16.0	-59 9
	ZONE 3 ROOF CORNERS	20	16.0	-49.6
0° TO 7°		50	16.0	-36 0
0 107		100	16.0	-25.7
	ZONE 3 ROOF OVERHANGS AT ROOF CORNERS	10	NA	-56 3
		20	NA	-44 2
		50	NA	-28 2
		100	NA	-16 0
		10	23.7	-25.7
	70NE 4	20	22.6	-24.6
	ZONE 4 WALL	50	21.2	-23 2
		100	20.1	-22.1
		500	17.6	-19.7
	ZONE 5 WALL CORNERS	10	23.7	-31 8
		20	22.6	-29.6
		50	21.2	-26 8
		100	20.1	-24.6
		500	17.6	-19.7

DESIGN WIND PRESSURE FOR EXTERIOR COMPONENTS



NOTE: DRIFTED SNOW LOADS SHOWN ARE IN

ADDITION TO FLAT ROOF SNOW LOADS.

DRIFTED SNOW LOAD DIAGRAM

GENERAL NOTES

DISCREPANCIES IN DIMENSIONS BETWEEN EXISTING CONDITIONS AND/OR ARCHITECTURAL

5. DETAILS SHOWN ARE TYPICAL; SIMILAR DETAILS APPLY TO SIMILAR CONDITIONS UNLESS

BRACE BUILDING UNTIL STRUCTURAL ELEMENTS NEEDED FOR STABILITY ARE INSTALLED.

THESE ELEMENTS ARE AS FOLLOWS: FLOOR DECK, ROOF DECK, BRACING MEMBERS,

CONTRACTOR SHALL NOTIFY THE ENGINEER IN WRITING OF PROPOSED DEVIATIONS OR

COMMENCING WORK. CONTRACTOR AGREES TO BE FULLY RESPONSIBLE FOR DAMAGES

WHICH MIGHT BE OCCASIONED BY FAILURE TO EXACTLY LOCATE AND PRESERVE EXISTING

SUBSTITUTIONS FROM DIMENSIONS, MATERIALS, OR EQUIPMENT SHOWN ON THE

9. CONTRACTOR SHALL DETERMINE EXACT LOCATIONS OF EXISTING UTILITIES BEFORE

11. DO NOT SUSPEND MECHANICAL, ELECTRICAL, OR PLUMBING ITEMS FROM ROOF DECK.

12. THESE DRAWINGS DO NOT INCLUDE NECESSARY COMPONENTS FOR CONSTRUCTION

SPECIFICATIONS FOR HANGERS AND SUPPLEMENTAL FRAMING REQUIRED TO ATTACH

THESE ITEMS TO THE MAIN ROOF FRAMING. SEE 9/S500 FOR EQUIPMENT HUNG FROM

SAFETY. CONTRACTOR SHALL BE SOLELY RESPONSIBLE FOR CONSTRUCTION SAFETY.

10. COORDINATE NUMBER AND LOCATION OF ROOF DRAINS AND OPENINGS WITH

REFER TO THE MECHANICAL, ELECTRICAL, AND PLUMBING DRAWINGS AND

DRAWINGS AND MAKE ONLY THOSE DEVIATIONS OR SUBSTITUTIONS ACCEPTED BY

1. DESIGNED IN ACCORDANCE WITH THE 2016 NEW YORK STATE UNIFORM CODE (NYSUC).

2. D MENSIONS TO, OF, AND IN EXISTING STRUCTURE SHALL BE VERIFIED IN FIELD BY

3. DO NOT SCALE DRAWINGS. CONTRACTOR SHALL NOTIFY ENGINEER OF ANY

6. THE NOTES ON THIS DRAWING ARE TYPICAL UNLESS OTHERWISE INDICATED.

DRAWINGS AND THE STRUCTURAL DRAWINGS.

SHEAR WALLS, MOMENT CONNECTIONS, ETC.

ARCHITECTURAL AND MECHANICAL DRAWINGS.

CONCRETE SLAB ON DECK.

OTHERWISE INDICATED.

4. DO NOT CHANGE SIZE OR SPACING OF STRUCTURAL ELEMENTS

FOOTINGS HAVE BEEN DESIGNED FOR A SOIL BEARING PRESSURE OF 2000 psf. BEARING STRATUM FOR THIS CAPACITY SHALL BE VERIFIED IN FIELD BY A LICENSED GEOTECHNICAL ENGINEER BEFORE CASTING CONCRETE FOOTINGS.

FOUNDATION NOTES

- UNLESS OTHERWISE NOTED, BOTTOM OF EXTERIOR FOOTINGS IS 4 FEET MINIMUM BELOW FINISH GRADE AND BOTTOM OF INTERIOR FOOTINGS IS 2 FEET MINIMUM BELOW SLAB. FOOTINGS MAY BE STEPPED DOWN OR LOWERED TO REACH AN ACCEPTABLE 2000 psf BEARING STRATUM AS DETERMINED BY GEOTECHNICAL ENGINEER.
- 4. SOIL BEARING SURFACES PREVIOUSLY ACCEPTED BY GEOTECHNICAL ENGINEER WHICH ARE ALLOWED TO BECOME SATURATED, FROZEN, OR DISTURBED SHALL BE REWORKED TO SATISFACTION OF GEOTECHNICAL ENGINEER.
- 5. WHERE FOOTING ELEVATIONS ARE LOWERED DUE TO SOIL CONDITIONS, LOWER ADJACENT FOOTINGS IN ELEVATION IN ORDER THAT RATIO OF CLEAR DISTANCE BETWEEN NEAREST EDGE OF FOOTINGS TO DIFFERENCE IN ELEVATION BETWEEN BOTTOMS OF FOOTINGS SHALL NOT EXCEED 2H:1V.
- FOUNDATION PREPARATION: REFER TO SPECIFICATIONS FOR "EXCAVATION, BACKFILL, AND COMPACTION (BUILDING AREA)."
- STRIP AND PROOF ROLL ENTIRE BUILDING AREA. PLACE AND COMPACT STRUCTURAL FILL TO REACH REQUIRED SUBGRADE LEVELS. VERIFY PROCEDURES WITH GEOTECHNICAL ENGINEER BEFORE BEGINNING. SEE SPECIFICATIONS FOR ADDITIONAL
- 8. DO NOT PLACE FOOTINGS IN WATER OR ON FROZEN GROUND.
- 9. DO NOT ALLOW GROUND BENEATH FOOTINGS TO FREEZE.
- 10. CENTER FOOTINGS UNDER WALLS, PIERS, AND COLUMNS UNLESS NOTED OTHERWISE.
- 11. WHERE REQUIRED, STEP NEW FOOTINGS UP OR DOWN IN RATIO OF TWO HORIZONTALS TO ONE VERTICAL TO JOIN EXISTING FOOTINGS.
- 12. CONCRETE WALLS SHALL ATTAIN A MINIMUM STRENGTH OF 70% fc BEFORE PLACING BACKFILL AGAINST THEM.
- 13. WALLS THAT ARE TO BE BACKFILLED ON ONE SIDE ONLY MAY BE BACKFILLED UP TO 3 FEET ABOVE THE TOP OF FOOTING AFTER WALLS ATTAIN MINIMUM STRENGTH OF 70% fc. REMAINING BACKFILL MAY NOT BE PLACED UNTIL TOP SLAB IS IN PLACE, SLAB ATTAINS MINIMUM STRENGTH OF 70% fc, AND WALLS ATTAIN MINIMUM STRENGTH 100% fc.

CAST-IN-PLACE CONCRETE NOTES (FOUNDATION)

- REINFORCE CONCRETE ELEMENTS INCLUDING FOOTINGS, WALLS AND PIERS, COLUMNS. BEAMS, AND SLABS. REINFORCEMENT SHOWN PERTAINS TO TYPICAL CONDITIONS.
- LAP SPLICE CONCRETE REINFORCEMENT AS INDICATED IN THE CONCRETE REINFORCEMENT LAP SPLICE SCHEDULE, UNLESS NOTED OTHERWISE.
- 3. LAP CONTINUOUS FOOTING AND HORIZONTAL WALL REINFORCEMENT WITH A CLASS B LAP SPLICE UNLESS NOTED OTHERWISE.
- PROVIDE CORNER BARS IN FOOTINGS, THE SAME SIZE AND NUMBER AS CONTINUOUS REINFORCEMENT. PROVIDE CLASS B LAP SPLICE WITH MAIN REINFORCEMENT, BUT NOT
- EXTEND REINFORCEMENT IN WALL FOOTINGS BETWEEN COLUMNS INTO COLUMN FOOTINGS WITH A MIN MUM EMBEDMENT EQUAL TO THE MINIMUM BAR DEVELOPMENT LENGTH.
- 6. PLACE TRANSVERSE REINFORCEMENT IN CONTINUOUS FOOTINGS WHERE SHOWN IN
- BOTTOM LAYER.
- 7. CAST STEPPED FOOTINGS MONOLITHICALLY.

LESS THAN 2'-0".

- DOWEL CONCRETE WALLS AND PIERS INTO FOOTINGS WITH DOWELS THE SAME SIZE AND SPACING AS VERTICAL REINFORCEMENT. EXTEND DOWELS TO WITHIN 3 INCHES OF BOTTOM OF FOOTING, TERMINATED WITH A.C.I. STANDARD 90 DEGREE HOOK. PROVIDE CLASS B LAP SPLICE WITH VERTICAL REINFORCEMENT UNLESS NOTED OTHERWISE.
- 9. AT INTERSECTIONS OF CONCRETE WALLS, PROVIDE CORNER BARS IN OUTER LAYER THE SAME SIZE AND SPACING AS HORIZONTAL REINFORCEMENT AND PROVIDE A CLASS B LAP SPLICE WITH MAIN REINFORCEMENT, BUT NOT LESS THAN 2'-0". AT "T" INTERSECTIONS, PROVIDE CORNER BARS FROM EACH LAYER IN INTERSECTING WALL TO OUTER LAYER OF THROUGH WALL.
- 10. PROVIDE KEYS IN CONCRETE WALLS AND FOOTINGS AT VERTICAL CONSTRUCTION JOINTS UNLESS NOTED OTHERWISE. KEYS SHALL BE 1 1/2 INCHES DEEP AND THE WIDTH OF THE KEY SHALL BE ONE-THIRD THE WALL THICKNESS AND CENTERED WITHIN THE WALL.
- 11. CAST CONCRETE PIERS IN CONCRETE WALLS MONOLITHICALLY WITH WALLS.
- 12. ALIGN FOUNDATION WALL CONSTRUCTION JOINTS WITH MASONRY WALL CONTROL JOINTS.
- 13. VERIFY SIZE AND LOCATION OF MECHANICAL OPENINGS.
- 14. PIPING, CONDUIT, AND DUCT PENETRATIONS THROUGH WALLS SHALL BE SLEEVED OR CHASED. NO CORE-DRILLING OF SLABS OR WALLS IS PERMITTED. PENETRATIONS ARE NOT PERMITTED THROUGH PIERS.
- 15. MINIMUM BAR DEVELOPMENT LENGTH EQUALS CLASS A LAP LENGTH.
- 16. CHAMFER EXPOSED CONCRETE CORNERS AND EDGES 3/4 INCH UNLESS NOTED OTHERWISE.
- 17. CONCRETE COVER FOR REINFORCEMENT SHALL BE AS INDICATED IN THE CONCRETE COVER
- 18. AT THE ELEVATOR, PROVIDE WATERSTOPS IN BELOW-GRADE WALL JOINTS, WALL-TO-WALL FOOTING JOINTS, AND SLAB-TO-WALL JOINTS.

Chiang O'Brien ARCHITECTS





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05 JANUARY 2018 RAWN BY:

DESIGN DATA AND GENERAL NOTES

ROJECT

STEEL BEAM LEGEND

NOT TO SCALE NOTES:

1. DO NOT CAMBER BEAMS UNLESS A VALUE FOR CAMBER IS

2. REFER TO THE SPECIFICATION FOR CONNECTION DESIGN CRITERIA WHERE LOADS AND MOMENTS ARE NOT SHOWN.

COLUMN NOTES

- 1. PROVIDE A 1/4-INCH-THICK LEVELING PLATE, 3/4 INCH OF GROUT, AND FOUR 3/4-INCH-DIAMETER BY 1-FOOT-4-INCH-LONG HEADED ANCHOR RODS FOR COLUMNS UNLESS DETAILED OTHERWISE.
- 2. COAT COLUMN BASES AND ANCHOR RODS THAT ARE IN CONTACT WITH SOIL BELOW SLAB ON GRADE WITH COAL-TAR EPOXY BEFORE CONCRETING. EXTEND COATING 1 INCH INTO SLAB CONCRETE.
- 3. WHERE ROOF BEAMS FRAME INTO EXTERIOR COLUMNS, WELD A 1/4-INCH-THICK ANGLE OR BENT PLATE TO TOP OF COLUMN TO FORM A BEARING SURFACE FOR ROOF DECK. PROJECT ANGLE OR BENT PLATE VERTICALLY ABOVE THE COLUMN AND HORIZONTALLY TO THE EDGE OF DECK AS REQUIRED. USE 3/8-INCH-THICK ANGLE OR
- 4. PROVIDE COLUMNS WITH 1/2-INCH-THICK CAP PLATES UNLESS DETAILED OTHERWISE.

BENT PLATE FOR PROJECTIONS EXCEEDING 6 INCHES (HORIZONTAL OR VERTICAL).

5. WELD MASONRY ANCHORS 16 INCHES ON CENTER TO COLUMN WEBS AND FLANGES THAT ABUT MASONRY. WELD ANCHORS 16 INCHES ON CENTER TO EACH SIDE OF WEB OF COLUMNS COMPLETELY EMBEDDED IN MASONRY.

COLD-FORMED METAL FRAMING NOTES

- MINIMUM MEMBER MATERIAL THICKNESS IS 16 GA UNLESS NOTED OTHERWISE.
- 2. CUT FRAMING COMPONENTS SQUARELY OR ON AN ANGLE AS REQUIRED TO FIT TIGHTLY WITH FULL BEARING
- 3. FIELD CUTTING OF MEMBERS SHALL BE PERFORMED BY SHEARING OR SAWING. TORCH CUTTING IS NOT
- 4. SPLICES ARE NOT PERMITTED IN STUDS, JOISTS, OR OTHER LOAD-CARRYING MEMBERS UNLESS
- 5. WHEN COLD-FORMED STUDS ARE TO BE USED FOR HEADER APPLICATIONS, STUDS SHALL BE UN-PUNCHED THROUGH THE WEB. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO SPECIFY UN-PUNCHED STUDS WHEN
- 7. DO NOT SCREW OR WELD STUDS TO VERTICAL DELFECTION TRACKS. DO NOT CONNECT SHEATHING TO
- ABUTTING TRACK MEMBERS SHALL BE SPLICED TOGETHER USING A TYPICAL STUD/JOIST SCREWED TO THE

- 11. THE FOLLOWING SHALL BE USED FOR POWDER-ACTUATED FASTENERS IN STEEL UNLESS NOTED OTHERWISE:
- 12. THE FOLLOWING SHALL BE USED FOR POWDER ACTUATED-FASTENERS IN CONCRETE UNLESS NOTED
- 13. WELDING SHALL BE PERFORMED IN ACCORDANCE WITH AWS D1.3 "STRUCTURAL WELDING CODE SHEET

- THE REGISTERED DESIGN PROFESSIONAL WILL MAKE VISITS TO THE SITE AT APPROPRIATE INTERVALS FOR THE PURPOSE OF OBSERVING THE CONSTRUCTION FOR GENERAL CONFORMANCE WITH THE CONTRACT DOCUMENTS. THE FOLLOWING LIST INCLUDES SOME APPROPRIATE TIMES FOR VISITING THE SITE. THE CONTRACTOR SHALL NOTIFY THE REGISTERED DESIGN PROFESSIONAL AT LEAST 48 HOURS
- AND PIERS (AFTER EXCAVATION AND PRIOR TO THE CLOSING OF FORMS).
- SLAB PRE-CONSTRUCTION MEETING (SEE DIVISION 3 SPECIFICATIONS.)
- INITIAL PLACEMENT OF REINFORCING BARS AND PREPARATIONS FOR SLAB ON DECK.
- INITIAL PLACEMENT OF REINFORCING BARS AND GROUTING OF CONCRETE MASONRY WALLS.
- OTHER TIMES AS REQUIRED DUE TO FIELD CONDITIONS OR SPECIAL CONSTRUCTION TYPES.
- LISTED IN NOTE 1.
- THE REGISTERED DESIGN PROFESSIONAL WILL PREPARE A FIELD OBSERVATION REPORT FOR EACH SITE VISIT MADE TO OBSERVE CONSTRUCTION. PART II OF EACH REPORT IS FOR CONTRACTOR VERIFICATION AND IS MANDATORY. PART II MUST BE COMPLETED (SIGNED BY THE CONTRACTOR VERIFYING THAT THE REQUIRED ACTION WAS TAKEN AND LISTING THE DATE COMPLETED) AND RETURNED TO THE ENGINEER IN A TIMELY MANNER.

Chiang O'Brier





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NOTES

HOT WEATHER MASONRY

1. DO NOT LAY MASONRY UNITS HAVING EITHER A TEMPERATURE BELOW 40°F OR CONTAINING

2. REMOVE VISIBLE ICE AND SNOW FROM THE TOP SURFACE OF EXISTING FOUNDATIONS AND

MASONRY TO RECEIVE NEW CONSTRUCTION. HEAT THESE SURFACES ABOVE FREEZING USING

HEAT MASONRY TO A MINIMUM OF

40°F PRIOR TO GROUTING.

ENCLOSURE.

METHODS THAT DO NOT RESULT IN DAMAGE.

PROVIDE AN ENCLOSURE AND AUXILIARY HEAT TO MAINTAIN AIR

TEMPERATURE ABOVE 40°F IN

FROZEN MOISTURE, VISIBLE ICE, OR SNOW ON THEIR SURFACE.

		T
	CONSTRUCTION - BASED UPON AMBIENT TEMPERATURES	PROTECTION - BASED UPON ANTICIPATED MEAN DAILY TEMPERATURI
BELOW 90°F	NORMAL MASONRY PROCEDURES.	NORMAL MASONRY PROCEDURES.
90°F - 105°F	 MAINTAIN SAND PILES IN A DAMP, LOOSE CONDITION. PROVIDE NECESSARY CONDITIONS AND EQUIPMENT TO PRODUCE MORTAR HAVING A TEMPERATURE BELOW 120°F (48 9°C). MAINTAIN TEMPERATURE OF MORTAR AND GROUT BELOW 120°F (48.9°C). FLUSH MIXER, MORTAR TRANSPORT CONTAINER, AND MORTAR BOARDS WITH COOL WATER BEFORE THEY COME INTO CONTACT WITH MORTAR INGREDIENTS OR MORTAR. MAINTAIN MORTAR CONSISTENCY BY RETEMPERING WITH COOL WATER. USE MORTAR WITHIN 2 HOURS OF INITIAL MIXING. 	FOG SPRAY NEWLY CONSTRUCTED MASONRY UNTIL DAMP, AT LEAST THREE TIMES A DAY UNTIL THE MASONRY IS THREE DAYS OLD.
ABOVE 105°F	 MAINTAIN SAND PILES IN A DAMP, LOOSE CONDITION. PROVIDE NECESSARY CONDITIONS AND EQUIPMENT TO PRODUCE MORTAR HAVING A TEMPERATURE BELOW 120°F (48 9°C). SHADE MATERIALS AND MIXING EQUIPMENT FROM DIRECT SUNLIGHT. USE COOL MIXING WATER FOR MORTAR AND GROUT. ICE IS PERMITTED IN THE MIXING WATER PRIOR TO USE. DO NOT PERMIT ICE IN THE MIXING WATER WHEN ADDED TO THE OTHER MORTAR OR GROUT MATERIALS. 	

CONSTRUCTION REQUIREMENTS		
	CONSTRUCTION - BASED UPON AMBIENT TEMPERATURES	PROTECTION - BASED UPON ANTICIPATED MEAN DAILY TEMPERATURES
BELOW 90°F	NORMAL MASONRY PROCEDURES.	NORMAL MASONRY PROCEDURES.
90°F - 105°F	 MAINTAIN SAND PILES IN A DAMP, LOOSE CONDITION. PROVIDE NECESSARY CONDITIONS AND EQUIPMENT TO PRODUCE MORTAR HAVING A TEMPERATURE BELOW 120°F (48 9°C). MAINTAIN TEMPERATURE OF MORTAR AND GROUT BELOW 120°F (48.9°C). FLUSH MIXER, MORTAR TRANSPORT CONTAINER, AND MORTAR BOARDS WITH COOL WATER BEFORE THEY COME INTO CONTACT WITH MORTAR INGREDIENTS OR MORTAR. MAINTAIN MORTAR CONSISTENCY BY RETEMPERING WITH COOL WATER. USE MORTAR WITHIN 2 HOURS OF INITIAL MIXING. 	1. FOG SPRAY NEWLY CONSTRUCTED MASONRY UNTIL DAMP, AT LEAST THREE TIMES A DAY UNTIL THE MASONRY IS THREE DAYS OLD.
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- AGAINST ABUTTING MEMBERS. TEMPORARILY BRACE MEMBERS AS REQUIRED PRIOR TO FINAL FASTENING.
- CALCULATIONS AND DETAILS HAVE BEEN SUBMITTED TO ENGINEER FOR REVIEW AND ACCEPTED.
- FIELD-INSTALLED HOLES ARE NOT PERMITTED IN MEMBERS UNLESS INDICATED IN DRAWINGS.
- VERTICAL DEFLECTION TRACKS. PROVIDE GAP IN SHEATHING TO ACCOMMODATE VERTICAL DEFLECTION.
- TRACK ON BOTH SIDES OF JOINT. BUTT-WELDING IS ALSO ACCEPTABLE.
- 9.. THE CONTRACTOR IS SOLELY RESPONSIBLE FOR ERECTION BRACING.
- MINIMUM SCREW SPACING AND EDGE DISTANCE IS 3/4" UNLESS NOTED OTHERWISE.

- 14. MINIMUM WELD THROAT THICKNESS EQUALS THE BASE METAL THICKNESS OF THE THINNEST CONNECTED

- PRIOR TO PERFORMING THESE ACTIVITIES SO THAT SITE VISITS CAN BE SCHEDULED.
- INITIAL PLACEMENT OF REINFORCING BARS FOR FOOTINGS, FOUNDATION WALLS.
- INITIAL ERECTION OF STRUCTURAL STEEL AND METAL DECK (PRIOR TO PLACEMENT OF SLABS).
- INITIAL PLACEMENT OF REINFORCING BARS AND PREPARATIONS FOR SLAB ON GRADE
- 2. THE REGISTERED DESIGN PROFESSIONAL MAY VISIT THE SITE AT TIMES OTHER THAN THOSE

5. PROVIDE BOND BEAM AT TOPS OF WALLS, AT EACH FLOOR, AND ELSEWHERE AS DETAILED.

7. STRUCTURAL DRAWINGS DO NOT SHOW FLASHINGS, WEEPS, OR DRIPS; HOWEVER, THEY ARE

FRAMING. REFER TO ARCHITECTURAL DRAWINGS AND SPECIFICATIONS FOR DETAILS AND

8. VENEER ANCHORS, TIES, WEEPS, AND FLASHING ARE INDICATED IN THE ARCHITECTURAL

DRAWINGS AND IN THE SPECIFICATIONS UNLESS DETAILED OR NOTED OTHERWISE.

ESSENTIAL TO MAINTAINING THE WATERTIGHTNESS OF THE BUILDING AND PROTECTION OF THE

LINTEL NOTES

1. COORDINATE WALL OPENINGS WITH ARCHITECTURAL AND MECHANICAL DRAWINGS. NOT ALL

2. FOR OPENINGS NOT OTHERWISE DETAILED OR SCHEDULED IN NEW MASONRY WALLS, INCLUDING

3. FOR OPENINGS NOT OTHERWISE DETAILED OR SCHEDULED IN 4-INCH-THICK VENEER. INCLUDING

7. LINTELS FOR ELEVATOR DOORS ARE SIZED FOR THE DOOR OPENING AND ASSUME THE DOOR WILL BE INSTALLED WHILE THE WALLS ARE BUILT. IF THE CONTRACTOR CHOOSES TO LEAVE A LARGER WALL OPENING TO ACCOMMODATE ELEVATOR INSTALLATION, THE LINTEL MUST BE REDESIGNED.

CONTRACTOR SHALL SUBMIT PROPOSED REVISED LINTEL FOR REVIEW PRIOR TO CONSTRUCTION.

