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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
HUDSON VALLEY HOSPITAL CENTER

Doing Business As

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

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

D Employer identification number
13-1740120

E Telephone number
(914) 734-3277

G Gross receipts $ 151,830,254

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW HVHC ORG

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

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,311
6	Total number of volunteers (estimate if necessary)	**6**	220
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,351,284	4,765,570
9	Program service revenue (Part VIII, line 2g)	125,684,318	128,343,069
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	428,750	881,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,751	-71,122
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,483,103	133,918,517
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,961,507	70,656,376
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	51,807,649	54,492,193
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	120,769,156	125,148,569
19	Revenue less expenses Subtract line 18 from line 12	9,713,947	8,769,948

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	188,498,401	216,916,954
21	Total liabilities (Part X, line 26)	104,178,327	122,835,838
22	Net assets or fund balances Subtract line 21 from line 20	84,320,074	94,081,116

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

****** | 2011-11-02
Signature of officer | Date

MARK WEBSTER VP FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KAREN L STAPLES CPA	KAREN L STAPLES CPA	2011-11-02	☐	

Firm's name ▶ VANACOREDEBENEDICTUSDIGOVANNI&WEDDELL | Firm's EIN ▶

Firm's address ▶ 11 RACQUET RD
NEWBURGH, NY 12550 | Phone no ▶ (845) 567-9000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 102,162,292 including grants of $) (Revenue $ 128,343,069)

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

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 102,162,292

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

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 lines 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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ Yes ☐ No			
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	87		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,311		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

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

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

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

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								4,399,650		664,535

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 ▶ 117

			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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HUDSON VALLEY CARDIOLOGY HUDSON VALLEY CARDIOLOY 1985 CROMPOND ROAD 1985 CROMPOND ROAD CORTLANDT MANOR, NY 10567	CARDIOLOGY	1,182,186
HOSPITAL MEDICINE ASSOCIATES HOSPITAL MEDICINE ASSOCIATES 1985 CROMPOND ROAD 1985 CROMPOND ROAD CORTLANDT MANOR, NY 10567	PHYSICIAN FEES	1,000,003
DEB ROMAIN CONSULTING LLC DEB ROMAIN CONSULTING PO BOX 190 PO BOX 190 TUCKAHOE, NY 10541	CONSULTING	498,340
HUDSON VALLEY IMAGING PC HUDSON VALLEY IMAGING PC 2 FOXEY LANE 2 FOXEY LANE MAHOPAC, NY 10541	RADIOLOGY	408,000
CAROL HARRACKSINGH MD CAROL HARRACKSINGH MD 225 VETERANS ROAD 225 VETERANS ROAD YORKTOWN HEIGHTS, NY 10598	PHYSICIAN FEES	395,647

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d	1,329,444			
	e Government grants (contributions)	1e	3,436,126			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		4,765,570			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE		128,343,069	128,343,069		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		128,343,069			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		819,456			819,456
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	210,334				
	b Less rental expenses	281,456				
	c Rental income or (loss)	-71,122				
	d Net rental income or (loss) . . . . . ▶		-71,122			-71,122
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	17,691,825				
	b Less cost or other basis and sales expenses	17,630,281				
	c Gain or (loss)	61,544				
	d Net gain or (loss) . . . . . ▶		61,544			61,544
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		133,918,517	128,343,069		809,878

