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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
WHITE PLAINS, NY 10601

D Employer identification number
13-1740130

E Telephone number
(914) 681-0600

G Gross receipts $ 379,475,441

F Name and address of principal officer
JON B SCHANDLER
41 EAST POST ROAD DAVIS AVENUE
WHITE PLAINS, NY 10601

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

H(b) Are all subordinates 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 WPHOSPITAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1893

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,665
6	Total number of volunteers (estimate if necessary)	**6**	554
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,973,665
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	92,517

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,663,701	5,835,599
9	Program service revenue (Part VIII, line 2g)	330,733,134	360,393,622
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,199,580	1,324,537
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,709,233	6,165,348
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	344,305,648	373,719,106
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	197,992,453	213,463,825
16a	Professional fundraising fees (Part IX, column (A), line 11e)	161,000	337,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,086,656		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	134,940,925	152,169,466
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	333,094,378	365,970,291
19	Revenue less expenses Subtract line 18 from line 12	11,211,270	7,748,815

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	234,665,164	263,228,029
21	Total liabilities (Part X, line 26)	166,226,628	146,500,405
22	Net assets or fund balances Subtract line 21 from line 20	68,438,536	116,727,624

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-11-17

JON B SCHANDLER CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTINE KAWECKI		2014-11-17		P00743140

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ TWO JERICHO PLAZA
JERICHO, NY 117531683 — Phone no (516) 918-7000

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $	154,194,202	including grants of $	(Revenue $	182,146,619)
	SEE SCHEDULE O					
4b	(Code)	(Expenses $	129,285,036	including grants of $	(Revenue $	125,527,028)
	SEE SCHEDULE O					
4c	(Code)	(Expenses $	37,320,847	including grants of $	(Revenue $	37,649,411)
	SEE SCHEDULE O					
	(Code)	(Expenses $		including grants of $	(Revenue $	6,391,820)
4d	Other program services (Describe in Schedule O)					
	(Expenses $			including grants of $	(Revenue $	6,391,820)
4e	**Total program service expenses** ▶		320,800,085			

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 instructions)?	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	Yes	
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 for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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, line 10? *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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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*	**35b**		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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	403		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,665		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
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 or note to any line 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**	38		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	33		
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	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ DAVID HO DAVIS AVE EAST POST ROAD
WHITE PLAINS, NY 10601 (914) 681-2130

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

Check if Schedule O contains a response or note to any line 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 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								10,113,695	0	633,938

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 478

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GILBANE BUILDING COMPAY 7 JACKSON WALKWAY PROVIDENCE RI 02903	CONSTRUCTION MANAGER	9,803,913
WHITE PLAINS RADIATION THERAPY 2-4 LONGVIEW AVENUE WHITE PLAINS NY 10601	PHYSICIAN FEES	4,800,000
SODEXHO INC & AFFILIATES PO BOX 81049 WOBURN MA 018131049	DIETARY SERVICES	3,381,798
TISHMAN CONSTRUCTION CORP 100 PARK AVENUE 5TH FLOOR NEW YORK NY 10017	CONSTRUCTION MANAGER	3,269,123
WHITE PLAINS RADIOLOGY 122 MAPLE AVENUE WHITE PLAINS NY 10601	RADIOLOGY SERVICES	2,006,167

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 75

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	529,038			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	253,022			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,053,539			
	g	Noncash contributions included in lines 1a-1f $		171,381			
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,835,599			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENU	900099	345,323,049	345,323,049		
	b	DIAGNOSTIC LAB	621500	12,959,193		12,959,193	
	c	M/C MEANINGFUL USE	900099	2,096,908	2,096,908		
	d	LACTATION REVENUE	900099	14,472		14,472	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		360,393,622			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		657,556			657,556
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	457,668 /				
	b	Less rental expenses	0 /				
	c	Rental income or (loss)	457,668 /				
	d	Net rental income or (loss) . . . . . ▶		457,668			457,668
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	6,141,694 / 2,100				
	b	Less cost or other basis and sales expenses	5,466,943 / 9,870				
	c	Gain or (loss)	674,751 / -7,770				
	d	Net gain or (loss) . . . . . ▶		666,981			666,981
Other Revenue	8a	Gross income from fundraising events (not including $ 529,038 of contributions reported on line 1c) See Part IV, line 18 . . a	153,325				
	b	Less direct expenses . . . b	279,522				
	c	Net income or (loss) from fundraising events . . ▶		-126,197			-126,197
	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	PURCHASE DISCOUNTS	900099	1,189,707	1,189,707		
	b	PARKING INCOME	812930	938,520			938,520
	c	AUXILLARY REVENUE	900099	741,009	741,009		
	d	All other revenue		2,964,641	2,364,205		600,436
	e	**Total.** Add lines 11a–11d . . . . . ▶		5,833,877			
	12	**Total revenue.** See Instructions . . . . . ▶		373,719,106	351,714,878	12,973,665	3,194,964

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,032,378	621,393	5,410,985	
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	167,240,856	155,649,473	11,591,383	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,343,119	9,328,205	1,014,914	
9 Other employee benefits	17,551,276	15,829,064	1,722,212	
10 Payroll taxes	12,296,196	11,089,637	1,206,559	
11 Fees for services (non-employees)				
a Management				
b Legal	675,527		675,527	
c Accounting	432,126	2,130	429,996	
d Lobbying	34,514	34,514		
e Professional fundraising services See Part IV, line 17	337,000			337,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,740,710	22,472,277	5,724,664	543,769
12 Advertising and promotion	1,606,133	3,919	1,472,623	129,591
13 Office expenses	63,494,349	61,660,335	1,688,310	145,704
14 Information technology	5,166,486		5,166,486	
15 Royalties . .				
16 Occupancy	7,676,906	6,972,364	679,961	24,581
17 Travel	229,640	94,439	135,116	85
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	513,652	208,111	304,324	1,217
20 Interest	1,357,242	1,234,108	116,727	6,407
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,193,611	13,815,183	1,306,700	71,728
23 Insurance	10,774,197	10,128,713	645,484	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EQUIP RENTAL, REPAIRS	10,262,393	8,665,552	1,596,145	696
b COLLECTION & BILLING	2,571,202	1,122,827	1,448,375	0
c LAUNDRY SERVICES	1,664,288	1,664,288	0	0
d AUXILIARY EXPENSES	673,296	0	0	673,296
e All other expenses	1,103,194	203,553	747,059	152,582
25 **Total functional expenses.** Add lines 1 through 24e	365,970,291	320,800,085	43,083,550	2,086,656
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		286,661	1	508,269
	2	Savings and temporary cash investments		12,370,566	2	1,644,305
	3	Pledges and grants receivable, net		5,132,915	3	4,646,257
	4	Accounts receivable, net		42,841,245	4	46,253,321
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,933,179	8	5,493,681
	9	Prepaid expenses and deferred charges		3,344,567	9	2,847,881
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 387,606,309			
	b	Less accumulated depreciation	10b 246,337,196	119,084,899	10c	141,269,113
	11	Investments—publicly traded securities		29,733,717	11	30,026,410
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		57,257	13	124,339
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		16,880,158	15	30,414,453
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		234,665,164	16	263,228,029
Liabilities	17	Accounts payable and accrued expenses		46,626,297	17	52,035,561
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20,415,069	20	18,752,109
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		9,736,908	23	19,011,880
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		89,448,354	25	56,700,855
	26	**Total liabilities.** Add lines 17 through 25		166,226,628	26	146,500,405
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		61,161,501	27	106,648,368
	28	Temporarily restricted net assets		5,212,241	28	8,014,462
	29	Permanently restricted net assets		2,064,794	29	2,064,794
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		68,438,536	33	116,727,624
	34	Total liabilities and net assets/fund balances		234,665,164	34	263,228,029

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	373,719,106
2	Total expenses (must equal Part IX, column (A), line 25)	2	365,970,291
3	Revenue less expenses Subtract line 2 from line 1	3	7,748,815
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,438,536
5	Net unrealized gains (losses) on investments	5	2,290,147
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	38,250,126
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	116,727,624

