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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HUDSON VALLEY HOSPITAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1980 CROMPOND ROAD

City or town, state or country, and ZIP + 4
CORTLANDT MANOR, NY 10567

D Employer identification number
13-1740120

E Telephone number
(914) 734-3277

G Gross receipts $ 140,997,786

F Name and address of principal officer
JOHN FEDERSPIEL
1980 CROMPOND ROAD
CORTLANDT MANOR, NY 10567

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HVHC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1911 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HUDSON VALLEY HOSPITAL CENTER IS DEDICATED TO SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDING QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL, RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE CATEGORY

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of employees (Part V, line 2a)	**5**	1,258
6	Total number of volunteers (estimate if necessary)	**6**	202
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,427,387	4,351,284
9	Program service revenue (Part VIII, line 2g)	114,088,703	125,684,318
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	232,744	428,750
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,751
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,748,834	130,483,103
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,020,337	68,961,507
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	48,331,586	51,807,649
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	109,351,923	120,769,156
19	Revenue less expenses Subtract line 18 from line 12	6,396,911	9,713,947

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	142,475,469	188,498,401
21	Total liabilities (Part X, line 26)	70,866,660	104,178,327
22	Net assets or fund balances Subtract line 21 from line 20	71,608,809	84,320,074

Part II Signature Block

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

Sign Here

****** | 2010-11-15
Signature of officer | Date

MARK WEBSTER VP FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
KAREN L STAPLES CPA	2010-11-15		

Firm's name (or yours if self-employed), address, and ZIP + 4
VANACOREDEBENEDICTUSDIGOVANNI&WEDDELL
11 RACQUET RD
NEWBURGH, NY 12550

EIN ▶

Phone no ▶ (845) 567-9000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

HUDSON VALLEY HOSPITAL CENTER IS DEDICATED TO SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDING QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL, RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE CATEGORY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 100,238,400 including grants of $) (Revenue $ 125,684,318)

HUDSON VALLEY HOSPITAL CENTER IS DEDICATED TO SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDING QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL, RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE CATEGORY

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 100,238,400

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**: **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	92		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,258		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	19		
b	Enter the number of voting members that are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MARGI QUAIL
1980 CROMPOND ROAD
CORTLANDT MANOR, NY 10567
(914) 734-3277

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	6,602,485		135,318

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 119

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HUDSON VALLEY CARDIOLOGY HUDSON VALLEY CARDIOLOY 1985 CROMPOND ROAD 1985 CROMPOND ROAD CORTLANDT MANOR, NY 10567	CARDIOLOGY	1,335,868
HOSPITAL MEDICINE ASSOCIATES HOSPITAL MEDICINE ASSOCIATES 1985 CROMPOND ROAD 1985 CROMPOND ROAD CORTLANDT MANOR, NY 10567	PHYSICIAN FEES	1,000,003
HUDSON VALLEY IMAGING PC HUDSON VALLEY IMAGING PC 2 FOXEY LANE 2 FOXEY LANE MAHOPAC, NY 10541	RADIOLOGY	349,250
QUAMMEN GROUP QUAMMEN GROUP 1400S ORLANDO AVE STE 204 1400S ORLANDO AVE STE 204 WINTER PARK, FL 32789	CONSULTING	310,424
PUTNEY TWOMBLY HALL & HIRSON PUTNEY TWOMBLY HALL & HAIRSON 521 FIFTH AVENUE 521 FIFTH AVENUE NEW YORK, NY 10175	LEGAL	275,478

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 14

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 891,284				
	e	Government grants (contributions) 1e 2,000,000				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,460,000				
	g	Noncash contributions included in lines 1a-1f $ 1,460,000				
	h	**Total.** Add lines 1a-1f . . . . . ▶	4,351,284			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE REVENUE	125,684,318	125,684,318		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	125,684,318			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	977,388			977,388
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents 413,426				
	b	Less rental expenses 394,675				
	c	Rental income or (loss) 18,751				
	d	Net rental income or (loss) . . . . . ▶	18,751			18,751
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 8,471,370 / 1,100,000				
	b	Less cost or other basis and sales expenses 9,687,483 / 432,525				
	c	Gain or (loss) -1,216,113 / 667,475				
	d	Net gain or (loss) . . . . . ▶	-548,638			-548,638
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	130,483,103	125,684,318		447,501