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,218,974	3,459,558	759,416	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,878,200	43,975,387	9,902,813	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,766,246	2,257,810	508,436	
9 Other employee benefits	5,895,252	4,811,705	1,083,547	
10 Payroll taxes	3,897,704	3,181,306	716,398	
a Fees for services (non-employees) Management				
b Legal	177,365	144,765	32,600	
c Accounting	259,996	212,209	47,787	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	435,196	355,207	79,989	
12 Advertising and promotion	676,081	551,817	124,264	
13 Office expenses	1,529,805	1,248,626	281,179	
14 Information technology				
15 Royalties				
16 Occupancy	3,506,424	2,861,943	644,481	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,268,548	1,851,589	416,959	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,636,946	7,865,675	1,771,271	
23 Insurance	2,516,061	2,053,609	462,452	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MEDICAL AND SURGICAL SUPP	13,971,712	11,403,711	2,568,001	
b CONTRACTED SERVICES	4,608,574	3,761,518	847,056	
c PURCHASED SERVICES	3,337,864	2,724,365	613,499	
d PHYSICIAN FEES	3,141,766	2,564,309	577,457	
e BAD DEBT EXPENSE	2,861,226	2,335,333	525,893	
f All other expenses	5,564,629	4,541,850	1,022,779	
25 **Total functional expenses.** Add lines 1 through 24f	125,148,569	102,162,292	22,986,277	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		4,920,837	1	5,244,652
	2	Savings and temporary cash investments		8,369,345	2	14,816,787
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		16,887,839	4	15,473,819
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,563,877	8	1,490,467
	9	Prepaid expenses and deferred charges		708,266	9	983,742
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 222,317,546			
	b	Less accumulated depreciation	10b 91,283,806	109,697,560	10c	131,033,740
	11	Investments—publicly traded securities		26,640,305	11	18,248,712
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		19,710,372	15	29,625,035
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		188,498,401	16	216,916,954
Liabilities	17	Accounts payable and accrued expenses		18,771,827	17	18,706,928
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		49,931,783	20	69,207,983
	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		16,128,852	23	17,870,810
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		19,345,865	25	17,050,117
	26	**Total liabilities.** Add lines 17 through 25		104,178,327	26	122,835,838
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		76,886,511	27	89,789,648
	28	Temporarily restricted net assets		5,758,944	28	2,616,849
	29	Permanently restricted net assets		1,674,619	29	1,674,619
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		84,320,074	33	94,081,116
	34	Total liabilities and net assets/fund balances		188,498,401	34	216,916,954

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	133,918,517
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,148,569
3	Revenue less expenses Subtract line 2 from line 1	3	8,769,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	84,320,074
5	Other changes in net assets or fund balances (explain in Schedule O)	5	991,094
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	94,081,116

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2010

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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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

2010

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	7,433,563	7,642,040	7,517,049		
b Contributions	725,376	682,807	588,374		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	3,867,471	891,284	463,383		
f Administrative expenses					
g End of year balance	4,291,468	7,433,563	7,642,040		

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 39 000 %
- c Term endowment ▶ 61 000 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		945,544		945,544
b Buildings		136,584,746	37,385,348	99,199,398
c Leasehold improvements				
d Equipment		82,018,271	53,898,458	28,119,813
e Other		2,768,985		2,768,985
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				131,033,740

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
(1) Financial derivatives		
(2) 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
(1) OTHER ASSETS	17,057,861
(2) OTHER RECEIVABLES	7,412,298
(3) INTEREST IN THE FOUNDATION OF HVHC	5,154,876
(4) ACCRUED INTEREST RECEIVABLE	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	29,625,035

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
THIRD PARTY PAYORS	13,855,382
MALPRACTICE CONTINGENCY	2,108,668
DEFERRED FINANCING	872,957
ASSET REMEDIATION LIABILITY	213,110
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	17,050,117

2. Fin 48 (ASC 740) 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 (ASC740)

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	133,918,517
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	125,148,569
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,769,948
4	Net unrealized gains (losses) on investments	4	1,595,162
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	1,595,162
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,365,110

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	135,795,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,595,162		
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	1,595,162
3	Subtract line **2e** from line **1**			3	134,199,973
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	-281,456		
c	Add lines **4a** and **4b**			4c	-281,456
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	133,918,517

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

1	Total expenses and losses per audited financial statements			1	125,430,025
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	125,430,025
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	-281,456		
c	Add lines **4a** and **4b**			4c	-281,456
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	125,148,569

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUND BALANCES ARE USED FOR THE FUNDING OF HEALTH CARE SERVICES AND CAPITAL ACQUISITIONS RELATING TO HUDSON VALLEY HOSPITAL CENTER'S MISSION STATEMENT
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	RENTAL EXPENSES 281,456 RENTAL EXPENSES -281,456
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	RENTAL EXPENSES -281,456
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	RENTAL EXPENSES -281,456

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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