4. WELD TOGETHER BACK TO BACK LINTELS. MAXIMUM WELD SPACING SHALL NOT EXCEED 18

5. BEAR LINTELS A MINIMUM OF 8 INCHES EACH END UNLESS NOTED OTHERWISE.

DOORS, WINDOWS, AND MECHANICAL OPENINGS, MINIMUM LINTELS SHALL BE (FOR EACH 4 INCHES

OF MASONRY WIDTH) ONE L3 1/2X3 1/2X 5/16 FOR SPANS UP TO 4 FEET; ONE L4 X 3 1/2X 5/16 (LLV) FOR SPANS UP TO 6 FEET; ONE L5X3 1/2X5/16 (LLV) FOR SPANS UP TO 8 FEET. FOR SPANS LESS

DOORS, WINDOWS, AND MECHANICAL OPENINGS, MINIMUM LINTELS SHALL BE ONE L4X4X5/16 FOR SPANS UP TO 6 FEET AND ONE L6X4X5/16 (LLV) FOR SPANS UP TO 8 FEET. FOR SPANS LESS THAN 2

FILL BEAM POCKETS WITH MASONRY AFTER COLUMN OR BEAM IS ERECTED.

OPENINGS ARE SHOWN IN THE STRUCTURAL DRAWINGS.

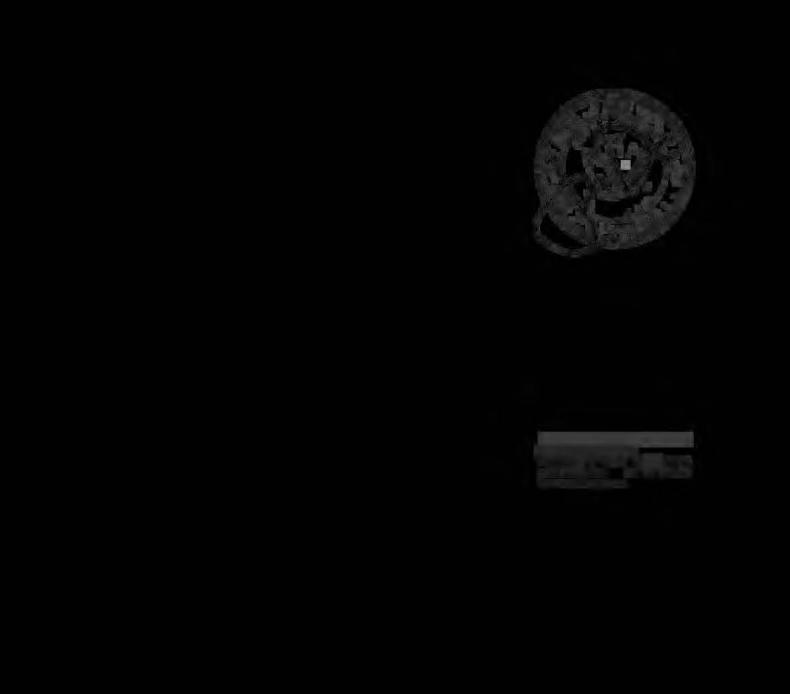
THAN 2 FEET, PROVIDE A 5/16-INCH PLATE.

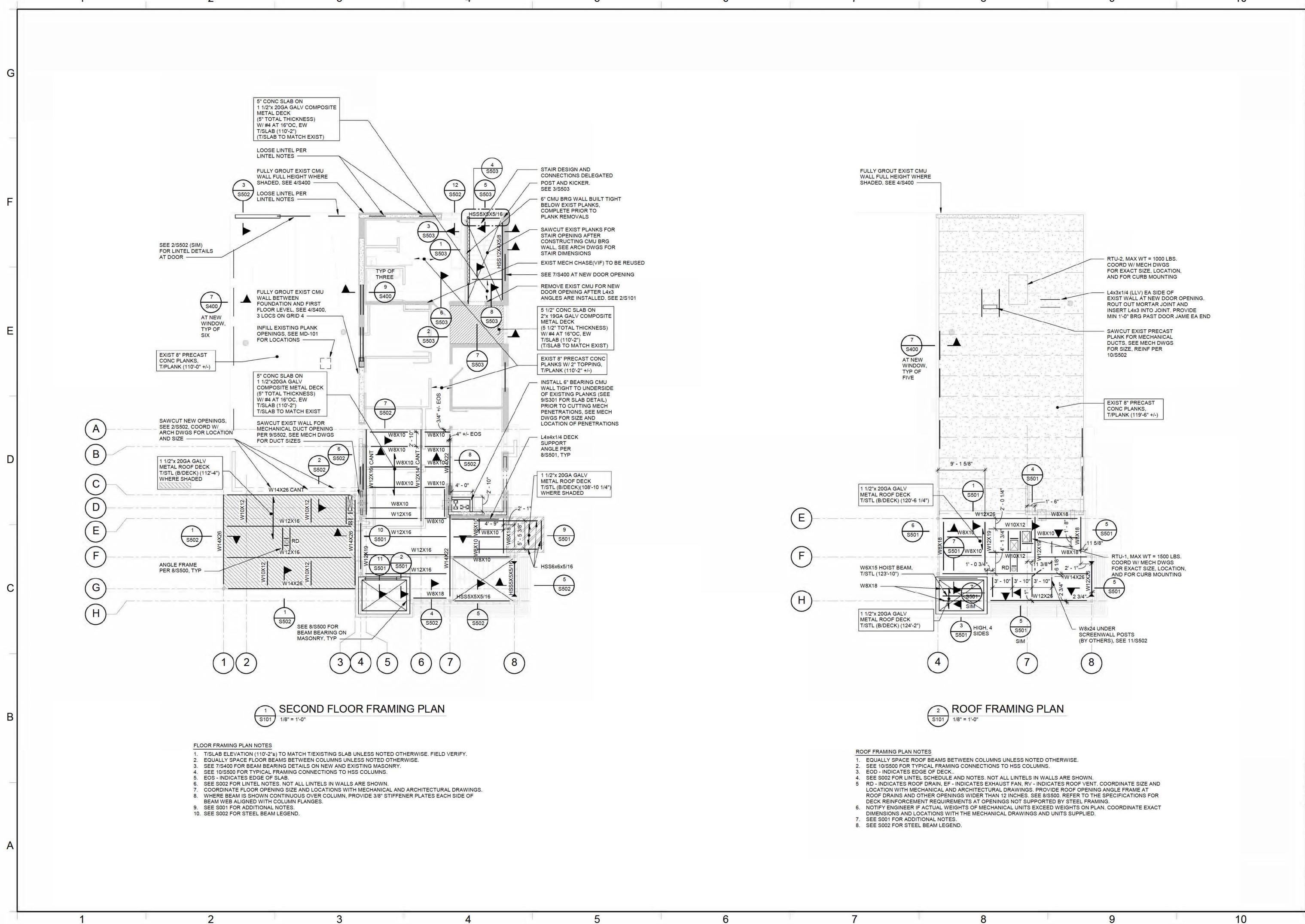
6. HOT DIP GALVANIZE LINTELS IN EXTERIOR WALLS.

FEET, PROVIDE A 5/16-INCH PLATE.

INCHES ON CENTER.

1 2	3 4 5	6 7	8 9 10	
SCHEDULE OF SPECIAL INSPECTIONS FOR BUILDING STRUCTURES	CAST IN DI ACE CONCRETE	OTDUCTUDAL OTEEL AND METAL DECK	COLD-FORMED METAL FRAMING	
THE STATEMENT OF SPECIAL INSPECTIONS CONSISTS OF THIS SCHEDULE OF SPECIAL INSPECTIONS AND SPECIFICATION SECTION 014533. THESE DOCUMENTS MUST BE SUBMITTED FOR APPROVAL TO THE OWNER	VERIFICATION/INSPECTION AGENT MQIA CONT. PERIODIC REFERENCED STANDARD	VERIFICATION/INSPECTION VERIFICATION/INSPECTION AGENT MQIA CONT. PERIODIC REFERENCED STANDARD	AGENT MOLA CONT REFERENCED	
AND CODE ENFORCEMENT OFFICIAL AS A CONDITION OF OBTAINING A BUILDING PERMIT. THE AGENT WHO WILL BE PERFORMING SPECIAL INSPECTIONS HAVE NOT YET BEEN RETAINED BY THE OWNER. THE NAMES AND QUALIFICATIONS OF THE AGENTS MUST BE SUBMITTED TO THE CODE ENFORCEMENT OFFICIAL AND	1. INSPECT REINFORCING STEEL AND 1 B.1, B.3 X - ACI 318	1. VERIFY FABRICATOR(S) MAINTAINS 1 OR 3 G 2, G.3, - X AISC 360-10,	1. INSPECT FRAMING (3 RANDOM TESTS 3 H.1, H.2 - X ASTM A 90	
REGISTERED DESIGN PROFESSIONAL PRIOR TO COMMENCEMENT OF CONSTRUCTION.	PLACEMENT: M.1 20,25 2, 25.3 A. FOOTINGS, FOUNDATIONS WALLS, - X 50% 26.6.1-26.6.3	DETAILED FABRICATION AND QUALITY G.4 CHAPTER N2 CONTROL PROCEDURES.	FOR EACH MEMBER TYPE, SIZE, AND GAUGE) AS FOLLOWS: A. MEMBER SIZE AND MATERIAL THICKNESS.	Chiang O'Brie
THE CONSTRUCTION TYPES THAT REQUIRE SPECIAL INSPECTIONS ARE AS FOLLOWS: SOILS AND FOUNDATIONS WOOD FRAMING AND TRUSSES	AND PIERS. B. SLABS ON GRADE. - X 50%	2. MATERIAL VERIFICATION OF HIGH- STRENGTH BOLTS, NUTS, AND WASHERS:	B. WEIGHT OF GALVANIZED COATING.	ARCHITECTS
CAST-IN-PLACE CONCRETE MASONRY MASONRY SPRAY FIRE-RESISTANT MATERIAL MASTIC AND INTUMESCENT FIRE DESIGNANT COATINGS	C. SLABS ON DECK. - X 50% 2. INSPECT EMBEDDED BOLTS AND 1 B.1, B.3 ACI 318	A. IDENTIFICATION MARKINGS TO 3 F.1 - X 100% CONFORM TO ASTM STANDARDS SPECIFIED IN THE APPROVED	2. MATERIAL VERIFICATION: A. IDENTIFICATION MARKINGS TO CONFORM TO ASTM STANDARDS 1 OR 3 H.1, H.2 - X	
STRUCTURAL STEEL COLD-FORMED METAL FRAMING MASTIC AND INTUMESCENT FIRE-RESISTANT COATINGS SPECIAL CASES	ANCHOR RODS PRIOR TO PLACEMENT M.1 17.8.2	CONSTRUCTION DOCUMENTS.	SPECIFIED IN THE APPROVED CONSTRUCTION DOCUMENTS.	
INSPECTION AGENTS FIRM ADDRESS/PHONE	A. AT COLUMN BASE PLATES, BEAM - X 50% POCKETS, AND ELSEWHERE WHERE	B. MANUFACTURER'S CERTIFICATE 1 OR 3 F.1, F.2 - X APPLICABLE ASTM MATERIAL SPEC FICATIONS;	3. INSPECT ERECTED FRAMING AND 1 H.1, H.2, MECHANICAL CONNECTIONS: M.1	OF NEW YO
1. SPECIAL INSPECTOR	RODS ARE SUBJECT TO SHEAR OR TENSION.	AISC 360-10, A3.3	A. JOINT DETAILS FOR COMPLIANCE WITH APPROVED CONSTRUCTION OUT OF THE PROPERTY OF THE PROPER	The state of the s
2. GEOTECHNICAL ENGINEER/	B. AT COLUMNS IN MOMENT FRAMES X 100%	3. INSPECTION OF HIGH-STRENGTH 3 F.1, M.1 AISC 360-10,	DOCUMENTS. B. APPLICATION OF JOINT DETAIL AT EACH CONNECTION. - X 50%	
INSPECTOR	3. VERIFY USE OF REQUIRED DESIGN MIX. 3 B.2 X - ACI 318 19, 26.4.3, 26.4.4	BOLTING: A. BEARING-TYPE CONNECTIONS X 100%	4. WELDING OF COLD-FORMED 3 E.1, E.2 - X 50% AWS D1 3	
3. TESTING/INSPECTING AGENCY	4. SAMPLE AND TEST FRESH CONCRETE: 3 B.2 X - ASTM C 172 A. TAKE SIX STANDARD CYLINDERS FOR EACH 50 CUBIC YARDS OF CONCRETE ASTM C 94	4. MATERIAL VERIFICATION OF STRUCTURAL STEEL AND METAL DECK: ASTM A 6 OR ASTM A 568	METAL FRAMING. 5. INSPECT CONDITION OF ERECTED 1 OR 3 H.1, H.2 - X 50%	DFE SSION
	EACH 50 CUBIC YARDS OF CONCRETE OR EACH 5000 SF OF SLAB AREA FOR EACH CLASS OF CONCRETE. ASTM C 94 ACI 318 26.4, 26.12	A. IDENTIFICATION MARKINGS TO 1 OR 3 - X 100% ASTM A 653 CONFORM TO ASTM STANDARDS	FRAMING. 6. PERFORM PULL-OUT TESTS ON 3 - X 100% ACI 318	
4. TESTING/INSPECTING AGENCY	B. RECORD TIME CONCRETE IS BATCHED, T ME CONCRETE IS SAMPLED, AND	SPECIFIED IN THE APPROVED CONSTRUCTION DOCUMENTS.	DRILLED-IN ADHESIVE, EXPANSION, AND SLEEVE ANCHORS: A. TEST 10% OF EACH ANCHOR TYPE	
	TIME THE TRUCK IS EMPTY. C. PERFORM ONE SLUMP TEST FOR ASTM C 143	B. MANUFACTURER'S CERTIFIED 1 F.2 - X 100% MILL TEST REPORTS REQUIRED.	(MINIMUM OF 2) BY APPLYING A LOAD EQUAL TO 125% OF ALLOWABLE PULL-	
THE QUALIFICATIONS OF ALL PERSONNEL PERFORMING SPECIAL INSPECTION ACTIVITIES ARE SUBJECT TO THE APPROVAL OF THE CODE ENFORCEMENT OFFICIAL. THE CREDENTIALS OF	EACH TRUCK; TWO IF THE CONCRETE IS PUMPED. D. MEASURE AIR CONTENT FOR EACH ASTM C 231	5. PERFORM PULL-OUT TESTS ON 3 - X 100% ACI 318 DRILLED-IN, ADHESIVE, EXPANSION, AND SLEEVE ANCHORS: 17.8.2	OUT STRENGTH. B. TEST 100% OF ANCHORS BY PULLING	DVAN DICCS
INSPECTORS AND TESTING TECHNICIANS SHALL BE PROVIDED IF REQUESTED. THE INSPECTION AND TESTING AGENT SHALL BE ENGAGED BY THE OWNER OR THE OWNER'S	TRUCK. E. RECORD CONCRETE AND AMBIENT	AND SLEEVE ANCHORS. A. TEST 10% OF EACH ANCHOR TYPE (MINIMUM OF 2) BY APPLYING A LOAD	WITH A CLAW HAMMER USING THE WEIGHT OF ONE MAN. C. ADHESIVE ANCHORS INSTALLED IN X - ACI 318	RYAN BIGGS CLARK DAVIS
REPRESENTATIVE, NOT BY THE CONTRACTOR OR SUBCONTRACTOR PERFORMING THE WORK. ANY CONFLICT OF INTEREST MUST BE DISCLOSED TO THE CODE ENFORCEMENT OFFICIAL	AIR TEMPERATURE. F. RECORD UNIT WEIGHT OF CONCRETE. ASTM C 138	ÈQUAL TO 125% OF ALLOWABLE PULL- OUT STRENGTH.	HORIZONTALLY OR UPWARDLY INCLINED ORIENTATIONS TO RESIST SUSTAINED	ENGINEERING & SURVEYING 4592 JORDAN ROAD
PRIOR TO COMMENCING WORK. THE SPECIAL INSPECTOR SHALL BE A PROFESSIONAL ENGINEER EXPERIENCED IN THE DESIGN	G. PERFORM COMPRESSIVE STRENGTH TESTS. ASTM C 567 ASTM C 39	B. TEST 100% OF ANCHORS BY PULLING WITH A CLAW HAMMER USING THE WEIGHT OF ONE MAN.	TENSION LOADS.	SKANEATELES FALLS, NY 13153 ρ 315.685.4732 f 315.685.4753 www.ryanbiggs.com
OF BUILDINGS AND REGISTERED IN THE STATE OF NEW YORK. MINIMUM QUALIFICATIONS OF THE TESTING AGENTS ARE INDICATED ON THE SCHEDULE.	5. INSPECT CONCRETE PLACEMENT FOR 3 B.1, B.2 X - ACI 318	C. ADHESIVE ANCHORS INSTALLED IN X - ACI 318 HORIZONTALLY OR UPWARDLY INCLINED 17.8.2.4		2
KEY OF MINIMUM QUALIFICATIONS OF INSPECTION AGENTS (MQIA) PE NEW YORK STATE REGISTERED PROFESSIONAL ENGINEER	PROPER APPLICATION TECHNIQUES. 26.5	ORIENTATIONS TO RESIST SUSTAINED TENSION LOADS.	SPECIAL INSPECTION NOTES	26
RDP NEW YORK STATE REGISTERED DESIGN PROFESSIONAL ENGINEER EIT ENGINEER IN TRAINING SUPERVISED BY A PE - INTERN ENGINEER	6. VERIFY MAINTENANCE OF SPECIFIED 3 B.1, B.2 - X ACI 318 26.5.3-26.5.5	6. MATERIAL VERIFICATION OF WELD FILLER MATERIALS.		17
ACI-CCI AMERICAN CONCRETE INSTITUTE CERTIFIED CONCRETE CONSTRUCTION INSPECTOR ACI-CFTT AMERICAN CONCRETE INSTITUTE CERTIFIED CONCRETE FIELD TESTING TECHNICIAN - GRADE 1	7. INSPECT AND TEST CONCRETE SLABS 3 B.1, B.2 ON GRADE AND METAL DECK:	A. IDENTIFICATION MARKINGS TO 3 E.1, E.2 X - AISC 360-10, CONFORM TO AWS SPECIFICATION IN THE APPROVED CONSTRUCTION	1. THE OWNER WILL ENGAGE THE SERVICES OF A QUALIFIED SPECIAL INSPECTOR FOR THIS PROJECT, WHO WILL PROVIDE AND/OR COORDINATE INSPECTION AND TESTING REQUIREMENTS AS NECESSARY IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 17 OF THE BCNYS.	1.—
ICC-RCSI ICC REINFORCED CONCRETE SPECIAL INSPECTOR ICC-RCC ICC REINFORCED CONCRETE CERTIFICATION	A. FLOOR FLATNESS AND LEVELNESS. B. MOISTURE VAPOR EMISSION AND ALKALINITY. PERFORM 4 TESTS FOR ASTM F 1155 ASTM F 1169 ASTM F 710	DOCUMENTS. B. MANUFACTURER'S CERTIFICATE 1 OR 3 E.1, E.2 X -	THE REGISTERED DESIGN PROFESSIONAL HAS PREPARED A STATEMENT OF SPECIAL	Ž
ICC-SMC ICC STRUCTURAL MASONRY CERTIFICATION ICC-SSWC ICC STRUCTURAL STEEL AND WELDING CERTIFICATION	EACH 2000 SF OF FLOOR AREA AND MINIMUM OF 4 TESTS.	OF COMPLIANCE REQUIRED.	INSPECTIONS, WHICH INCLUDES SPECIFICATION 014533, AND THE SCHEDULE OF SPECIAL INSPECTIONS. THESE DOCUMENTS WILL BE SUBMITTED WITH THE CONTRACT DOCUMENTS AND	<u> </u>
AWS-CWI AMERICAN WELDING SOCIETY CERTIFIED WELDING INSPECTOR ICC-SAFC ICC SPRAY-APPLIED FIREPROOFING CERTIFICATION	8. INSPECT WELDING OF REINFORCING STEEL. 3 E.1, E.2 - X 100% AWS D1.4 A. REFER TO STRUCTURAL STEEL	7. INSPECTION OF WELDING OF STRUCTURAL STEEL: 3 E.1, E.2, M.1 AISC 360-10, N5.4 AND N5 5 AWS D1.1	THE APPLICATION FOR BUILDING PERMIT TO THE CODE ENFORCEMENT OFFICIAL.	
ASNT AMERICAN SOCIETY OF NON-DESTRUCTIVE TESTING - LEVEL II OR III ICC-PCC ICC PRESTRESSED CONCRETE CERTIFICATION	SCHEDULE. 9. INSPECT ANCHORS POST-INSTALLED IN 3 ACI 318 17.8 2	A. COMPLETE AND PARTIAL PENETRATION X - ASTM E 587 GROOVE WELDS. 100% VISUAL	 SPECIAL INSPECTIONS AND TESTING SHALL BE CONTINUOUS OR PERIODIC DURING THE PERFORMANCE OF THE WORK, AS NOTED. 	Č
	HARDENED CONCRETE MEMBERS A. REFER TO STRUCTURAL STEEL	INSPECTION AND 50% MINIMUM ULTRASONIC TESTING. REFER TO SPECIFICATION SECTION 014533	4. THE CONTRACTOR SHALL HOLD A PRE-CONSTRUCTION MEETING WITH THE REGISTERED DESIGN PROFESSIONAL, SPECIAL INSPECTOR, TESTING AGENCY, AND AFFECTED SUB-CONTRACTORS TO	
A. EXCAVATION AND FILLING 1. CURRENT LEVEL II CERTIFICATION IN GEOTECHNICAL	SCHEDULE.	FOR ADDITIONAL REQUIREMENTS. B. FILLET WELDS. 100% VISUAL - X ASTM E 709	REVIEW THE REQUIRED SPECIAL INSPECTION AND TESTING REQUIREMENTS FOR THE PROJECT. THE CONTRACTOR SHALL DISTRIBUTE CONSTRUCTION SCHEDULES TO EACH ATTENDEE.	
VERIFICATION OF SOILS ENGINEERING TECHNOLOGY/CONSTRUCTION FROM THE PILES AND DRILLED PIERS NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES (NICET).	MASONRY (LEVEL B)	INSPECTION AND 10% MAGNETIC PARTICLE TESTING.	5. THE SPECIAL INSPECTOR SHALL SUBMIT INTERIM REPORTS AND, AT THE COMPLETION OF SPECIAL	
2. EIT OR PE WITH RELEVANT EXPÈRIENCE.	VERIFICATION/INSPECTION AGENT NO. MQIA CONT. PERIODIC REFERENCED STANDARD	1. SINGLE PASS (5/16 OR LESS). 2. MULTIPASS (GREATER THAN 5/16). C. METAL DECK WELDS. - X AWS D1.1 X - X 50% AWS D1.3	INSPECTIONS, A FINAL STATEMENT OF SPECIAL INSPECTIONS. REPORTS SHALL BE STAMPED AND SIGNED BY A PROFESSIONAL ENGINEER.	
B. REINFORCED CONCRETE 1. CURRENT ICC-RCSI OR ACI-CCI 2. ACI-CFTT 3. EIT OR PE WITH RELEVANT EXPERIENCE	AS MASONRY CONSTRUCTION BEGINS,	D. SHEAR CONNECTOR WELDS. VERIFY FOR SHEAR CONNECTOR WELDS. X HAMMER TEST AISC 360-10,	 THE SPECIAL INSPECTOR SHALL NOTIFY THE CONTRACTOR IMMEDIATELY OF DISCREPANCIES. SUBSEQUENT REPORTS SHALL NOTE WHEN AND HOW DEFICIENCIES WERE CORRECTED. THE 	
C. PRESTRESSED CONCRETE 1. CURRENT ICC-RCC OR ICC-PCC	VERIFY THE FOLLOWING TO ENSURE COMPLIANCE: A. PROPORTIONS OF SITE-PREPARED 1 OR 3 D.1, D.2 - X ACI 530.1	AND TEST BY CONTRACTOR. N6 E. WELDS AT BASES OF CANTILEVER RAIL - X IBC 1705.2.1	SPECIAL INSPECTOR SHALL NOTIFY THE REGISTERED DESIGN PROFESSIONAL AND THE CODE ENFORCEMENT OFFICIAL OF DISCREPANCIES WHICH HAVE NOT BEEN CORRECTED.	
ACI-CFTT WITH ONE YEAR OF RELEVANT EXPERIENCE BUT OR PE WITH RELEVANT EXPERIENCE CURRENT POST-TENSIONING INSTITUTE (PTI) CERTIFICATION	MORTAR. FIRST FIVE DAYS OF MASONRY CONSTRUCTION. ART 2.1, 2.6A ASTM C780	POSTS.	7. THE CONTRACTOR SHALL COOPERATE WITH THE SPECIAL INSPECTOR INCLUDING ADVANCE NOTIFICATION OF REQUIRED INSPECTION OR TEST, INCIDENTAL LABOR, AND SAFE ACCESS TO THE	
D. MASONRY 1. CURRENT ICC-SMC AND ONE YEAR OF RELEVANT EXPERIENCE. 2. EIT OR PE WITH RELEVANT EXPERIENCE.	B. LOCATION OF MASONRY UNITS AND 1 D.2 - X ACI 530.1	8. INSPECTION OF WELDING OF REINFORCING STEEL: A. VERIFICATION OF WELDABILITY OF A. VERIFICATION OF WELDABIL	WORK AREAS, AND ACCESS TO CONTRACT DOCUMENTS SO THAT INSPECTIONS AND TESTING MAY BE PERFORMED WITHOUT HINDRANCE.	
E. WELDING 1. CURRENT AWS-CWI	CONSTRUCTION OF MORTAR JOINTS. FIRST THREE DAYS OF MASONRY ART 3.3B	REINFORCING STEEL OTHER THAN X 26.6.4 ASTM A 706.	8. THE SPECIAL INSPECTION PROGRAM SHALL IN NO WAY RELIEVE THE CONTRACTOR OF THE	
2. CURRENT ICC-SSWC AND ONE YEAR RELEVANT EXPERIENCED EIT OR PE WITH RELEVANT EXPERIENCE 3. CURRENT LEVEL II ASNT	CONSTRUCTION. 2. VERIFY THE FOLLOWING DURING	B. OTHER REINFORCING STEEL C. INSPECT SINGLE PASS FILLET WELDS (5/16 OR LESS) X - X	OBLIGATION TO PERFORM THE WORK IN ACCORDANCE WITH THE REQUIREMENTS OF THE CONTRACT DOCUMENTS OR FROM IMPLEMENTING AN EFFECTIVE QUALITY CONTROL PROGRAM.	
4. CURRENT LEVEL III ASNT, BUT ONLY IF ALSO LEVEL II	CONSTRUCTION: A. SIZE AND LOCATION OF STRUCTURAL 1 D.2, M.1 - X 50% ACI 530.1 ART 3 3F	9. INSPECTION OF ERECTED STEEL FRAME: 1 OR 3 F.1, F.2, - X 100% AISC 360-10,	9. SEE SPECIFICATIONS FOR ADDITIONAL INFORMATION.	
F. HIGH-STRENGTH BOLTING AND STEEL FRAME INSPECTION 1. CURRENT ICC-SSWC AND ONE YEAR OF RELEVANT EXPERIENCE. 2. EIT OR PE WITH RELEVANT EXPERIENCE.	ELEMENTS. B. TYPE, SIZE, AND LOCATION OF 1 D.2, M.1 - X 50% ACI 530 SEC 1 2.1(e)	A. JOINT DETAILS FOR COMPLIANCE WITH APPROVED CONSTRUCTION		
G. INSPECTION OF FABRICATORS 1. PRECAST: CURRENT ICC-RCC AND ONE YEAR OF RELEVANT EXPERIENCE 2. BAR JOISTS: SEE WELDING REQUIREMENTS	STRUCTURAL MEMBERS, FRAMES, OR OTHER CONSTRUCTION. 6.1.4.3, 6.2.1	DOCUMENTS. B. BRACED FRAMES AND MOMENT		
3. METAL BUILDINGS: SEE WELDING REQUIREMENTS 4. STRUCTURAL STEEL: SEE WELDING REQUIREMENTS	C. SPECIFIED SIZE, GRADE, AND TYPE OF REINFORCEMENT AND ANCHOR BOLTS. 1 D.2, M.1 - X 50% ACI 530.1 ART 2.4, 3.4 ACI 530 SEC 6.1	FRAMES. C. APPLICATION OF JOINT DETAILS AT		<u>₹</u> > ĕ
H. COLD-FORMED METAL FRAMING 1. QUALIFIED PERSON WITH ONE YEAR OF RELEVANT EXPERIENCE 2. EIT OR PE WITH RELEVANT EXPERIENCE	D. PREPARATION, CONSTRUCTION, AND 1 D.1, D.2 - X ACI 530.1 PROTECTION OF MASONRY DURING ACI 530.1 ART 1.8C, 1 8D	EACH CONNECTION. 10. INSPECT CONDITION OF ERECTED 1 OR 3 F.1, F.2 - X 100%		
WOOD FRAMING AND TRUSSES A QUALIFIED PERSON WITH ONE YEAR OF RELEVANT EXPERIENCE A SUBJECT OF PEWITH RELEVANT EXPERIENCE	COLD WEATHER (TEMPERATURE BELOW 40°F) OR HOT WEATHER (TEMPERATURE	MATERIALS. 11. VERIFY COLUMN PLUMBNESS. 3 F.1 - X 100%		SS
J. EXTERIOR AND INTERIOR ARCHITECTURAL WALL PANELS 2. EIT OR PE WITH RELEVANT EXPERIENCE 1. MASONRY VENEERS: SEE MASONRY QUALIFICATIONS ARCHITECTURAL WALL PANELS 2. EIT OR PE WITH RELEVANT EXPERIENCE	ABOVE 90°F) E. WELDING OF REINFORCING BARS. 3 E.1, E.2 X - ACI 530 SEC 8.1.6.7.2	12. INSPECTION OF ERECTED METAL DECK: 1 OR 3 F.1, F.2 - X 100% AISC 360-10,		
K. SPRAYED FIRE-RESISTANT 1. CURRENT ICC-SAFC AND ONE YEAR OF RELEVANT EXPERIENCE MATERIALS 2. EIT OR PE WITH RELEVANT EXPERIENCE 2. EIT OR PE WITH RELEVANT EXPERIENCE	SEC 8.1.6.7.2 SEC 9.3.3.4 (c) SEC 11 3.3.4 (b)	A. SIZE AND SPACING OF MECHANICAL FASTENERS INCLUDING SCREWS, POWDER-ACTUATED FASTENERS,		C C C C C C C C C C
L. MASTIC AND INTUMESCENT FIRE-RESISTANT COATINGS 2. EIT OR PE WITH RELEVANT EXPERIENCE 1. EIT OR PE WITH RELEVANT EXPERIENCE	F. VERIFY SLUMP FLOW AND VISUAL 3 D.1 X - ACI 530.1 STABILITY INDEX (VSI) OF SELF ART 1.5 B.1.b.3	AND PNEUMATICALLY-DRIVEN FASTENERS.		
M. SEISMIC RESISTANCE 1. SEE APPLICABLE CATEGORIES IN THIS TABLE	CONSOLIDATING GROUT AS DELIVERED TO THE SITE. ASTM C 1611			
B SOILS AND FOUNDATIONS	3. PRIOR TO GROUTING, VERIFY THE FOLLOWING TO ENSURE COMPLIANCE: A. GROUT SPACE IS CLEAN. 1 D.2, M.1 - X ACI 530.1:			
VERIFICATION/INSPECTION AGENT NO. MQIA CONT. PERIODIC REFERENCED STANDARD	B. PLACEMENT OF REINFORCEMENT, AND 1 D.2, M.1 - X 50% ACI 530.1:			
VERIFY SITE PREPARATION IN ACCORDANCE WITH THE PROJECT	CONNECTORS. ART 3.2E AND 3.4 ACI 530: SEC 6			
GEOTECHNICAL EVALUATION: A. IDENTIFY SOILS REQUIRING UNDERCUTTING AND REPLACING 2 A.2 X -	C. PROPORTIONS OF SITE-PREPARED 1 OR 3 D.1, D.2 - X ACI 530.1 ART 2.6B OPERATIONS.			DATE: 05 JANUARY 2018
WHILE OBSERVING PROOF ROLLING AND WHEN SUBGRADE IS EXPOSED.	4. VERIFY GROUT PLACEMENT TO ENSURE 1 D.1, D.2, X - ACI 530.1			PROJECT: 1506
B. VERIFY FOOTING BEARING STRATA. 2 A.2 - X C. REVIEW AND ACCEPT FILL MATERIALS. 2 A.2 - X	COMPLIANCE WITH CODE AND M.1 ART 3.5 CONSTRUCTION DOCUMENT PROVISIONS.			OTHER: DRAWN BY: RMS
D. OBSERVE AND ACCEPT BACKFILLING 2 A.2 X - AND COMPACTION PROCEDURES.	5. OBSERVE PREPARATION OF GROUT 3 D.1 X - ACI 530.1: SPECIMENS, MORTAR SPECIMENS. ART. 1.4 ASTM C 780			<u> </u>
E. OBSERVE AND ACCEPT PREPARATION 2 A.1, A.2 X - OF SLAB SUBGRADE AND SUBBASE. F. VERIFY USE OF FILL MATERIAL 2 OR 3 A.1, A.2 X -	ASTM C1019 ASTM C1314			SCHEDULE OF SPECIAL
AND LIFT THICKNESS IN FIELD.	6. VERIFY COMPLIANCE WITH REQUIRED 1 D.1, D.2 - X ACI 530.1: INSPECTION PROVISIONS OF THE ART. 1.5			INSPECTIONS
A 2. COMPACTION AND MOISTURE CONTENT TESTING: 3 A.1 - X ASTM D 1557 A. ONE TEST OF SUBGRADE FOR EACH ASTM D 6938	CONSTRUCTION DOCUMENTS AND THE APPROVED SUBMITTALS.			
SPREAD FOOTING AND EACH 20-FOOT LENGTH OF STRIP FOOTING.				
B. FOUR TESTS OF SUBGRADE AND SUBBASE OF SLAB-ON-GRADE.				0000
C. FOUR TESTS OF EACH LIFT OF FILL MATERIALS OF BUILDING AREA.				S003
1	2 / / /	6 7	ο 10	T12
·	3 4 5	' '	ο ' 9 ' 10	•