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,727,280	4,753,642	973,638	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	49,476,453	41,065,456	8,410,997	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,590,094	2,149,778	440,316	
9 Other employee benefits	7,409,172	6,149,613	1,259,559	
10 Payroll taxes	3,758,508	3,119,562	638,946	
11 Fees for services (non-employees)				
a Management				
b Legal	564,532	468,562	95,970	
c Accounting	280,000	232,400	47,600	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	134,425	111,573	22,852	
12 Advertising and promotion	480,798	399,062	81,736	
13 Office expenses	542,105	449,946	92,159	
14 Information technology				
15 Royalties				
16 Occupancy	1,690,662	1,403,249	287,413	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	961,822	798,312	163,510	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,135,998	6,752,879	1,383,119	
23 Insurance	2,106,184	1,748,133	358,051	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MEDICAL AND SURGICAL SUPP	13,840,300	11,487,449	2,352,851	
b CONTRACTED SERVICES	5,124,077	4,252,984	871,093	
c SUPPLIES	4,923,587	4,086,577	837,010	
d PHYSICIAN FEES	3,111,175	2,582,275	528,900	
e BAD DEBT	2,899,649	2,406,709	492,940	
f All other expenses	7,012,335	5,820,239	1,192,096	
25 **Total functional expenses.** Add lines 1 through 24f	120,769,156	100,238,400	20,530,756	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,223,360	1	4,920,837
	2	Savings and temporary cash investments		13,353,153	2	8,369,345
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		14,648,931	4	16,887,839
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,300,638	8	1,563,877
	9	Prepaid expenses and deferred charges		797,290	9	708,266
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 191,300,994			
	b	Less accumulated depreciation	10b 81,603,434	74,421,013	10c	109,697,560
	11	Investments—publicly traded securities		19,933,557	11	26,640,305
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,797,527	15	19,710,372
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		142,475,469	16	188,498,401
Liabilities	17	Accounts payable and accrued expenses		17,496,134	17	18,771,827
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		35,628,095	23	66,060,635
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		17,742,431	25	19,345,865
	26	**Total liabilities.** Add lines 17 through 25		70,866,660	26	104,178,327
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		63,966,769	27	76,886,511
	28	Temporarily restricted net assets		5,967,421	28	5,758,944
	29	Permanently restricted net assets		1,674,619	29	1,674,619
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		71,608,809	33	84,320,074
	34	Total liabilities and net assets/fund balances		142,475,469	34	188,498,401

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 13-1740120
Name: HUDSON VALLEY HOSPITAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARAM CASPARIAN SECRETARY	1 00	X		X				0	0	0
EDWARD B MACDONALD JR CHAIRMAN	1 00	X		X				0	0	0
GEORGE OROS ASST SECR	1 00	X		X				0	0	0
JAMES KANE 2 VICE CHAIR	1 00	X		X				0	0	0
JEFFREY SWEET 3 VICE CHAIR	1 00	X		X				0	0	0
JOHN MCGURTY JR MD DIRECTOR	1 00	X						0	0	0
JOHN TESTA DIRECTOR	1 00	X						0	0	0
JUDY MEYER DIRECTOR	1 00	X						0	0	0
LAWRENCE BASKIND MD DIRECTOR	1 00	X						0	0	0
MARC PUCHIR DO DIRECTOR	1 00	X						0	0	0
MICHAEL A BALDUZZI DIRECTOR	1 00	X						0	0	0
MICHAEL DELFINO DIRECTOR	1 00	X						0	0	0
MINERVA ABRAMSON VICE CHAIRMA	1 00	X		X				0	0	0
PHILIP AMBROSINO TREASURER	1 00	X		X				0	0	0
RICHARD ESPOSITO DIRECTOR	1 00	X						0	0	0
SHEILA DROGY DIRECTOR	1 00	X						0	0	0
SHEILA GUIDA DIRECTOR	1 00	X						0	0	0
VALERIE ZARCONE DO DIRECTOR	1 00	X						0	0	0
WILLIAM HIGGINS MD DIRECTOR	1 00	X						0	0	0
JOHN FEDERSPIEL PRESIDENT	40 00			X				1,904,062	0	19,476
MARK WEBSTER VP FINANCE	40 00			X				872,040	0	13,994
KATHY WEBSTER VP NURSING	40 00				X			609,575	0	0
DEBBIE NEUENDORF VP ADMINISTR	40 00				X			508,713	0	21,566
JEANE COSTELLA VP OF HR	40 00				X			488,773	0	12,293
ROBERT BERNASEK VP MED AFFA	40 00				X			427,309	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA PICCIRILLI VP QUALITY M	40 00				X			343,873	0	6,736
JENNIFER KUTTRUF VP MARKETING	40 00				X			291,462	0	17,198
WILLIAM DAUSTER VP MARKETING	40 00				X			281,472	0	18,560
JAMES J VIGILIS	40 00					X		203,566	0	822
MARISSA R SHANNIK	52 00					X		179,493	0	3,017
MYRNA BACDAYAN	53 00					X		167,311	0	9,991
SUZANNE M MATEO	40 00					X		163,555	0	5,550
BETTY LANDIS	40 00					X		161,281	0	6,115