2010

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 2.50000 %	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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			6,188,953	1,531,943	4,657,010	3 810 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			11,230,694	5,912,566	5,318,128	4 350 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			1,134,872	1,134,872		
d **Total** Financial Assistance and Means-Tested Government Programs			18,554,519	8,579,381	9,975,138	8 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,221,892		1,221,892	1 000 %
f Health professions education (from Worksheet 5)			86,051		86,051	0 070 %
g Subsidized health services (from Worksheet 6)			2,854,312	2,279,817	574,495	0 470 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			4,162,255	2,279,817	1,882,438	1 540 %
k **Total.** Add lines 7d and 7j			22,716,774	10,859,198	11,857,576	9 700 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			396,468		396,468	0 320 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			396,468		396,468	0 320 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,112,005		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	992,642		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	49,104,447
6	Enter Medicare allowable costs of care relating to payments on line 5	6	55,023,270
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-5,918,823
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		
b	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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	HUDSON VALLEY HOSPITAL CENTER 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567	X	X					X		

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	Name and address	Type of Facility (Describe)
1		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
RELATED ORGANIZATION INFORMATION	PART I LINE 6A	THE ANNUAL COMMUNITY BENEFIT REPORT WILL BE MAILED TO OUR SUPPORTERS BUSINESS LEADERS AND PUBLIC OFFICIALS AND DISTRIBUTED AT PUBLIC EVENTS THAT THE ORGANIZATION RUNS SUCH AS HEALTH SCREENINGS LECTURES ETC IT WILL ALSO BE MADE AVAILABLE UPON REQUEST
EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	PART I LINE 7 COLUMN F	BAD DEBT EXPENSE IN THE AMOUNT OF 2861226 WAS REMOVED FROM THE TOTAL FUNCTIONAL EXPENSES OF 125148569 LOCATED ON PAGE 10 LINE 25 COLUMN A FOR TOTAL FUNCTIONAL EXPENSES OF 122287343 IN ORDER TO ARRIVE AT THE PERCENTAGE OF TOTAL EXPENSE LOCATED ON SCHEDULE H PART I LINE 7 COLUMN F
COMMUNITY BUILDING ACTIVITIES	PART II	ACTIVITIES WITH THESE ORGANIZATIONS PROVIDES AN OPPORTUNITY TO SHARE IDEAS CONCEPTS AND EXPENSES AND FOSTERS MORE EFFECTIVE PLANNING BY HUDSON VALLEY HOSPITAL CENTER IN ORDER TO BETTER SERVICE THE COMMUNITY AND MEET THEIR NEEDS