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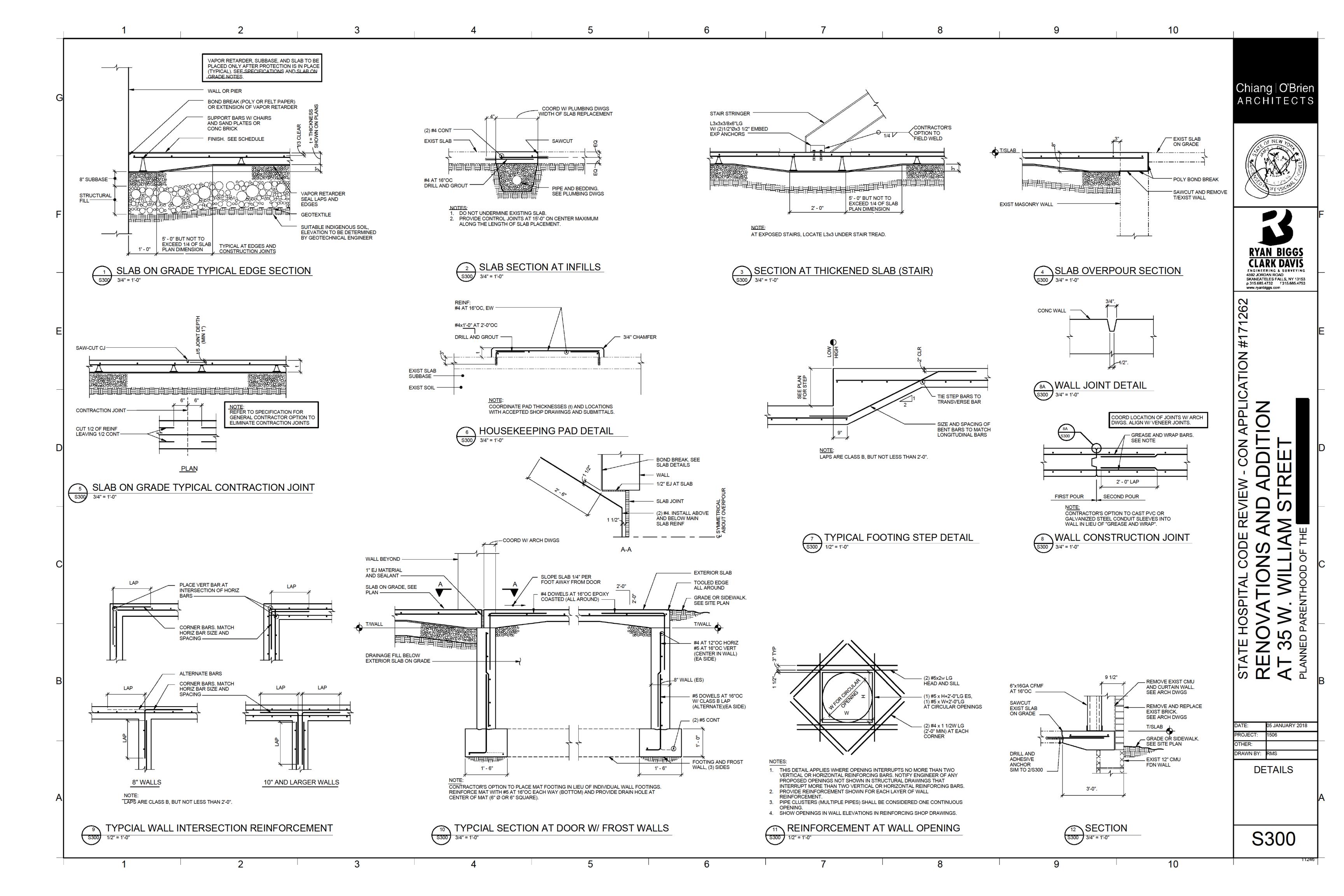
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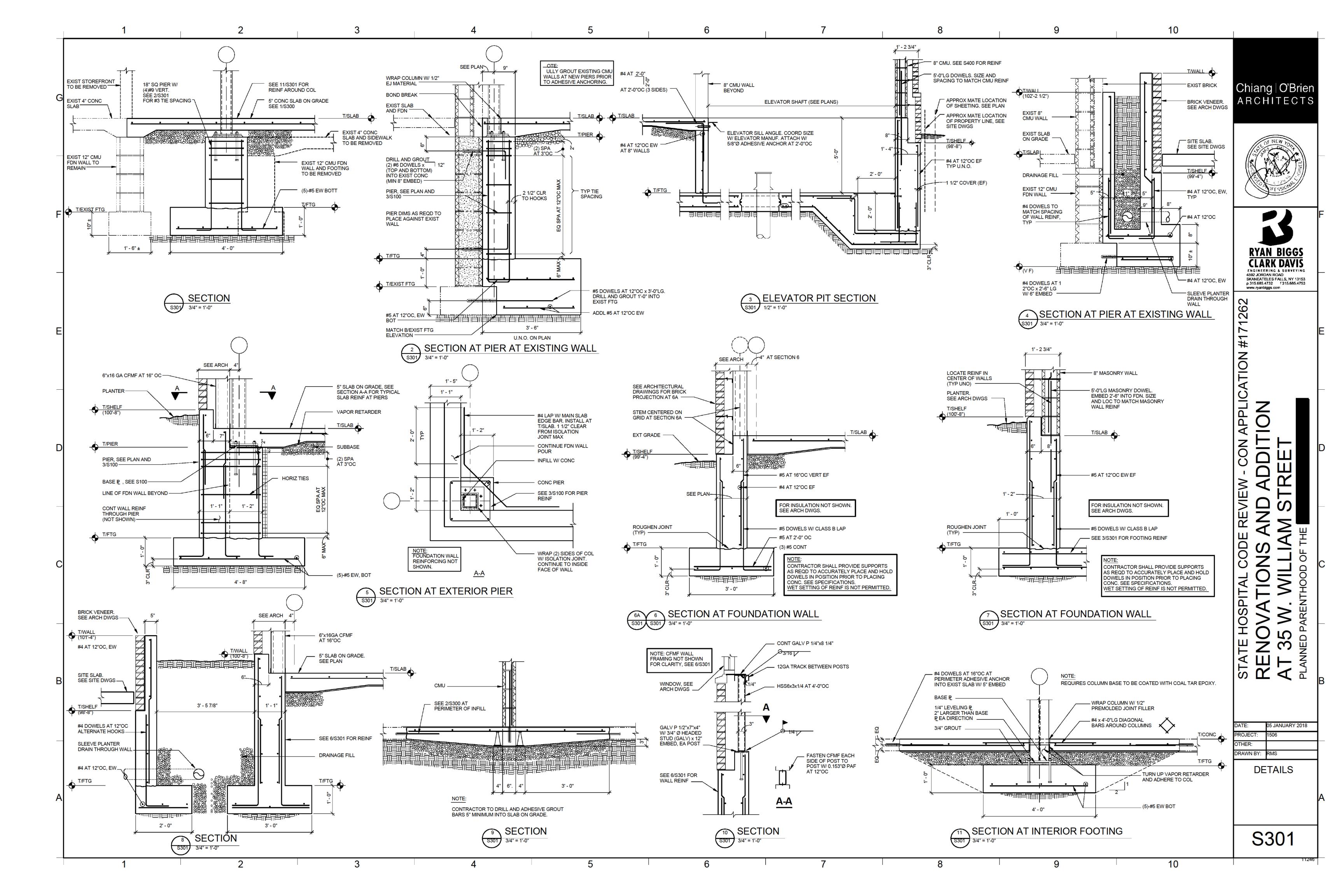
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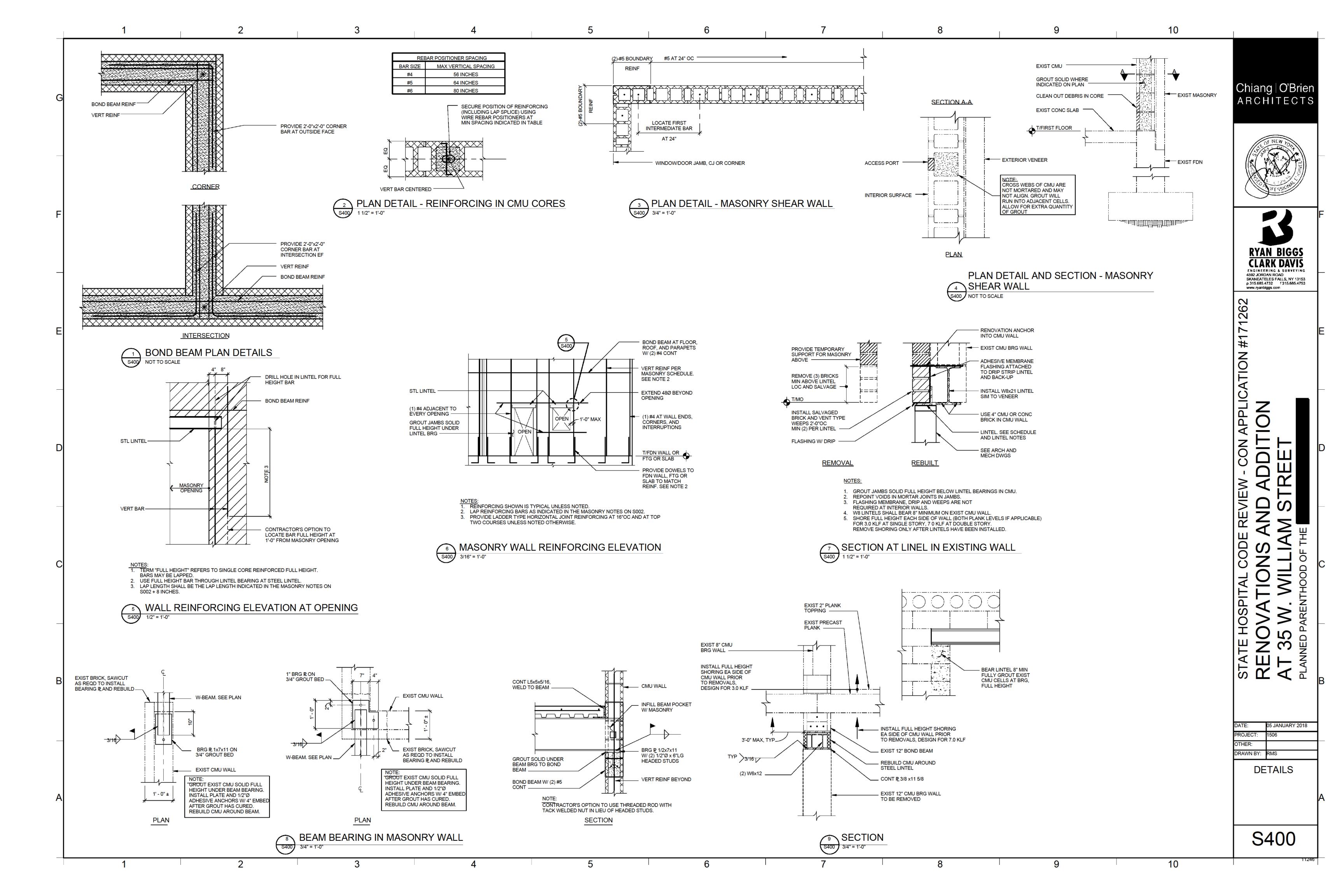
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FRAMING PLANS