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL AND SURGICAL SUPP	13,840,300	11,487,449	2,352,851	
CONTRACTED SERVICES	5,124,077	4,252,984	871,093	
SUPPLIES	4,923,587	4,086,577	837,010	
PHYSICIAN FEES	3,111,175	2,582,275	528,900	
BAD DEBT	2,899,649	2,406,709	492,940	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	7,642,040	7,517,049			
b Contributions	682,807	588,374			
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	891,284	463,383			
f Administrative expenses					
g End of year balance	7,433,563	7,642,040			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 7 000 % %
- c Term endowment ▶ 2 000 % %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		945,544		945,544
b Buildings		41,671,394	33,864,945	7,806,449
c Leasehold improvements				
d Equipment		77,132,065	47,738,489	29,393,576
e Other		71,551,991		71,551,991
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				109,697,560

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER ASSETS	12,849,747
INTEREST IN THE FOUNDATION OF HVHC	5,758,944
OTHER RECEIVABLES	1,096,966
ACCRUED INTEREST RECEIVABLE	4,715
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	19,710,372

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
THIRD PARTY PAYORS	16,132,153
MALPRACTICE CONTINGENCY	2,108,668
DEFERRED FINANCING	891,934
ASSET REMEDIATION LIABILITY	213,110
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	19,345,865

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	130,483,103
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	120,769,156
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,713,947
4	Net unrealized gains (losses) on investments	4	3,335,332
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-129,537
9	Total adjustments (net) Add lines 4 - 8	9	3,205,795
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,919,742

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	133,818,435
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,335,332		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	3,335,332
3	Subtract line **2e** from line **1**			3	130,483,103
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	130,483,103

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	120,898,693
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	129,537		
e	Add lines **2a** through **2d**			2e	129,537
3	Subtract line **2e** from line **1**			3	120,769,156
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	120,769,156

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUND BALANCES ARE USED FOR THE FUNDING OF HEALTH CARE SERVICES AND CAPITAL ACQUISITIONS RELATING TO HUDSON VALLEY HOSPITAL CENTER'S MISSION STATEMENT
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DEPRECIATION EXPENSE - RENTAL PROPERTY -129,537
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	DEPRECIATION EXPENSE - RENTAL PROPERTY 129,537

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 250 000 %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☑ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3,627,906	1,213,314	2,414,592	2 050 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			9,250,867	3,767,740	5,483,127	4 650 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,264,910	1,029,288	235,622	0 200 %
d **Total** Charity Care and Means-Tested Government Programs			14,143,683	6,010,342	8,133,341	6 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,365,491		1,365,491	1 160 %
f Health professions education (from Worksheet 5)			70,555		70,555	0 060 %
g Subsidized health services (from Worksheet 6)			2,236,938	676,279	1,560,659	1 320 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			3,672,984	676,279	2,996,705	2 540 %
k **Total.** Add lines 7d and 7j			17,816,667	6,686,621	11,130,046	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			482,805		482,805	0 400 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			482,805		482,805	0 400 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,042,894		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	856,801		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	46,353,936
6	Enter Medicare allowable costs of care relating to payments on line 5	6	47,725,858
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,371,922
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
HUDSON VALLEY HOSPITAL CENTER 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567					X				