BAD DEBT EXPENSE EXPLANATION	PART III LINE 4	THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTION OF RECEIVABLES INVOLVES SIGNIFICANT ASSUMPTIONS AND JUDGMENTS THE HOSPITAL HAS IMPLEMENTED A MONTHLY STANDARDIZED APPROACH TO ESTIMATE AND REVIEW THE COLLECTABILITY OF RECEIVABLES BASED ON THE PAYER CLASSIFICATION AND THE PERIOD THE RECEIVABLES HAVE BEEN OUTSTANDING PAST DUE BALANCES OVER 120 DAYS FROM DATE OF BILLING AND OVER A SPECIFIED AMOUNT ARE CONSIDERED DELINQUENT AND ARE REVIEWED INDIVIDUALLY FOR COLLECTABILITY ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT FEELS IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED HISTORICAL COLLECTION AND PAYER REIMBURSEMENT EXPERIENCE IS AN INTEGRAL PART OF THE ESTIMATION PROCESS RELATED TO RESERVES FOR DOUBTFUL ACCOUNTS IN ADDITION THE HOSPITAL ASSESSES THE CURRENT STATE OF ITS BILLING FUNCTIONS IN ORDER TO IDENTIFY ANY KNOWN COLLECTION OR REIMBURSEMENT ISSUES IN ORDER TO QUANTIFY THE IMPACT IF ANY ON RESERVE ESTIMATES WHICH INVOLVES JUDGMENT THE HOSPITAL BELIEVES THAT THE COLLECTABILITY OF ITS RECEIVABLES IS DIRECTLY LINKED TO THE QUALITY OF ITS BILLING PROCESSES MOST NOTABLY THOSE RELATED TO OBTAINING THE CORRECT INFORMATION IN ORDER TO BILL EFFECTIVELY FOR THE SERVICES PROVIDED REVISIONS IN RESERVE FOR DOUBTFUL ACCOUNTS ESTIMATES ARE RECORDED AS AN ADJUSTMENT TO PROVISION FOR BAD DEBTS
MEDICARE EXPLANATION	PART III LINE 8	MEDICARE IS THE HOSPITALS LARGEST PAYER DURING 2010 THE MEDICARE ALLOWABLE COST OF CARE WAS 55023270 WHILE THE TOTAL MEDICARE REVENUE WAS 49104447 THIS LEFT A SHORTFALL OF 5918823 THE HOSPITAL PROVIDES BOTH INPATIENT AND OUTPATIENT SERVICES TO THE COMMUNITY IN SPITE OF THIS SHORTFALL AS STATED BY THE HOSPITALS MISSION HUDSON VALLEY HOSPITAL CENTER IS DEDICATED TO SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDING QUALITY COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE PROFESSIONAL RESPECTFUL MANNER WITHOUT REGARD TO RACE RELIGION NATIONAL ORIGIN OR DISEASE CATEGORY OFFERING STATEOFTHEART DIAGNOSTIC TREATMENT EDUCATION AND PREVENTIVE SERVICES THE HOSPITAL IS COMMITTED TO IMPROVING THE QUALITY OF LIFE IN THE COMMUNITY IN FULFILLING THIS MISSION THE HOSPITAL WILL STRIVE TO CONTINUOUSLY IMPROVE THE CARE PROVIDED AND DEVELOP AND OFFER PROGRAMS FACILITIES SYSTEMS AND ALLIANCES THAT MOST EFFECTIVELY RESPOND TO COMMUNITY HEALTH CARE NEEDS THE COSTING METHODOLOGY THAT WAS USED TO REPORT THIS SHORTFALL THE HOSPITAL USED THE MEDICARE CHARGES FROM THE 2010 MEDICARE COST REPORT AND APPLIED THE MEDICARE COST TO CHARGE RATIOS TO THESE CHARGES TO CALCULATE THE APPROPRIATE ALLOWABLE COSTS WE APPLIED THE INPATIENT CCR COST TO CHARGE RATIO TO THE INPATIENT CHARGES AND THE OUTPATIENT CCR TO THE OUTPATIENT CHARGES THE MEDICARE REIMBURSEMENTS REPORTED WERE THE MEDICARE CHARGES LESS THE MEDICARE ALLOWANCES FOR 2010