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
J MICHAEL DIVNEY CHAIRMAN	15 00 1 00	X						0	0	0
PAUL M WEISSMAN CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
DONALD STONE VICE CHAIRMAN	3 00 1 00	X						0	0	0
JENNIFER GRUENBERG VICE CHAIRWOMAN	3 00 1 00	X						0	0	0
FRANK A BRUNI VICE CHAIRMAN	3 00 1 00	X						0	0	0
STUART T NEVINS MD TREASURER	3 00 1 00	X						0	0	0
ANN EDWARDS VICE CHAIRWOMAN	3 00 1 00	X						0	0	0
EDWARD F LEONARD ASST TREASURER	38 00 1 00	X		X				564,269	0	41,599
ROBERT FEDER CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
ARTHUR J HEDGE JR CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
H GUY LEIBLER CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
HENRY POLLAK II CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
NORMAN ALPERT BOARD MEMBER	1 00 1 00	X						0	0	0
CARL AUSTIN BOARD MEMBER	1 00 1 00	X						0	0	0
STEVEN BARUCH BOARD MEMBER	1 00 1 00	X						0	0	0
HOWARD BERK BOARD MEMBER	1 00 1 00	X						0	0	0
RACHAEL CHALCHINSKY BOARD MEMBER	1 00	X						0	0	0
ROGER CAPPUCCI BOARD MEMBER	1 00 1 00	X						0	0	0
NANCY CLARVIT BOARD MEMBER	1 00 1 00	X						0	0	0
PETER M FISHBEIN SECRETARY	3 00 1 00	X						0	0	0
ALEIDA M FREDERICO BOARD MEMBER	1 00 1 00	X						0	0	0
CHARLES N GLASSMAN MD BOARD MEMBER	1 00 1 00	X						0	0	0
JOHN JURELLER BOARD MEMBER	1 00	X						0	0	0
CAROL LOWENTHAL BOARD MEMBER	1 00 1 00	X						0	0	0
WILLIAM NULL VICE CHAIRMAN	3 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
BRENDA OESTREICH BOARD MEMBER	1 00	X						0	0	0
MICHAEL J PALUMBO MD EXECUTIVE VICE PRESIDENT	40 00 1 00	X		X				557,136	0	24,811
JON B SCHANDLER CEO	38 00 1 00	X		X				1,756,710	0	44,649
LUCY SCHMOLKA BOARD MEMBER	1 00 1 00	X						0	0	0
MICHELE SCHOENFELD BOARD MEMBER	1 00 1 00	X						0	0	0
MEGAN H SHAPIRO BOARD MEMBER	1 00 1 00	X						0	0	0
STEVEN M SILVER BOARD MEMBER	1 00	X						0	0	0
LAURENCE R SMITH VICE CHAIRMAN	3 00 1 00	X						0	0	0
ROBERT STONE VICE CHAIRMAN	3 00 1 00	X						0	0	0
GEORGE VANCLEAVE BOARD MEMBER	1 00 1 00	X						0	0	0
SUSAN Z YUBAS VICE CHAIRWOMAN	3 00 1 00	X						0	0	0
SUSAN FOX PRESIDENT	38 00 1 00	X		X				666,502	0	39,946
NETTIE WEBB EDD BOARD MEMBER	1 00 1 00	X						0	0	0
AMY BERMINGHAM BOARD MEMBER	1 00 1 00	X						0	0	0
ANNETTE CAPPUCCI BOARD MEMBER	1 00 1 00	X						0	0	0
MARIE LOPEZ BOARD MEMBER	1 00 1 00	X						0	0	0
ALFRED ROSTON MD BOARD MEMBER	1 00 1 00	X						40,000	0	0
JOHN B SCIURBA VICE PRESIDENT/CFO	38 00			X				294,684	0	46,249
FRANCES BORDONI VICE PRESIDENT	38 00				X			294,072	0	37,643
MICHAEL BOOKCHIN VICE PRESIDENT	38 00				X			220,741	0	35,509
LEIGH ANNE MCMAHON VICE PRESIDENT	38 00				X			356,381	0	25,381
JUAN SANCHEZ VICE PRESIDENT HUMAN RESOURCES	38 00				X			236,151	0	43,803
OSSIE DAHL VICE PRESIDENT	38 00				X			265,012	0	42,480
DAWN FRENCH VICE PRESIDENT	38 00				X			239,446	0	41,058
ROBERT BERNASEK MD CHIEF QUALITY OFFICER	38 00				X			350,593	0	19,512

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN O'BOYLE-KRAJEWSKI VICE PRESIDENT QUALITY	38 00				X			230,681	0	9,836
ROBERT D SMALL MD PHYSICIAN - ORTHO	40 00 1 00					X		975,932	0	36,388
NABIL KHOURY-YACOUB PHYSICIAN - OB/GYN	40 00					X		865,597	0	38,446
SARA SADAN PHYSICIAN - ONCOLOGY/HEMATOLOGY	38 50					X		823,160	0	28,468
CYNTHIA CHIN PHYSICIAN - THORACIC	40 00					X		690,363	0	32,214
TODD S WEISER PHYSICIAN - THORACIC	40 00					X		686,265	0	45,946

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

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

1 ☐ A church, convention of churches, or association of churches 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 - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		34,514
j	Total Add lines 1c through 1i			34,514
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING ACTIVITIES RELATED TO THE HOSPITALS MEMBERSHIP IN THE HEALTH CARE ASSOCIATION OF NEW YORK STATE, THE AMERICAN HOSPITAL ASSOCIATION, AND NORTHERN METROPOLITAN HOSPITAL ASSOCIATION THE AMOUNT REPORTED AS EXPENSES INCURRED IN CONNECTION WITH LOBBYING ACTIVITIES IS $34,514 AND REPRESENTS THE PORTION OF MEMBERSHIP DUES IDENTIFIED BY SUCH ORGANIZATIONS FOR SPECIFIC LOBBYING PURPOSE ALL PAYMENTS WERE MADE IN 2013

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	7,277,035	13,206,926	11,478,110	8,796,527	16,535,407
b	Contributions	3,206,705	3,610,587	6,784,365	4,204,662	1,786,071
c	Net investment earnings, gains, and losses	2,323,090	274,315	112,534	505,407	786,302
d	Grants or scholarships					
e	Other expenditures for facilities and programs	2,727,574	9,814,793	5,168,083	2,028,486	10,311,253
f	Administrative expenses					
g	End of year balance	10,079,256	7,277,035	13,206,926	11,478,110	8,796,527

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 20 000 %
- c Temporarily restricted endowment ▶ 80 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,437,391		3,437,391
b Buildings		154,476,173	82,198,604	72,277,569
c Leasehold improvements		1,192,343	800,299	392,044
d Equipment		190,466,012	159,940,467	30,525,545
e Other		38,034,390	3,397,826	34,636,564
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				141,269,113

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ACCRUED INTEREST	30,801
(2) OTHER RECEIVABLES	5,855,383
(3) DEFERRED FINANCING COSTS	371,502
(4) DEFERRED COMPENSATION	3,071,767
(5) INSURANCE RECOVERIES	21,085,000
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	30,414,453

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO THIRD PARTIES	11,663,337
ACCRUED PENSION	13,045,433
EST SELF INS FUND LIABILITY	21,085,000
OTHER NON-CURRENT LIABILITIES	6,427,802
OTHER CURRENT LIABILITIES	4,479,283
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	56,700,855

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS		3,352,672
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			3,352,672
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			3,352,672

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	WHITE PLAINS HOSPITAL MEDICAL CENTER'S PARENT ORGANIZATION, HEALTHSTAR NETWORK, INC D/B/A / STELLARIS HEALTH NETWORK, FORMED A WHOLLY-OWNED CAPTIVE INSURANCE COMPANY, NWLP INSURANC E COMPANY LTD (NWLP), WHICH WAS INCORPORATED AND LICENSED IN BERMUDA, TO WRITE GENERAL AN D PROFESSIONAL INSURANCE. WHITE PLAINS HOSPITAL MEDICAL CENTER AND TWO OTHER STELLARIS MEM BER HOSPITALS USE NWLP TO WRITE AN EXCESS PROFESSIONAL LIABILITY INSURANCE POLICY ABOVE TH EIR PRIMARY PLACEMENT. THIS EXCESS POLICY IS WRITTEN ON A CLAIMS MADE BASIS. THE HOSPITAL' S UNDERWRITING OF CLAIMS THROUGH NWLP REPRESENTS THE ONLY FOREIGN ACTIVITY REPORTABLE BY T HE ORGANIZATION ON SCHEDULE F

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	COMMUNITY COUNSELLING SERVICE COLLC 461 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10017	EXECUTIVE CONSULATION AND SUPERVISION		No	0	310,000	310,000
2	NEWPORT CREATIVE COMMUNICATIONS INC 33 RAILROAD AVENUE DUXBURY, MA 02332	DIRECT RESPONSE FUNDRAISING CONSULTANT		No	0	27,000	27,000
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶						337,000	337,000

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

NY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 1893 SOCIETY (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	376,913	305,450		682,363
	2 Less Contributions	301,713	227,325		529,038
	3 Gross income (line 1 minus line 2)	75,200	78,125		153,325
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	147,221	132,301		279,522
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(279,522)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-126,197