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

THE ANNUAL COMMUNITY BENEFIT REPORT WILL BE MAILED TO OUR SUPPORTERS, BUSINESS LEADERS AND PUBLIC OFFICIALS AND DISTRIBUTED AT PUBLIC EVENTS THAT THE ORGANIZATION RUNS, SUCH AS, HEALTH SCREENINGS, LECTURES, ETC IT WILL ALSO BE MADE AVAILABLE UPON REQUEST

BAD DEBT EXPENSE IN THE AMOUNT OF 2,899,649 WAS REMOVED FROM THE TOTAL FUNCTIONAL EXPENSES OF 120,769,156 LOCATED ON PAGE 10, LINE 25, COLUMN (A) FOR TOTAL FUNCTIONAL EXPENSES OF 117,869,507 IN ORDER TO ARRIVE AT THE PERCENTAGE OF TOTAL EXPENSE LOCATED ON SCHEDULE H, LINE 7, COLUMN (F)

THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTION OF RECEIVABLES INVOLVES SIGNIFICANT ASSUMPTIONS AND JUDGMENTS THE HOSPITAL HAS IMPLEMENTED A MONTHLY STANDARDIZED APPROACH TO ESTIMATE AND REVIEW THE COLLECTIBILITY OF RECEIVABLES BASED ON THE PAYER CLASSIFICATION AND THE PERIOD THE RECEIVABLES HAVE BEEN OUTSTANDING PAST DUE BALANCES OVER 90 DAYS FROM DATE OF BILLING AND OVER A SPECIFIED AMOUNT ARE CONSIDERED DELINQUENT AND ARE REVIEWED INDIVIDUALLY FOR COLLECTIBILITY ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT FEELS IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED HISTORICAL COLLECTION AND PAYER REIMBURSEMENT EXPERIENCE IS AN INTEGRAL PART OF THE ESTIMATION PROCESS RELATED TO RESERVES FOR DOUBTFUL ACCOUNTS IN ADDITION, THE HOSPITAL ASSESSES THE CURRENT STATE OF ITS BILLING FUNCTIONS IN ORDER TO IDENTIFY ANY KNOWN COLLECTION OR REIMBURSEMENT ISSUES IN ORDER TO ASSESS THE IMPACT, IF ANY, ON RESERVE ESTIMATES, WHICH INVOLVES JUDGMENT THE HOSPITAL BELIEVES THAT THE COLLECTIBILITY OF ITS RECEIVABLES IS DIRECTLY LINKED TO THE QUALITY OF ITS BILLING PROCESSES, MOST NOTABLY THOSE RELATED TO OBTAINING THE CORRECT INFORMATION IN ORDER TO BILL EFFECTIVELY FOR THE SERVICES PROVIDED REVISIONS IN RESERVE FOR DOUBTFUL ACCOUNTS ESTIMATES ARE RECORDED AS AN ADJUSTMENT TO PROVISION FOR BAD DEBTS

