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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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
41 EAST POST ROAD DAVIS AVENUE

City or town, state or country, and ZIP + 4
WHITE PLAINS, NY 10601

D Employer identification number
13-1740130

E Telephone number
(914) 681-1024

G Gross receipts $ 271,404,726

F Name and address of principal officer

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 wphospital org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1893 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
White Plains Hospital Center is a voluntary, not-for-profit healthcare org whose mission is to offer acute health care and preventive medical care to all people who live in, work in or visit Westchester

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**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of employees (Part V, line 2a)	**5**	2,209
6	Total number of volunteers (estimate if necessary)	**6**	565
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	16,901,721
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,960,369

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,731,214	5,081,099
	9 Program service revenue (Part VIII, line 2g)	235,661,772	261,085,738
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-575,778	1,069,439
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,620,310	4,077,250
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	257,437,518	271,313,526
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	140,181,665	147,276,102
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,662,549		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	115,987,902	121,587,426
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	256,169,567	268,863,528
	19 Revenue less expenses Subtract line 18 from line 12	1,267,951	2,449,998

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	198,889,514	200,716,495
	21 Total liabilities (Part X, line 26)	129,892,885	122,764,981
	22 Net assets or fund balances Subtract line 21 from line 20	68,996,629	77,951,514

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-12

▶ Edward F Leonard Executive Vice President
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)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP TWO JERICHO PLAZA JERICHO, NY 117531683			EIN ▶ Phone no ▶ (516) 918-7000

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

White Plains Hospital Center is a voluntary, not-for-profit health care organization with the primary mission of offering high quality acute health care and preventive medical care to all people who live in, work in or visit Westchester County and its surrounding areas This care and service will be delivered in a caring and compassionate manner, focusing on meeting the needs of the community White Plains Hospital Center's services extend beyond inpatient and outpatient care to include assessing and improving the health care status of the local community, the professional community and the business sector The Hospital will strive to enhance its capabilities and to deliver health care services, within the scope of its resources, in a cost effective manner White Plains Hospital Center believes success is assured by the dedication of the people who make up the supporting constituencies - employees - physicians - licensed health care professionals - volunteers - individual supporters -

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 $ 128,233,168 including grants of $ 0) (Revenue $ 138,084,041)

INPATIENT SERVICES The Hospital provides medical, surgical pediatric, maternity and obstetric and Level III Neonatal services In 2009, the Hospital had approximately 15,450 inpatient admissions and performed approximately 4,100 inpatient surgical procedures (including endoscopies) There were approximately 82,000 total patient days in 2009 and the average length of a patient's stay was 5 44 days The Hospital's maternity and obstetric service is one of the busiest in Westchester County and offers a broad spectrum of pregnancy, perinatal, childbirth and newborn care services There were approximately 1,700 births in 2009 In 2009, underinsured and uninsured patients accounted for approximately 2 4% and 2 0% of the Hospital's total discharges and patient days respectively Such patients generated in excess of $5 9 million in charges for services rendered of which a significant amount will go uncollected

4b (Code) (Expenses $ 27,960,876 including grants of $ 0) (Revenue $ 27,830,107)

EMERGENCY SERVICES The Hospital's emergency room is the busiest in Westchester County treating a total of approximately 48,000 patients from which approximately 10,500 were admitted to the Hospital The Hospital's Emergency Department offers access to the latest technology and is equipped to treat patients with serious medical conditions and injuries and has a "fast track" area to serve those patients whose needs are less urgent The emergency room is a vital service to those living, working and visiting Westchester County and provides needed emergent critical care 24 hours a day, 365 days a year The Hospital has been designated a Regional Stroke Center by the New York State Department of Health, a distinction that demonstrates the Hospital's ability to diagnose and treat strokes using a highly specialized medical stroke team The Hospital was the first hospital in Westchester County to receive this prestigious designation Despite the primary care and outreach programs available through the Hospital and others serving the community, for many uninsured and underinsured, the Hospital's emergency room is their primary source of and principal means of accessing healthcare services In 2009, approximately 12% of the patients treated in the emergency room were uninsured or charity care patients The patients incurred charges totaling approximately $6 1 million In addition, approximately 18% of the patients treated were covered under Medicaid (fee-for-service) or Medicaid HMO insurance which is considered medically indigent Total emergency room charges related to services rendered to these patients totaled approximately $7 6 million The Emergency Department completed in 2009 a major renovation and expansion which effectively doubled the size of its previous space which was designed to treat approximately 30,000 patients annually With its renovation and expansion, the new emergency department has the capacity to treat approximately 60,000 patients annually and the hospital's disaster response capabilities were enhanced significantly The Hospital is committed to continuing to provide the highest quality patient care as well as seeking and developing continual improvement to pathways and systems which will facilitate quicker access to emergency medicine services as well as more efficient patient flow throughout the Hospital

4c (Code) (Expenses $ 83,433,987 including grants of $ 0) (Revenue $ 78,269,869)

OUTPATIENT SERVICES The Hospital provides a comprehensive range of outpatient services including ambulatory surgery, radiation oncology and infusion therapy, physical therapy, radiology and imaging, laboratory services, Family Health Clinic, home health care and outpatient behavioral health programs with approximately 373,000 patient encounters The value of outpatient services rendered to patients uninsured as measured by gross charges was in excess of $7 2 million in 2009 Similarly, outpatient services with aggregate charges in excess of $13 6 million were provided to patients enrolled in Medicaid or Medicaid HMO coverage, which is deemed to be medically indigent Patients covered by Medicaid or Medicaid HMO coverage accounted for approximately 5% of outpatient encounters and when combined with uninsured patients, represent approximately 8% of the outpatients served The Hospital also promotes the wellness of the community through conducting a variety of community focused education and prevention measures such as lectures, screenings and outreach including co-sponsor and lead participant of the Annual Neighborhood Health Fair which emphasizes reaching out to the uninsured and underinsured population as well as "Wellness Week" which involved a series of events and activities designed to bring preventative health information and education to the community

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 239,628,031

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	Yes	
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		No
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*	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	Yes	
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	Yes	
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**	Yes	
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**	Yes	
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	276		
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	2,209		
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		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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	38		
b	Enter the number of voting members that are independent	1b	34		
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	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
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 ▶

JOHN SCIURBA
DAVIS AVE EAST POST ROAD
WHITE PLAINS, NY 10601
(914) 681-1024

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 . . . . . ▶	5,662,534	0	428,250