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, COLUMN (V)	IN 2013, NEWPORT CREATIVE COMMUNICATIONS BILLED $50,871 FOR EXPENSES RELATED TO PLANNING AND PREPARATION OF FUNDRAISING MATERIALS INCLUDING CREATIVE, MATERIAL, PRODUCTION AND POSTAGE THESE AMOUNTS ARE BILLED SEPARATELY

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, 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 hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining 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		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	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 Worksheet 1)			6,228,474	343,533	5,884,941	1 610 %
b Medicaid (from Worksheet 3, column a)			31,205,312	14,946,523	16,258,789	4 440 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,594,984	3,428,242	2,166,742	0 590 %
d **Total** Financial Assistance and Means-Tested Government Programs			43,028,770	18,718,298	24,310,472	6 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			826,051	7,300	818,751	0 220 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			42,111,725	37,816,103	4,295,622	1 170 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			42,937,776	37,823,403	5,114,373	1 390 %
k **Total.** Add lines 7d and 7j			85,966,546	56,541,701	29,424,845	8 030 %

Part II Community Building Activities Complete this table if the organization conducted any 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						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	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 Explain in Part VI the methodology used by the organization to estimate this amount	2 10,559,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 2,012,601		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	82,929,378
6	Enter Medicare allowable costs of care relating to payments on line 5	6	100,805,731
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-17,876,353
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(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 from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group WHITE PLAINS HOSPITAL CENTER

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 2013			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.WPHOSPITAL.ORG			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 350 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- **a** ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
WHITE PLAINS HOSPITAL CENTER	PART V, SECTION B, LINE 3 IN ORDER TO ENGAGE OUR "COMMUNITY" AND IMPLEMENT AN OBTAINABLE AND THOUGHTFUL ACTION PLAN WE NEEDED TO FIRST SEE WHAT AND HOW WE DEFINED OUR COMMUNITY WHILE WE TRADITIONALLY THINK OF A COMMUNITY AS THE PEOPLE IN A GIVEN GEOGRAPHICAL LOCATION, THE WORD CAN ACTUALLY REFER TO ANY GROUP SHARING A COMMON THREAD THIS MAY REFER TO SMALLER GEOGRAPHIC AREAS, A NEIGHBORHOOD OR STREET, A RURAL AREA OR TO A NUMBER OF OTHER POSSIBLE COMMUNITIES WITHIN A LARGER GEOGRAPHICALLY DEFINED SPACE THESE GROUPS ARE OFTEN DEFINED BY RACE OR ETHNICITY, PROFESSIONAL OR ECONOMIC BREAKDOWNS, RELIGION, CULTURE, OR SHARED AREAS OF INTEREST MUCH OF OUR BEST AND MOST INTERESTING INFORMATION HAS TRADITIONALLY COME FROM COMMUNITY MEMBERS WITH NO PARTICULAR CREDENTIALS EXCEPT THAT THEY'RE PART OF OUR GREATER WHITE PLAINS HOSPITAL COMMUNITY IT IS ESPECIALLY IMPORTANT TO GET THE PERSPECTIVE OF THOSE WHO OFTEN DON'T HAVE A VOICE IN COMMUNITY DECISIONS AND POLITICS -- LOWER-INCOME PEOPLE, IMMIGRANTS, AND OTHERS WHO ARE OFTEN KEPT OUT OF THESE DISCUSSIONS IN ADDITION TO THESE OFTEN OVER LOOKED COMMUNITY MEMBERS WE ALSO WANT TO HEAR FROM THOSE INDIVIDUALS IN KEY POSITIONS, OR THOSE WHO ARE TRUSTED BY A LARGE PART OF THE COMMUNITY OR BY A PARTICULAR POPULATION THEY INCLUDE ELECTED OFFICIALS, COMMUNITY-BASED ORGANIZATIONS & VOLUNTEERS, EMPLOYERS AND BUSINESSES, CLERGY & FAITH ORGANIZATIONS, LOCAL HEALTH DEPARTMENTS, HEALTH-CARE PARTNERS, COMMUNITY ACTIVISTS, SCHOOL SUPERINTENDENTS, PRINCIPALS AND TEACHERS AFTER THOUGHTFULLY DEFINING OUR "COMMUNITY" WE MOVED FORWARD AND GATHERED DATA AND INITIATED A CONVERSATION IN WHICH WE COLLECTED INFORMATION TO PROCESS AND MEASURE THE NEEDS OF OUR WPH COMMUNITY WE LOOKED AT VARIOUS EFFORTS WE HAD IMPLEMENTED IN THE PAST AND BROUGHT ABOUT A NEW COMPONENT AS WELL, TARGETED ON THE NEW GENERATION OF GATHERING INFORMATION AND INPUT TO START WE CONTINUED OUR PERSONAL MEETINGS WITH OUR COLLABORATIVE PARTNERS STARTING IN THE NEW YEAR WE ARRANGED FOR AND PERSONALLY MET WITH OUR COLLABORATIVE PARTNERS ARMED WITH 3 QUESTIONS 1 WHAT CAN WE DO TO ASSIST YOU & THE COMMUNITY YOU SERVE ACHIEVE YOUR WELLNESS GOALS? 2 ARE THERE ANY UNMET HEALTH-RELATED NEEDS? 3 EXPLAINING THE DEPARTMENT OF HEALTHS PREVENTION AGENDA ITEMS DO YOU HAVE POPULATIONS IN YOUR ORGANIZATION/COMMUNITY THAT WOULD BENEFIT FROM ANY OR ALL OF THESE ITEMS? PLEASE EXPLAIN
WHITE PLAINS HOSPITAL CENTER	PART V, SECTION B, LINE 4 TO ADDRESS AND WORK TO IMPROVE OUR AGENDA GOALS WE CREATED AN ADVISORY BOARD, IN PARTNERSHIP WITH ALL OF OUR WESTCHESTER HOSPITALS THIS BOARD, WHICH BEGAN MEETING LAST SPRING, WAS PUT INTO PLACE TO HELP ANALYZE OUR RESPECTIVE DATA, DETERMINE THE EFFECTIVENESS OF EACH PROGRAM, TO PLAN OUR COLLABORATIVE EVENTS AND COMPARE BEST PRACTICES ACROSS THE COMMUNITIES WE SERVE MEETING REGULARLY, THE WESTCHESTER COUNTY DOH AND WESTCHESTER HOSPITALS WORKED TOGETHER AND DECIDED, AS A GROUP, TO CREATE HEALTH SUMMITS TO HELP IN OUR FACT FINDING / DATA COLLECTION, THE FIRST SUMMIT WAS HELD IN THE SUMMER ON 2013, BRINGING TOGETHER WESTCHESTER COUNTY HOSPITALS, THE DOH AND OUR COMMUNITY PARTNERS/STAKEHOLDERS THE GOAL OF THE SUMMIT WAS TO HAVE AN OPEN DIALOGUE AND DISCUSS OUR PREVENTION AGENDA ITEMS AND HOW WE CAN WORK TOGETHER TO IMPROVE DISPARITIES, CREATE ACTIONABLE PROGRAMS, PREVENTION SERVICES AND OVERALL INVESTING IN OUR COMMUNITIES FOCUSING ON OUR COMMUNITY'S HEALTH
WHITE PLAINS HOSPITAL CENTER	PART V, SECTION B, LINE 7 WHEN ANALYZING WHITE PLAINS HOSPITAL'S CHNA DATA WE IDENTIFIED OUR COMMUNITY'S TOP 2 HEALTH NEEDS AND ONCE THE TOP 2 NEEDS WERE CHOSEN WE BEGAN OUR IMPLEMENTATION PROCESS AND STRATEGY THE THIRD HEALTH NEED AS IDENTIFIED BY OUR COMMUNITY WAS MENTAL HEALTH AS OUR HOSPITAL DOES NOT HAVE A ROBUST MENTAL HEALTH PROGRAM WE CHOSE TO SPEND OUR LIMITED RESOURCES ON THE TOP 2 NEEDS THIS CYCLE AS WE MOVE INTO 2015 WE WILL REEVALUATE OUR PRIORITIES AND SEE WHERE WE HAVE MADE PROGRESS AND WHERE WE NEED TO FOCUS IN THE FUTURE SHOULD MENTAL HEALTH REMAIN A NEED WE WILL FIND WAYS TO WORK WITH OUR VAST COMMUNITY PARTNERS TO BRIDGE THE BARRIER
PART V, SECTION 16 & 17	NEITHER THE HOSPITAL NOR ANY AUTHORIZED THIRD PARTY TOOK ANY OF THE ACTIONS LISTED IN FORM 990, SCHEDULE H, PART V, SECTION B, QUESTION 16 OR 17