MEDICARE IS THE HOSPITAL'S LARGEST PAYOR DURING 2009, THE MEDICARE ALLOWABLE COST OF CARE WAS 47,725,858, WHILE THE TOTAL MEDICARE REVENUE WAS 46,353,936 THIS LEFT A SHORTFALL OF 1,371,922 THE HOSPITAL PROVIDES BOTH INPATIENT AND OUTPATIENT SERVICES TO THE COMMUNITY IN SPITE OF THIS SHORTFALL AS STATED BY THE HOSPITAL'S MISSION, HUDSON VALLEY HOSPITAL CENTER IS DEDICATED TO SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDING QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL, RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE CATEGORY OFFERING STATE-OF-THE-ART DIAGNOSTIC TREATMENT, EDUCATION AND PREVENTIVE SERVICES, THE HOSPITAL IS COMMITTED TO IMPROVING THE QUALITY OF LIFE IN THE COMMUNITY IN FULFILLING THIS MISSION, THE HOSPITAL WILL STRIVE TO CONTINUOUSLY IMPROVE THE CARE PROVIDED AND DEVELOP AND OFFER PROGRAMS, FACILITIES, SYSTEMS AND ALLIANCES THAT MOST EFFECTIVELY RESPOND TO COMMUNITY HEALTH CARE NEEDS THE COSTING METHODOLOGY THAT WAS USED TO REPORT THIS SHORTFALL WE USED THE MEDICARE CHARGES FROM THE 2009 MEDICARE COST REPORT AND APPLIED THE MEDICARE COST TO CHARGE RATIOS TO THESE CHARGES TO CALCULATE THE APPROPRIATE ALLOWABLE COSTS WE APPLIED THE INPATIENT CCR (COST TO CHARGE RATIO) TO THE INPATIENT CHARGES AND THE OUTPATIENT CCR TO THE OUTPATIENT CHARGES THE MEDICARE REIMBURSEMENTS REPORTED WERE THE MEDICARE CHARGES LESS THE MEDICARE ALLOWANCES FOR 2009

IF A PATIENT QUALIFIES FOR CHARITY, ALL OPEN ACCOUNTS ARE WRITTEN OFF AT THAT TIME WE DO NOT QUALIFY PATIENTS ON A GO FORWARD BASIS, BUT PATIENT CAN REQUEST THE ACCOUNT TO BE REVIEWED AND IF NECESSARY, WE WILL REQUEST ADDITIONAL DOCUMENTATION IF A PATIENT IS APPLYING, THE ACCOUNT IS PUT ON HOLD WHILE THE DOCUMENTS ARE GATHERED AND COMPLETED IF THE PATIENT DOES NOT RETURN DOCUMENTS REQUESTED WITHIN 60 DAYS, A LETTER IS SENT TO THEM REMINDING THEM OF THE REQUEST IF STILL NO RESPONSE AFTER 30 DAYS, THE ACCOUNT MAY BE REFERRED FOR COLLECTIONS STATING NO COOPERATION FROM THE PATIENT

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

IN KEEPING WITH THE COMMISSIONER OF HEALTH'S MISSION, HUDSON VALLEY HOSPITAL CENTER, WORKING IN CONJUNCTION WITH OUR COMMUNITY PARTNERS, HAS CONTINUED ASSESSING OUR PRESENT INITIATIVES, STRATEGIC PLANS AND PREVENTION AGENDA PRIORITIES ASSESSING OUR COMMUNITY'S HEALTH NEEDS HAS BEEN PARAMOUNT FOR THE HOSPITAL NEEDS HAVE BEEN IDENTIFIED THROUGH AN ONGOING DIALOGUE WITH PATIENTS, ELECTED OFFICIALS, ORGANIZATIONS, AREA BUSINESS LEADERS, AND OUR LOCAL DEPARTMENT OF HEALTH FURTHER, THE HOSPITAL COLLECTED EXTENSIVE DATA FROM REGULATORY AGENCIES SUCH AS THE NEW YORK STATE DEPARTMENT OF HEALTH, THE CENTERS FOR MEDICARE AND MEDICAID AND SPARCS DATA FROM THE HOSPITAL ASSOCIATION OF NEW YORK STATE INTERNAL SURVEYS SUCH AS EMPLOYEE, PATIENT AND PHYSICIAN SATISFACTION SURVEYS HAVE BEEN, AND WILL CONTINUE TO BE, CONDUCTED ANNUALLY LASTLY, FOCUS GROUPS AND IMAGE TRACKING STUDIES ARE AN INTEGRAL PART OF OUR MARKETING RESEARCH INITIATIVES