COLLECTION PRACTICES EXPLANATION	PART III LINE 9B	IF A PATIENT QUALIFIES FOR CHARITY ALL OPEN ACCOUNTS ARE WRITTEN OFF AT THAT TIME WE DO NOT QUALIFY PATIENTS ON A GO FORWARD BASIS BUT PATIENTS CAN REQUEST THAT THE ACCOUNT BE REVIEWED AND IF NECESSARY WE WILL REQUEST ADDITIONAL DOCUMENTATION IF A PATIENT IS APPLYING FOR CHARITY CARE THE ACCOUNT IS PUT ON HOLD WHILE THE DOCUMENTS ARE GATHERED AND COMPLETED IF THE PATIENT DOES NOT RETURN DOCUMENTS REQUESTED WITHIN 60 DAYS A LETTER IS SENT TO THEM REMINDING THEM OF THE REQUEST IF THERE IS STILL NO RESPONSE AFTER 30 DAYS THE ACCOUNT MAY BE REFERRED FOR COLLECTIONS STATING NO COOPERATION FROM THE PATIENT
NEEDS ASSESSMENT	PART VI	IN KEEPING WITH THE MISSION OF THE COMMISSIONER OF HEALTH OF NEW YORK HUDSON VALLEY HOSPITAL CENTER WORKING IN CONJUNCTION WITH OUR COMMUNITY PARTNERS HAS CONTINUED ASSESSING OUR PRESENT INITIATIVES STRATEGIC PLANS AND PREVENTION AGENDA PRIORITIES ASSESSING OUR COMMUNITYS HEALTH NEEDS HAS BEEN PARAMOUNT FOR THE HOSPITAL THE NEEDS OF THE COMMUNITY CONTINUE TO BE ASSESSED THROUGH PARTNERSHIPS WITH PATIENTS PHYSICIANS ELECTED OFFICIALS ORGANIZATIONS AREA BUSINESSES AND LOCAL DEPARTMENTS OF HEALTH THROUGH STATISTICAL STUDIES WITH A BUSINESS PARTNER USING STATE DATA THE HOSPITAL HAS IDENTIFIED NEEDS FOR CANCER SERVICES BARIATRIC SURGERY AND COLORECTAL SURGERY THE HOSPITAL CONTINUOUSLY REQUESTS INPUT FROM THE COMMUNITY THROUGH ITS VARIETY OF COMMUNICATION DEVICES INCLUDING NEWSLETTERS EBLASTS AND HEALTH FAIR SURVEYS
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI	THE HOSPITALS PRACTICE IS TO NOTE ON ALL PATIENT BILLS THAT FINANCIAL ASSISTANCE IS AVAILABLE OUR STATEMENTS INDICATE THAT IF REQUIRING ADDITIONAL INFORMATION PLEASE CONTACT THE BILLING OFFICE REGISTRATION PROVIDES NOTIFICATION OF THE FINANCIAL ASSISTANCE POLICY AND HAS THE FORMS AVAILABLE IN ALL AREAS OTHER AREAS SUCH AS NURSING AND QUALITY MANAGEMENT ARE ALSO AVAILABLE TO PATIENTS TO ASSIST IN DETERMINING ELIGIBILITY FOR ASSISTANCE THE FINANCIAL COUNSELOR REACHES OUT TO IN HOUSE PATIENTS WITHOUT INSURANCE AND WITHOUT SECONDARY INSURANCE TO EXPLAIN THE POLICY ALL BILLING STAFF IS EDUCATED ON THE ORGANIZATIONS POLICY AND PATIENTS ARE OFFERED THE ASSISTANCE APPLICATION WHEN CONTACTED BY PHONE
COMMUNITY INFORMATION	PART VI	HUDSON VALLEY HOSPITAL CENTERS GEOGRAPHIC SERVICE AREA HAS REMAINED CONSTANT SERVING AN AREA IN THE HUDSON RIVER VALLEY THAT SPANS UPPER WESTCHESTER COUNTY INTO PUTNAM COUNTY AND REACHING SOUTHERN DUTCHESS COUNTY THIS SERVICE AREA REPRESENTS A TOTAL POPULATION OF 330000 WITH A TOTAL OF 140000 HOUSED IN THE PRIMARY SERVICE AREA AND 190000 IN THE SECONDARY SERVICE AREA