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 3C	WHITE PLAINS HOSPITAL MEDICAL CENTER USES THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR DISCOUNTED CARE TO LOW-INCOME PATIENTS
PART I, LINE 6A	WHITE PLAINS HOSPITAL CENTER IS REQUIRED TO PREPARE AN ANNUAL COMMUNITY SERVICE PLAN (CSP) A K A , THE COMMUNITY BENEFIT REPORT FOR THE NYS DEPARTMENT OF HEALTH WHITE PLAINS HOSPITAL CENTER'S COMMUNITY SERVICE PLAN IS DISTRIBUTED TO MANY INTERNAL AND EXTERNAL AUDIENCES INTERNAL AUDIENCES ARE COMPRISED OF THE HOSPITAL'S BOARD OF DIRECTORS, EMPLOYEES, VOLUNTEERS, AUXILIARY, AND MEDICAL STAFF EXTERNAL AUDIENCES INCLUDE COMMUNITY AGENCIES, ELECTED AND OTHER PUBLIC OFFICIALS, EVERYONE WHO PARTICIPATED IN THE INTERVIEW PROCESS, GOVERNMENT AGENCIES (STATE AND COUNTY DEPARTMENT OF HEALTH, REGIONAL HSA), HOSPITAL ASSOCIATION OF NEW YORK STATE, AND RELIGIOUS LEADERS THE CSP IS DISTRIBUTED IN THE COMMUNITY AT EVENTS SUCH AS HEALTH SCREENINGS, HEALTH FAIRS, SEMINARS, WELLNESS PROGRAMS AND IN PUBLIC AREAS THROUGHOUT THE HOSPITAL THE CSP IS ALSO AVAILABLE AS A PDF ON THE HOSPITAL'S WEB SITE (WWW WPHOSPITAL ORG) ANNOUNCEMENTS OF THE BROCHURE'S AVAILABILITY APPEARS IN SEVERAL HOSPITAL NEWSLETTERS INCLUDING THOSE FOR THE GENERAL COMMUNITY AND FOR THE HOSPITAL'S EMPLOYEES, VOLUNTEERS AND AUXILIARY MEMBERS

Form and Line Reference	Explanation
PART I, LINE 7	CHARITY CARE CALCULATION AND UNREIMBURSED MEDICAID USED THE COST TO CHARGE RATIO DETERMINED ON THE CHARITY CARE CALCULATION WORKSHEET COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATION EXPENSES WERE CALCULATED USING ACTUAL EXPENSES
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIESYEAR PLAN OF ACTION OUR FIRST PRIORITY AGENDA GOAL, TO PREVENT CHRONIC DISEASE BY DECREASING THE PERCENT OF BLACKS AND HISPANICS DYING PREMATURELY FROM HEART RELATED DEATHS TO ADDRESS AND WORK TO IMPROVE OUR FIRST PRIORITY AGENDA GOAL, TO PREVENT CHRONIC DISEASE BY DECREASING THE PERCENT OF BLACKS AND HISPANICS DYING PREMATURELY FROM HEART RELATED DEATHS WE WILL BE WORKING TO INCREASE AWARENESS OF WAYS TO MAINTAIN A HEALTHY BLOOD PRESSURE AND AVOID HEART DISEASE WE WILL FIRST FOCUS ON OUR AFRICAN AMERICAN CHURCHES, FOOD PANTRIES AND HISPANIC COMMUNITY CENTERS WE WILL BE CREATING A COMMUNITY SERVICE PLAN ADVISORY BOARD COMPRISED OF NURSING, OUTREACH STAFF AND COMMUNITY PARTNERS TO OVERSEE THE DELIVERY OF EDUCATION AND OUTREACH PROGRAMS THE COMMITTEE WILL BE FOCUSED ON ADDRESSING THIS PARTICULAR PREVENTION AGENDA ITEM THE CSP ADVISORY BOARD WILL BEGIN MEETING THIS FALL AND WILL CONTINUE TO MEET REGULARLY OVER THE NEXT 3 YEARS TO ANALYZE OUR RESPECTIVE DATA TO DETERMINE THE EFFECTIVENESS OF EACH PROGRAM, TO PLAN OUR COLLABORATIVE EVENTS AND COMPARE BEST PRACTICES ACROSS THE COMMUNITIES WE SERVE THIS ADVISORY BOARD WILL WORK IN CONJUNCTION WITH OUR WESTCHESTER COUNTY DEPARTMENT OF HEALTH AND HOSPITAL'S QUARTERLY HEALTH SUMMITS COMMITTEE MEETING MONTHLY, THE WESTCHESTER COUNTY DOH AND WESTCHESTER HOSPITALS WORK TOGETHER AND DECIDED, AS A GROUP, TO CREATE QUARTERLY HEALTH SUMMITS, THE FIRST OF WHICH WAS HELD THIS PAST SUMMER, BRINGING TOGETHER WESTCHESTER COUNTY HOSPITALS, THE DOH AND OUR COMMUNITY PARTNERS/STAKEHOLDERS THE GOAL OF THE SUMMIT WAS TO HAVE AN OPEN DIALOGUE AND DISCUSS OUR 2 PREVENTION AGENDA ITEMS AND HOW WE CAN WORK TOGETHER TO IMPROVE DISPARITIES, CREATE ACTIONABLE PROGRAMS, PREVENTION SERVICES AND OVERALL INVESTING IN OUR COMMUNITIES FOCUSING ON THESE 2 PRIORITIES IN ADDITION WHITE PLAINS HOSPITAL WILL CONTINUE TO HOLD ITS ANNUAL HEART TO HEART FAIR IN FEBRUARY WHICH OFFERS FREE BLOOD PRESSURE SCREENINGS, VALUABLE HEART HEALTHY EDUCATION AND FREE CONSULTATIONS FROM NURSES, PHARMACISTS AND NUTRITIONISTS TO OVER 200 INDIVIDUALS WPH WILL ALSO CONTINUE TO HOST IT'S ANNUAL NEIGHBORHOOD HEALTH FAIR, WHICH IS HELD EVERY APRIL AT THE THOMAS SLATER COMMUNITY CENTER, SERVING OVER 400 INDIVIDUALS WITH FREE SCREENINGS SUCH AS ASTHMA, BLOOD PRESSURE, BREAST, CHOLESTEROL, DENTAL, DIABETES, ENT, VISION, HIV, MAMMOGRAPHY, PODIATRY, PROSTATE AND SICKLE CELL THERE IS ALSO A VAST ARRAY OF FREE HEALTH INFORMATION, EXHIBITS, AND INTERACTIVE NUTRITION WORKSHOPS FOR FAMILIES TO COMBAT CHRONIC DISEASE WE NEED TO CONTINUE TO FOCUS ON COMBATING OBESITY AND WELLNESS/NUTRITION EDUCATION WHITE PLAINS HOSPITAL HAS TAKEN STEPS AND WILL CONTINUE TO CREATE NEW WAYS TO INCREASE PHYSICAL ACTIVITY AND EDUCATION, COLLABORATING WITH PARTNERS SUCH AS SIMON MALLS, THE YWCA, BURKE REHABILITATION CENTER, NEW YORK SPORTS CLUB, CRUNCH GYM, THE HARRISON PUBLIC LIBRARY, THOMAS H SLATER CENTER, EL CENTRO HISPANO, WESTCHESTER COUNTY MENTAL HEALTH DEPARTMENT, THE CITY OF WHITE PLAINS, WHITE PLAINS PARKS AND RECREATION DEPARTMENT, THE YOUTH BUREAU AND APOGEE PILATES & WELLNESS BELOW ARE OUR "BEST PRACTICES" PROGRAMS WHICH WE CONTINUE TO HOST WORKING WITH OUR COMMUNITY PARTNERS THESE PROGRAMS WILL GROW AND BE IMPROVED UPON OVER THE NEXT 3 YEARS - "GET ON YOUR MAT FOR MENTAL HEALTH" JUNE 19, 2013, MORE THAN 600 PEOPLE FROM AROUND WESTCHESTER COUNTY JOINED THIS SUMMER SOLSTICE MEGA YOGA EVENT OUR PARTNERSHIP WITH THE COUNTY MENTAL HEALTH DEPARTMENT WAS A HUGE SUCCESS AND HELPED RAISE AWARENESS FOR MENTAL HEALTH NEEDS AND ENCOURAGED ACTIVITIES WHICH IMPROVE HEALTH AND WELLNESS WPH WAS THE MAT SPONSOR, GIVING EACH PARTICIPANT A FREE YOGA MAT TO ENCOURAGE COMMUNITY MEMBERS IN THEIR DAILY YOGA / EXERCISE PRACTICE - THE HOSPITAL ALSO PROVIDES FREE YOGA AND ZUMBA CLASSES FOR EMPLOYEES, CANCER SURVIVORS, WEIGHT LOSS SURGERY PATIENTS AND VOLUNTEERS, AS WELL AS OUR WALKING WEDNESDAYS CREW, E-BLAST HEALTH TIPS AND HANDOUTS AND VARIOUS LUNCH AND LEARNS ON NUTRITION AND PHYSICAL ACTIVITY, BOTH INSIDE AND OUTSIDE THE HOSPITAL WALLS KEEPING US ALL MOTIVATED AND MOVING - MALLWALKERS PROGRAM - THIS FREE, SUPERVISED WALKING PROGRAM MEETS THREE TIMES PER WEEK AT THE LOCAL MALL AND INCLUDES INFORMATIVE PRESENTATIONS PLUS FREE BLOOD PRESSURE SCREENINGS AND EVENTS 9,000 WALKERS PARTICIPATED IN THE PROGRAM BETWEEN SEPTEMBER 2009-SEPTEMBER 2013 - WHITE PLAINS WELLNESS WEEK - WHITE PLAINS HOSPITAL WAS THE GRAND SPONSOR OF THE 1ST ANNUAL CITY OF WHITE PLAINS WELLNESS WEEK IN PARTNERSHIP WITH THE WHITE PLAINS CARES COALITION AND THE CITY OF WHITE PLAINS THE WEEK FOCUSED ON THE 8 DIMENSIONS OF WELLNESS EMOTION, OCCUPATION, SPIRITUAL, ENVIRONMENTAL, SOCIAL, FINANCIAL, PHYSICAL AND INTELLECTUAL OVER 1,000 PEOPLE PARTICIPATED IN THIS WEEK-LONG EVENT WHICH ENGAGED, EDUCATED AND TRAINED PARTICIPANTS, BRINGING THE MESSAGE OF WELLNESS TO ALL ALL PARTICIPANTS AND THE ENTIRE CITY OF WHITE PLAINS RECEIVED A WELLNESS GUIDE PUBLISHED TO SHOWCASE AND PROMOTE HEALTHY LIFESTYLE TIPS, HEALTH EDUCATION AND PROVIDE GENERAL WELLNESS INFORMATION, ALL AT YOUR FINGERTIPS - WELLNESS THROUGH PREVENTION MONTH (WTPM) - MAY IS DEDICATED TO EDUCATIONAL SEMINARS RELATING TO CHRONIC DISEASE PREVENTION THROUGH EXERCISE, HEALTHY RECIPES, HEALTH SCREENINGS, AND OTHER ACTIVITIES SUPPORTING WELLNESS THROUGH PREVENTION IN 2013, OVER 800 PEOPLE ATTENDED WTPM EVENTS AT THE FOLLOWING LOCATIONS WHITE PLAINS SENIOR CENTER, BURKE REHABILITATION HOSPITAL, THE SLATER COMMUNITY CENTER, BLOOMINGDALES, DICKSTEIN CANCER TREATMENT CENTER, GILDA'S CLUB, MULBERRY STREET RESTAURANT, CHURCH STREET ELEMENTARY SCHOOL, TRINITY UNITED METHODIST CHURCH, THE CITY OF WHITE PLAINS, THE YOUTH BUREAU, WHITE PLAINS MIDDLE SCHOOL AND THE WHITE PLAINS COMMUNITY CENTER - BLOOD PRESSURE SCREENINGS CONTINUE TO BE HELD THROUGHOUT THE COMMUNITY AND INCLUDED EDUCATIONAL PAMPHLETS ON SODIUM REDUCTION IN ENGLISH AND SPANISH HANDED OUT TO THE SCREENING RECIPIENTS BETWEEN SEPTEMBER 2009 AND SEPTEMBER 2013, WHITE PLAINS HOSPITAL PROVIDED OVER 3,000 BLOOD PRESSURE SCREENINGS TO INDIVIDUALS IN THE COMMUNITY AT OVER 100 EVENTS ADDITIONALLY, THE AUXILIARY OF WHITE PLAINS HOSPITAL SPONSORS MONTHLY BLOOD PRESSURE SCREENINGS IN THE HOSPITAL LOBBY/ELEVATOR ALCOVE FOR THE COMMUNITY - NUTRITIONAL PRESENTATIONS WERE HELD AT SEVERAL SITES IN THE COMMUNITY INCLUDING SHOPRITE WHITE PLAINS, MAMARONECK AVE, CHURCH STREET & GEORGE WASHINGTON ELEMENTARY SCHOOLS IN WHITE PLAINS, BETHEL BAPTIST CHURCH, THE THOMAS SLATER CENTER, OPEN DOOR HEALTH CARE, THE WHITE PLAINS YWCA, HARRISON PUBLIC LIBRARY, RESTAURANT 42 WHITE PLAINS, ATRIA RYE BROOK, PORT CHESTER SENIOR CENTER, WHITE PLAINS HOSPITAL FOR THE WHITE PLAINS YOUTH BUREAU, AT HOME ON THE SOUND IN RYE, MBIA OF ARMONK, PANERA BREAD, ARMONK LIONS CLUB, THE OLD GUARD OF WHITE PLAINS, OUR LADY OF SORROWS, WHITE PLAINS SENIOR CENTER, RYE BROOK SENIOR CENTER AND THE NEW ROCHELLE SENIOR CENTER OVER 600 PEOPLE ATTENDED THE VARIOUS EVENTS - EDUCATIONAL ARTICLES ON THE IMPORTANCE OF HEART HEALTH AND NUTRITION HAVE BEEN PUBLISHED IN THE HOSPITALS E-NEWSLETTER, INTRANET AND THROUGH A "THIS WEEK IN WELLNESS" EMPLOYEE E-BLAST, AS WELL AS A MONTHLY CLINICAL NUTRITION NEWSLETTER AND DAILY HEALTH TIP DISTRIBUTED BY OUR FOOD SERVICES STAFF ALONG WITH THE ABOVE PROGRAMS, WHITE PLAINS HOSPITAL HOSTS A MONTHLY STROKE SUPPORT GROUP, DIABETES WELLNESS WORKSHOP AND THE HEART CLUB TO HELP BRING AWARENESS TO THE COMMUNITY ON THE EFFECTS OF HEART HEALTH AND DIET TO HELP LOWER BLOOD PRESSURE AND REDUCE THE RISKS FOR HEART ATTACK AND STROKE WE WILL CONTINUE TO ENHANCE AND GROW THESE PROGRAMS, WORKING WITH OUR COLLABORATIVE PARTNERS AND LOOKING TO EXPAND INTO THE COMMUNITY EVEN MORE IN COMING 3 YEARS