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

PRACTICE IS TO HAVE THE AVAILABILITY OF FINANCIAL ASSISTANCE ON ALL BILLS OUR STATEMENTS DO SAY TO CALL THE BILLING OFFICE FOR ADDITIONAL INFORMATION REGISTRATION IS AWARE OF THE FINANCIAL ASSISTANCE AND DOES HAVE THE FORMS AVAILABLE IN ALL AREAS TO GIVE PATIENT OUR POLICY IS POSTED IN ALL REGISTRATION AREAS IN-SERVICES HAVE BEEN DONE IN THE PAST WITH NURSING QUALITY MANAGEMENT IS ALSO AWARE OF THE POLICY FINANCIAL COUNSELOR ALSO REACHES OUT TO IN HOUSE PATIENTS WITHOUT INSURANCE AND WITHOUT SECONDARY INSURANCE TO EXPLAIN THE POLICY ALL BILLING STAFF ARE EDUCATED ON POLICY AND PATIENTS ARE OFFERED THE ASSISTANCE APPLICATION WHEN WE REACH THEM BY PHONE

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

HUDSON VALLEY HOSPITAL CENTER'S GEOGRAPHIC SERVICE AREA REMAINS UNCHANGED, SERVING AN AREA IN THE HUDSON RIVER VALLEY THAT SPANS FROM UPPER WESTCHESTER COUNTY, INTO PUTNAM COUNTY AND REACHING SOUTHERN DUTCHESS COUNTY THIS SERVICE AREA REPRESENTS A TOTAL POPULATION OF 330,000 WITH A TOTAL OF 140,000 HOUSED IN THE PRIMARY SERVICE AREA AND 190,000 IN THE SECONDARY SERVICE AREA

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

OUR ACTIVITIES WITH THESE ORGANIZATIONS PROVIDES AN OPPORTUNITY TO SHARE IDEAS, CONCEPTS, AND EXPENSES AND FOSTERS MORE EFFECTIVE PLANNING BY HUDSON VALLEY HOSPITAL CENTER IN ORDER TO BETTER SERVICE THE COMMUNITY AND MEET THEIR NEEDS

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

IN RESPONSE TO GROWING COMMUNITY NEEDS FOR HEALTH CARE SERVICES, HUDSON VALLEY HOSPITAL CENTER ADOPTED AN AMBITIOUS STRATEGIC PLAN, INCLUDING A NEW BUILDING MASTER PLAN A 100 MILLION CAPITAL PROJECT TO ADDRESS THE AGING OF OUR 45 YEAR OLD PHYSICAL PLANT AND TO INCREASE CAPACITY FOR A RISING ACUTELY ILL PATIENT POPULATION ONE TENET OF THIS PLAN FOCUSES ON OUR CRITICALLY ILL PATIENTS, WHERE WE HAVE SEEN VOLUME INCREASE, AS OUR INTENSIVE CARE UNIT PRESENTLY OPERATES AT NEAR 100% CAPACITY IN PLANNING FOR THE INCREASED VOLUME, HVHC SEES NOT ONLY ENHANCING AND REPLACING PORTIONS OF ICU, BUT ALSO EXPANDING OUR BED COMPLEMENT TO BETTER SERVE THESE PATIENTS AND WITH THE POSSIBLE ADDITION OF A CARDIAC CATHETERIZATION LAB FOR CARDIAC RELATED EMERGENCIES THE HOSPITAL CENTER'S STRATEGIC PLAN ALSO INCLUDES OPERATIONAL GOALS TO PROVIDE QUALITY CARE, DEVELOP NEW PROGRAMS AND SUSTAIN FINANCIAL VIABILITY THESE GOALS ARE GUIDED BY FIVE PILLARS OF EXCELLENCE INCLUDING EXCELLENT QUALITY, BEST SERVICE, EMPLOYER OF CHOICE, FINANCIAL VIABILITY AND GROWTH THE PILLARS GUIDE THE HOSPITAL'S TOP MACRO PRIORITIES AS WELL AS DEPARTMENT INITIATIVES AND PERFORMANCE EVALUATIONS GOAL SETTING IS DEVELOPED BY OUR MANAGERS, WITH INPUT FROM PHYSICIANS AND MEMBERS OF THE BOARD OF DIRECTORS THESE GOALS WERE SHARED WITH EMPLOYEES THROUGH "TOWN MEETINGS" AND WITH THE COMMUNITY THROUGH THE HOSPITAL WEBSITE, THE COMMUNITY SERVICE PLAN AND OTHER COMMUNITY COMMUNICATION INITIATIVES