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 ▶ 273

			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
SODEXHO OPERATIONS LLC 135 SANTILLI HIGHWAY EVERETT, MA 02149	DIETARY	3,143,826
WHITING TURNER CONTRACTING PO BOX 17596 BALTIMORE, MD 251971596	CONSTRUCTION SRVS	8,932,894
QUEST DIAGNOSTICS 7402 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	MEDICAL DIAGNOSTIC	1,452,415
WHITE PLAINS RADIATION THERAPY 2-4 LONGVIEW AVE WHITE PLAINS, NY 10601	PHYSICIAN FEES	4,800,000
WHITE PLAINS RADIOLOGY 122 MAPLE AVENUE WHITE PLAINS, NY 10601	PHYSICIAN FEES	1,782,307
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 ▶ 51		

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	168,277			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	45,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,867,822			
	g	Noncash contributions included in lines 1a-1f $ 36,656					
	h	**Total.** Add lines 1a-1f		5,081,099			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	900,099	244,184,017	244,184,017		
	b	DIAGNOSTIC LAB	621,500	16,874,406		16,874,406	
	c	LACTATION REVENUE	900,099	27,315		27,315	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		261,085,738			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		914,418			914,418
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	624,640				
	b	Less rental expenses					
	c	Rental income or (loss)	624,640				
	d	Net rental income or (loss)		624,640			624,640
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	135,460	19,561			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	135,460	19,561			
	d	Net gain or (loss)		155,021			155,021
	8a	Gross income from fundraising events (not including $ 168,277 of contributions reported on line 1c) See Part IV, line 18	a 63,810				
	b	Less direct expenses	b 91,200				
	c	Net income or (loss) from fundraising events		-27,390			-27,390
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	PARKING INCOME	812,930	900,468	900,468		
	b	AUXILIARY REVENUE	900,099	780,206	780,206		
	c	PURCHASE DISCOUNTS	900,099	672,167	672,167		
	d	All other revenue		1,127,159	795,916		331,243
	e	**Total.** Add lines 11a–11d		3,480,000			
	12	**Total revenue.** See Instructions		271,313,526	247,332,774	16,901,721	1,997,932

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,264,965	176,244	3,088,721	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	116,130,304	108,268,167	7,862,137	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,098,551	3,722,635	375,916	
9 Other employee benefits	14,808,361	13,450,148	1,358,213	
10 Payroll taxes	8,973,921	8,150,839	823,082	
11 Fees for services (non-employees)				
a Management	0			
b Legal	319,750		319,750	
c Accounting	350,000		350,000	
d Lobbying	103,189	103,189		
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	19,191,775	17,692,465	1,130,099	369,211
12 Advertising and promotion	364,081	140	363,941	
13 Office expenses	42,670,512	40,604,058	1,972,396	94,058
14 Information technology	2,072,640		2,072,640	
15 Royalties	0			
16 Occupancy	6,013,100	5,428,569	558,387	26,144
17 Travel	162,203	120,574	41,530	99
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	81,416	71,939	8,846	631
20 Interest	1,715,248	1,550,314	156,143	8,791
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,969,407	13,529,982	1,362,701	76,724
23 Insurance	8,387,533	7,839,729	547,804	
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 BAD DEBT EXPENSE	9,608,985	9,608,985		
b EQUIP RENTAL, REPAIRS & MAIN	9,137,933	7,192,209	1,942,763	2,961
c COLLECTION & BILLING	1,825,976	525,206	1,300,770	
d LAUNDRY SERVICES	1,496,851	1,496,369	482	
e AUXILIARY EXPENSES	783,244			783,244
f All other expenses	2,333,583	96,270	1,936,627	300,686
25 **Total functional expenses.** Add lines 1 through 24f	268,863,528	239,628,031	27,572,948	1,662,549
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		190,107	1	1,158,545
	2	Savings and temporary cash investments		2,391,387	2	6,102,485
	3	Pledges and grants receivable, net		8,138,567	3	3,173,944
	4	Accounts receivable, net		36,486,484	4	29,807,030
	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		3,652,471	8	4,291,298
	9	Prepaid expenses and deferred charges		1,796,546	9	1,773,575
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 313,410,646			
	b	Less accumulated depreciation	10b 188,688,686	117,987,391	10c	124,721,960
	11	Investments—publicly traded securities		24,689,382	11	25,743,603
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		124,339	13	124,341
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,432,840	15	3,819,714
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		198,889,514	16	200,716,495
Liabilities	17	Accounts payable and accrued expenses		35,515,916	17	36,188,678
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		26,288,829	20	24,929,457
	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		20,653,440	23	15,990,480
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		47,434,700	25	45,656,366
	26	**Total liabilities.** Add lines 17 through 25		129,892,885	26	122,764,981
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		52,461,222	27	69,154,987
	28	Temporarily restricted net assets		14,470,613	28	6,731,733
	29	Permanently restricted net assets		2,064,794	29	2,064,794
		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		68,996,629	33	77,951,514
	34	Total liabilities and net assets/fund balances		198,889,514	34	200,716,495