Form and Line Reference	Explanation
PART III, LINE 4	2013 WHITE PLAINS HOSPITAL CENTER & SUBSIDIARIES AUDITED FINANCIAL STATEMENT NOTE REGARDING BAD DEBT AND CHARITY CARE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS THE HOSPITAL'S BEST ESTIMATE OF THE AMOUNT OF PROBABLE CREDIT LOSSES IN THE HOSPITAL'S EXISTING ACCOUNTS RECEIVABLE THE HOSPITAL HAS ESTIMATED THE ALLOWANCE BASED ON HISTORICAL COLLECTION RATES THE HOSPITAL REVIEWS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS PERIODICALLY ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE AFTER ALL MEANS OFCOLLECTION HAVE BEEN EXHAUSTED AND THE POTENTIAL FOR RECOVERY IS CONSIDERED REMOTE THE HOSPITAL MODIFIED ITS CHARITY CARE AND UNINSURED DISCOUNT POLICY IN 2012, WHEREBY AN AUTOMATIC DISCOUNT IS GRANTED TO SELF-PAY AND UNINSURED PATIENTS SEEKING EMERGENCY SERVICES
PART III, LINE 8	THE MEDICARE ALLOWABLE COST OF CARE REPORTED ON PART III SECTION B LINE 6 REFLECT THE ACCUMULATED AGGREGATE COSTS OF TREATING MEDICARE PATIENTS UTILIZING THE CMS-2552 MEDICARE SETTLEMENT WORKSHEETS