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN FEDERSPIEL	(i) (ii)	684,400	423,000	796,662		19,476	1,923,538	824,336
MARK WEBSTER	(i) (ii)	350,277	188,000	333,763		13,994	886,034	429,793
KATHY WEBSTER	(i) (ii)	254,063	142,000	213,512			609,575	298,996
DEBBIE NEUENDORF	(i) (ii)	245,404	133,000	130,309		21,566	530,279	308,249
JEANE COSTELLA	(i) (ii)	222,724	124,000	142,049		12,293	501,066	270,832
ROBERT BERNASEK	(i) (ii)	345,052	37,000	45,257			427,309	335,659
LINDA PICCIRILLI	(i) (ii)	179,635	105,000	59,238		6,736	350,609	219,333
JENNIFER KUTTRUF	(i) (ii)	291,462				17,198	308,660	
WILLIAM DAUSTER	(i) (ii)	190,567	80,000	10,905		18,560	300,032	203,266
JAMES J VIGILIS	(i) (ii)	203,566				822	204,388	188,116
MARISSA R SHANNIK	(i) (ii)	179,493				3,017	182,510	174,514
MYRNA BACDAYAN	(i) (ii)	167,311				9,991	177,302	180,471
SUZANNE M MATEO	(i) (ii)	163,555				5,550	169,105	
BETTY LANDIS	(i) (ii)	161,281				6,115	167,396	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	JOHN FEDERSPIEL 0 796,662 0 MARK WEBSTER 0 333,763 0 KATHY WEBSTER 0 213,512 0 DEBBIE NEUENDORF 0 130,309 0 JEANE COSTELLA 0 142,049 0 ROBERT BERNASEK 0 45,257 0 LINDA PICCIRILLI 0 59,238 0 WILLIAM DAUSTER 0 10,905 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	IN 2009, 198,000 WAS AWARDED TO JOHN FEDERSPIEL, PRESIDENT AND CEO OF HUDSON VALLEY HOSPITAL CENTER BASED ON SERVICES PERFORMED IN 2008 UNDER AN INCENTIVE COMPENSATION PROGRAM THIS AMOUNT SHOULD BE CONSIDERED A COMPONENT OF 2008 COMPENSATION SINCE IT WAS FOR SERVICES PERFORMED DURING THAT YEAR IN 2009, 225,000 WAS AWARDED TO JOHN FEDERSPIEL, PRESIDENT AND CEO OF HUDSON VALLEY HOSPITAL CENTER, BASED ON SERVICES PERFORMED IN 2009 UNDER AN INCENTIVE COMPENSATION PROGRAM MR FEDERSPIEL ALSO PARTICIPATED IN 2009 IN A DEFERRED COMPENSATION PLAN DESCRIBED IN SECTION 409A AND 457(F) OF THE INTERNAL REVENUE CODE THAT PROVIDES FOR ADDITIONAL DEFERRED COMPENSATION, IN SUCH AMOUNTS AS MAY BE CONTRIBUTED EACH YEAR BY THE HOSPITAL, THE RECEIPT OF WHICH BY MR FEDERSPIEL IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNDER THE TERMS OF THE PLAN AS AMENDED AND RESTATED IN 2009 TO CONFORM TO FINAL REGULATIONS UNDER CODE SECTION 409A, AMOUNTS ACCUMULATED FOR MR FEDERSPIEL REPRESENTING CONTRIBUTIONS FOR SERVICE FROM 1996 TO 2009 WERE PAID TO HIM THE AMOUNT ACCUMULATED OVER A 13 YEAR PERIOD WAS 796,662 AND IS REPORTABLE AS OTHER COMPENSATION ON SCHEDULE J THE OTHER REPORTABLE COMPENSATION FOR ALL OTHER OFFICERS, DIRECTORS, KEY INDIVIDUALS AND HIGHEST COMPENSATED EMPLOYEES ALSO REPRESENT PAYMENTS MADE OUT FROM THE DEFERRED COMPENSATION PLAN AS DESCRIBED ABOVE THE AMOUNT ACCUMULATED OVER A 13 YEAR PERIOD FOR THESE INDIVIDUALS IN TOTAL WAS 935,033 AND IS REPORTABLE AS OTHER COMPENSATION ON SCHEDULE J FOR THE OTHER INDIVIDUALS REPORTING BONUS AND INCENTIVE COMPENSATION UNDER COLUMN B(II) ON SCHEDULE J, PART II, OF THE AMOUNTS SHOWN, A TOTAL OF 373,000 RELATES TO SERVICES RENDERED IN 2008 WITH THE INCENTIVE COMPENSATION PAID IN 2009 THIS AMOUNT SHOULD BE CONSIDERED 2008 COMPENSATION THE REMAINING BONUS AND INCENTIVE COMPENSATION AMOUNT WAS FOR SERVICES RENDERED IN 2009 AND PAID IN 2009