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	IN RESPONSE TO GROWING COMMUNITY NEEDS FOR HEALTH CARE SERVICES HUDSON VALLEY HOSPITAL CENTER COMPLETED A 100 MILLION CAPITAL PROJECT TO ADDRESS THE AGING OF OUR 45 YEAR OLD PHYSICAL PLANT AND TO INCREASE CAPACITY FOR A RISING ACUTELY ILL PATIENT POPULATION ONE TENET OF THIS PLAN FOCUSES ON OUR CRITICALLY ILL PATIENTS WHERE VOLUME HAS INCREASED OUR INTENSIVE CARE UNIT PRESENTLY OPERATES AT NEAR 100 CAPACITY IN PLANNING FOR THE INCREASED VOLUME HUDSON VALLEY HOSPITAL CENTER SEES NOT ONLY ENHANCING AND REPLACING PORTIONS OF ICU BUT ALSO EXPANDING OUR BED COMPLEMENT TO BETTER SERVE THESE PATIENTS AND WITH THE POSSIBLE ADDITION OF A CARDIAC CATHETERIZATION LAB FOR CARDIAC RELATED EMERGENCIES THE HOSPITAL CENTERS STRATEGIC PLAN ALSO INCLUDES OPERATIONAL GOALS TO PROVIDE QUALITY CARE DEVELOP NEW PROGRAMS AND SUSTAIN FINANCIAL VIABILITY THESE GOALS ARE GUIDED BY FIVE PILLARS OF EXCELLENCE INCLUDING EXCELLENT QUALITY BEST SERVICE EMPLOYER OF CHOICE FINANCIAL VIABILITY AND GROWTH THE PILLARS GUIDE THE HOSPITALS TOP MACRO PRIORITIES AS WELL AS DEPARTMENT INITIATIVES AND PERFORMANCE EVALUATIONS GOAL SETTING IS DEVELOPED BY OUR MANAGERS WITH INPUT FROM PHYSICIANS AND MEMBERS OF THE BOARD OF DIRECTORS THESE GOALS WERE SHARED WITH EMPLOYEES THROUGH TOWN MEETINGS AND WITH THE COMMUNITY THROUGH THE HOSPITAL WEBSITE THE COMMUNITY SERVICE PLAN AND OTHER COMMUNITY COMMUNICATION INITIATIVES THROUGH ITS UNDERSTANDING OF COMMUNITY NEEDS HUDSON VALLEY HOSPITAL CENTER HAS ADDED AND ALREADY PLANS TO EXPAND ITS INSTITUTE FOR WOUND CARE AND HYPERBARIC MEDICINE DUE TO INCREASED VOLUME AND HAS SUBMITTED FOR AND HAS BEEN DESIGNATED AS A NICHE HOSPITAL NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERS BOTH PROGRAMS ARE DESIGNED FOR A LOCAL AND GROWING ELDERLY POPULATION FUELED BY FIVE NEARBY NURSING HOMES THE APPLICATION AND DESIGNATION AS NICHE IS TESTAMENT TO THE HOSPITALS DEDICATION TO THIS SPECIAL NEEDS POPULATION LATER THIS YEAR A JOINT REPLACEMENT CENTER WILL BE ADDED TO THE HOSPITALS SERVICES YET ANOTHER PROGRAM FILLING THE NEEDS OF THE ELDER MARKET IN ADDITION AN ADDITIONAL OPHTHALMOLOGIST WAS RECRUITED TO AN ASSOCIATED MEDICAL PRACTICE AS PART OF THE HOSPITALS RECENT EXPANSION PROGRAM THE EMERGENCY DEPARTMENT WAS DOUBLED IN SIZE AND VOLUME CONTINUES TO GROW THIS YEAR THE NEW SURGERY CENTER AND EXPANDED OPERATING ROOMS PROVIDE SURGEONS WITH THE AMBULATORY SURGERY FACILITY AND TECHNOLOGY NEEDED TO ADVANCE PATIENT CARE A THOROUGH REVIEW OF CANCER STATISTICS IN THE AREA DEMONSTRATED THE NEED FOR THE HOSPITALS NEW COMPREHENSIVE CANCER CARE CENTER THAT WILL INTEGRATE ALL THE MEDICAL AND PSYCHOSOCIAL NEEDS OF PATIENTS UNDER ONE ROOF A VERY WELL RESPECTED GROUP OF SURGICAL ONCOLOGISTS SPECIALIZING IN THE CARE OF THE BREAST HAVE JOINED THE CENTER FINALLY THROUGH DATA STUDIES THE HOSPITAL REALIZED THE NEED FOR A GERD CENTER AND HAS GROWN THE SERVICE NOW TO INCLUDE A DIGESTIVE DISEASE LABORATORY THESE SERVICES ARE OFFERED THROUGH OUR MINIMALLY INVASIVE SURGERY CENTER