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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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: 13-1740130
Name: WHITE PLAINS HOSPITAL MEDICAL 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			
Paul M Weissman Chairman	15 0	X						0	0	0
Donald Stone Vice Chairman	3 0	X						0	0	0
Charles L Weinberg Vice Chairman	3 0	X						0	0	0
Stuart T Nevins MD Secretary	3 0	X						0	0	0
Ann Edwards Treasurer	3 0	X						0	0	0
Robert Feder Chairman Emeritus	1 0	X						0	0	0
Arthur J Hedge Jr Chairman Emeritus	1 0	X						0	0	0
H Guy Leibler Chairman Emeritus	1 0	X						0	0	0
Henry Pollak II Chairman Emeritus	1 0	X						0	0	0
Carl Austin Board Member	1 0	X						0	0	0
Steven Baruch Board Member	1 0	X						0	0	0
Greg A Berger Board Member	1 0	X						0	0	0
Frank A Bruni VICE CHAIRMAN	3 0	X						0	0	0
Mark A Fialk MD BOARD MEMBER	1 0	X						65,000	0	0
Peter M Fishbein BOARD MEMBER	1 0	X						0	0	0
Charles N Glassman MD BOARD MEMBER	1 0	X						0	0	0
Jennifer Gruenberg VICE CHAIRWOMAN	3 0	X						0	0	0
Peter A Hochfelder Board Member	1 0	X						0	0	0
Lawrence J Kadish MD Exec VP/Medical Dir	40 0	X		X				287,697	0	29,992
William Null Board Member	1 0	X						0	0	0
Jon B Schandler President & CEO	38 0	X		X				975,539	0	31,279
Laurence R Smith Board Member	1 0	X						0	0	0
Jonathan Spitalny Board Member	1 0	X						0	0	0
Robert Stone Board Member	1 0	X						0	0	0
George VanCleave Board Member	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
Susan Z Yubas Board Member	1 0	X						0	0	0
Robert Reiffel MD BOARD MEMBER	1 0	X						0	0	0
Michele Schoenfeld BOARD MEMBER	1 0	X						0	0	0
J Michael Divney VICE CHAIRMAN	3 0	X						0	0	0
Nancy Clarvit BOARD MEMBER	1 0	X						0	0	0
Jill Haskel BOARD MEMBER	1 0	X						0	0	0
Barbara Lapp BOARD MEMBER	1 0	X						0	0	0
Carol Lowenthal BOARD MEMBER	1 0	X						0	0	0
Lucy Schmolka BOARD MEMBER	1 0	X						0	0	0
Megan H Shapiro BOARD MEMBER	1 0	X						0	0	0
Nettie Webb EdD BOARD MEMBER	1 0	X						0	0	0
Aleida M Frederico BOARD MEMBER	1 0	X						0	0	0
ROGER CAPPUCCI BOARD MEMBER	1 0	X						0	0	0
Edward F Leonard ASST TREASURER	38 0			X				320,837	0	26,240
Daniel J Blum SENIOR VICE PRESIDENT	38 0			X				207,244	0	21,390
John B Sciurba VICE PRESIDENT/CFO	38 0			X				217,472	0	37,335
Mary K Spengler VICE PRESIDENT	38 0			X				194,104	0	27,263
Michael La Calamita VICE PRESIDENT	38 0			X				189,326	0	26,376
Leigh Anne McMahon VICE PRESIDENT	38 0			X				176,244	0	17,420
Melissa Weisstuch VICE PRESIDENT	38 0			X				111,990	0	22,828
JUAN SANCHEZ VICE PRESIDENT HUMAN RESOURCES	38 0			X				157,427	0	37,254
OSSIE DAHL VICE PRESIDENT	38 0			X				157,083	0	25,329
MICHAEL J PALUMBO VICE PRESIDENT	40 0			X				270,002	0	14,460
Jesus Jaile MD PHYSICIAN	40 0					X		796,404	0	36,668
Timothy Haydock MD PHYSICIAN	40 0					X		391,701	0	17,634

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			
Kevin L Fletcher MD PHYSICIAN	40.0					X		424,886	0	23,701
Zaid Alrawi MD PHYSICIAN	40.0					X		439,289	0	8,861
ERIK A LARSEN MD PHYSICIAN	40.0					X		280,289	0	24,220

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
BAD DEBT EXPENSE	9,608,985	9,608,985		
EQUIP RENTAL, REPAIRS & MAIN	9,137,933	7,192,209	1,942,763	2,961
COLLECTION & BILLING	1,825,976	525,206	1,300,770	
LAUNDRY SERVICES	1,496,851	1,496,369	482	
AUXILIARY EXPENSES	783,244			783,244

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
WHITE PLAINS HOSPITAL MEDICAL CENTER	13-1740130

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		103,189
j	Total lines 1c through 1i			103,189
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITY		LOBBYING ACTIVITIES Related TO THE HOSPITALS MEMBERSHIP IN THE HEALTHCARE ASSOCIATION OF New York STATE, THE AMERICAN HOSPITAL ASSOCIATION, GREATER NEW YORK HOSPITAL ASSOCIATION AND NORTHERN METROPOLITAN HOSPITAL ASSOCIATION THE AMOUNT REPORTED AS EXPENSES INCURRED IN CONNECTION WITH LOBBYING ACTIVITIES IS $33,189 AND REPRESENTS THE PORTION OF MEMBERSHIP DUES IDENTIFIED BY SUCH ORGANIZATIONS FOR SPECIFIC LOBBYING PURPOSE ALL PAYMENTS WERE MADE IN 2009 Additionally, Plunkett and Jaffee were contracted for professional services related to assistance with identifying opportunities for funding under the American recovery and Reinvestment Act of 2009

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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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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	2,064,794	2,064,794			
b Contributions					
c Investment earnings or losses	63,169	66,682			
d Grants or scholarships					
e Other expenditures for facilities and programs	63,169	66,682			
f Administrative expenses					
g End of year balance	2,064,794	2,064,794			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

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		

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		3,437,391		3,437,391
b Buildings		127,542,034	57,716,507	69,825,527
c Leasehold improvements		930,724	516,115	414,609
d Equipment		167,399,604	127,484,021	39,915,583
e Other		14,100,893	2,972,043	11,128,850
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				124,721,960

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
OTHER CURRENT LIABILITIES	3,837,161
ACCRUED PENSION	31,797,595
EST SELF INS FUND LIABILITY	1,100,000
OTHER NON-CURRENT LIABILITIES	3,433,235
DUE TO THIRD PARTIES	5,488,375
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	45,656,366

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
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	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	

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
FIN 48 DISCLOSURE		Effective January 1, 2007, the Hospital adopted the provisions of FIN No 48, Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement No 109 FIN No 48 addresses the accounting for uncertainty in income taxes recognized in an enterprise's financial statements and prescribes a threshold of more likely than not for recognition and derecognition of tax positions taken in a tax return FIN No 48 also provides related guidance on measurement, classification, interest and penalties, and disclosure The adoption of FIN No 48 had no significant impact on the Hospital's results of operations or financial position
Consolidated Financial Statements		Since white Plains Hospital Medical Center files a consolidated financial statement and is required to respond to Part IV, Line 12 as "No," the organization is not required to complete Parts XI, XII & XIII of Schedule D

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	CAPTIVE INSURANCE	3,268,525
Totals . . . . . ▶	0	0			3,268,525

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
SCHEDULE F PART I LINE 2		White Plains Hospital Medical Center's parent organization, Healthstar Network, Inc d/b/a/ Stellaris Health Network, formed a wholly-owned captive insurance company, NWLP Insurance Company Ltd (NWLP), which was incorporated and licensed in Bermuda, to write general and professional insurance White Plains Hospital Medical Center and two other Stellaris member hospitals use NWLP to write an excess professional liability insurance policy above their primary placement This excess policy is written on a claims made basis The Hospital's underwriting of claims through NWLP represents the only foreign activity reportable by the organization on Schedule F

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Society Dinner (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	232,087			232,087
	2 Less Charitable contributions	168,277			168,277
	3 Gross income (line 1 minus line 2)	63,810			63,810
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	91,200			91,200
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				91,200
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-27,390