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other	X	1	1,460,000	VALUATION
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	HUDSON VALLEY HOSPITAL CENTER IS DEDICATED TO SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDING QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL, RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE CATEGORY
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	MARK WEBSTER KATHY WEBSTER VP FINANCE VP NURSING HUSBAND AND WIFE
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH ONE MEMBER, WESTCHESTER PUTNAM HEALTH MANAGEMENT SYSTEMS, INC
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A COPY OF THE ORGANIZATON'S FEDERAL FORM 990 WILL BE PROVIDED TO ALL THE BOARD MEMBERS AT A SPECIAL MEETING WITH THE EXECUTIVE MEMBERS OF THE BOARD THE BOARD WILL REVIEW AND APPROVE THE FEDERAL FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REQUIRES THAT ALL BOARD MEMBERS FILL OUT AN ANNUAL CONFLICT OF INTEREST STATEMENT
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCTS A FORMAL PERFORMANCE EVALUATION OF THE PRESIDENT ON AN ANNUAL BASIS THE HOSPITAL PARTICIPATES IN SEVERAL EXECUTIVE COMPENSATION SURVEYS AND ALSO HAS AN INDEPENDENT COMPENSATION CONSULTANT PREPARE A COMPENSATION SURVEY OF COMPARABLE HOSPITALS IN THE REGION THE EXECUTIVE COMMITTEE REVIEWS THIS SURVEY IN DETAIL AND USES THE DATA TO SET THE PRESIDENT'S SALARY
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMPENSATION SURVEY PREPARED BY THE INDEPENDENT COMPENSATION CONSULTANT INCLUDES SALARY SURVEY INFORMATION FOR OTHER KEY EMPLOYEES THE PRESIDENT SHARES THIS WITH THE EXECUTIVE COMMITTEE OF THE BOARD AND DETERMINES IF THE SALARIES FOR THESE EMPLOYEES IS APPROPRIATE
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE FOUNDATION OF HUDSON VALLEY HOSPITAL CENTER 1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3307781	SUPPORT	NY	501	11A	N/A
WESTCHESTER PUTNAM HEALTH MANAGEMENT SYSTEMS INC 1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3420263	SUPPORT	NY	501	11A	N/A
PINNACLE HEALTHCARE INC 1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3997857	SUPPORT	NY	501	11A	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HUDSON VALLEY VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY10567 13-3611982	RENTAL	NY	N/A				
AC VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY10567 13-3758209	RENTAL	NY	N/A				
KNOWA VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY10567 13-3845922	RENTAL	NY	N/A				
YORKTOWN IMAGING VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY10567 20-4382273	PROF SVCS	NY	N/A				

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	THE FOUNDATION OF HVHC THE FOUNDATION OF HUDSON VALLEY HOSPITAL CENTER	C	891,284
(2)	AC VENTURES INC AC VENTURES INC	J	206,066
(3)	THE FOUNDATION OF HVHC THE FOUNDATION OF HUDSON VALLEY HOSPITAL CENTER	N	429,451
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No