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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

2010

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
(1) JOHN FEDERSPIEL	(i) (ii)	743,238	250,000		216,678	16,835	1,226,751	1,923,538
(2) MARK WEBSTER	(i) (ii)	369,682	120,000		91,471	15,237	596,390	886,034
(3) KATHY WEBSTER	(i) (ii)	274,121	85,000		60,184	402	419,707	609,575
(4) ROBERT BERNASEK MD	(i) (ii)	353,133			25,955	749	379,837	427,309
(5) DEBBIE NEUENDORF	(i) (ii)	264,253	70,000		46,063	20,984	401,300	530,279
(6) JEANE COSTELLA	(i) (ii)	240,279	73,000		49,329	14,945	377,553	501,066
(7) LINDA PICCIRILLI	(i) (ii)	190,025	61,000		22,699	7,824	281,548	350,609
(8) WILLIAM DAUSTER	(i) (ii)	200,323	50,000		14,807	21,788	286,918	300,032
(9) ED COLETTI	(i) (ii)	182,385	50,000			16,585	248,970	
(10) FRANCES M CARL	(i) (ii)	172,102				6,758	178,860	
(11) SUZANNE M MATEO	(i) (ii)	167,376				6,309	173,685	169,105
(12) MARISSA R SHANNIK	(i) (ii)	166,104				1,195	167,299	182,510
(13) BETTY LANDIS	(i) (ii)	162,447				7,019	169,466	167,396
(14) MARYANN MAFFEI	(i) (ii)	155,182				719	155,901	
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	JOHN FEDERSPIEL 0 216,678 0 MARK WEBSTER 0 91,471 0 KATHY WEBSTER 0 60,184 0 ROBERT BERNASEK, MD 0 25,955 0 DEBBIE NEUENDORF 0 46,063 0 JEANE COSTELLA 0 49,329 0 LINDA PICCIRILLI 0 22,699 0 WILLIAM DAUSTER 0 14,807 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	THERE IS A RIGOROUS PROCESS IN PLACE FOR SETTING EXECUTIVE COMPENSATION THE HOSPITAL COMMISSIONS EXECUTIVE COMPENSATION SURVEYS AND PARTICIPATES IN EXECUTIVE COMPENSATION SURVEYS AS WELL IN ADDITION, TWO OTHER CONSULTANTS HAVE REVIEWED AND DEEMED REASONABLE THE HOSPITAL'S COMPENSATION PRACTICES THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THIS INFORMATION AND SETS AND APPROVES THE SALARIES IN 2010, INCENTIVE COMPENSATION WAS AWARDED BY THE BOARD TO CERTAIN EXECUTIVES WHO MET THE CRITERIA FOR THE INCENTIVE CERTAIN EXECUTIVES PARTICIPATE IN DEFERRED COMPENSATION PLANS DESCRIBED IN SECTION 409(A) AND 457(F) OF THE INTERNAL REVENUE CODE THAT PROVIDES FOR ADDITIONAL DEFERRED COMPENSATION IN SUCH AMOUNTS AS MAY BE APPROVED BY THE BOARD AND CONTRIBUTED EACH YEAR BY THE HOSPITAL THE RECEIPT OF THESE FUNDS BY THE EXECUTIVES IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE

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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

2010

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF NYS	14-6000293	649903WQ0	10-01-2007	77,799,827	CONSTRUCTION OF HOSPITAL FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	150,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	77,799,827			
4	Gross proceeds in reserve funds	5,580,000			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,235,608			
8	Credit enhancement from proceeds	1,367,989			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	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 that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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	
		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 entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	X							
b	Name of provider	MBIA INC MBIS INC							
c	Term of GIC		28 8						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	HUDSON VALLEY HOSPITAL CENTER IS DEDICATED TO SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDING QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL, RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE CATEGORY

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	MARK WEBSTER KATHY WEBSTER VP FINANCE VP NURSING FAMILY MEMBERS

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH ONE MEMBER, WESTCHESTER PUTNAM HEALTH MANAGEMENT SYSTEM, INC

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE ORGANIZATON'S FEDERAL FORM 990 WILL BE PROVIDED TO ALL THE BOARD MEMBERS AT A SPECIAL MEETING WITH THE EXECUTIVE MEMBERS OF THE BOARD THE BOARD WILL REVIEW AND APPROVE THE FEDERAL FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REQUIRES THAT ALL BOARD MEMBERS FILL OUT AN ANNUAL CONFLICT OF INTEREST STATEMENT

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCTS A FORMAL PERFORMANCE EVALUATION OF THE PRESIDENT ON AN ANNUAL BASIS THE HOSPITAL PARTICIPATES IN SEVERAL EXECUTIVE COMPENSATION SURVEYS AND ALSO HAS AN INDEPENDENT COMPENSATION CONSULTANT PREPARE A COMPENSATION SURVEY OF COMPARABLE HOSPITALS IN THE REGION THE EXECUTIVE COMMITTEE REVIEWS THIS SURVEY IN DETAIL AND USES THE DATA TO SET THE PRESIDENT'S SALARY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMPENSATION SURVEY PREPARED BY THE INDEPENDENT COMPENSATION CONSULTANT INCLUDES SALARY SURVEY INFORMATION FOR OTHER KEY EMPLOYEES THE PRESIDENT SHARES THIS WITH THE EXECUTIVE COMMITTEE OF THE BOARD AND DETERMINES IF THE SALARIES FOR THESE EMPLOYEES IS APPROPRIATE