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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 _____	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		No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
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)			2,225,492	1,769,904	455,588	0 180 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			18,360,874	13,353,355	5,007,519	1 930 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			20,586,366	15,123,259	5,463,107	2 110 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			451,391	98,800	352,591	0 140 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			31,969,150	28,694,141	3,275,009	1 260 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			32,420,541	28,792,941	3,627,600	1 400 %
k **Total.** Add lines 7d and 7j			53,006,907	43,916,200	9,090,707	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						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

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	9,608,985		
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	2,882,696		
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	66,561,441		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	85,080,079		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-18,518,638		
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)
White Plains Hospital Center 41 East Post Road Davis Avenue White Plains, NY 10601	X	X					X		
Dickstein Cancer Treatment Center 2-4 Longview Avenue WHITE PLAINS, NY 10601									TREATMENT CENTER AND PHYSICIAN OFFICES
Rye Brook Imaging Center 90 South Ridge Street Rye BRook, NY 10573									IMAGING CENTER
Outpatient Physical Rehab & MS Clinic 111 South Ridge Street RYE BROOK, NY 10573									PHYSICAL THERAPY TREATMENTS MEDICAL OFFICES
Home Care Offices 90 South Ridge Street RYE BROOK, NY 10573									ADMINISTRATIVE OFFICES

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

White Plains Hospital Medical Center uses the Federal Poverty Guidelines (FPG) to determine eligibility for discounted care to low-income patients

White Plains Hospital Center is required to prepare an annual community service plan (CSP) a k a , the community benefit report for the NYS Department of Health White Plains Hospital Center's Community Service Plan is distributed to many internal and external audiences Internal audiences are comprised of the Hospital's board of directors, employees, volunteers, auxiliary, and medical staff External audiences include community agencies, elected and other public officials, everyone who participated in the interview process, government agencies (State and County Department of Health, regional HSA), Hospital Association of New York State, and religious leaders The Hospital will prepare a bilingual summary brochure of this report, to be widely distributed in the community at events such as health screenings, health fairs, seminars, wellness programs and in public areas throughout the Hospital The brochure will be completed and printed in early 2010 and will also be available as a PDF on the Hospital's web site (www wphospital org) Announcements of the brochure's availability will appear in several hospital newsletters including those for the general community and for the Hospital's employees, volunteers and Auxiliary members

White Plains Hospital Medical Center has included bad debt expense in the amount of $9,608,985 on the Form 990, Part IX, Line 25 This amount is excluded for purposes of calculating the percentage in Schedule H, Part I, Line 7(f) as per the instructions

Charity Care Calculation and Unreimbursed Medical used the cost to charge ratio determined on the Charity Care Calculation worksheet Community Health Improvement services and community benefit operation expenses were calculated using actual expenses

2009 White Plains Hospital Center & Subsidiaries Audited Financial Statement note regarding bad debt and charity care The allowance for uncollectible accounts is the Hospital's best estimate of the amount of probable credit losses in the Hospital's existing accounts receivable The Hospital has estimated the allowance based on historical collection rates The Hospital reviews the allowance for uncollectible accounts periodically Account balances are charged off against the allowance after all means of collection have been exhausted and the potential for recovery is considered remote

The Medicare allowable cost of care reported on Part III Section B Line 6 reflect the accumulated aggregate costs of treating Medicare patients utilizing the CMS-2552 Medicare settlement worksheets

The hospital has a general collection policy All services provided to patients of White Plains Hospital Center are billed to their respective insurance company Upon receipt of payment any balances representing copayments, deductibles or co-insurance amounts are billed to the patient and the account balance is transferred to "self pay" Patients that have no insurance are registered as "self-pay" in the HIS All patients including those with balances after insurance receive 3 laser statements from the hospital every 28 days Upon completion of the laser statement sequence, a series of letters and phone calls are made through 2 outside billing vendors The account remains with the outside billing vendors for a minimum of 120 days at which time it is returned to the hospital for referral to an outside collection agency to pursue at the hospital's discretion Patients that have The collection procedures for patients known to qualify for charity care are outlined in the Charity Care/Financial Aide Policy