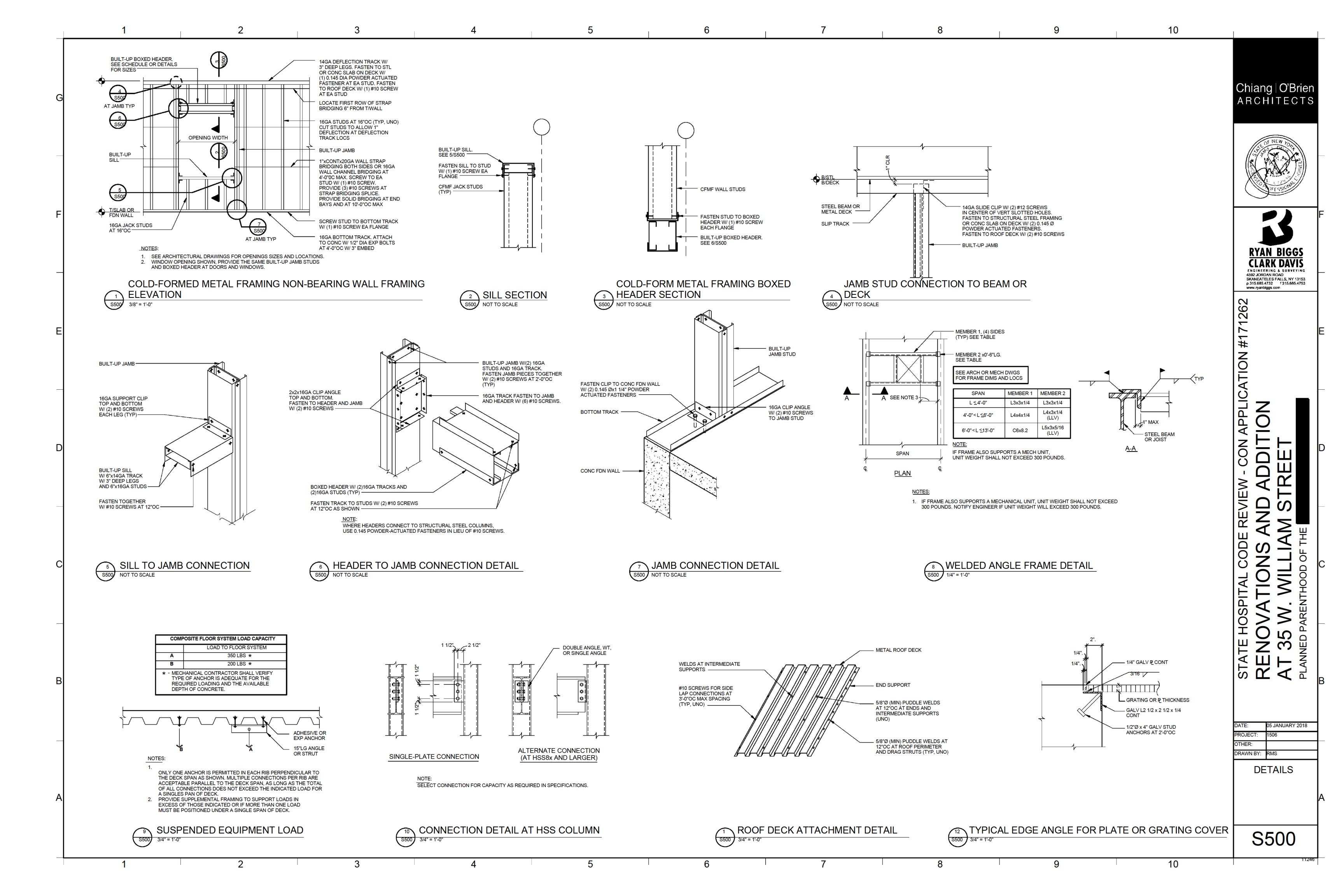
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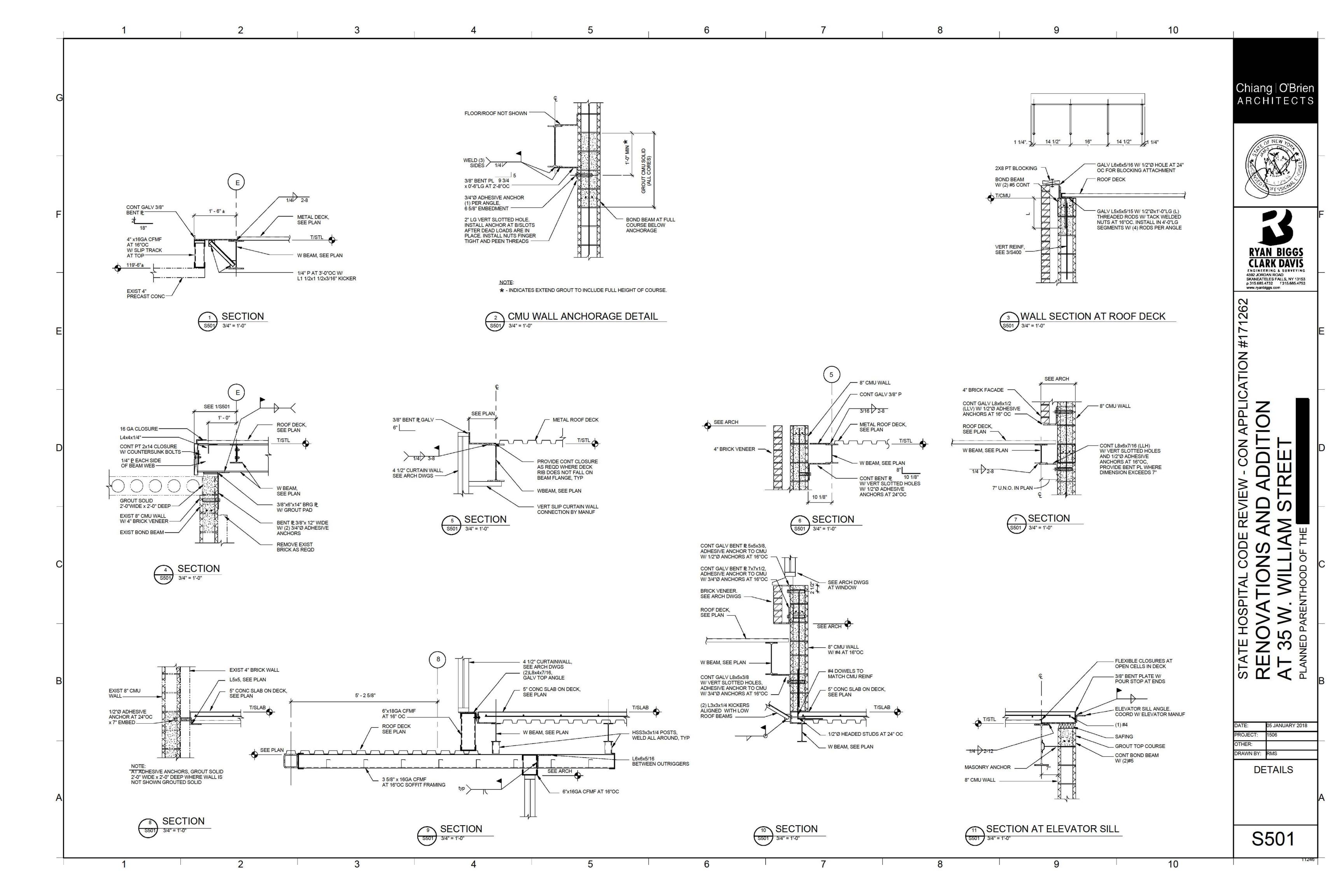
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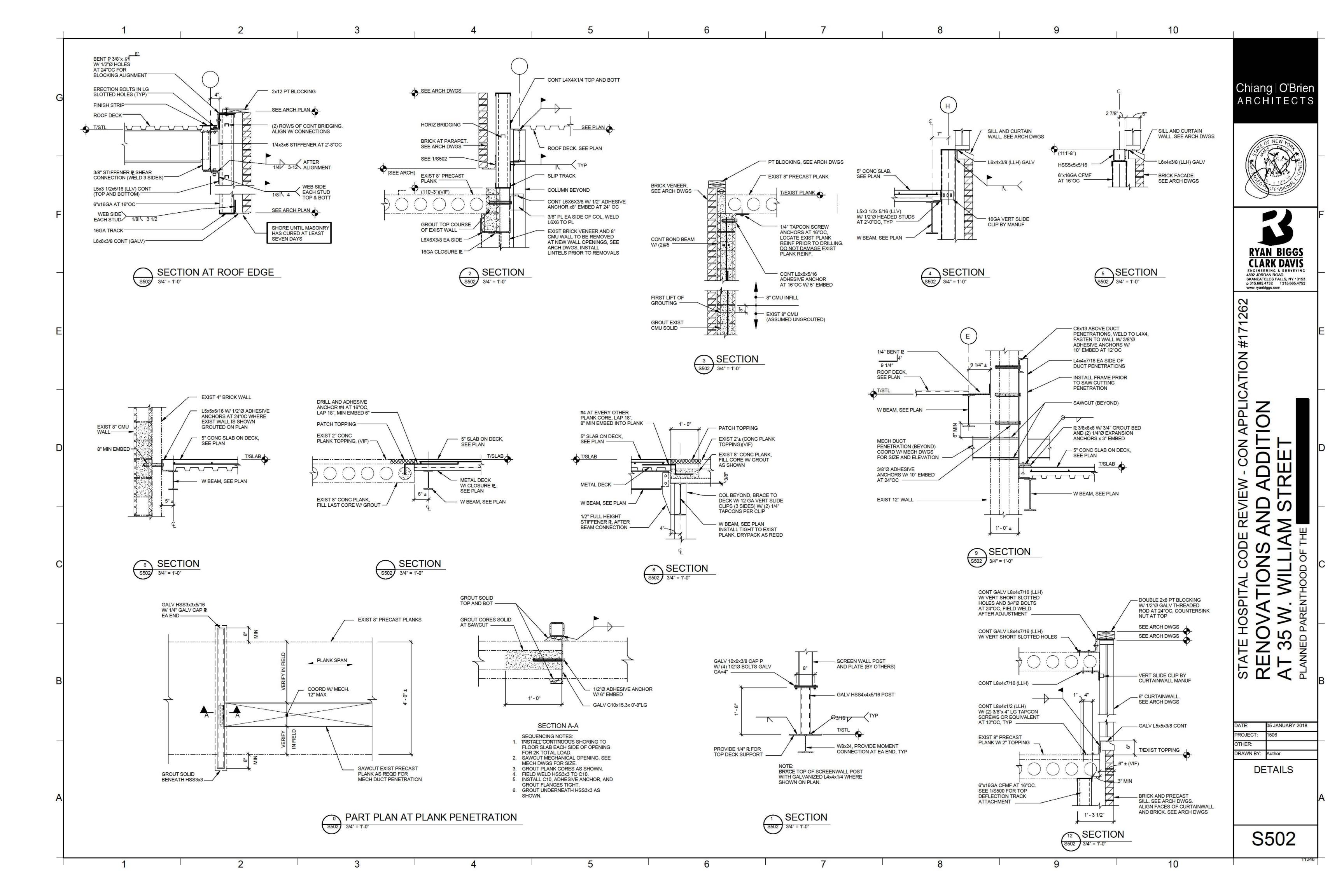