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL HAS A GENERAL COLLECTION POLICY ALL SERVICES PROVIDED TO PATIENTS OF WHITE PLAINS HOSPITAL CENTER ARE BILLED TO THEIR RESPECTIVE INSURANCE COMPANY UPON RECEIPT OF PAYMENT ANY BALANCES REPRESENTING COPAYMENTS, DEDUCTIBLES OR CO-INSURANCE AMOUNTS ARE BILLED TO THE PATIENT AND THE ACCOUNT BALANCE IS TRANSFERRED TO "SELF PAY" PATIENTS THAT HAVE NO INSURANCE ARE REGISTERED AS "SELF-PAY" IN THE HIS ALL PATIENTS INCLUDING THOSE WITH BALANCES AFTER INSURANCE RECEIVE 3 LASER STATEMENTS FROM THE HOSPITAL EVERY 28 DAYS UPON COMPLETION OF THE LASER STATEMENT SEQUENCE, A SERIES OF LETTERS AND PHONE CALLS ARE MADE THROUGH 2 OUTSIDE BILLING VENDORS THE ACCOUNT REMAINS WITH THE OUTSIDE BILLING VENDORS FOR A MINIMUM OF 120 DAYS AT WHICH TIME IT IS RETURNED TO THE HOSPITAL FOR REFERRAL TO AN OUTSIDE COLLECTION AGENCY TO PURSUE AT THE HOSPITAL'S DISCRETION PATIENTS THAT HAVE THE COLLECTION PROCEDURES FOR PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE ARE OUTLINED IN THE CHARITY CARE/FINANCIAL AIDE POLICY
PART VI, LINE 2	NEEDS ASSESSMENT ASSESSING OUR COMMUNITY'S HEALTH NEEDS CONTINUES TO BE PARAMOUNT FOR THE HOSPITAL IN KEEPING WITH OUR MISSION, WHITE PLAINS HOSPITAL CONTINUES TO WORK IN PARTNERSHIP WITH OUR COMMUNITY, ASSESSING OUR PRESENT INITIATIVES, STRATEGIC PLANS AND PREVENTION AGENDA PRIORITIES ASSESSING OUR COMMUNITY'S HEALTH NEEDS HAS BEEN A PRIORITY FOR THE HOSPITAL NEEDS ARE IDENTIFIED THROUGH AN ONGOING DIALOGUE WITH PATIENTS, COMMUNITY MEMBERS, ELECTED OFFICIALS, ORGANIZATIONS, AREA BUSINESS LEADERS AND OUR LOCAL DEPARTMENT OF HEALTH AND AREA HOSPITALS WE MEET WITH OUR PARTNERS EARLY IN THE YEAR AND THROUGHOUT THE YEAR AS OUR COLLECTIVE NEEDS PROVE NECESSARY THIS CONTINUOUS OPEN DIALOGUE AND INTERACTIONS WORK TO ENGAGE AND MAINTAIN OUR COMMUNICATION THROUGHOUT THE YEAR FURTHER, THE HOSPITAL HAS COLLECTED EXTENSIVE DATA FROM NEWLY IMPLEMENTED COMMUNITY HEALTH NEEDS ASSESSMENT THIS TOOL WILL BE USED EVERY YEAR GOING FORWARD TO ASSESS OUR PROGRESS, THE PULSE OF THE COMMUNITY AND WHAT WE CAN DO TO CONTINUE TO GROW AND ENGAGE OUR COMMUNITY, HELPING TO TRACK PROGRESS AND CORRECT ISSUES AS THEY MAY ARISE PROCESSES, BEST PRACTICES AND DATA COLLECTION, FROM THE WESTCHESTER COUNTY DOH, NYS DOH, COMMUNITY PARTNERS, HOSPITAL INFORMATION AND POST EVENT QUESTIONNAIRES WILL BE USED TO ASSESS AND TRACK OUR PROGRESS MOVING FORWARD OUR COMMUNITY WANTS TO TELL US HOW THEY ARE DOING, WHAT PROGRESS HAS BEEN MADE, WHAT WE CAN DO BETTER AND NEW STRATEGIES MOVING FORWARD WPH WILL BE LISTENING TO OUR COMMUNITY, TRACKING DATA NUMBERS, TALKING TO POCKETS OF COMMUNITY MEMBERS AND VARIOUS ORGANIZATIONS TO AMPLY GATHER THE INFORMATION NEEDED TO SEE HOW OUR PLAN OF ACTION IS WORKING AND HOW WE HAVE MADE STRIDES IN OUR PREVENTION AGENDA ITEMS

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE WHITE PLAINS HOSPITAL CENTER MAKES FINANCIAL AID AVAILABLE TO PATIENTS,BASED ON DEMONSTRATED ECONOMIC NEED THIS AID INCLUDES BOTH CHARITY CAREAND SLIDING FEE SCALES (DISCOUNTS) AS SPECIFIED BY NEW YORK STATE'SCHARITY CARE LAW, WHICH TOOK EFFECT IN 2007 THE HOSPITAL HAS EXPERIENCED SEVERAL CHALLENGES IN ADMINISTERING ITSFINANCIAL AID PROGRAM THE HOSPITAL HAS SEEN AN INCREASE IN APPLICATIONSFOR FINANCIAL AID SINCE THE PRIMARY SERVICE AREA WAS EXPANDED IN 2007,ESPECIALLY FROM INDIVIDUALS OUTSIDE WESTCHESTER COUNTY A CHALLENGE HASARISEN IN HELPING SOME OF THESE PATIENTS FROM AREAS OUTSIDE WESTCHESTERAPPLY FOR MEDICAID AS A RESULT, A PORTION OF THE MEDICAID ASSISTANCEAPPLICATION PROCESS HAS BEEN OUTSOURCED TO ENTITIES THAT RECEIVE A PORTIONOF WHAT THE HOSPITAL COLLECTS FROM MEDICAID THE ECONOMIC DOWNTURN HAS POSED ADDITIONAL CHALLENGES IN PROVIDING CAREFOR THE INCREASING NUMBER OF PEOPLE WHO ARE UNEMPLOYED AND MAY HAVEREDUCED INSURANCE BENEFITS IN THE FORM OF HIGHER DEDUCTIBLES ANDCO-PAYMENTS THE NUMBER OF SUCH UNDERINSURED INDIVIDUALS CONTINUES TOGROW THE HOSPITAL USES COMPUTER SOFTWARE TO TRACK FINANCIAL AID CASES DESPITE THE CHALLENGES CREATED BY THE ECONOMY, THE FINANCIAL AID PROGRAMSUCCEEDS IN CONSISTENTLY IMPLEMENTING ITS PROGRAM ALL STAFF IN THEPATIENT ACCOUNTS DEPARTMENT ARE CROSS-TRAINED IN ASSISTING PATIENTS WITHTHE FINANCIAL AID APPLICATION, AND MANY OF THE CUSTOMER SERVICE EMPLOYEESARE BILINGUAL PATIENTS ARE CONSISTENTLY REMINDED OF THE AVAILABILITY OFFINANCIAL AID AND HOW TO ACCESS IT, INCLUDING A REMINDER PRINTED AT THEBOTTOM OF ALL BILLING STATEMENTS AS WELL AS INFORMATION ON THE HOSPITAL WEBSITE THERE IS ALSO A COMPREHENSIVEINSTRUCTION PACKET GROSS CHARGES RELATED TO CHARITY CARE WERE APPROXIMATELY $13,202,000 IN2013 THE ASSOCIATED ESTIMATED COST INCURRED BY THE HOSPITAL TO PROVIDETHESE RELATED SERVICES TO PATIENTS WHO WERE UNABLE TO PAY WASAPPROXIMATELY $5,491,000 THE BAD DEBT EXPENSE IN 2013 WAS $10,559,000
PART VI, LINE 4	COMMUNITY INFORMATIONWHITE PLAINS HOSPITAL DRAWS PATIENTS FROM THROUGHOUT WESTCHESTER COUNTY AND THE SURROUNDING AREAS, WITH THE MAJORITY COMING FROM NEARBY COMMUNITIES IN THE CENTRAL AND SOUTHERN PORTIONS OF THE COUNTY THE HOSPITAL DEFINES THE FOLLOWING COMMUNITIES, AS DESIGNATED BY ZIP CODE, AS IT'S PRIMARY AND SECONDARY CATCHMENT AREAS 10502 ARDSLEY 10603 WHITE PLAINS10503 ARDSLEY ON HUDSON 10604 WHITE PLAINS10523 ELMSFORD 10605 WHITE PLAINS10528 HARRISON 10606 WHITE PLAINS 10530 HARTSDALE 10607 WHITE PLAINS10532 HAWTHORNE 10701 YONKERS10533 IRVINGTON 10703 YONKERS10538 LARCHMONT 10707 YONKERS10543 MAMARONECK 10708 YONKERS10573 PORT CHESTER/RYE BROOK 10709 YONKERS10577 PURCHASE 10710 YONKERS10580 RYE 10706 HASTINGS ON HUDSON10581 AVON 10707 TUCKAHOE10583 SCARSDALE 10708 BRONXVILLE10591 TARRYTOWN 10709 EASTCHESTER10594 THORNWOOD 10801 NEW ROCHELLE10595 VALHALLA 10802 NEW ROCHELLE10601 WHITE PLAINS 10803 NEW ROCHELLE10602 WHITE PLAINS (PO BOXES) 10804 NEW ROCHELLE 10805 NEW ROCHELLEWHITE PLAINS HOSPITAL CONTINUES TO BE THE PRIMARY HOSPITAL FOR WHITE PLAINS, SCARSDALE, HARTSDALE, HARRISON AND SECTIONS OF THE TOWN OF GREENBURGH