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

The Hospital's Community Service Plan Committee is responsible for assessing needs on an annual basis and for recommending programs or services to meet those needs The Committee is comprised of members of the Hospital's Board of Directors, hospital management and staff, volunteers, and leaders of local non-profit organizations Thirty-two people sat on the 2009 Committee Committee members arrange and conduct extensive in-person interviews with key representatives of municipal and community agencies in order to gather relevant data and determine how the Hospital can better assist in addressing health needs In 2009, 21 organizations participated in interviews The following includes the participating organizations, a synopsis of what was discussed and the date of the discussion - Anthony J Posillipo Community Center, Senior Services, Village of Rye Brook - requested information from WPHC's Speaker's Bureau such as seminars on stroke and sleep disorders (7/09) - City of New Rochelle - discussed healthcare reform and the impact of the economy and insurance status of people in the community, and opportunities to work collaboratively with Sound Shore Hospital and the City of New Rochelle (4/09) - City of White Plains - the Mayor continues his support of WPHC and all the community programs the Hospital brings to the public (4/09) - City of White Plains Parks & Recreation Department - the meeting concentrated on continuing the collaboration between WPHC and the City of White Plains and providing Hospital outreach and education at key city recreation programs (4/09) - City of White Plains Personnel Officer - the discussion focused on WPHC supporting blood drives at City Hall (4/09) - Council of Community Services, Port Chester - the Council would like an informational brochure on WPHC's Family Health Center in order to distribute to the community (6/09) - Eastchester Senior Services - the focus of the discussion included having events sponsored by the Department of Senior Programs and Services in the Hospital's Health Access Program, and access to WPHC's Speaker's Bureau (5/09) - EI Centro Hispano - the organization requested a Spanish-speaking patient representative to assist those who do not speak English and a WPHC oncologist to attend the Annual Health Fair to answer basic questions on cancer (4/09) - Greenburgh Town Supervisor - The Supervisor is very supportive of WPHC and has positive feelings with regard to the service and care provided by the Hospital and suggested a "brain stimulation" program for seniors (4/09) - Osborn Retirement Community - the talk focused on continuing the collaboration between WPHC and the Osborn and that the presentations should be upbeat, geared towards their independent living residents (6/09) - Port Chester Senior Center - the Center would like a presentation on all the services WPHC has to offer and monthly blood pressure screenings (5/09) - Superintendent, White Plains Schools - ideas focused on WPHC providing health educational and informational presentations to the sixteen school nurses and nurse coordinators, Hospital personnel speaking to top school administrators to inform them of resources available for the community, and the Hospital providing information on the Speaker's Bureau to the PTA (5/09) - The Esplanade - ideas centered on WPHC providing lectures for their seniors on the interaction between diet and medication and basic hand hygiene (6/09) - Theodore D Young Community Center - requested presentations provided by WPHC on topics such as sports injury for young athletes and childhood obesity prevention (4/09) - Thomas H Slater Center- would like WPHC to provide weight management, prostate cancer, underage drinking video, and diabetes information to their constituents (4/09) - Union Baptist Church - discussion focused on programmatic needs of the community including blood drive, organ donation, dental health needs, and HIV/AIDS awareness (4/09) - Village of Scarsdale - the focus on the discussion was swine flu, community preparation, and efforts the Hospital was expending on this topic (4/09) - Westchester County Department of Senior Programs & Services - no requests at this time, believes the Hospital is doing a good job of disseminating information to the community (5/09) - Westchester County Executive - the discussion centered on the following an electronic regional health information system where hospitals in the region could exchange information and assist each other, and a GPS-like tracking bracelet program where the tracking device could provide health information on the individual wearing the bracelet (5/09) - Westchester County Office of Hispanic Affairs - the Office of Hispanic Affairs is very supportive of WPHC's efforts with the Hispanic community and cites our Program as a model to other hospitals (4/09) - White Plains Senior Center - the senior center would like to resume lunch and learns - information provided to the seniors by WPHC on topics related to health and wellness (5/09) This interaction with community agencies is integral in the ongoing assessment of community needs The Hospital's commitment to community service is evident throughout all its planning processes including in the development of its Strategic Plan The needs identified in the community service planning process are incorporated annually into the Hospital's Strategic Plan and goals Likewise, the strategies and goals set by the Hospital are incorporated into the Community Service Plan IV ASSESSMENT OF PUBLIC HEALTH PRIORITIES Members of the Stellaris Health Network - White Plains Hospital Center (WPHC), Lawrence Hospital Center, Northern Westchester Hospital and Phelps Memorial Hospital Center, along with the Westchester County Department of Health, and the Open Door Family Medical Centers of Westchester have established a Prevention Agenda Advisory Board comprised of Nursing, Human Resource and Marketing/Community Outreach staff members who oversee the delivery of education and outreach programs for the employed staff and broader community The committee is focused on addressing the New York State Healthiest State initiative and Prevention Agenda priorities The above Stellaris Health Network organizations plus the Open Door Family Medical Centers have met four times in 2009 (and slated for 10/1/09) to compare best practices across the communities we serve and to develop a set of comparable initiatives White Plains Hospital Center will roll out the initiatives in year one to the broader communities within its service area and employed staff within the Hospital For the purposes of the Prevention Agenda Advisory Board, the focus is to support the Westchester County and New York State Department of Health priorities of reduced sodium intake and increased physical activity in order to improve the health of Westchester and Putnam County residents WPHC has included a third Prevention Agenda goal - the reduction of under age drinking that will also be addressed in this report Prevention Agenda Priorities 1) Chronic Disease Coronary Heart Disease - Reduce Sodium Intake The New York State Department of Health confirms that cardiovascular disease (CVD), including heart disease and stroke, remains the leading cause of death in Westchester County in 2006 (based on figures from the US Census, American Community Service estimate, 2007) CVD does not discriminate based on race or ethnicity, major cardiovascular disease was the leading cause of death for all groups in Westchester County in 2007 Risk factors for CVD include those that are modifiable such as, smoking, elevated blood cholesterol, diabetes, obesity, dietary factors, physical inactivity, and high blood pressure, and those that are not modifiable In Westchester County, 19 7% of adults age 20 and over have been diagnosed with hypertension According to the 2002 Journal of the American Medical Association (JAMA), "Current recommendations for primary prevention of hypertension involve a population-based approach and an intensive targeted strategy focused on individuals at high risk for hypertension These two strategies are complementary and emphasize six approaches with proven efficacy for prevention of hypertension engage in moderate physical activity, maintain normal body weight, limit alcohol consumption, reduce sodium intake, maintain adequate intake of potassium, and consume a diet rich in fruits, vegetables, and low-fat dairy products and reduced in saturated and total fat Applying these approaches to the general population as a component of public health and clinical practice can help prevent blood pressure from increasing and can help decrease elevated blood pressure levels for those with high normal blood pressure or hypertension " Therefore, increasing the control of hypertension through various means including the reduction of sodium in the diet will help to decrease the risk for developing CVD and in turn,

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

White Plains Hospital Center makes financial aid available to patients, based on demonstrated economic need This aid includes both charity care and sliding fee scales (discounts) as specified by New York State's charity care law, which took effect in 2007 The Hospital has experienced several challenges in administering its financial aid program The Hospital has seen an increase in applications for financial aid since the Primary Service Area was expanded in 2007, especially from individuals outside Westchester County A challenge has arisen in helping some of these patients from areas outside Westchester apply for Medicaid As a result, a portion of the Medicaid assistance application process has been outsourced to entities that receive a portion of what the Hospital collects from Medicaid The economic downturn has posed additional challenges in providing care for the increasing number of people who are unemployed and may have reduced insurance benefits in the form of higher deductibles and co-payments The number of such underinsured individuals continues to grow The volume of financial aid cases also adds additional burden for the staff that manually process and track the applications The Hospital does not have the software to enable applications to be tracked by computer Despite the challenges created by the economy, the financial aid program succeeds in consistently implementing its program All staff in the Patient Accounts Department are cross-trained in assisting patients with the financial aid application, and many of the customer service employees are bilingual Patients are consistently reminded of the availability of financial aid and how to access it, including a reminder printed at the bottom of all billing statements There is also a comprehensive instruction packet White Plains Hospital Center provided more than $2 million in charity care in 2009 and $2 5 million during 2008 Bad debt and uncompensated care totaled more than $9 6 million in 2009 and $9 3 million in 2008 continuing an upward trend

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

White Plains Hospital Center draws patients from throughout Westchester County and the surrounding areas, with the majority coming from nearby communities in the central and southern portions of the County The Hospital defines the following communities, as designated by zip code, as its primary and secondary catchment areas 10502 Ardsley 10603 White Plains 10503 Ardsley on Hudson 10604 White Plains 10523 Elmsford 10605 White Plains 10528 Harrison 10606 White Plains 10530 Hartsdale 10607 White Plains 10532 Hawthorne 10701 Yonkers 10533 Irvington 10703 Yonkers 10538 Larchmont 10707 Yonkers 10543 Mamaroneck 10708 Yonkers 10573 Port Chester/Rye Brook 10709 Yonkers 10577 Purchase 10710 Yonkers 10580 Rye 10706 Hastings on Hudson 10581 Avon 10707 Tuckahoe 10583 Scarsdale 10708 Bronxville 10591 Tarrytown 10709 Eastchester 10594 Thornwood 10801 New Rochelle 10595 Valhalla 10802 New Rochelle 10601 White Plains 10803 New Rochelle 10602 White Plains (PO Boxes) 10804 New Rochelle 10805 New Rochelle White Plains Hospital Center continues to be the primary hospital for White Plains, Scarsdale, Hartsdale, Harrison and sections of the Town of Greenburgh