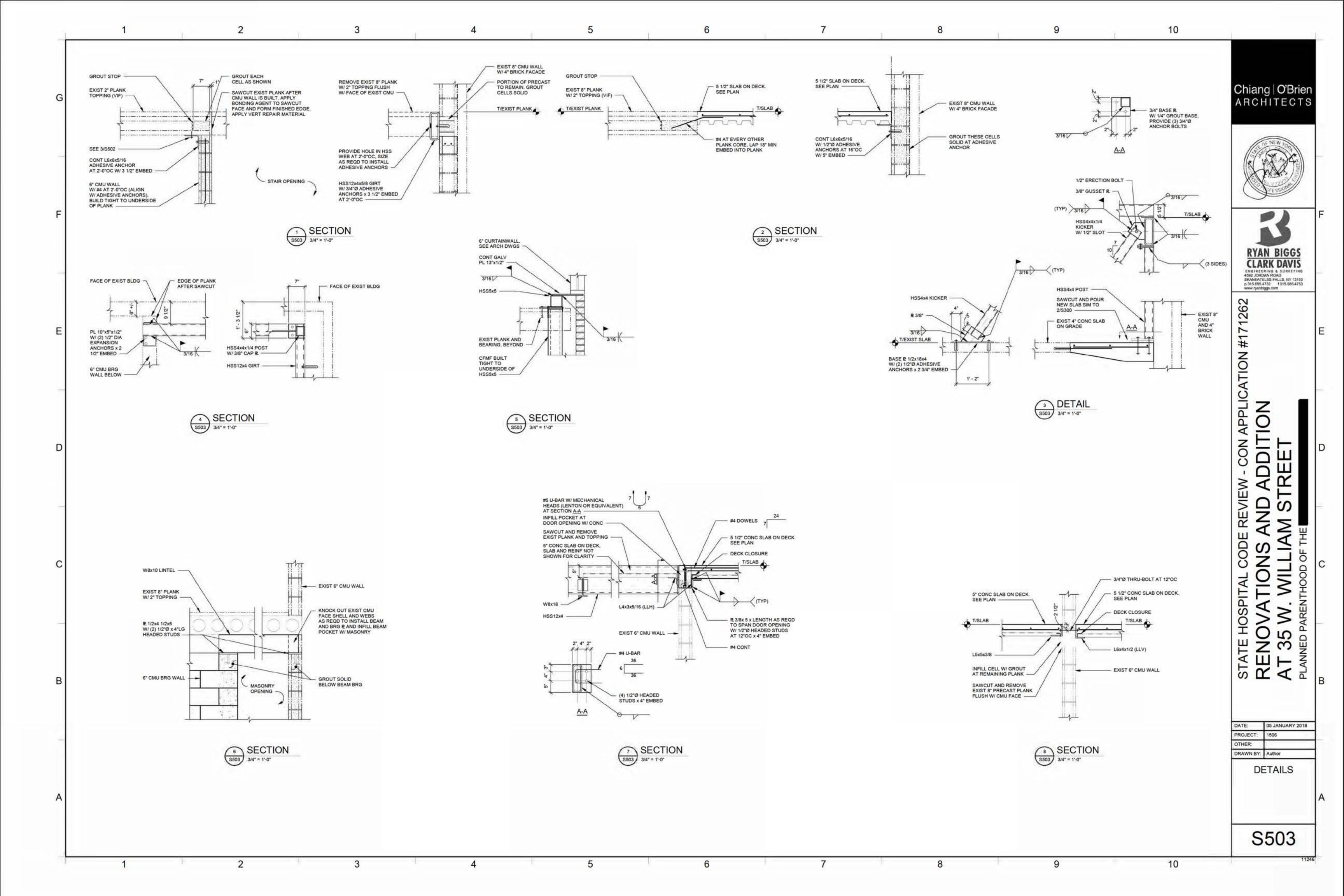


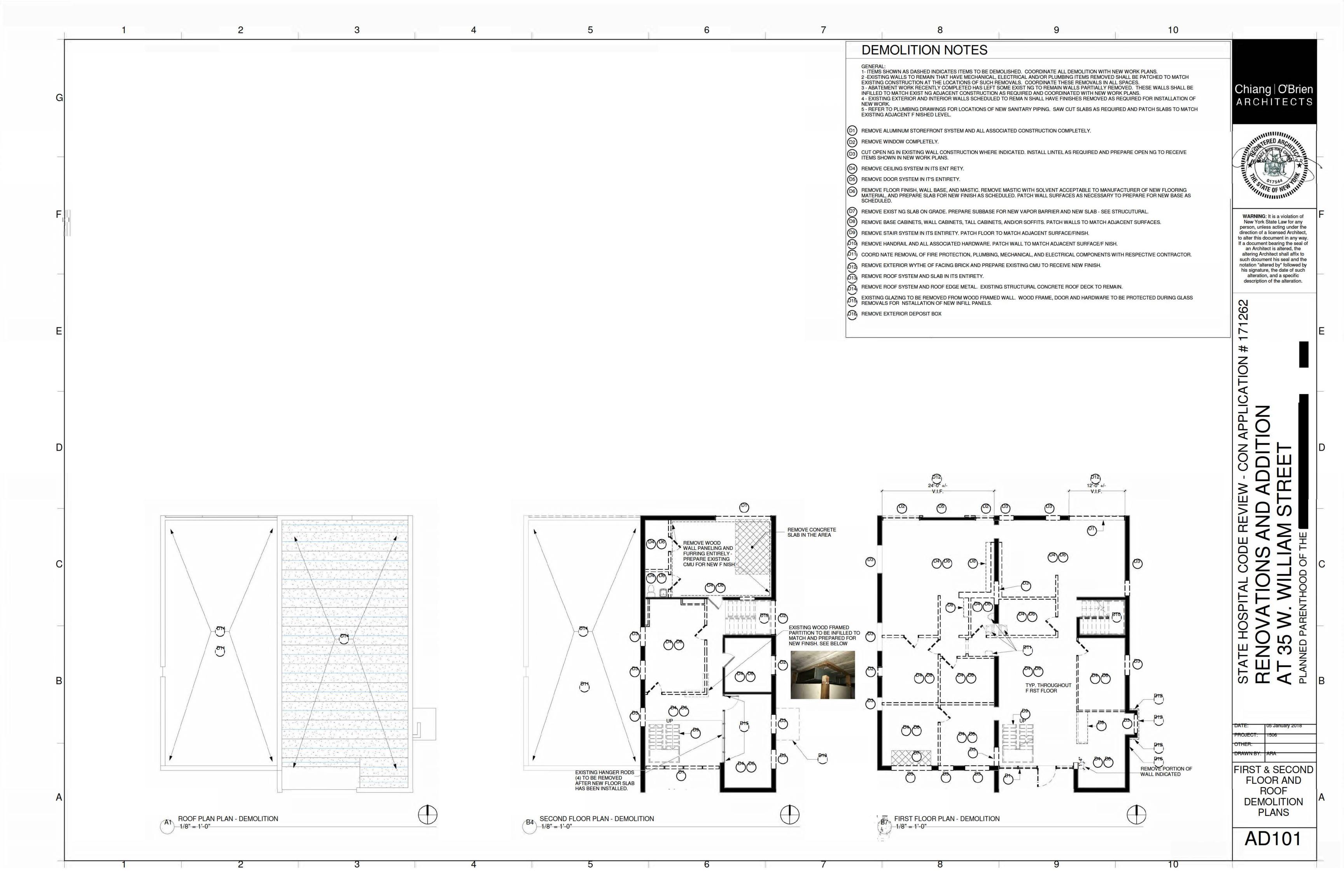


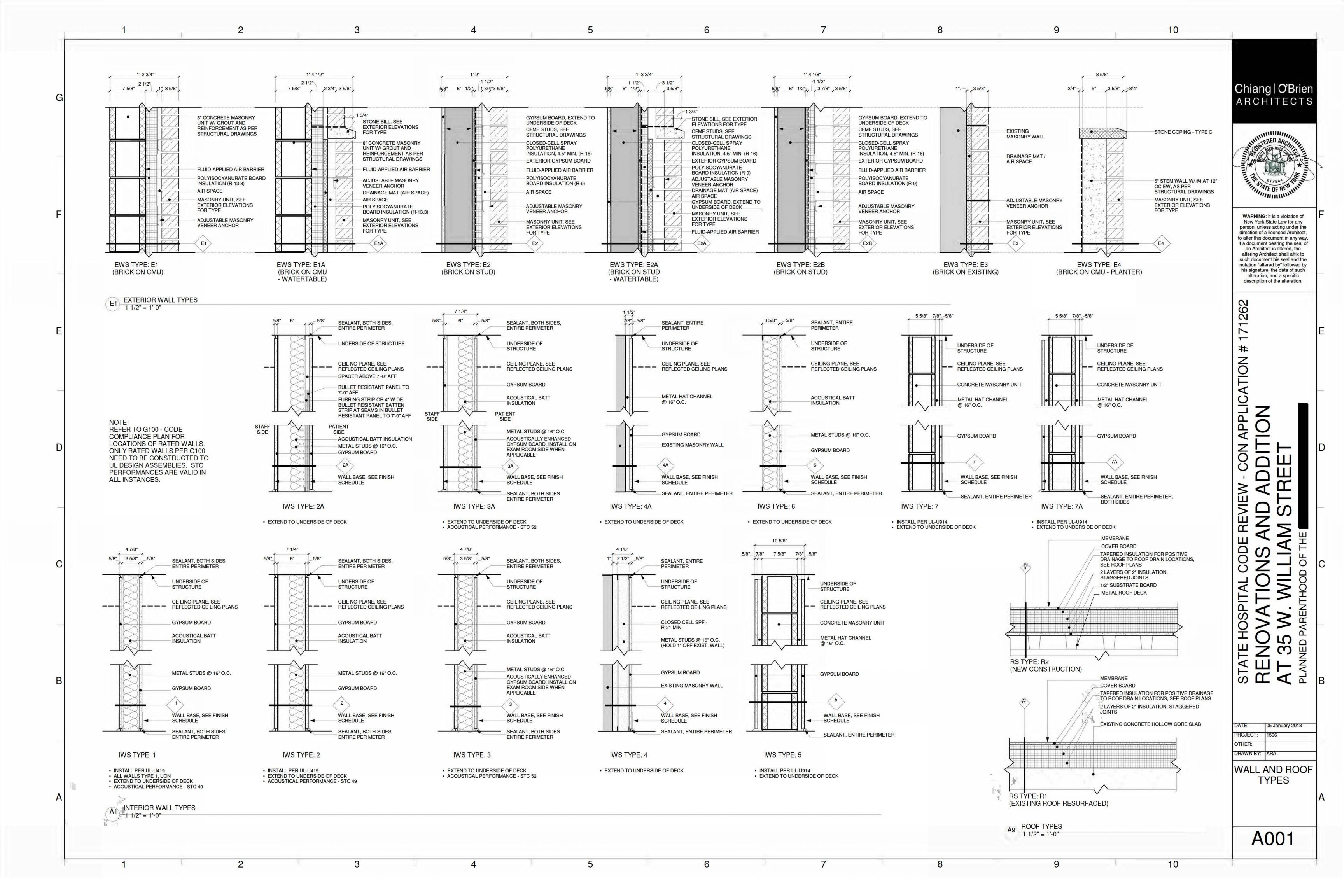


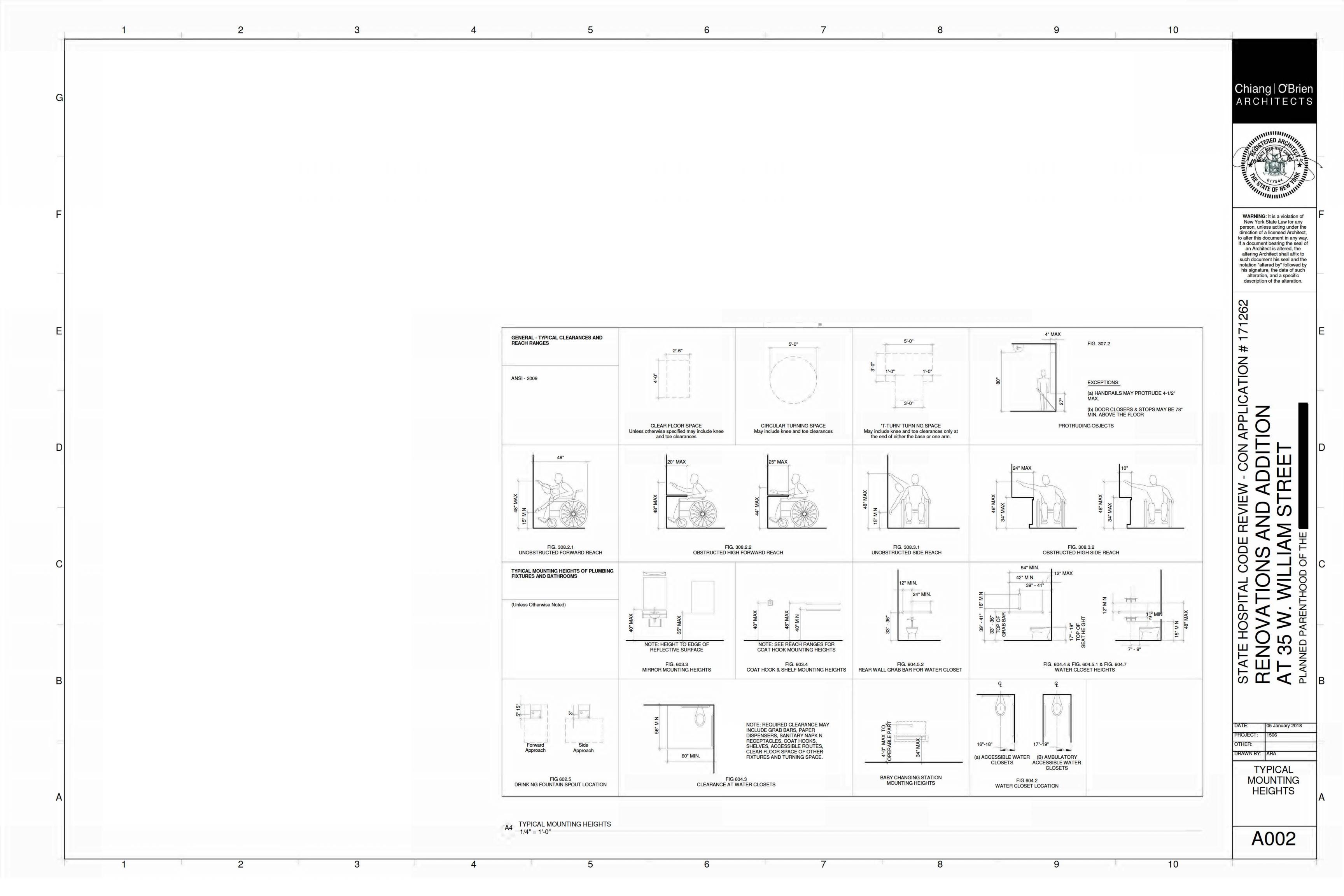


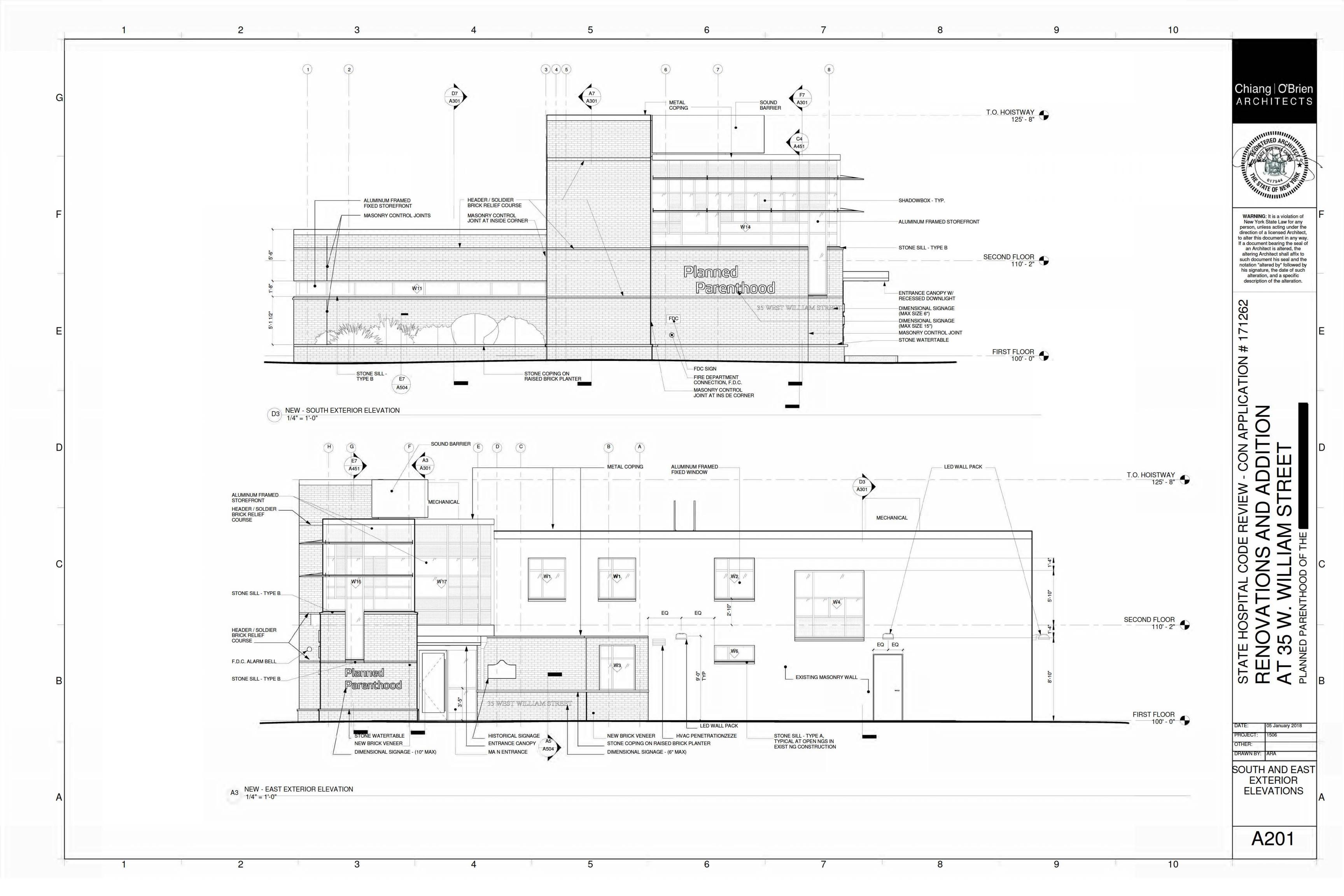


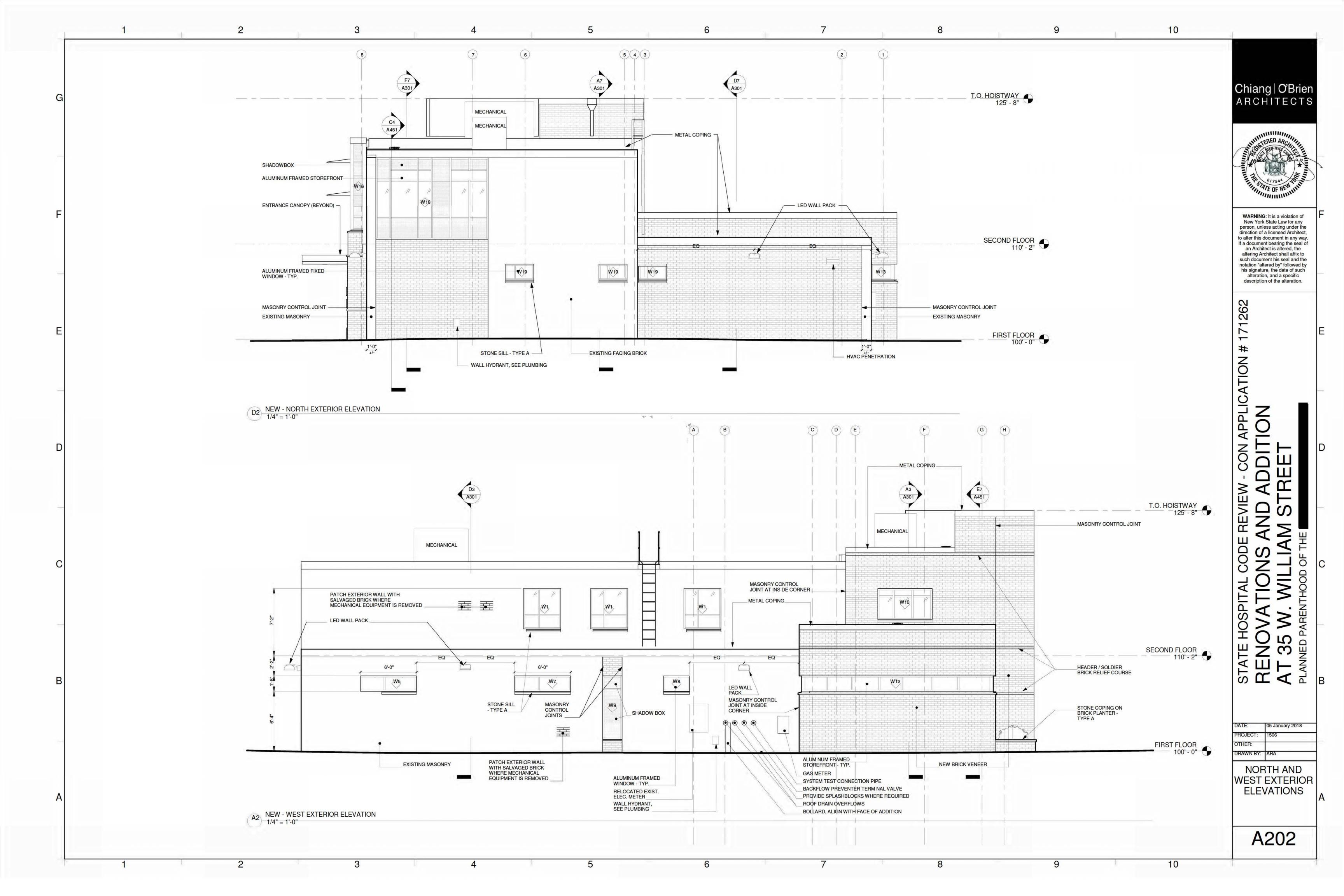


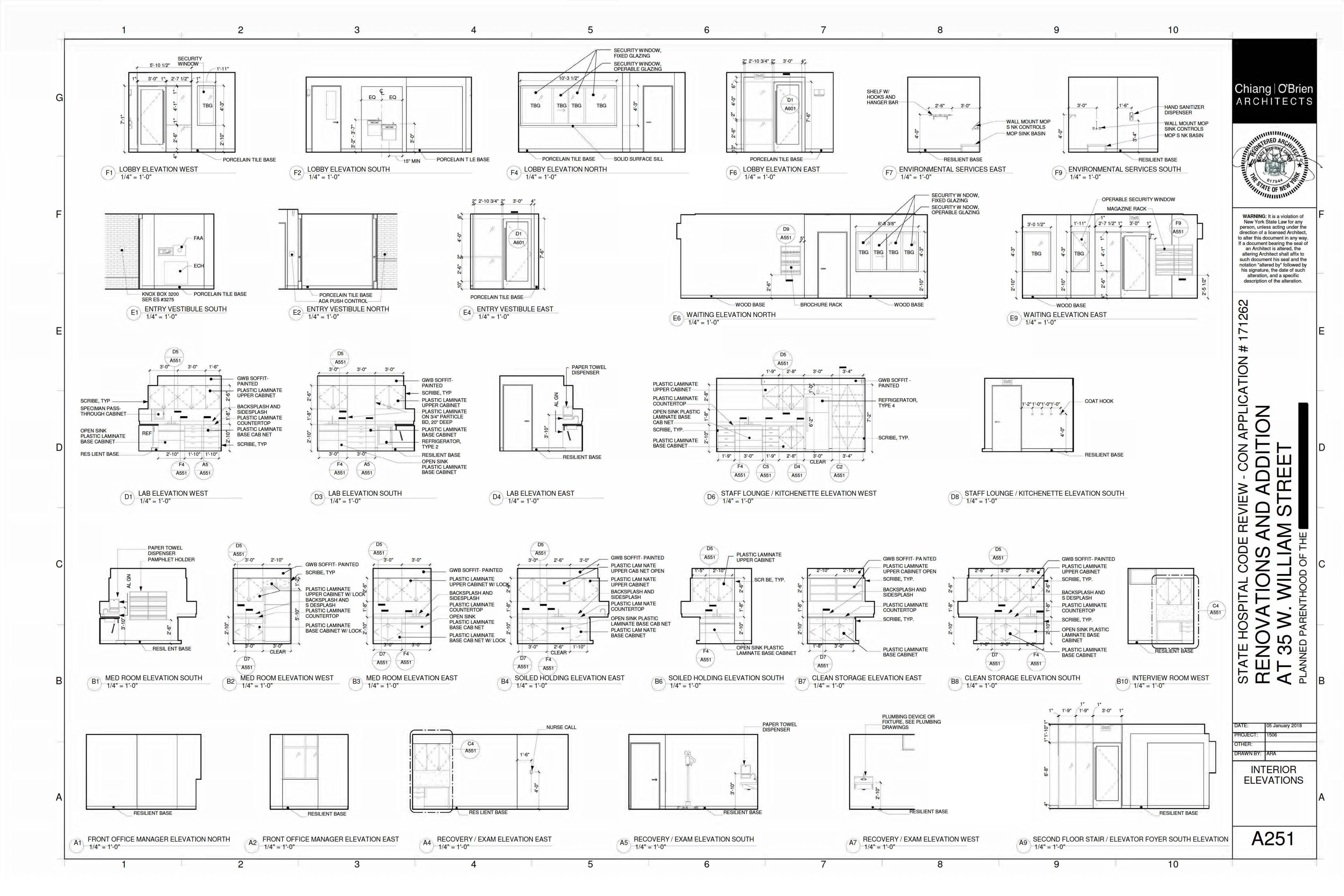




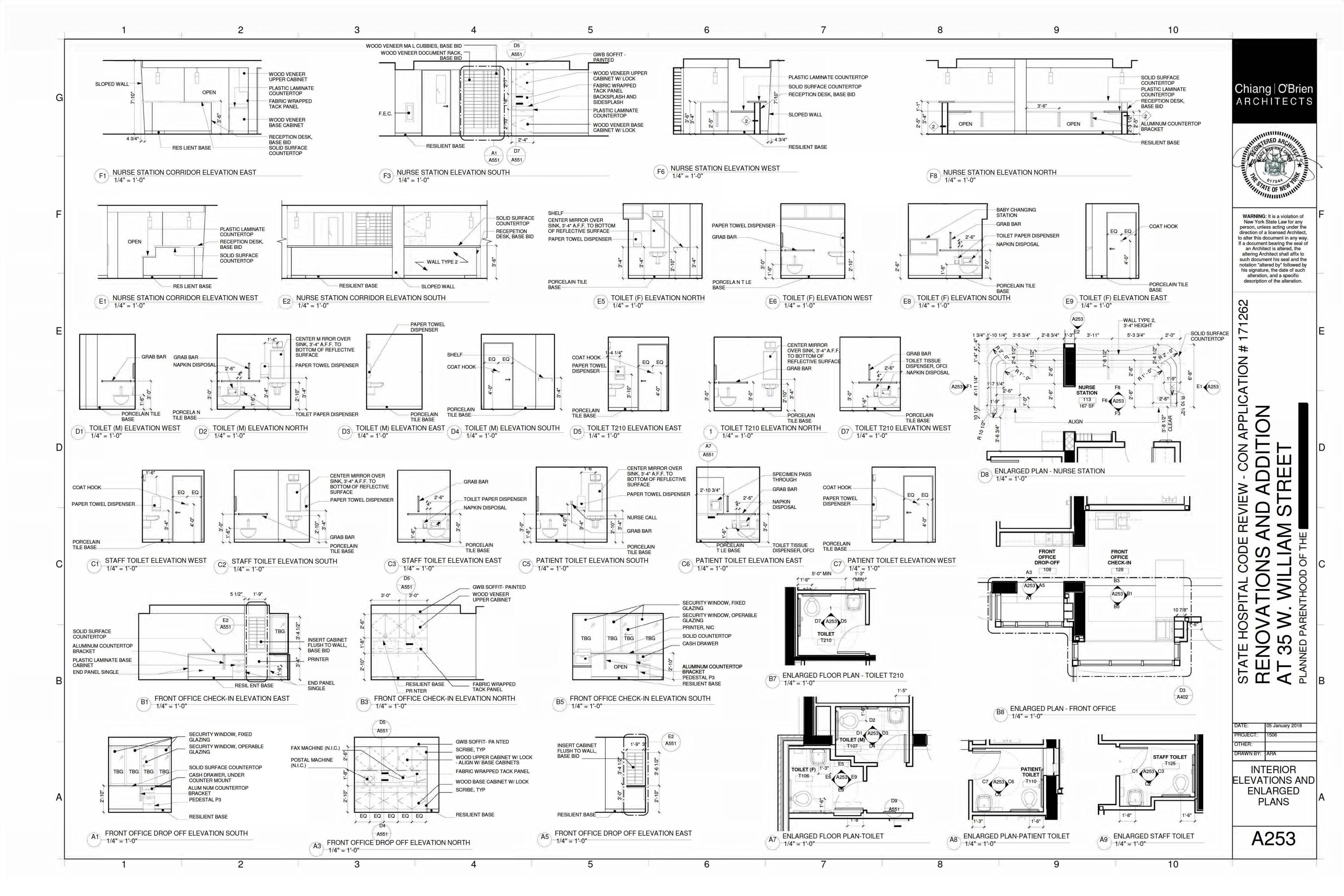


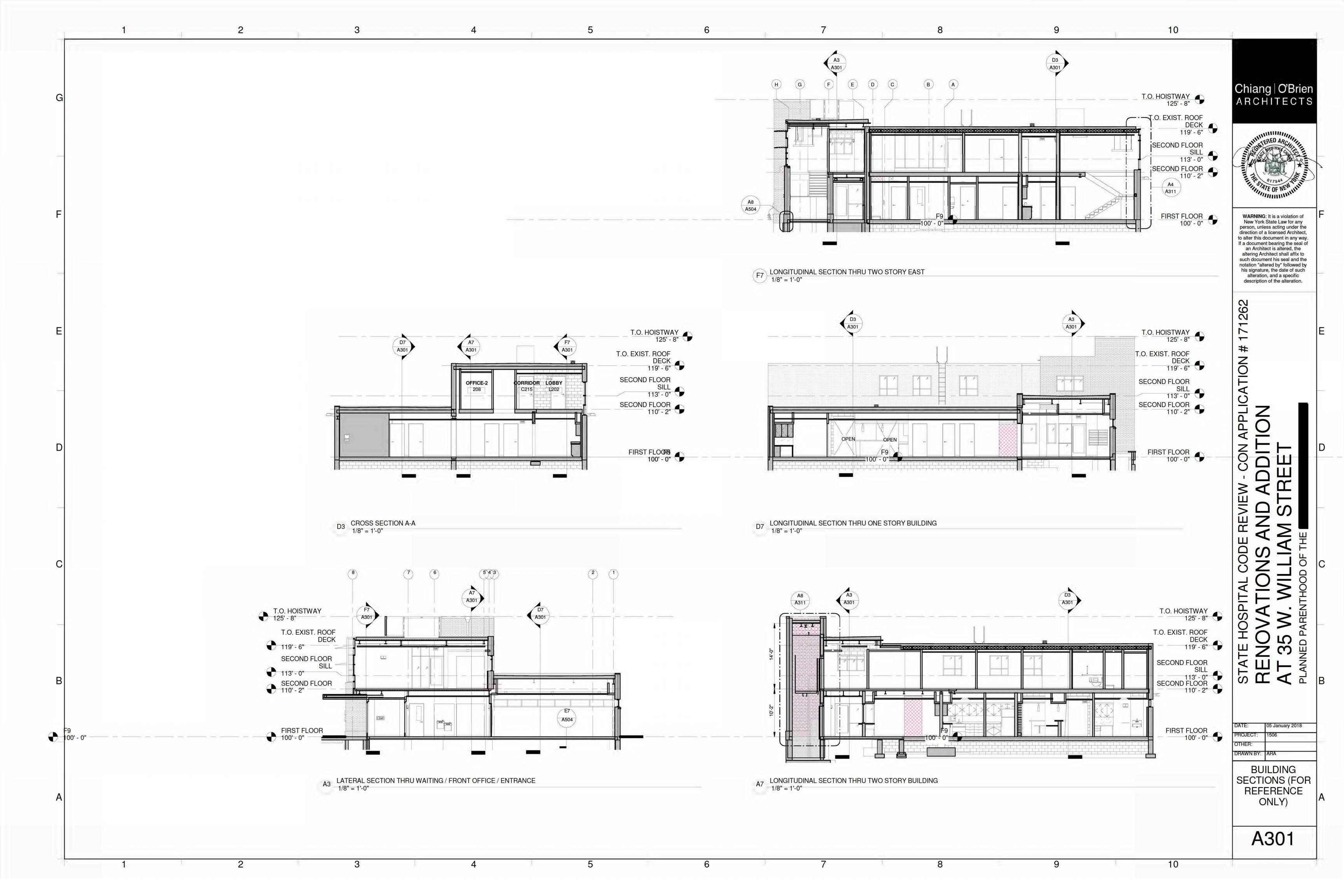


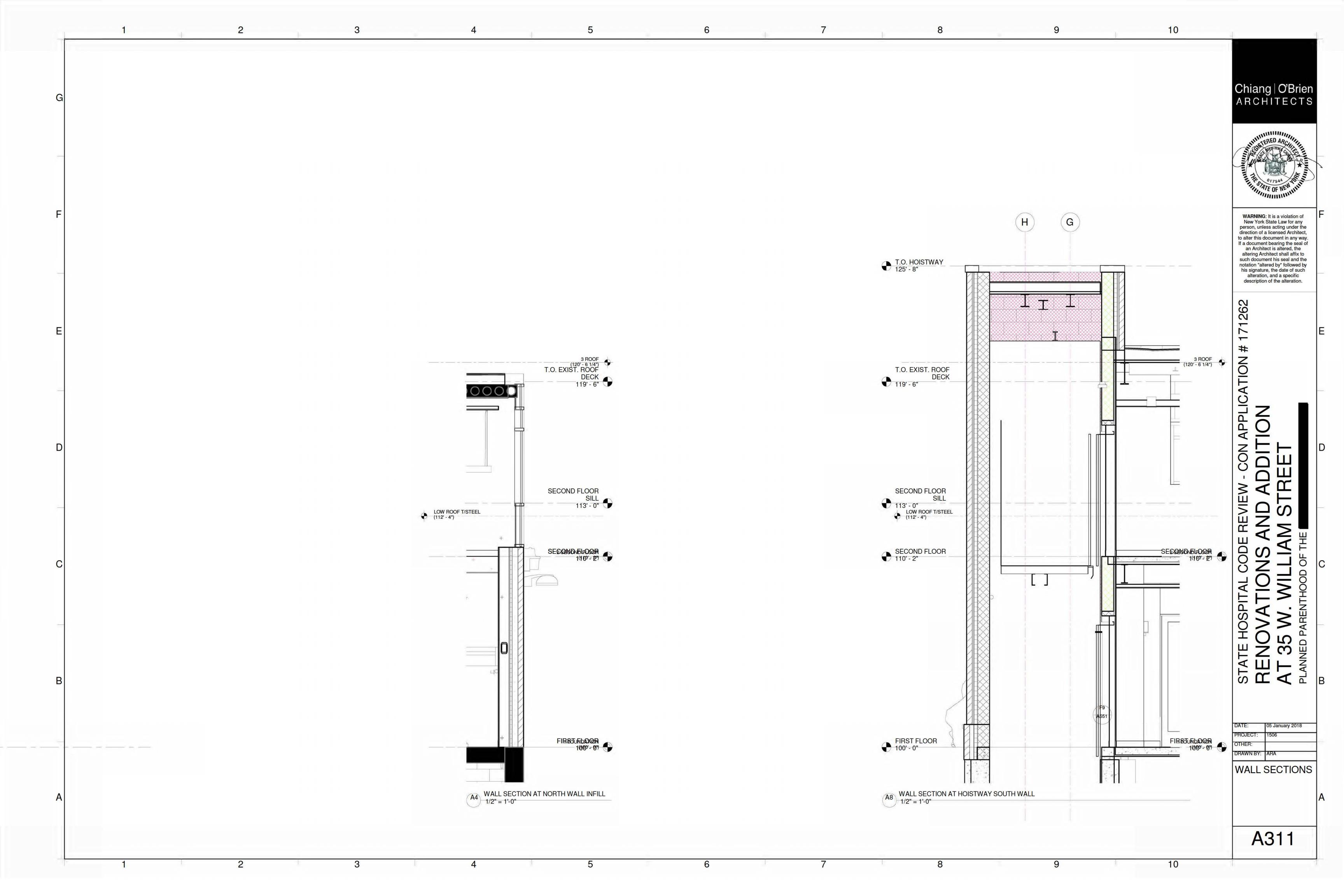


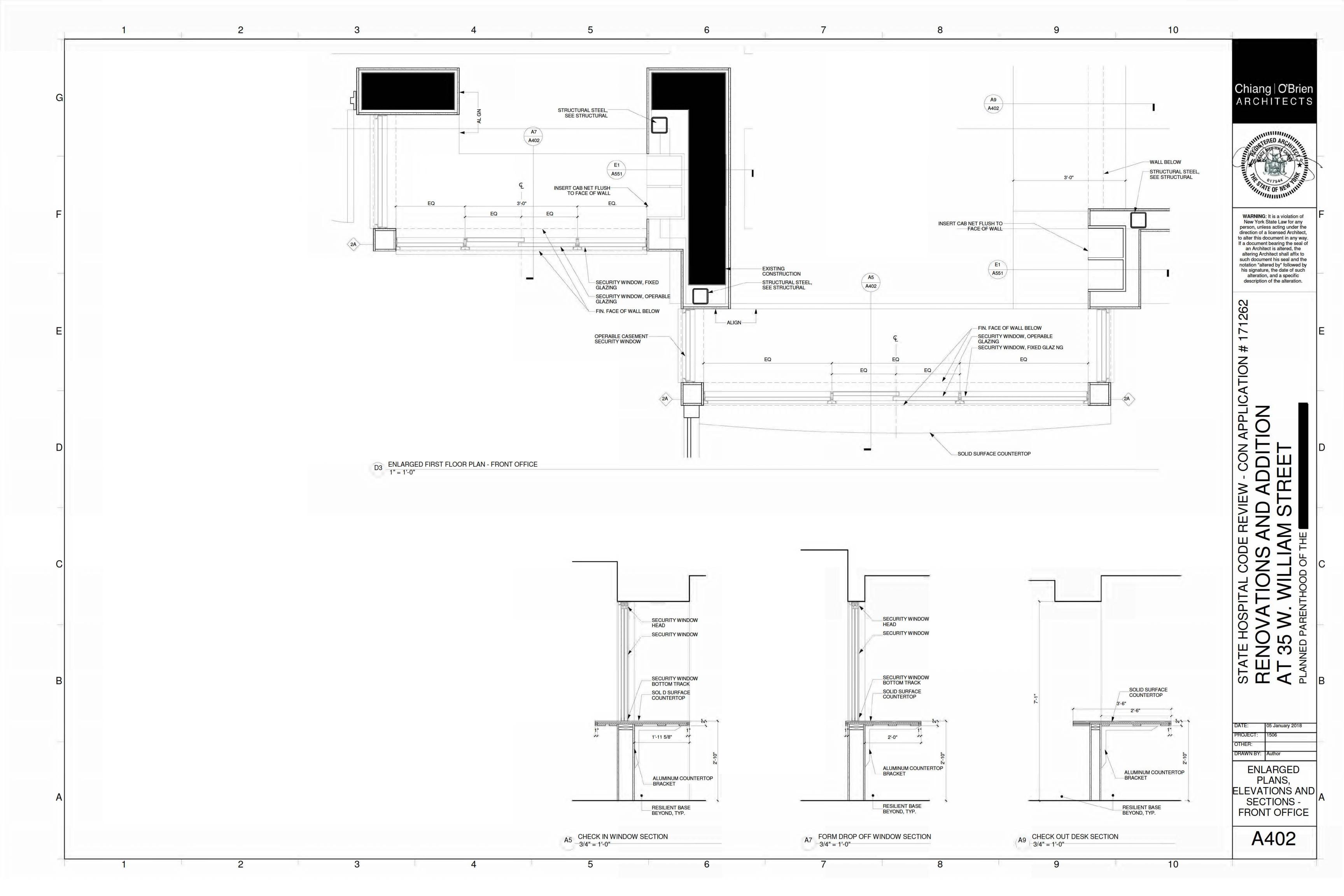


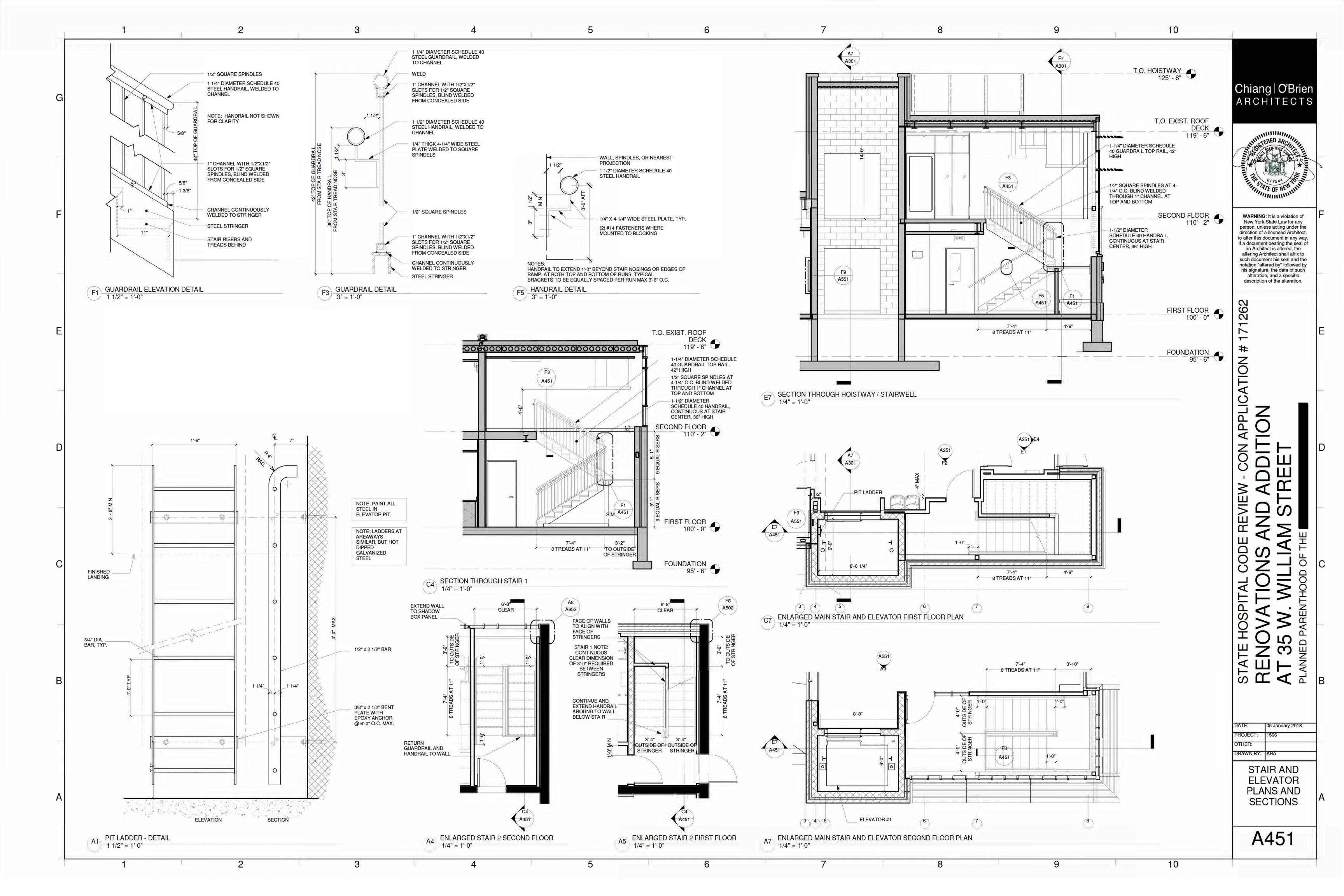


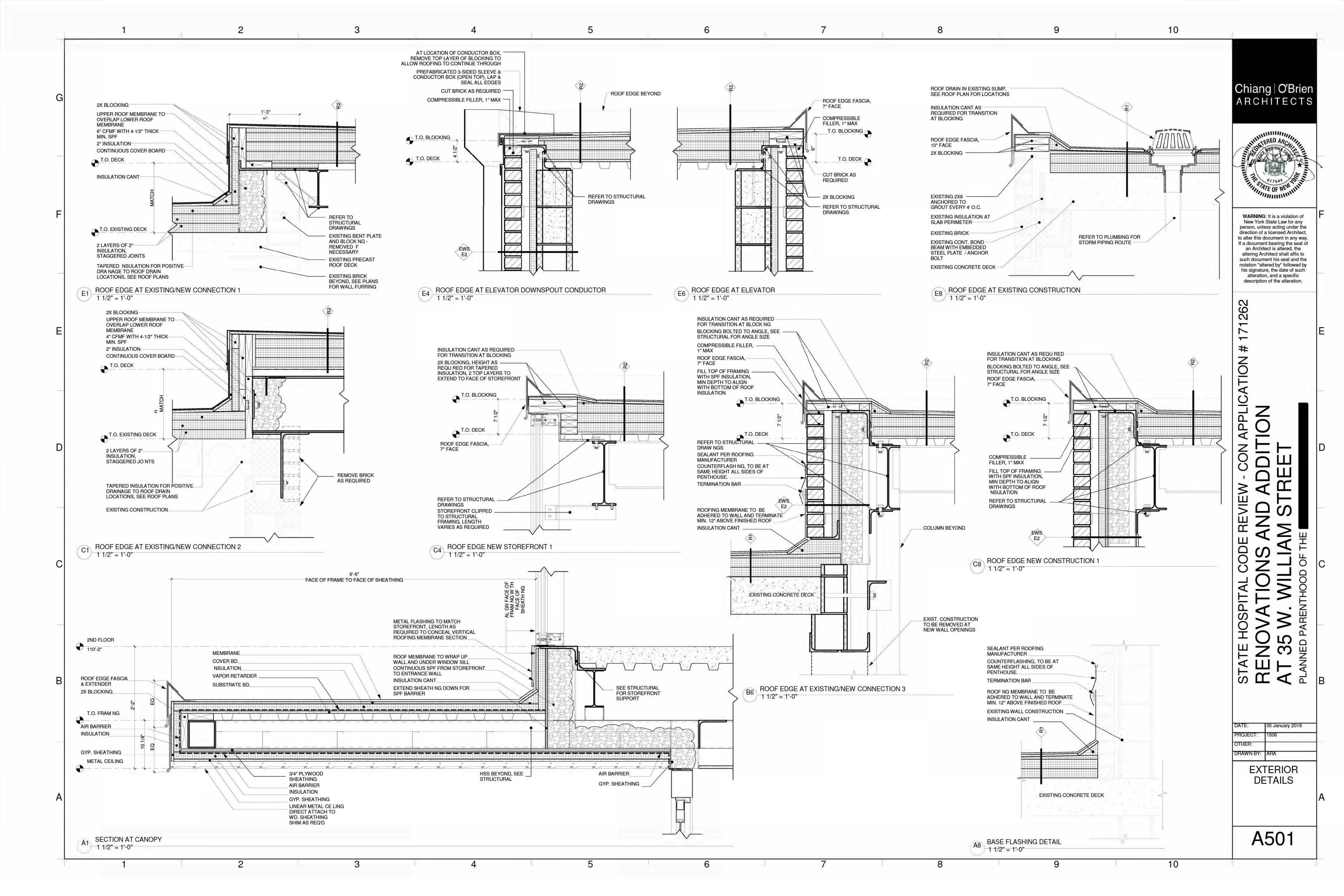


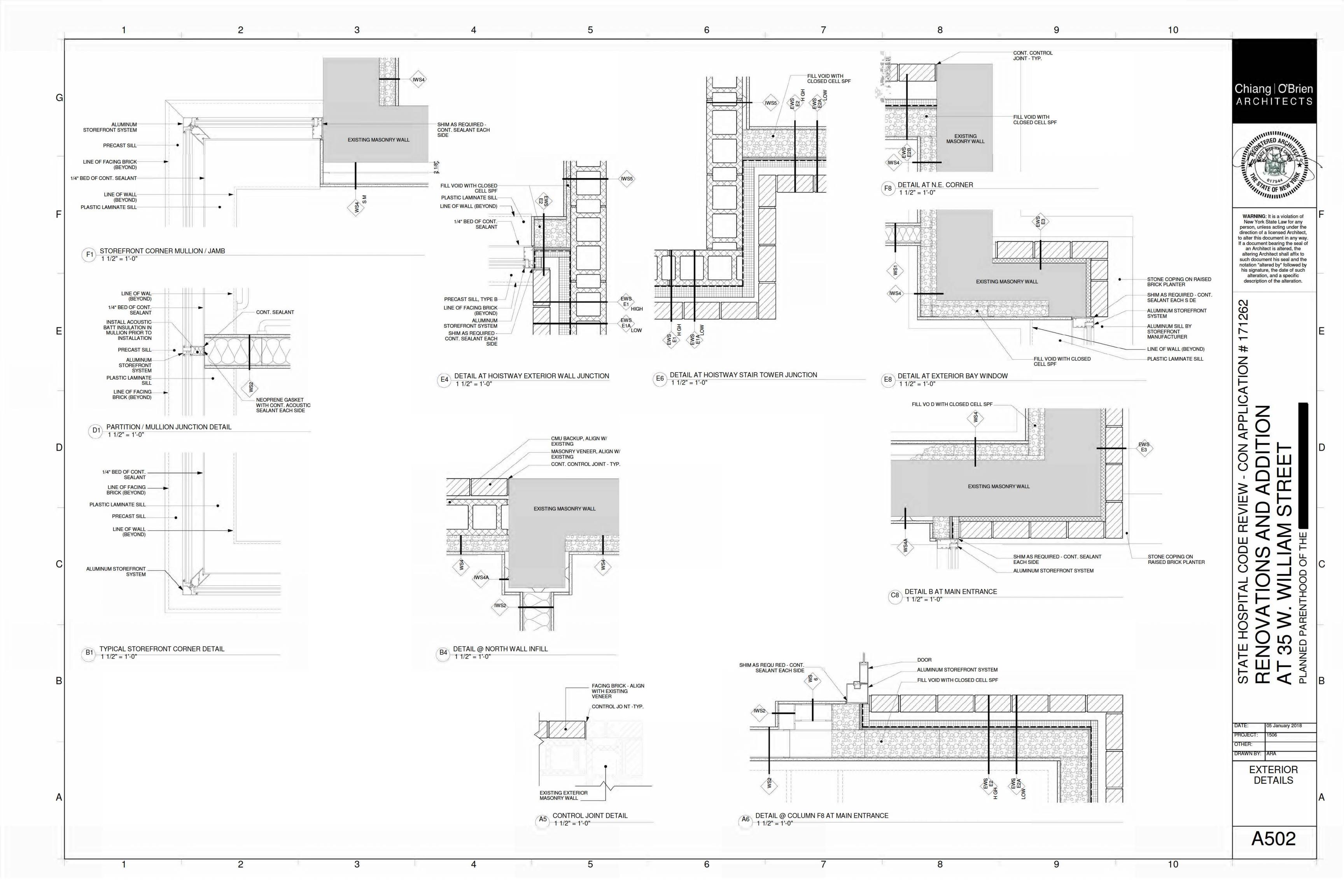


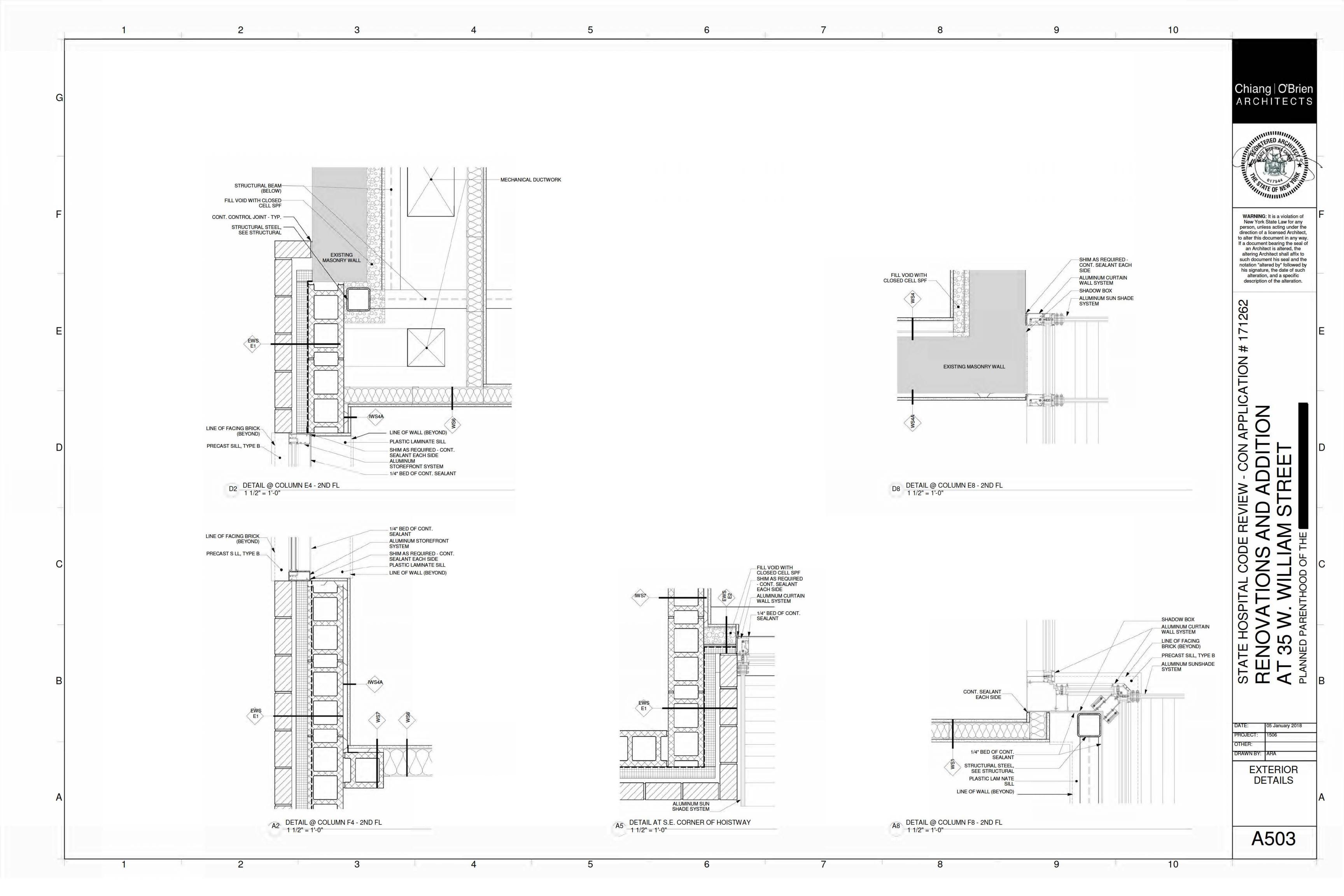


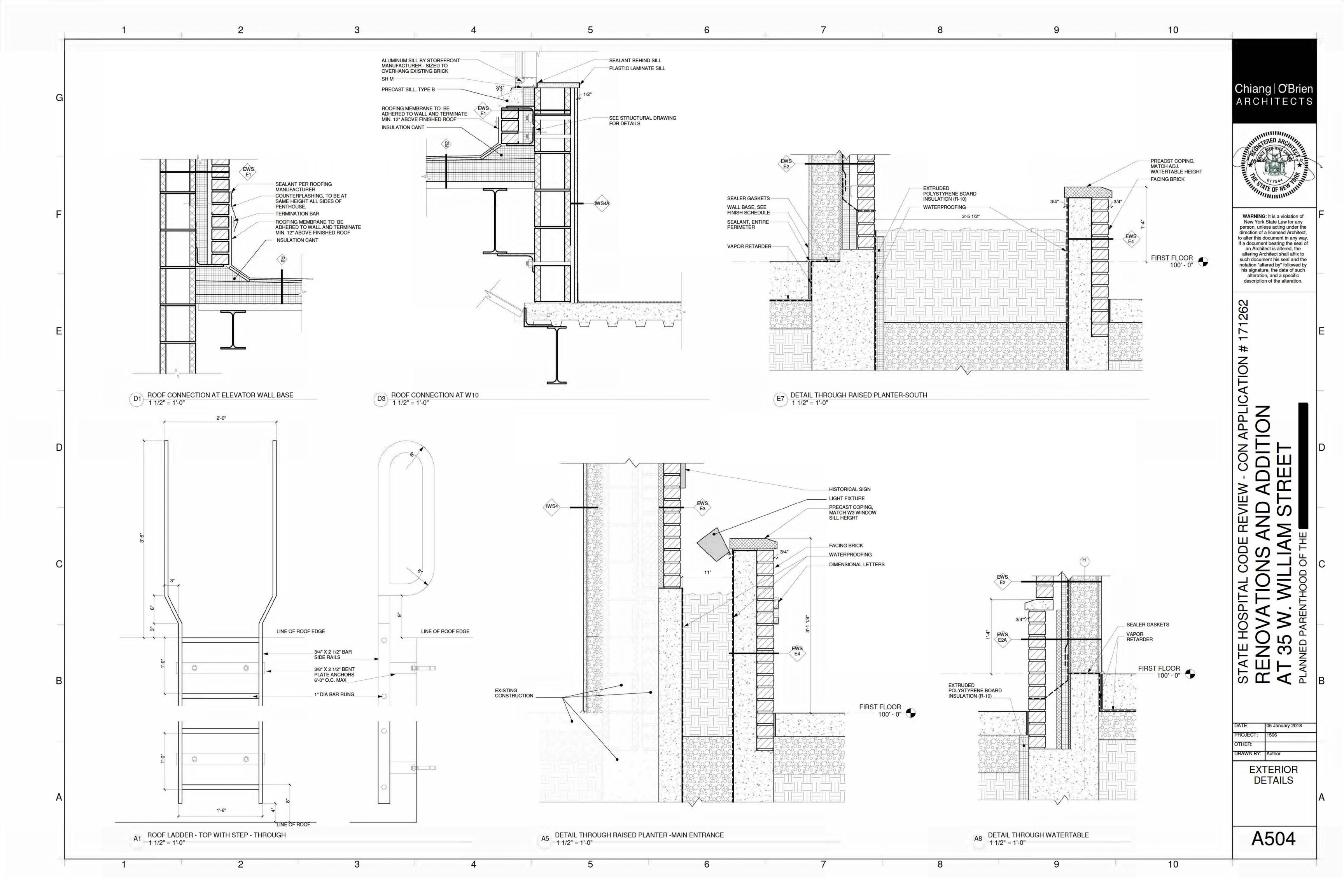


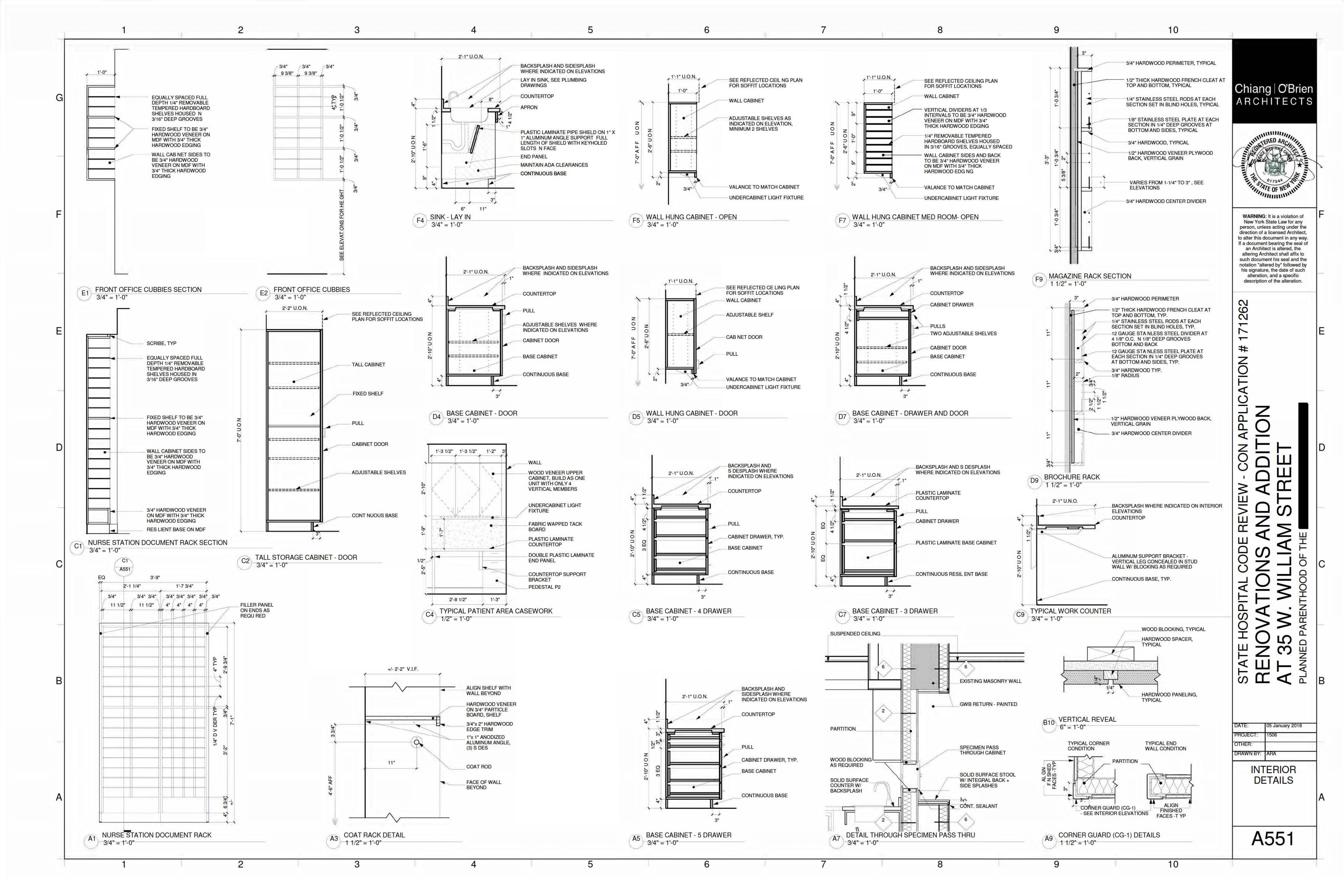


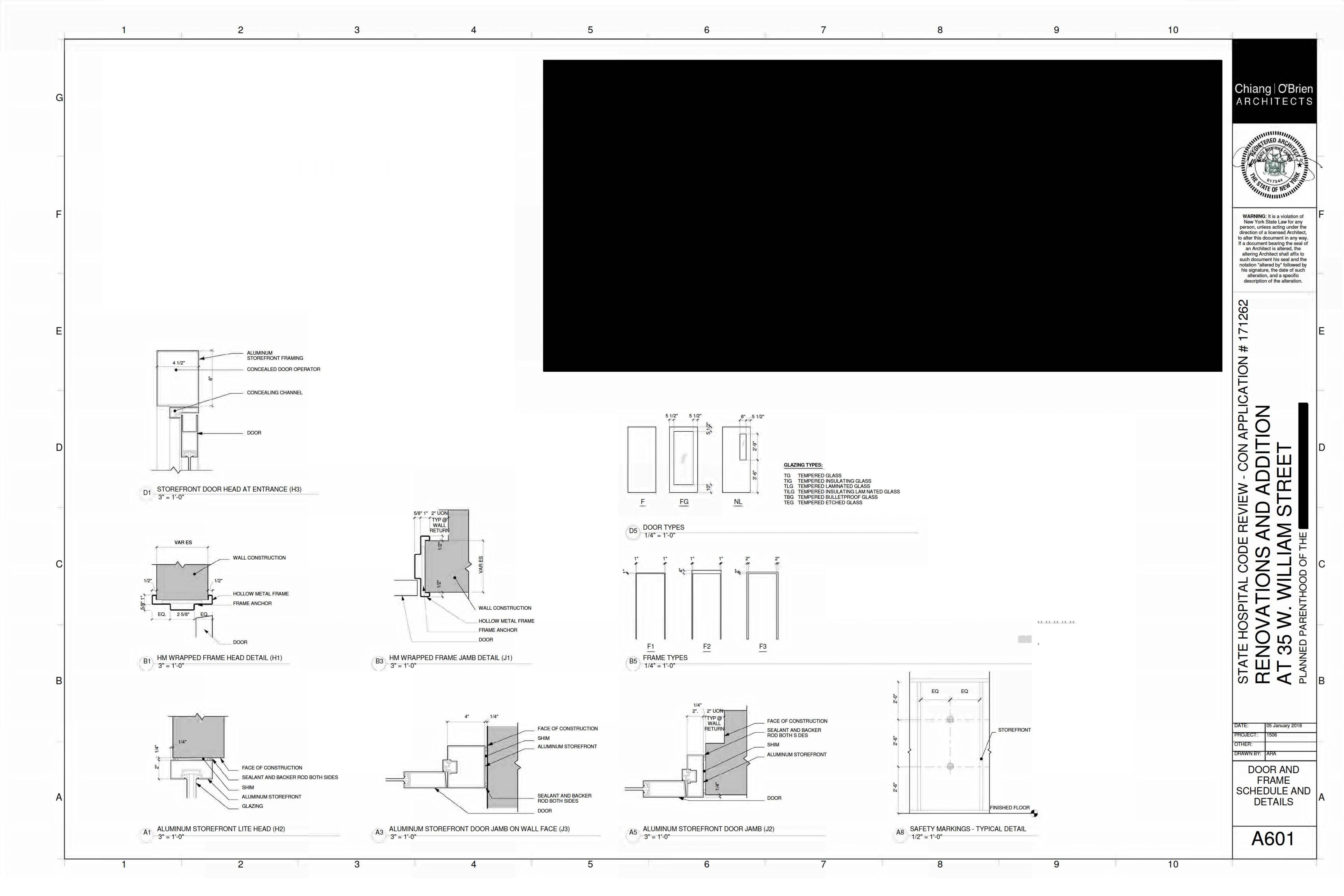


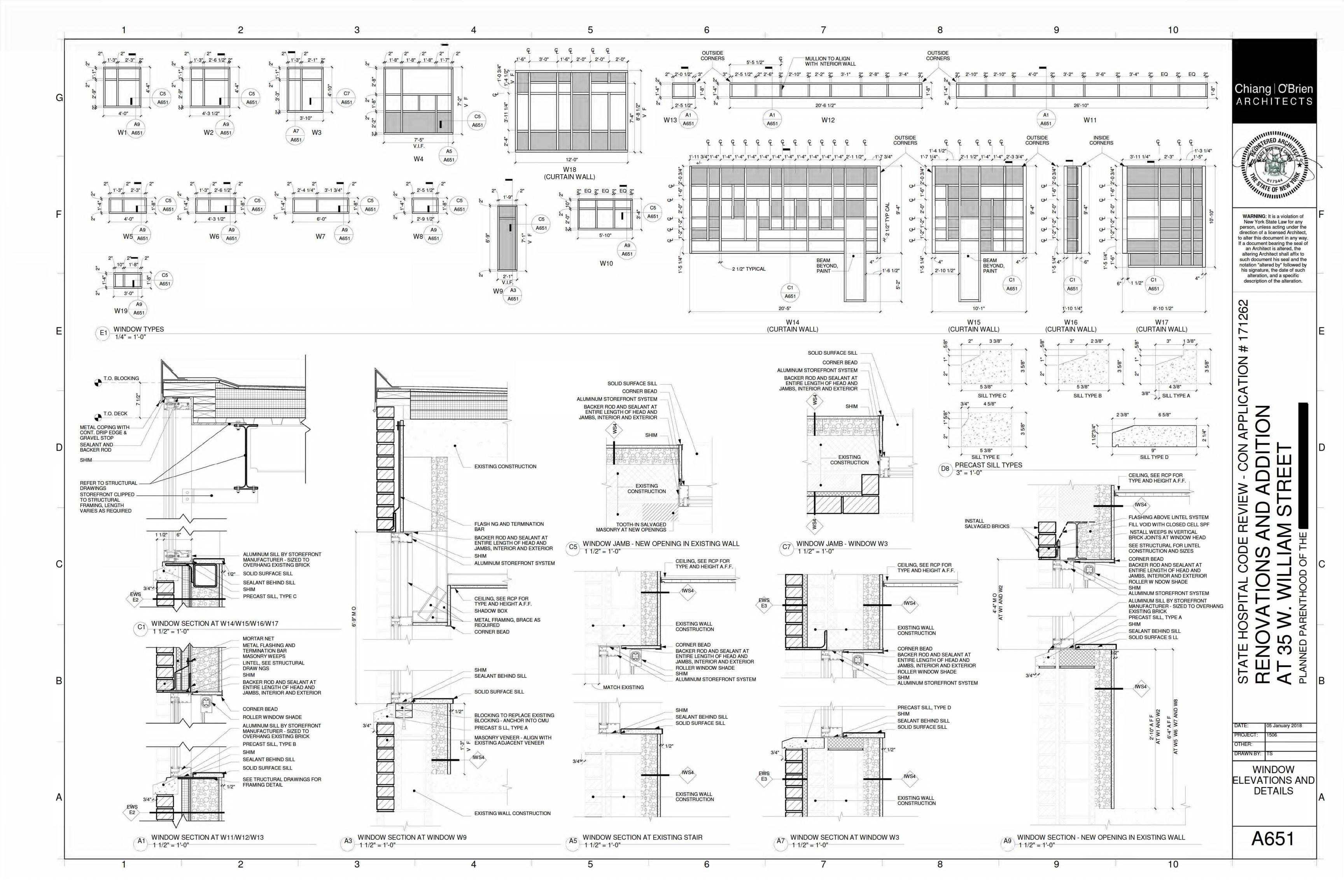


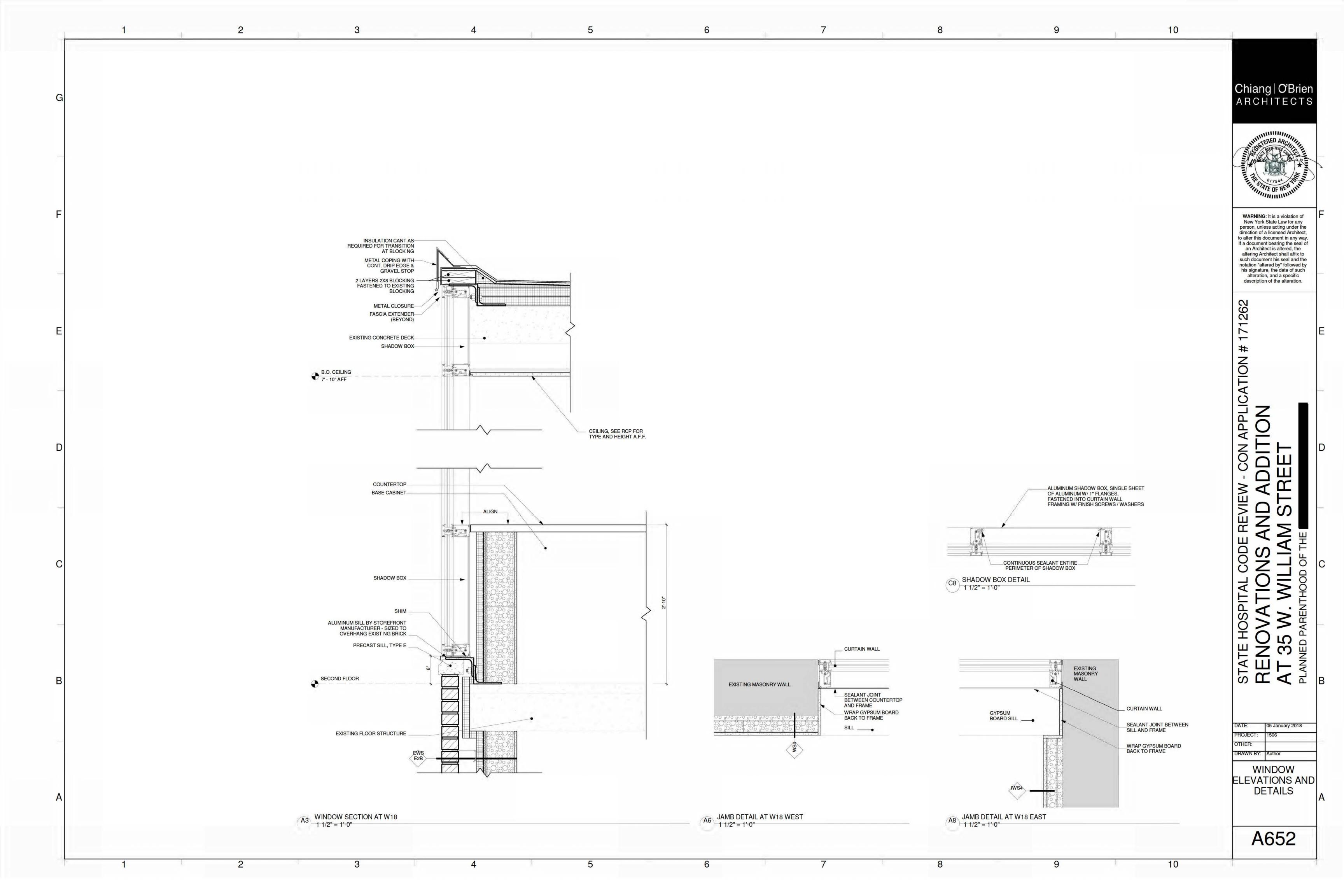