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS RELATE TO UNREALIZED GAINS ON INVESTMENTS OF 1,595,162 (SEE SCHEDULE D, PAGE 4, LINE 4)AND A DECREASE OF 604,068 IN THE INTEREST IN THE FOUNDATION OF HUDSON VALLEY HOSPITAL CENTER THE NET AMOUNT OF 991,094 HAS NOT BEEN REPORTED ON PAGE 9, STATEMENT OF REVENUE,OR PAGE 10, STATEMENT OF FUNCTIONAL EXPENSES, RESPECTIVELY

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SCHEDULE R (Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE FOUNDATION OF HUDSON VALLEY HOSPITAL CENTER 1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3307781	SUPPORT	NY	501C3	11A	N/A	Yes	
(2) WESTCHESTER PUTNAM HEALTH MANAGEMENT SYSTEMS INC 1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3420263	SUPPORT	NY	501C3	11A	N/A		No
(3) PINNACLE HEALTHCARE INC 1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3997857	SUPPORT	NY	501C3	11A	N/A		No

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	(k) Percentage ownership

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
(1) HUDSON VALLEY VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY10567 13-3611982	RENTAL	NY	N/A				
(2) AC VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY10567 13-3758209	RENTAL	NY	N/A				
(3) KNOWA VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY10567 13-3845922	RENTAL	NY	N/A				
(4) YORKTOWN IMAGING VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY10567 20-4382273	PROF SVCS	NY	N/A				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
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	(d) Method of determining amount involved
(1) THE FOUNDATION OF HVHC THE FOUNDATION OF HUDSON VALLEY HOSPITAL CENTER	C	1,329,444	
(2) THE FOUNDATION OF HVHC THE FOUNDATION OF HUDSON VALLEY HOSPITAL CENTER	N	497,306	
(3) PINNACLE HEALTHCARE INC PINNACLE HEALTHCARE INC	Q	376,841	
(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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARAM CASPARIAN THIRD VICE C	1 00	X						0	0	0
EDWARD B MACDONALD JR CHAIRMAN	1 00	X		X				0	0	0
HONGEORGE OROS ASSISTANT TR	1 00	X		X				0	0	0
JAMES KANE SECOND VICE	1 00	X		X				0	0	0
JEFFREY SWEET TREASURER	1 00	X		X				0	0	0
JOHN MCGURTY JR MD ASSISTANT SE	1 00	X		X				0	0	0
JOHN TESTA SECRETARY	1 00	X		X				0	0	0
JUDY MEYER DIRECTOR	1 00	X						0	0	0
MARC PUCHIR DO DIRECTOR	1 00	X						0	0	0
MICHAEL A BALDUZZI DIRECTOR	1 00	X						0	0	0
MICHAEL DELFINO DIRECTOR	1 00	X						0	0	0
MINERVA ABRAMSON HONORARY/EME	1 00	X						0	0	0
PHILIP AMBROSINO VICE CHAIRMA	1 00	X		X				0	0	0
SHEILA DROGY DIRECTOR	1 00	X						0	0	0
SHEILA GUIDA DIRECTOR	1 00	X						0	0	0
VALERIE ZARCONE DO DIRECTOR	1 00	X						0	0	0
WILLIAM HIGGINS MD DIRECTOR	1 00	X						0	0	0
JOHN FEDERSPIEL PRESIDENT	40 00			X				993,238	0	233,513
MARK WEBSTER VP FINANCE	40 00			X				489,682	0	106,708
KATHY WEBSTER VP NURSING	40 00				X			359,121	0	60,586
ROBERT BERNASEK MD VP MED AFFA	40 00				X			353,133	0	26,704
DEBBIE NEUENDORF VP ADMINISTR	40 00				X			334,253	0	67,047
JEANE COSTELLA VP OF HR	40 00				X			313,279	0	64,274
LINDA PICCIRILLI VP QUALITY M	40 00				X			251,025	0	30,523
WILLIAM DAUSTER VP MARKETING	40 00				X			250,323	0	36,595

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ED COLETTI VP FACILITIE	40 00				X			232,385	0	16,585
FRANCES M CARL ASST CLINIC	47 00					X		172,102	0	6,758
SUZANNE M MATEO ADM DIR NURS	40 00					X		167,376	0	6,309
MARISSA R SHANNIK RN	49 00					X		166,104	0	1,195
BETTY LANDIS DIR REHAB SE	38 00					X		162,447	0	7,019
MARYANN MAFFEI DIR EMERGENC	40 00					X		155,182	0	719