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

THREE YEAR PLAN OF ACTION Prevention Agenda Priority Sodium Intake Reduction White Plains Hospital Center has taken several steps in order to comply with the recommendation to reduce sodium intake Year One- - Reduction of sodium content of foods served in the Hospital cafeteria and provisions in the cafeteria labeled with nutritional content (including sodium content) allowing consumers to make an educated choice about their meal selections, for the health of our employees and visitors from the community In addition, low-sodium and low-fat entrees will be marked with a wellness symbol on the menu display in the Hospital cafeteria WPHC will be partnering with Sodexo Food Services in the implementation of both of these measures The success of this these initiatives will be measured by total number of low-sodium food sales in the cafeteria - Hospital vending machines with low-sodium snack choices The Hospital will partner with Sodexo Food Company to provide healthy snack options to staff and Hospital visitors Efficacy of this new program will be measured by vending machine sales of low-sodium snacks - Blood pressure screenings held throughout the community will include educational pamphlets on sodium reduction in English and Spanish WPHC will continue to partner with community organizations including the YMCA, YWCA, local health clubs, and neighborhood community centers to provide these screenings to area residents For example, the Annual Neighborhood Health Fair, a collaborative effort between local community organizations and the Hospital, has been providing health tests and screenings including blood pressure to the community for 32 years and WPHC will continue to provide these blood pressure screenings to the community In addition, the White Plains Hospital Center Auxiliary sponsors monthly blood pressure screenings in the Hospital lobby for the community Target success of this ongoing plan will be measured through process measures - counting number of attendees at each screening and the number of screenings per year - Nutritional presentations held at various sites in the community to include information on sodium reduction in the diet Community collaborations will continue with area senior centers, community centers, and religious groups as well as the YWCA and YMCA Goals will be measured through process measures such as number of presentations held and number of people present at each event - Educational articles on the importance of sodium reduction, as we" as tasty low-sodium recipes, will be published in various newsletters published by the Hospital including the Health Matters wellness newsletter for the general community, the Health Access newsletter for seniors, and newsletters published by the Volunteer Services Department and Auxiliary Year Two- - WPHC will continue with Year One objectives and goals - Food demonstrations will be held at community organizations such as the YWCA, Port Chester Open Door, and churches to introduce easily prepared, tasty, reduced sodium meals to the population This new initiative will be measured through process measures of total number of people present at each demonstration and the total number of events held - Informational card with tips on how to reduce excess sodium in the diet will be placed on patient food trays, at cash registers in the WPHC cafeteria, and in the Hospital cafe This new program will be available to WPHC in-patients, visitors, and staff and efficacy will be measured by number of cards ordered per year by the Hospital - Recipes and information on sodium reduction will appear in a special section of the Hospital's web site Year Three- - WPHC will continue with Year One and Year Two objectives and goals - No sodium added food options offered in the Hospital cafeteria This new plan will provide a healthy choice for those on sodium restricted diets or those who want a healthier meal option The Hospital will partner with Sodexo Food Company and outcomes will be measured by no sodium food sales - Low sodium food demonstration video to be shown in the Hospital lobby on an ongoing basis (video loop) and to community organizations for viewing WPHC will look to an outside organization or individual to make a contribution towards the video This new program will include low sodium ethnic food preparation and effectiveness will be measured by process measures including number of times shown each day in the Hospital lobby and number of organizations requesting the video and total attendance numbers at each video session Prevention Agenda Priority Increasing Physical Activity White Plains Hospital Center has taken steps to combat the obesity crisis through programs that increase physical activity Year One- - MaliWalkers Program - Ongoing for 20 years, free, supervised walking program meeting three times per week at the local mall and includes informative presentations on subjects such as foot care by local organizations plus free blood pressure screenings and events that support the Program - Wellness Through Prevention Month (WTPM) - An entire month filled with educational seminars, health screenings, and other activities such as fitness demonstrations supporting wellness through prevention This ongoing program has been expanded from one week to one month Community partners will continue to include event hosting organizations such as the YMCA, YWCA, community centers, schools, religious affiliated organizations such as churches and synagogues, youth groups, and fitness centers - Healthy Living for Life - Weight management support group held once a month for those who are having difficulty trying to maintain a healthy weight (new initiative, started in 6/09) This free program includes mini-presentations and exercise demonstrations related to weight management, and the program, "America on the Move" America on the Move is a web-based resource aimed at promoting healthy eating and encouraging physical activity behaviors Organizations such as Club Fit, White Plains YMCA, White Plains YWCA, will be collaborating with WPHC in the future - Healthy Habits for Healthy Kids - An eight week workshop designed to build healthy eating and exercise habits in grammar school children This free, ongoing program consists of an interactive learning activity, exercise component, and healthy snack The Program is a collaborative effort between WPHC and the YWCA of White Plains and Central Westchester Goals will be measured by anecdotal correspondence from YWCA staff in regards to exercise programs the Program participants engage in during the year and overall fitness levels of the Program participants The goal of all of the above programs is to increase physical activity in the community and will be measured by the number of attendees at each event America on the Move measurements will include online registration numbers Year Two- - WPHC will continue with Year One objectives and goals Year Three - - WPHC will continue with Year One objectives and goals - WPHC will institute a "Take the Stairs" program to include inviting wall colors/posters, plus piped in motivating music and step-related information in Hospital stairwells The Program, aimed at Hospital staff as well as visitors, will consist of the exercise component, sign-in records, and goal incentives White Plains Hospital Center will rely primarily on donations from outside organizations to fund this Program This new initiative will include collaborations with area businesses, health and wellness clubs as well as walking and running groups, whose members will be encouraged to set up similar programs Goals will be measured by Program sign-ins Prevention Agenda Priority Reduction of Under Age Drinking WPHC is dedicated to interventions that prevent or reduce alcohol use among adolescents Year One- - Update the existing "Dying High in the Emergency Room" video, to be used in local high schools such as Scarsdale, Port Chester and White Plains in order to educate teens on the potentially fatal effects of underage drinking Effectiveness of the video will be measured by the number of attendees at the viewing of each video session - Health Alliance on Alcohol - Ongoing program providing pamphlets for parents, in English and Spanish, about underage drinking These will be widely distributed at community centers, health fairs, and schools Program success will be measured by the number of organizations that receive pamphlets - Educational forum facilitated by WPHC doctors and nurses to bring together local organizations, parents and teens on the topic of underage drinking prevention Effectiveness of the Program will be measured by the number of attendees at the forum Year Two - - WPHC will continue with Year One objectives and goals - Expand outreach of the Video Program to include high schools in two other areas of Westchester County Success of the Program will be measured by number of attend