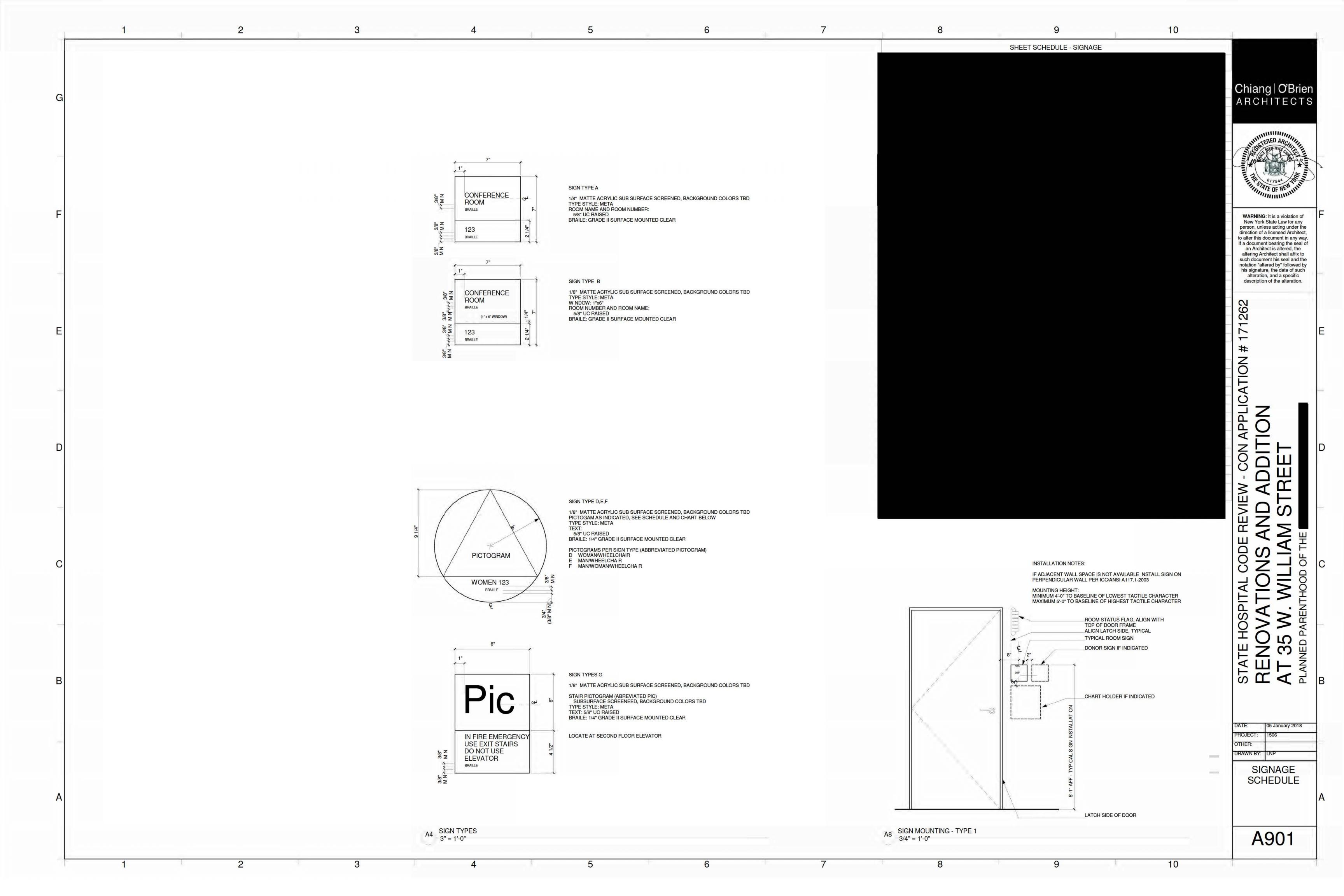


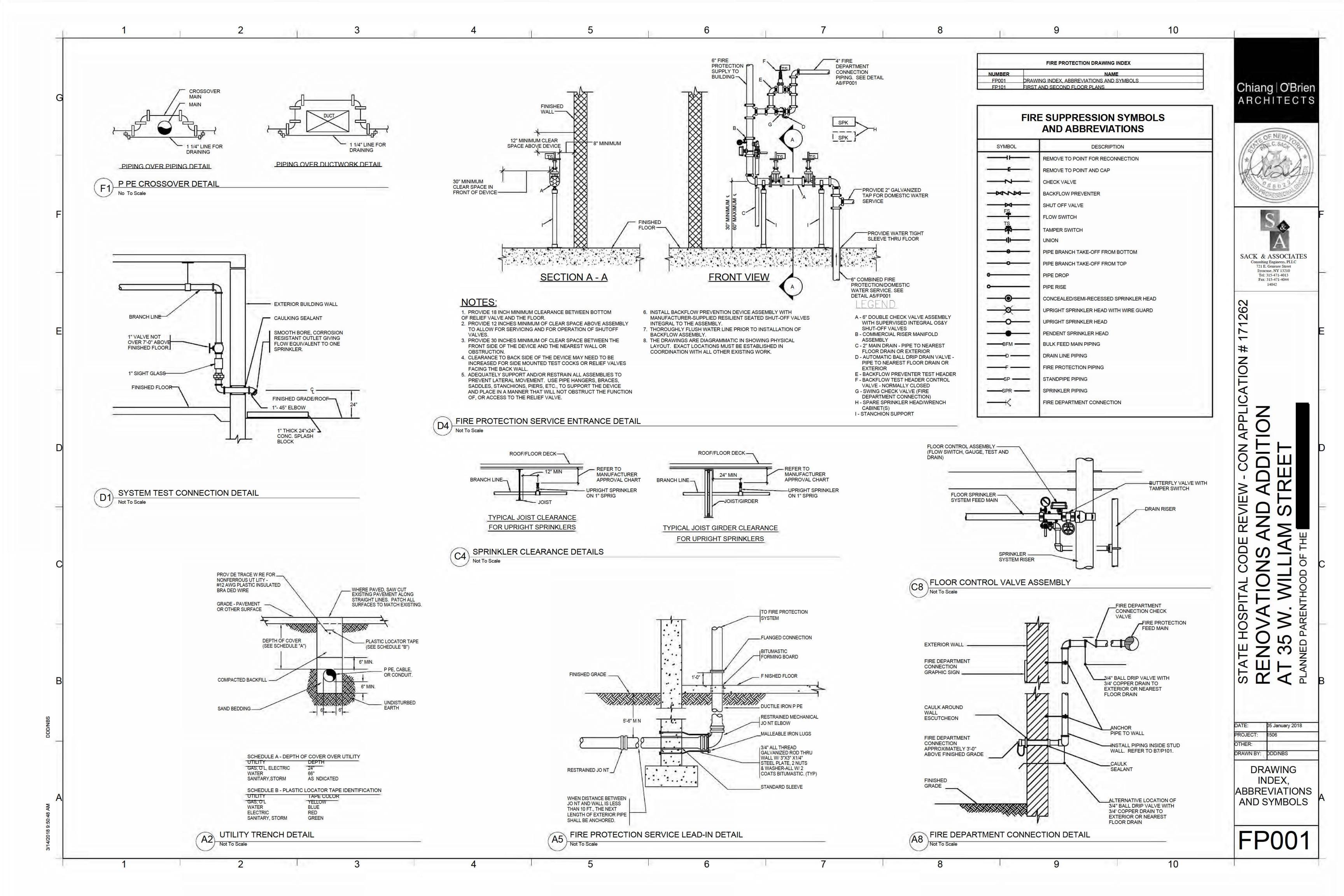


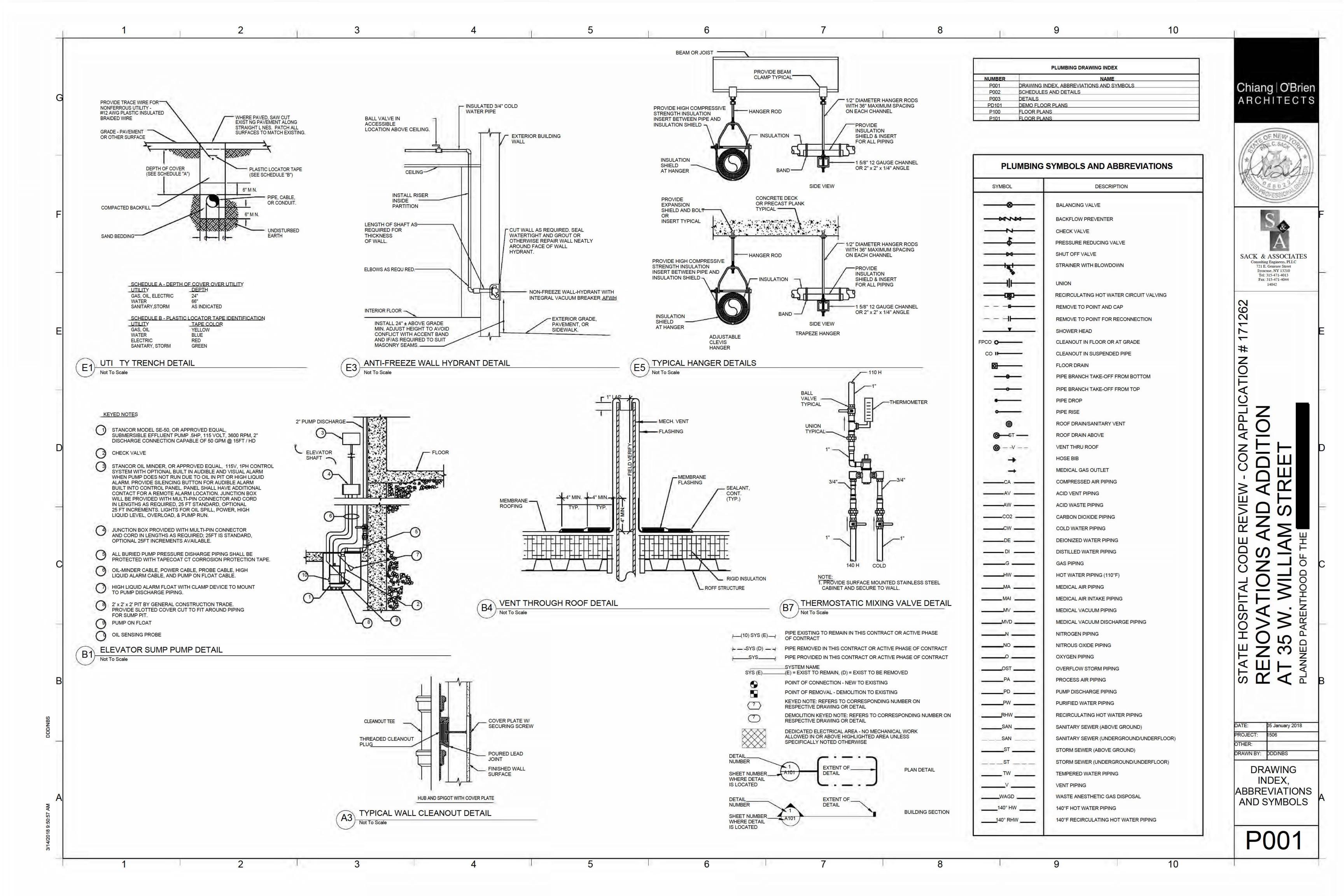






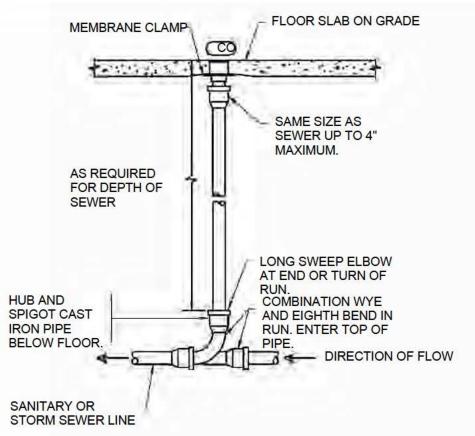






DRAIN SCHEDULE PLUMBING FIXTURE SCHEDULE STRAINER FREE AREA IN SQ/IN FLOOR DRAIN TRAP SEALER MODEL NO. REMARKS TRAP SIZE MATERIAL SHAPE SURE FD-A CAST IRON 28.5 12" ROUND JAY R. SMITH 2330 UNFINISHED AREAS SURE SEAL FD-B 28.5 12" ROUND 2330 UNFINISHED AREAS CAST IRON JAY R. SMITH 100C3-DC-OFS-SP-FR BI- FUNCTIONAL DRAIN CAST RD-A 90 DOME FROET DOWNSPOUT NOZZLE REFER TO DRAWINGS FOR SIZE. COLOR SELECTED BY ARCHITECT LPS (3", 4" OR 6") WITH FLAPPER ALUMINUM ALLOY DN-A **DWGS** FROET AND COLOR

SHOCK ARRESTER							
UNIT NUMBER	DESIGN BASIS	MODEL	FIXTURE UNITS	INLET SIZE			
Α	JAY R. SMITH	HYDROTOL 5005	1-11	3/4"			
В	JAY R. SMITH	HYDROTOL 5010	12 - 32	1"			