Form and Line Reference	Explanation
PART VI, LINE 5	OUR SECOND PRIORITY AGENDA GOAL, TO PROMOTE HEALTHY WOMEN,INFANTS AND CHILDREN BY INCREASING BREASTFEEDINGIN AN EFFORT TO PROMOTE OUR GOAL OF "HEALTHY WOMEN, INFANTS AND CHILDRENBY INCREASING BREAST FEEDING" WE WILL FIRST EMBARK ON AN AGGRESSIVEEDUCATIONAL CAMPAIGN WITHIN THE COMMUNITY TO TARGET OUR NURSING MOMS ANDWOULD-BE NURSING MOMS EDUCATION IS KEY IN THIS ARENA, ESPECIALLY WHENDEALING WITH CULTURAL DIVERSITY, NUTRITION IDEALS AND BUSINESS/CORPORATION BUY-IN WE WILL WORK WITH THE OPEN DOOR HEALTH CLINIC, THE YWCA, BREASTFEEDING SUPPORT GROUPS - MOVING ONTO LARGE AND SMALLBUSINESSES/CORPORATIONS TO BRING ABOUT NURSING MOM AWARENESS AND SUPPORTSYSTEMS WHITE PLAINS HOSPITAL'S MATERNAL CHILD HEALTH TEAM IS INVESTED IN THISGOAL AND HAS MADE THE WPH'S BABY FRIENDLY INITIATIVE A PRIORITY MOVINGINTO THE NEXT 3 YEARS THE ACTION PLAN ON THE PATH TO BECOMING A BABYFRIENDLY HOSPITAL INVOLVES THE FOLLOWING ITEMS EXPLORING THE 10 TENETS OF BABY FRIENDLY, REVIEWING PERINATAL COREMEASURES SET FOR BREASTFEEDING REPORTING, EVALUATING AND TREND PERFORMANCERELATED TO EXCLUSIVE BREASTFEEDING RATE AND FORMULA SUPPLEMENTATION RATE,EDUCATIONAL INTERVENTION, CREATION OF NETLEARNING EDUCATION FOR ALLPROFESSIONAL RN STAFF RELATED TO THE 10 TENETS OF BABY FRIENDLY, NURSINGSTANDARD FOR USE OF DONOR MILK, DONOR MILK ACQUIRED ON SITE, STOP USE OFFORMULA GIFT PACKS, EARLY SKIN TO SKIN CONTACT WITH MOTHER AND INFANT,MINIMAL SEPARATION OF MOTHER AND INFANT POST-DELIVERY AND DURINGPOST-PARTUM PERIOD, COORDINATION OF LAB DRAW AND PEDIATRICIAN EVALUATIONAT THE BEDSIDE AND REVISING "WELCOME BOOK" TO INCLUDE INFORMATION SPECIFICTO BREASTFEEDING, ROOMING IN, AND FORMULA PREPARATION AND USAGE WHITE PLAINS HOSPITAL'S JOURNEY TO BECOME A "BABY FRIENDLY" HOSPITALTRANSLATES PERFECTLY WITH OUR GOAL TO GO BEYOND THE HOSPITAL WALLS ANDINCREASE BREASTFEEDING EXCLUSIVITY, UNDERSTANDING THAT BREASTFEEDINGCHOICE IS MADE PRIOR TO DELIVERY OUR GOAL IS TO PROMOTE HEALTHY WOMEN,INFANTS AND CHILDREN THROUGH INCREASED BREASTFEEDING STATISTICS BREASTFEEDING, ESPECIALLY EXCLUSIVE BREASTFEEDING, IS SHOWN TO REDUCE THERISK OF ASTHMA, OBESITY, REPERTORY ISSUES AND OTHER CHRONIC CONDITIONS FOR MOTHERS, BREASTFEEDING HAS BEEN SHOWN TO REDUCE THE RISK OF BREASTCANCER, OVARIAN CANCER, TYPE 2 DIABETES, HEART DISEASE AND A MULTITUDE OFOTHER CONDITIONS HEALTHY MOMS = HEALTHY BABIES AND CHILDREN ONLY 43% OF NYS INFANTS WERE EXCLUSIVELY BREASTFED WHILE IN THE HOSPITAL,BASED ON 2010 NYSDOH DATA AS OUR COMMUNITY HAS NOTED, THIS NEEDS TOCHANGE, FOR BOTH THE HEALTH OF INFANTS AND CHILDREN BUT TO PROMOTE HEALTHYWOMEN AS WELL WHILE OUR WHITE PLAINS HOSPITAL "COMMUNITY" DOES BETTERPERCENTAGEWISE WE ARE LOOKING TO INCREASE OUR "IN HOUSE" BREASTFEEDING TOOVER 65% BY NEXT YEAR AND OVER 75% THE FOLLOWING YEAR WHITE PLAINS HOSPITAL AND THE MATERNAL CHILD HEALTH DIVISION HAVE BEGUN AJOURNEY TO BECOME BABY FRIENDLY AND IN DOING SO HAVE COMPLETED 6 OF THE 10TENETS ON ITS PATH TO BABY FRIENDLY AND WE LOOK TO COMPLETE ALL 10 TENETSIN THE YEAR IN ADDITION TO OUR EFFORTS TO INCREASE BREASTFEEDING EXCLUSIVITY ATDISCHARGE WE LOOK TO INVOLVE OUR COMMUNITY, BY REACHING OUT TO OURCOMMUNITY PARTNERS, SPECIFICALLY THE GREENBURGH COMMUNITY CENTER, THEJUNIOR LEAGUE, OPEN DOOR CLINIC, THE YWCA AND VARIOUS BUSINESSES TO SEEHOW WE CAN HELP NEW MOMS ADJUST TO GOING BACK TO WORK AND CONNECT WITH THEPROPER SUPPORT GROUPS AND ORGANIZATIONS AND HOW WE CAN ASSIST INBREASTFEEDING FRIENDLY PRACTICES WITH THE NYS NURSING MOTHERS IN THEWORKPLACE ACT AND THE FEDERAL BREAK TIME FOR NURSING MOTHERS LEGISLATIONWE WILL WORK TO EDUCATE OUR PARTNERS AND HELP DEVELOP, IN WHATEVER WAYPOSSIBLE, LACTATION POLICIES IN THE WORKPLACE AND THROUGH THE NYS DOH WEWILL PROVIDE "MAKING IT WORK" TOOLKITS TO INFORM EMPLOYERS AND HOURLY WAGEEARNERS OF THE BENEFITS OF WORKSITE LACTATION SUPPORT PROGRAMS HEALTHY MOMS AND BABIES MEAN LESS SICK TIME TAKEN, MORE PRODUCTIVE AND HAPPIEREMPLOYEES IN TRYING TO ACHIEVE NOT ONLY INCREASES IN OUR "IN HOUSE" EXCLUSIVEBREASTFEEDING BUT BY INVOLVING OUR PARTNERS AND GAINING BUY-IN FROMBUSINESSES WE WILL MARKEDLY INCREASE OUR GOAL FOR BREASTFEEDINGEXCLUSIVITY FOR THE FIRST 6 MONTHS OF LIFE WE LOOK AT OUR OUTCOMEMEASURES BY THE PERCENTAGE OF INFANTS EXCLUSIVELY FED BREAST MILK INHOSPITAL, AND IN YEAR 2 WE WILL LOOK AT OUR REGIONS NUMBERS FORINCLUSIVELY BREASTFEEDING AT 3 OR 6 MONTHS EDUCATION BEFORE AND SUPPORTAFTER MOTHER COMES HOME IS SO VERY IMPORTANT FOR OUR HEALTH AND WELLNESSOUTCOMES WHITE PLAINS HOSPITAL'S MATERNAL CHILD HEALTH LEADERSHIP GROUPIS COMMITTED TO THIS PROJECT AND WILL WORK TO BRANCH OUT TO THE COMMUNITYTO INCREASE OUR BREASTFEEDING NUMBERS INCREMENTALLY OVER THE NEXT 3 YEARS WE LOOK FORWARD TO EXPANDING OUR BREAST FEEDING SUPPORT TO NOT ONLY NEWMOTHERS, BUT ANY WOMAN WHO COMES TO WPH AS A VISITOR, PATIENT, VOLUNTEEROR EMPLOYEE WHO IS BREASTFEEDING DISSEMINATION OF THE PLAN TO THE PUBLIC WHITE PLAINS HOSPITAL'S COMMUNITY SERVICE PLAN IS DISTRIBUTED TO INTERNALAND EXTERNAL GROUPS INCLUDING THE HOSPITAL BOARD OF DIRECTORS, EMPLOYEES,VOLUNTEERS, AUXILIARY AND MEDICAL STAFF, AS WELL AS COMMUNITY AGENCIES,ELECTED OFFICIALS, COMMUNITY PARTNERS, GOVERNMENT AGENCIES (STATE ANDCOUNTY DEPARTMENT OF HEALTH, REGIONAL HSA), HOSPITAL ASSOCIATION OF NEWYORK STATE, AND RELIGIOUS LEADERS THE PLAN WILL ALSO BE POSTED ON OURWEBSITE AT HTTP //WWW WPHOSPITAL ORG/ABOUT-US/COMMUNITY-SERVICE-PLANENGAGEMENT WITH LOCAL PARTNERS OVER THE 3 YEARS OF THE CSP IN KEEPING WITH THE COMMISSIONER OF HEALTH'S MISSION, WHITE PLAINSHOSPITAL HAS BEEN AND WILL CONTINUE TO WORK IN PARTNERSHIP WITH OURCOMMUNITY, ASSESSING OUR PRESENT INITIATIVES, STRATEGIC PLANS ANDPREVENTION AGENDA PRIORITIES ASSESSING OUR COMMUNITY'S HEALTH NEEDS HASBEEN PARAMOUNT FOR THE HOSPITAL NEEDS WERE IDENTIFIED THROUGH AN ONGOINGDIALOGUE WITH PATIENTS, COMMUNITY MEMBERS, ELECTED OFFICIALS,ORGANIZATIONS, AREA BUSINESS LEADERS AND OUR LOCAL DEPARTMENT OF HEALTH WE MEET WITH OUR PARTNERS EARLY IN THE YEAR AND THROUGHOUT THE YEAR AS OURCOLLECTIVE NEEDS PROVE NECESSARY THIS CONTINUOUS OPEN DIALOGUE ANDINTERACTIONS WORK TO ENGAGE AND MAINTAIN OUR COMMUNICATION THROUGHOUT THEYEAR AND INTO THE 3 YEARS OF OUR CSP WORK FURTHER, THE HOSPITAL COLLECTED EXTENSIVE DATA FROM NEWLY IMPLEMENTEDCOMMUNITY HEALTH NEEDS ASSESSMENT THIS TOOL WILL BE USED EVERY YEARGOING FORWARD TO ASSESS OUR PROGRESS, THE PULSE OF THE COMMUNITY AND WHATWE CAN DO TO CONTINUE TO GROW AND ENGAGE OUR COMMUNITY, HELPING TO TRACKPROGRESS AND CORRECT ISSUES AS THEY MAY ARISE PROCESSES, BEST PRACTICES AND DATA COLLECTION, FROM THE WESTCHESTER COUNTYDOH, NYS DOH, COMMUNITY PARTNERS, HOSPITAL INFORMATION AND POST EVENTQUESTIONNAIRES WILL BE USED TO ASSESS AND TRACK OUR PROGRESS MOVINGFORWARD OUR COMMUNITY WANTS TO TELL US HOW THEY ARE DOING, WHAT PROGRESSHAS BEEN MADE, WHAT WE CAN DO BETTER AND NEW STRATEGIES MOVING FORWARDINTO OUR 3 YEAR PLAN WPH WILL BE LISTENING TO OUR COMMUNITY, TRACKINGDATA NUMBERS, TALKING TO POCKETS OF COMMUNITY MEMBERS AND VARIOUSORGANIZATIONS TO AMPLY GATHER THE INFORMATION NEEDED TO SEE HOW OUR PLANOF ACTION IS WORKING AND HOW WE HAVE MADE STRIDES IN OUR PREVENTION AGENDA ITEMS
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