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)

CHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CHARITY CARE/ACCESS TO SERVICES The most significant change impacting access to care is the increase in Emergency Department visits There were 48,237 visits to the Emergency Department in 2009, and this number is expected to exceed 50,000 by the end of 2010 The increase reflects a growing population in the White Plains area as well as an increase in the number of visits for non-emergency healthcare services In addition, two nearby community hospitals closed within the last five years, placing additional demand for some services at White Plains Hospital Center The increase in population, especially the growth of the Hispanic community, has also resulted in an increase in staffing and expenses for free community health screenings and educational programs Another major development is the expected transfer of the Hospital's licensed Home Care Program to the Visiting Nurse Service of New York The transfer is expected to occur by the end of 2009, at which time White Plains Hospital Center will surrender its license for the program This represents both a change in operations as well as a change in how patients will access home health care services During the first quarter of 2009, the Hospital also transferred its Methadone Program to another health care facility St Vincent's Westchester, a division of St Vincent Catholic Medical Centers, continues to operate the program in the same location utilized by White Plains Hospital Center White Plains Hospital Center is also working to improve the community's access to cardiovascular services A new cardiac catheterization laboratory opened in 2008 under the medical direction of physicians from the Center for Interventional Vascular Therapy at the Columbia University College of Physicians & Surgeons This lab currently provides diagnostic coronary angiograms and electrophysiology procedures An application for a full-service lab is pending at the State level There is currently only one other full-service catheterization laboratory in Westchester County, meaning that patients in emergency situations are often transported a significant distance to receive angioplasty and other lifesaving treatments

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

NY

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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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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**		No
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				
Lawrence J Kadish MD	(i)	247,626	0	40,071	14,700	15,292	317,689	0
	(ii)	0	0	0	0	0	0	0
Jon B Schandler	(i)	932,425	0	43,114	22,050	9,229	1,006,818	0
	(ii)	0	0	0	0	0	0	0
Edward F Leonard	(i)	275,100	0	45,737	19,600	6,640	347,077	0
	(ii)	0	0	0	0	0	0	0
Jesus Jaile MD	(i)	179,454	600,000	16,950	12,069	24,599	833,072	0
	(ii)	0	0	0	0	0	0	0
Timothy Haydock MD	(i)	389,721	0	1,980	12,250	5,384	409,335	0
	(ii)	0	0	0	0	0	0	0
Kevin L Fletcher MD	(i)	160,252	250,000	14,634	9,000	14,701	448,587	0
	(ii)	0	0	0	0	0	0	0
Zaid Alrawi MD	(i)	117,963	300,000	21,326	7,027	1,834	448,150	0
	(ii)	0	0	0	0	0	0	0
Daniel J Blum	(i)	190,525	0	16,719	10,724	10,666	228,634	0
	(ii)	0	0	0	0	0	0	0
John B Sciurba	(i)	201,408	0	16,064	13,292	24,043	254,807	0
	(ii)	0	0	0	0	0	0	0
Mary K Spengler	(i)	175,469	0	18,635	17,429	9,834	221,367	0
	(ii)	0	0	0	0	0	0	0
Michael La Calamita	(i)	149,387	0	39,939	17,061	9,315	215,702	0
	(ii)	0	0	0	0	0	0	0
Leigh Anne McMahon	(i)	154,927	0	21,317	14,090	3,330	193,664	0
	(ii)	0	0	0	0	0	0	0
JUAN SANCHEZ	(i)	154,489	0	2,938	11,375	25,879	194,681	0
	(ii)	0	0	0	0	0	0	0
OSSIE DAHL	(i)	133,577	0	23,506	14,437	10,892	182,412	0
	(ii)	0	0	0	0	0	0	0
MICHAEL J PALUMBO	(i)	247,312	0	22,690	9,800	4,660	284,462	0
	(ii)	0	0	0	0	0	0	0
ERIK A LARSEN MD	(i)	258,499	0	21,790	12,250	11,970	304,509	0
	(ii)	0	0	0	0	0	0	0

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-1740130
Name: WHITE PLAINS HOSPITAL MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Lawrence J Kadish MD	(I)	247,626	0	40,071	14,700	15,292	317,689	0
	(II)	0	0	0	0	0	0	0
Jon B Schandler	(I)	932,425	0	43,114	22,050	9,229	1,006,818	0
	(II)	0	0	0	0	0	0	0
Edward F Leonard	(I)	275,100	0	45,737	19,600	6,640	347,077	0
	(II)	0	0	0	0	0	0	0
Jesus Jaile MD	(I)	179,454	600,000	16,950	12,069	24,599	833,072	0
	(II)	0	0	0	0	0	0	0
Timothy Haydock MD	(I)	389,721	0	1,980	12,250	5,384	409,335	0
	(II)	0	0	0	0	0	0	0
Kevin L Fletcher MD	(I)	160,252	250,000	14,634	9,000	14,701	448,587	0
	(II)	0	0	0	0	0	0	0
Zaid Alrawi MD	(I)	117,963	300,000	21,326	7,027	1,834	448,150	0
	(II)	0	0	0	0	0	0	0
Daniel J Blum	(I)	190,525	0	16,719	10,724	10,666	228,634	0
	(II)	0	0	0	0	0	0	0
John B Sciurba	(I)	201,408	0	16,064	13,292	24,043	254,807	0
	(II)	0	0	0	0	0	0	0
Mary K Spengler	(I)	175,469	0	18,635	17,429	9,834	221,367	0
	(II)	0	0	0	0	0	0	0
Michael La Calamita	(I)	149,387	0	39,939	17,061	9,315	215,702	0
	(II)	0	0	0	0	0	0	0
Leigh Anne McMahon	(I)	154,927	0	21,317	14,090	3,330	193,664	0
	(II)	0	0	0	0	0	0	0
JUAN SANCHEZ	(I)	154,489	0	2,938	11,375	25,879	194,681	0
	(II)	0	0	0	0	0	0	0
OSSIE DAHL	(I)	133,577	0	23,506	14,437	10,892	182,412	0
	(II)	0	0	0	0	0	0	0
MICHAEL J PALUMBO	(I)	247,312	0	22,690	9,800	4,660	284,462	0
	(II)	0	0	0	0	0	0	0
ERIK A LARSEN MD	(I)	258,499	0	21,790	12,250	11,970	304,509	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000693	64983TTS2	06-23-2004	32,330,000	see schedule o		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	29,939,457				
2	Gross proceeds in reserve funds	1,786,000				
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	604,543				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion	1997				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Aleida M Frederico	BOARD OF DIR-MEMBER	578,747	LEASE PAYMENTS - EQUIPMENT		No