С	JAY R. SMITH	HYDROTOL 5020	33 - 60	1"			
D	JAY R. SMITH	HYDROTOL 5030	61 - 113	1"			
Е	JAY R. SMITH	HYDROTOL 5040	114 - 154	1"			
F	JAY R. SMITH	HYDROTOL 5050	155 - 330	1"			



ROUND SECURED GASKETED NICKEL BRONZE ADJUSTABLE TOP WITH "CO" CAST IN COVER. PROVIDE CLEANOUT TOP WITH VARIATIONS SUITABLE FOR FLOOR COVERING (CARPET MARKER, RECESSED FOR TILE, SCORIATED FOR UNFINISHED FLOORS). PROVIDE PLASTIC PLUG IN CAST IRON BODY. USE TFE (TEFLON) JOINT COMPOUND ON PLUG THREADS. CLEAN THE TOP OF EXPOSED FCO AFTER INSTALLATION.

LOCATE AT BUILDING EXIT, AT ENDS OF RUNS, AT TURNS OF PIPE GREATER THAN 45 DEGREES, AT 100' INTERVALS ON STRAIGHT RUNS, AND/OR WHERE SHOWN ON PLANS. PROVIDE BACKFILL PER ARCHITECTURAL SPECIFICATIONS. LOCATE CLEANOUTS WHERE THERE IS 18" CLEAR AROUND. CONSULT LOCAL CODES FOR OTHER FCO REQUIREMENTS.