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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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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	X	4	36,656	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

			Yes	No
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	0	
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		No
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

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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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Identifier	Return Reference	Explanation
FORM 990 PART IV LINE 12		WHITE PLAINS HOSPITAL MEDICAL CENTER RECEIVES a CONSOLIDATED audited financial statement for the year ending December 31st, 2009 The CONSOLIDATED financial statements are prepared in accordance with Generally Accepted Accounting Principles in the United States of America ("GAAP") The CONSOLIDATED financial statements include the accounts of WHITE PLAINS HOSPITAL MEDICAL CENTER and all of its affiliated organizations Per the instructions to the Form 990, the organization is required to respond "NO" to Part IV, Question 12 if the organization is part of a consolidated financial statement
FORM 990 PART VI LINE 11		The White Plains Hospital Medical Center Form 990 was reviewed in detail by the organization's Chief Financial Officer in conjunction with its tax preparers, Deloitte Tax LLP A copy of the final Form 990 was circulated to the full Board of Directors before the return was filed Prior to filing, the Form 990 was presented to the finance and executive committee of the board of directors on November 11, 2010, with an overview of the Form 990 and its impact on White Plains Hospital Medical Center
FORM 990 PART VI LINE 12		All Officers, Directors and Key employees of White Plains Hospital Medical Center are required to complete an annual Conflict of Interest questionnaire, in their capacity as an employee of the Hospital or as a Board Member OF the Medical Center COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE LEGAL COMMITTEE OF THE BOARD OF DIRECTORS AND Concerns presented by the responses to the Conflict of Interest Policy are disclosed to the Board, with the interested party recused from discussing the matter
FORM 990 PART VI LINE 15a & 15b		THE WHITE PLAINS HOSPITAL MEDICAL CENTER UNDERTAKES A RIGOROUS PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIALS AND ALL OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS REASONABLE IN RELEVANT PART, THE BOARD OF DIRECTORS HAS ESTABLISHED A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION ARRANGEMENT THE MANAGEMENT COMPENSATION COMMITTE OF THE BOARD OF DIRECTORS USES COMPARABLE PUBLICLY AVAILABLE BENCHMARKING DATA THAT DOCUMENTS THE COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS THE MANAGEMENT COMPENSATION COMMITTEE ESTABLISHES COMPENSATION LEVELS WITHOUT INPUT OR VOTING PARTICIPATION BY THE PERSON WHOSE COMPENSATION IS BEING APPROVED OR BY AN OTHER INDIVIDUAL WITH A CONFLICT OF INTEREST THE FINAL DETERMINATION BY THE COMMITTEE IS THEN DOCUMENTED IN MEMORANDUM THE MEMORANDUM CONTAINS THE TERMS OF THE PROPOSED COMPENSATION AS SET FORTH BY THE COMMITTEE
FORM 990 PART VI LINE 19		The taxpayer makes its Form 990 and Form 1023 available to the public by retaining a copy of each at the address listed on Page 1 of this return Any individual requesting a copy of these documents is provided that copy on the same business day The organization's governing documents, conflict of interest policy, AND FINANCIAL STATEMENTS are available at the public request and at management's discretion
FORM 990 PART VI LINE 7a		White Plains Hospital Medical Center is an affiliate and direct subsidiary of Healthstar Network Inc , d/b/a Stellaris Health Network Every member of the White Plains Hospital Medical Center's Board of Directors (governing body) serves at the recommendation of the Healthstar Network, Inc Board of Directors Pursuant to both the Medical Center's and Healthstar's bylaws, all appointments to the Medical Center's board are first recommended by the Medical Center to the Healthstar nominating committee The nominating committee reviews the nomination and then recommends the appointment to the overall Healthstar Board for approval
FORM 990 PART VI LINE 7b		Pursuant to the White Plains Hospital Medical Center's and Healthstar Network, Inc , d/b/a Stellaris Health Network's organizing documents (bylaws), certain decisions of the governing board must be approved by the Healthstar Network Board of Directors Such decisions include managed care contracting, expansion/subtraction of the Medical Center's operations, certain administrative procedures, etc
Schedule K, Part I, Line A	PURPOSE OF TAX EXEMPT BOND	The proceeds of the White Plains Hospital Medical Center FHA - Insured Mortgage Hospital Revenue Bonds, Series 2004 were to current refund the Hospital's allocable portion of the outstanding New York State Medical Care Facilities Finance Agency FHA - Insured Mortgage Project Revenue Bonds, 1994 Series B The proceeds of the 1994 Bonds were used to fund the cost of a Major Modernization Program which included the construction of a five story patient care building

Identifier	Return Reference	Explanation
SCHEDULE J-2		Board Member Mark Fialk received compensation from White Plains Hospital Medical Center for services rendered as the Program Director of the Cancer Center and not for services rendered as a board member The Medical Center does not compensate any board members

FORM 990, PART VI, LINE 2 BOARD MEMBERS ROBERT FEDER AND WILLIAM NULL HAVE A BUSINESS RELATIONSHIP

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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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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
Post Development Corporation DAVIS AVE AT EAST POST ROAD WHITE PLAINS, NY 10601 22-2605281	REAL ESTATE	NY	226,862	592,223	WPH

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
WHITE PLAINS HOSPITAL CENTER FOUNDATION 41 EAST POST ROAD AND DAVIS AVENUE WHITE PLAINS, NY 10601 13-3281507	FUNDRAISING	NY	501(C)(3)	11	WPH
HEALTHSTAR NETWORK- DBA STELLARIS HEALTH ONE NORTH GREENWICH ROAD ARMONK, NY 10504 13-3911773	SUPPORT SVCS	NY	501(C)(3)	11	NA

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) Disproprtionate 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
8 Longview Development Corporation DAVIS AVENUE at EAST POST ROAD WHITE PLAINS, NY10601 26-3321278	HOUSING	NY	NA	C-CORP	288,430	3,139,263	100 000 %

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

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

		Yes	No
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**	**No**
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**	**Yes**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
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**	**Yes**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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