B1) TYPICAL FLOOR CLEANOUT DETAIL
Not To Scale

IXTURE	, 1100m		MINIMU	JM CONNECT	TIONS		MOUNTING HEIGHT		BLOWN VIII	And Complete Company of the Company	TRAP AND DRAIN	FIXTURE SUPPORT	
TAG	FIXTURE DESCRIPTION	TRAP	WASTE	VENT	CW	HW	ABOVE FINISHED FLOOR	DESIGN BASIS	TRIM DESIGN BASIS	WATER SUPPLY DESIGN BASIS	DESIGN BASIS	DESIGN BASIS	REMARKS
WC-A	WATER CLOSET - ADA - FLOOR SET/FLUSH VALVE		4"	2"	1"	-	16.5"	AMERICAN STANDARD MADERA #3043.001	FLUSH VALVE: SLOAN "ROYAL" #111-1.6 - YO. SEAT: BEMIS #1655SSCT	•		FLOOR MOUNTED	INSTALL FLUSH VALVE HANDLE ON WIDE SIDE OF WATER CLOSET STALL
AV-A	LAVATORY - ADA - WALL HUNG	1 1/4" X 1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	34"	AMERICAN STANDARD MURRO #0954.004EC WITH #0059.020EC SHROUD	MOEN #L4601	MCGUIRE #LFBV2165LK	MCGUIRE # 155A GRID DRAIN & #8902 P-TRAP	MFG SUPPLIED WALL HANGER	
SK-A	SINK - ADA - STAINLESS STEEL HAND SINK - WALL MOUNTED	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	34"	ELKAY #ELV2219	T&S BRASS #B-0865-04 - GOOSENECK	MCGUIRE #LFBV2165LK	OFFSET GRID DRAIN: ELKAY #LKAD174. TRAP: MCGUIRE #8902	ELKAY SUPPLIED WALL HANGER	PROVIDE TRAP WRAP KIT: TRUEBRO #103-EZ
K-B	SINK - STAINLESS STEEL COUNTER MOUNTED 19 X 18 X 7"	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	34" COUNTER HEIGHT MAX	ELKAY #LR1918	MOEN #7425 - SINGLE HANDLE	MCGUIRE #LFBV2165LK	OFFSET STRAINER: ELKAY #LKAD35. TRAP: MCGUIRE #8912.	COUNTER MOUNTED	BOWL DEPTH 7" MAX. PROVIDE 3-HOLE DRILLING CONFIGURATION. PROVIDE TRUBRO #102-EZ & #106-EZ
SK-C	SINK - ADA - STAINLESS STEEL COUNTER MOUNTED - DOUBLE BOWL - 33 X 21 x 6.5"	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	34" COUNTER HEIGHT MAX	ELKAY #LRAD3321	MOEN #7425 - SINGLE HANDLE	MCGUIRE #LFBV2165LK	OFFSET STRAINER: (2) ELKAY #LKAD35. TRAP: MCGUIRE #8912.	COUNTER MOUNTED	BOWL DEPTH 6.5" MAX. PROVIDE 3-HOLE DRILLING CONFIGURATION. PROVIDE TRUEBRO #102-EZ, (2) #106-EZ & #107-EZ
SK-D	NOT USED		9	3		-						_	
K-E	SINK - ADA - STAINLESS STEEL COUNTER MOUNTED 19 X 18 X 6.5"	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	COUNTER HEIGHT	ELKAY #LRAD1918	T&S BRASS #B-0865-04	MCGUIRE #LFBV2165LK	OFFSET STRAINER: ELKAY #LKAD35. TRAP: MCGUIRE #8912.	COUNTER MOUNTED	BOWL DEPTH 6.5" MAX. PROVIDE 3-HOLE DRILLING CONFIGURATION. PROVIDE TRUBRO #102-EZ & #106-EZ
SK-F	SINK - ADA -STAINLESS STEEL COUNTER MOUNTED 19 X 18 X 6.5"	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	COUNTER HEIGHT	ELKAY #LRAD1918	T&S BRASS #B-0865-04 WITH HAWS #7620 EYEPOD EYEWASH	MCGUIRE #LFBV2165LK	OFFSET STRAINER: ELKAY #LKAD35. TRAP: MCGUIRE #8912.	COUNTER MOUNTED	BOWL DEPTH 6.5" MAX. PROVIDE 3-HOLE DRILLING CONFIGURATION. PROVIDE TRUBRO #102-EZ & #106-EZ
SK-G	SINK - STAINLESS STEEL COUNTER MOUNTED - DOUBLE BOWL - 33 X 19	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	COUNTER HEIGHT	ELKAY #PSR3319	T & S BRASS # B-0866-PV WITH #F-15 (1.40 GPM) AERATOR AND #B-0502 FOOT PEDAL VALVE	MCGUIRE #LFBV2165LK	STRAINER: (2) ELKAY #LK35. TRAP: MCGUIRE #8912.	COUNTER MOUNTED	PROVIDE 3-HOLE DRILLING CONFIGURATION. PROVIDE PIPING BETWEEN FOOT PEDAL VALVE AND FAUCET
K-H	SINK - STAINLESS STEEL COUNTER MOUNTED 19 X 18	1 1/2"	1 1/2"	1 1/2"	1/2"	1/2"	COUNTER HEIGHT	ELKAY #PSR1918	T & S BRASS # B-0866-PV WITH #F-15 (1.40 GPM) AERATOR AND #B-0502 FOOT PEDAL VALVE	MCGUIRE #LFBV2165LK	STRAINER: ELKAY #LK35. TRAP: MCGUIRE #8912.	COUNTER MOUNTED	PROVIDE 3-HOLE DRILLING CONFIGURATION. PROVIDE PIPING BETWEEN FOOT PEDAL VALVE AND FAUCET
FWH	ANTI-FREEZE WALL HYDRANT - RECESSED	-	¥	- 1	3/4"	(4)	24"±	J.R. SMITH #5509QT-R-WC	*	E 10.1	· · · · · · · · · · · · · · · · · · ·	- T	PROVIDE WALL CLAMP
WC-A	ELECTRIC WATER COOLER - TWO LEVEL	1 1/4" X 1 1/2"	1 1/2"	1 1/2"	1/2"	e r	BUBBLER HEIGHT UPPER: 42" LOWER: 34"	ELKAY #EZSTL8C	<u>-</u>	MCGUIRE #LFBV2165LK	MCGUIRE #B8902	IN-WALL CARRIER	-
/IS-A	MOP SINK 24 x 24 FLOOR SET	3"	3"	1 1/2"	3/4"	3/4"	10"	MUSTEE #63M	T & S BRASS #B-0665-BSTR	-	3" DRAIN MOLDED INTO MOP SINK	-	PROVIDE MUSTEE #65.700 JOBBER HOSE AND HOSE BRACKET AND #65.600 MOP HANGER
MB-A	ICE MAKER BOX				1/2"	ş -	COORDINATE IN THE FIELD	REEFER TO SECTION #221119			-	RECESSED IN WALL	PROVIDE SHOCK ARRESTER SA-A
g=	BALL VALVE							APOLLO #77-140	-		-		600 PSI WOG, 2 PIECE BODY, FULL PORT, STAINLESS STEEL BALL AND STEM
- 41	BALANCING VALVE			- 1	-	1 e-		ARMSTRONG CB SERIES	-				BRONZE BODY, BRASS BALL, DIFFERENTIAL PRESSURE READOUT PORTS
	DIELECTRIC UNION					-		WATTS 3000 SERIES	-			-	175 PSI AT 210°F, ANSI B16.39
-	CHECK VALVE							NIBCO #S-413	-	*	.	8	BRASS BODY, SWING CHECK, 125 PSI SWP
3 7 1	AQUASTAT	10	1 -11			-		JOHNSON CONTROLS	-	11	17		120 VOLT AC, 65°-200°F, START PUMP AT 100° AND STOP AT 110°F
-	THERMOMETER	-		1	-	-	-	TRERICE BX	-	-		-	9" ADJUSTABLE, 40° - 180°F TEMMP RANGE
-	FPCO			i e i	-	-	-	J. R. SMITH #4028 SERIES			-	-	CAST IRON FERRULE WITH BRASS SCREW PLUG
207.	PRESSURE GAUGE					1.571	-	#600CB-35-02-L-A-			-	-	ALUMINUM CASE, 0 - 100 PSI
	NOTES:			- 1				110					1
	COORDINATE LOCATION	I AND ROUT	ING OF PLUM	IBING LINES	WITH OTHE	R TRADES.							
	2. PROVIDE FIREPROOFIN	G FOR ALL F	PENTRATIONS	S THROUGH	FIRE RATE	FLOORS A	ND WALLS.						
	3. PROVIDE EASILY ACCES	SIBLE CLEA	NOUTS AT TI	HE BASE OF	ALL SANITA	RY WASTE	STACKS.						
73	4. PROVIDE EASILY ACCES	SIBLE CLEA	NOUTS AT A	LL CHANGES	IN DIRECT	ION OF SAN	ITARY WASTE PIPING GREATER	THAN 45 DEGREES AS WELL AS	S WHERE SHOWN ON PLANS.				
	5. PROVIDE EASILY ASSES	SIBLE ISOL	ATION VALVE	S ON ALL BR	RANCH LINE	S AND PRO	/IDE STOPS ON ALL SUPPLIES T	O INDIVIDUAL FIXTURES.					
E. 19	6. CONTRACTOR MAY COM	IBINE PLUM	BING VENTS	AND MAY CO	ONNECT TO	EXISTING V	ENTS THROUGH ROOF PROVIDE	ED THEY ARE OF ADEQUATE SIZ	ZE.				
	7 UNI ESS OTHERWISE NO	TED IT IS T	HE RESPONS	SIBILITY OF T	THE PLUMBI	NG TRADE	TO MAKE CONNECTIONS TO SEF	RVICES AND/OR EQUIPMENT PR	ROVIDED BY OTHER TRADES.				

Chiang | O'Brien





EW - CON APPLICATION # 171262

ADDITION

TREET

35 W. WILLIAM STF

: 05 January 2018

ECT: 1506

:R: DDD/NRS

SCHEDULES AND DETAILS

P002

UNIT

WH-A DIRECT VENT - GAS FIRED

UNIT	SIZE	GPM	HEAD	HP	VOLTS (AC)	PH	PUMP SPEED	FULL LOAD AMPS	DESIGN BASIS
RP-A	1"	3	10	1/25	115	1	2800	0.7	ARMSTRONG ASTRO 30B
active and		15.05							
		OON	IEST	TC V	VATE	RI	HEAT	ER SCI	HEDULE

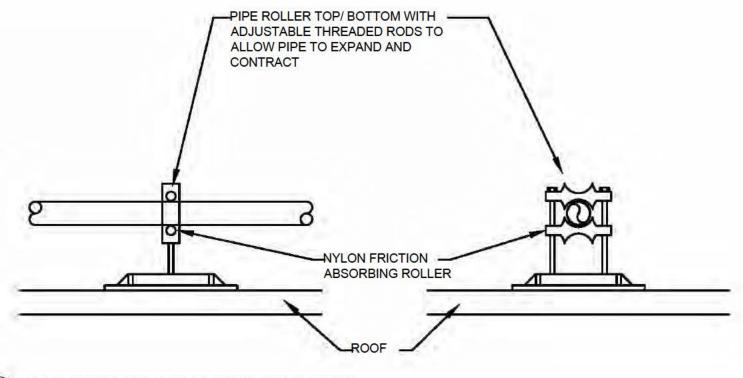
40°F-140°F)

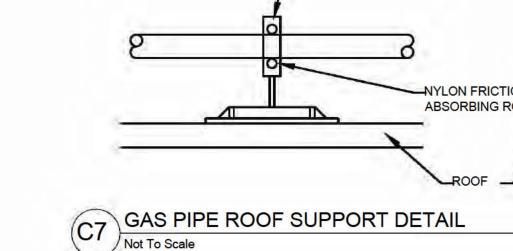
GALLONS)

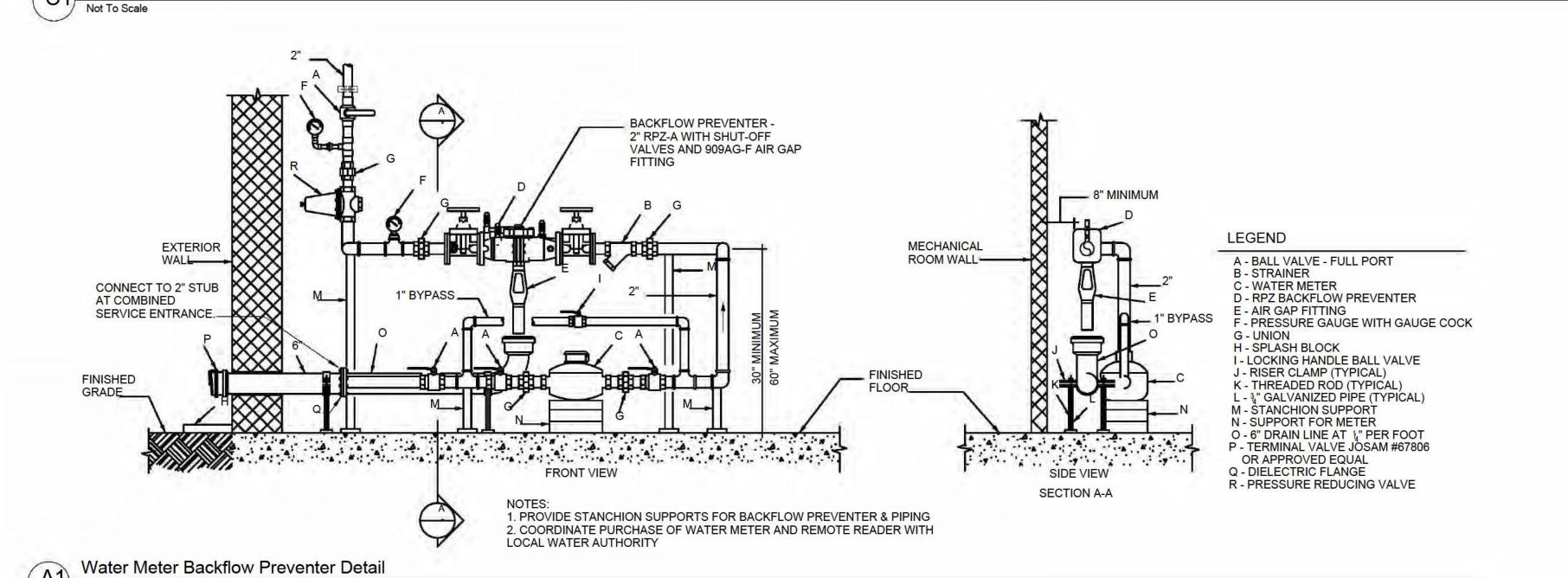
(BTUH

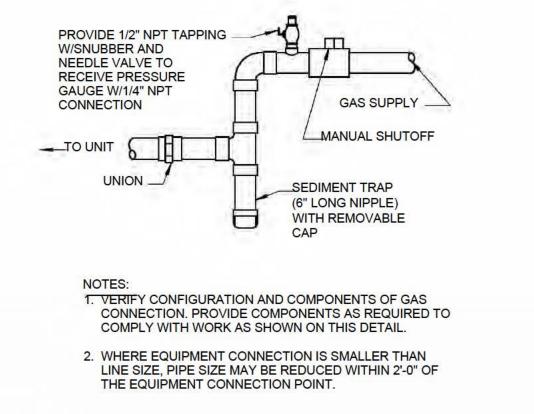
DESIGN BASIS

AO SMITH #GDHE-50









10	Gas Piping Equipment Connection Detail
HO	Not To Scale

DETAILS

5 January 2018

Chiang O'Brien

ARCHITECTS

SACK & ASSOCIATES

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Syracuse, NY 13210

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Fax: 315-471-4044

14042

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CODE

PROVIDE DOMESTIC HOT

WATER SYSTEM. SEE

DETAIL.

EXPANSION TANK SCHEDULE

HEIGHT

TOTAL

VOLUME

4.4 GAL

ACCEPT VOLUME

3.2 GAL

DIMENSIONS

DIAMETER

11"

LOCATION

EX-A MECHANICAL #M109

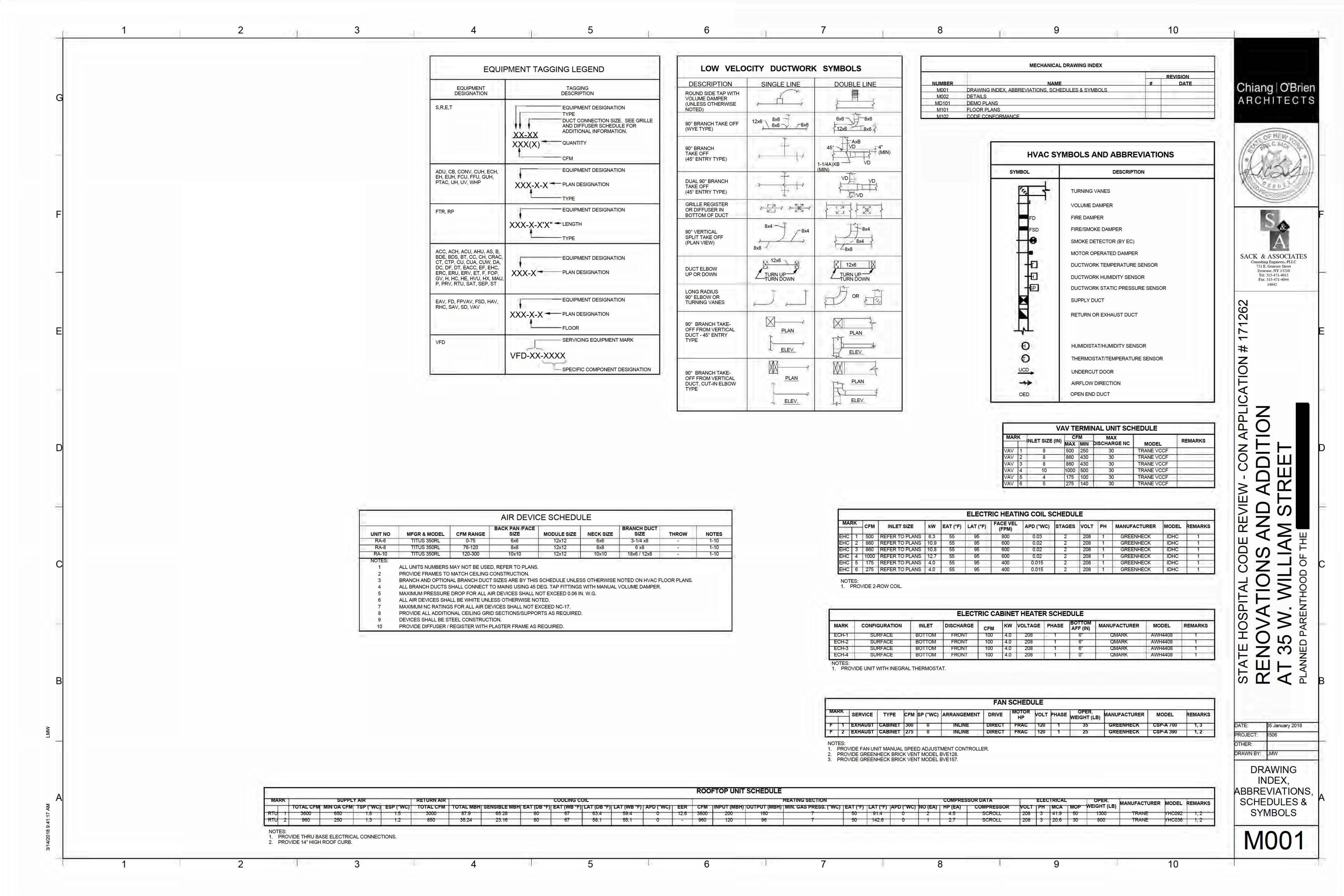
SYSTEM

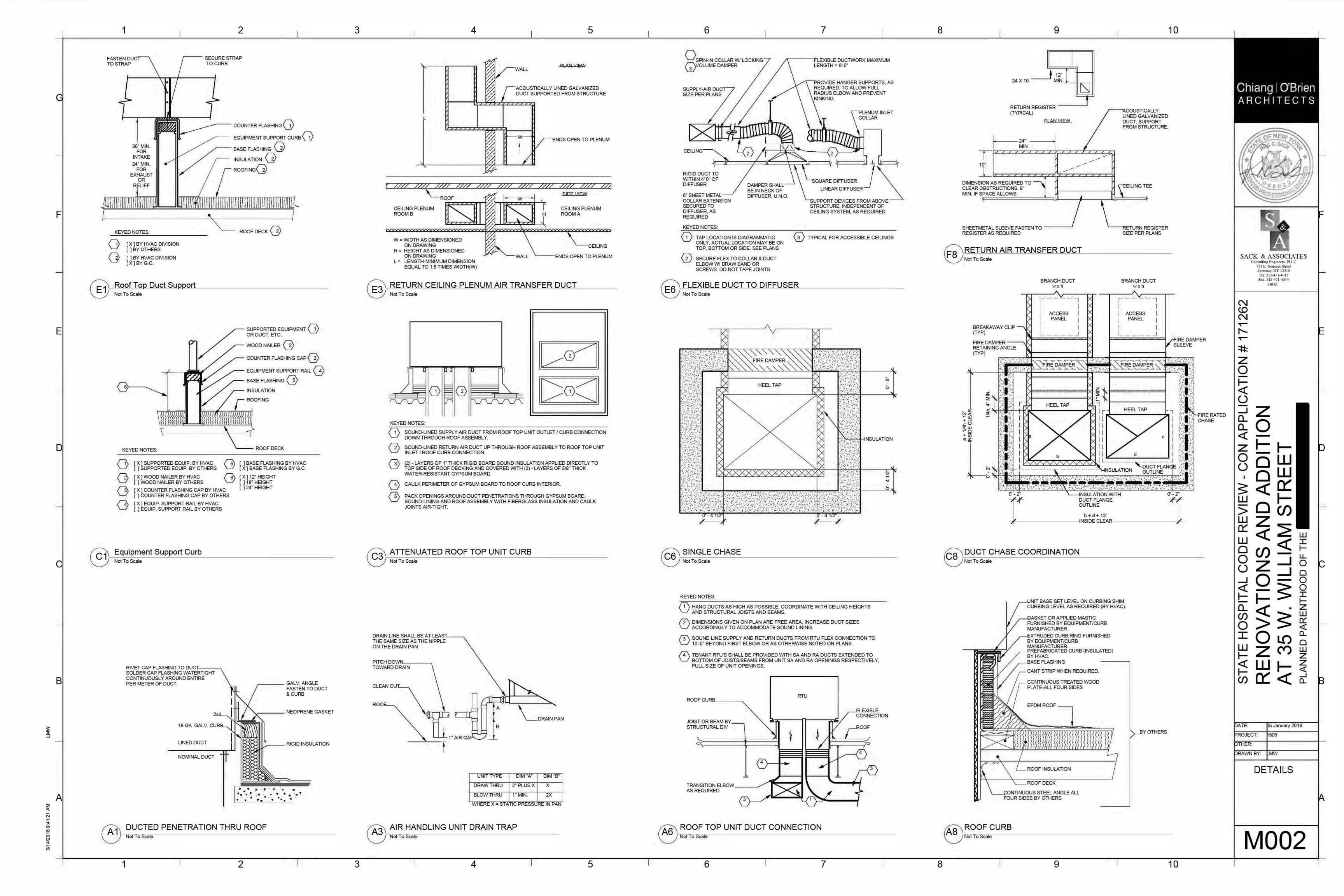
DOMESTIC HOT WATER

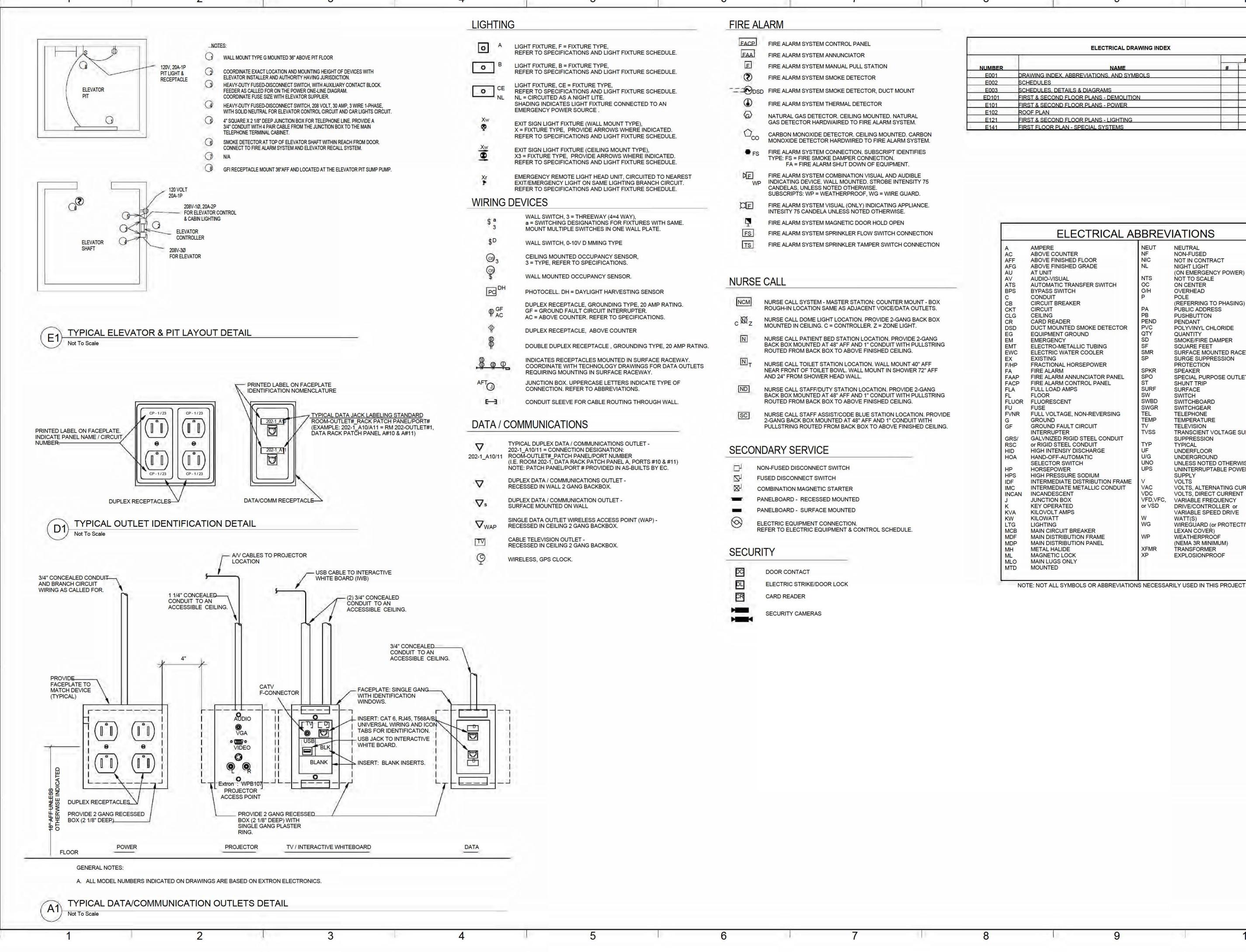
DOMESTIC HOT WATER SYSTEM SCHEMATIC

DESIGN BASIS

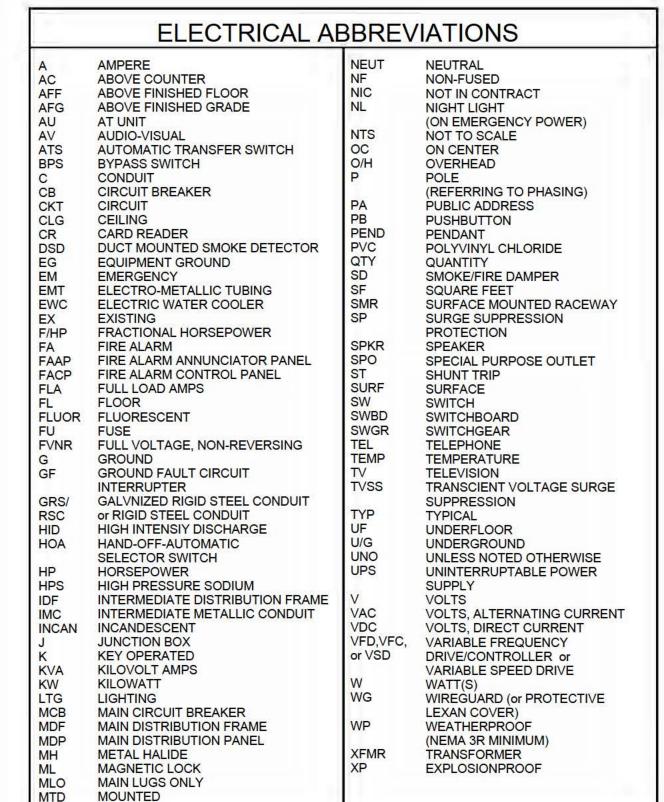
AMTROL #ST-12







ELECTRICAL DRAWING INDEX REVISION DATE DRAWING INDEX, ABBREVIATIONS, AND SYMBOLS SCHEDULES SCHEDULES, DETAILS & DIAGRAMS FIRST & SECOND FLOOR PLANS - DEMOLITION FIRST & SECOND FLOOR PLANS - POWER ROOF PLAN FIRST & SECOND FLOOR PLANS - LIGHTING FIRST FLOOR PLAN - SPECIAL SYSTEMS









SACK & ASSOCIATES Consulting Engineers, PLLC 721 E. Genesee Street Syracuse, NY 13210 Tel: 315-471-4013 Fax: 315-471-4044

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OD

A a 5 January 2018

DRAWING **INDEX** ABBREVIATIONS, AND SYMBOLS

E001