Form and Line Reference	Explanation
OTHER EXPLANATORY INFORMATION	IDENTIFYING OUR PREVENTION AGENDA PRIORITIES IN OUR 2013-2015, 3-YEAR COMPREHENSIVE PLAN AFFORDED WHITE PLAINS HOSPITAL THE ABILITY TO REASSESS THE EFFORTS IN PLACE TO REACH OUT AND COMMUNICATE EFFECTIVELY WITH OUR HOSPITAL COMMUNITY TO DATE THERE HAS BEEN NO CHANGE OR UNEXPLAINED IMPACT ON OUR ORIGINAL COLLABORATIVE PLANS THROUGH OUR DIRECT AND ONGOING DIALOGUE WITH COMMUNITY PARTNERS WE DEVELOPED AND IDENTIFIED NEEDS FOR SEVERAL NEW AND EXPANDED SERVICES

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Questions Regarding Compensation

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

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THE HOSPITAL PAYS FOR TAX PREPARATION SERVICES FOR JON B SCHANDLER THE VALUE OF THESE SERVICES IS INCULED IN OTHER REPORTABLE COMPENSATION
PART I, LINE 7	BONUS COMPENSATION WAS PAID BY WHITE PLAINS HOSPITAL CENTER TO CERTAIN OFFICERS AND SENIOR STAFF IN 2013 SUCH COMPENSATION WAS AWARDED TO THOSE INDIVIDUALS BASED ON THE INDIVIDUAL'S RESPECTIVE JOB PERFORMANCE AND ACCOMPLISHMENTS ACHIEVED AS DETERMINED BY EITHER THE MANAGEMENT COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IN THE CASE OF THE OFFICERS OR BY EXECUTIVE LEADERSHIP IN THE CASE OF SENIOR STAFF
PART I, LINE 7	

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
EDWARD F LEONARD ASST TREASURER	(I) (II)	418,142 0	136,800 0	9,327 0	20,400 0	21,199 0	605,868 0	0 0
MICHAEL J PALUMBO MD EXECUTIVE VICE PRESIDENT	(I) (II)	434,246 0	115,000 0	7,890 0	12,750 0	12,061 0	581,947 0	0 0
JON B SCHANDLER CEO	(I) (II)	968,218 0	775,000 0	13,492 0	22,950 0	21,699 0	1,801,359 0	0 0
SUSAN FOX PRESIDENT	(I) (II)	469,080 0	194,550 0	2,872 0	10,200 0	29,746 0	706,448 0	0 0
JOHN B SCIURBA VICE PRESIDENT/CFO	(I) (II)	273,994 0	20,000 0	690 0	15,300 0	30,949 0	340,933 0	0 0
FRANCES BORDONI VICE PRESIDENT	(I) (II)	293,807 0	0 0	265 0	10,200 0	27,443 0	331,715 0	0 0
MICHAEL BOOKCHIN VICE PRESIDENT	(I) (II)	219,474 0	0 0	1,267 0	9,000 0	26,509 0	256,250 0	0 0
LEIGH ANNE MCMAHON VICE PRESIDENT	(I) (II)	294,569 0	60,000 0	1,812 0	20,400 0	4,981 0	381,762 0	0 0
JUAN SANCHEZ VICE PRESIDENT HUMAN RESOURCES	(I) (II)	215,701 0	20,000 0	450 0	15,557 0	28,246 0	279,954 0	0 0
OSSIE DAHL VICE PRESIDENT	(I) (II)	233,200 0	30,000 0	1,812 0	21,531 0	20,949 0	307,492 0	0 0
DAWN FRENCH VICE PRESIDENT	(I) (II)	214,156 0	25,000 0	290 0	11,154 0	29,904 0	280,504 0	0 0
ROBERT BERNASEK MD CHIEF QUALITY OFFICER	(I) (II)	332,640 0	16,000 0	1,953 0	10,200 0	9,312 0	370,105 0	0 0
SUSAN O'BOYLE-KRAJEWSKI VICE PRESIDENT QUALITY	(I) (II)	225,000 0	5,000 0	681 0	9,000 0	836 0	240,517 0	0 0
ROBERT D SMALL MD PHYSICIAN - ORTHO	(I) (II)	974,485 0	0 0	1,447 0	10,200 0	26,188 0	1,012,320 0	0 0
NABIL KHOURY-YACOUB PHYSICIAN - OB/GYN	(I) (II)	744,907 0	120,000 0	690 0	10,200 0	28,246 0	904,043 0	0 0
SARA SADAN PHYSICIAN - ONCOLOGY/HEMATOLOGY	(I) (II)	822,614 0	0 0	546 0	10,200 0	18,268 0	851,628 0	0 0
CYNTHIA CHIN PHYSICIAN - THORACIC	(I) (II)	690,063 0	0 0	300 0	10,200 0	22,014 0	722,577 0	0 0
TODD S WEISER PHYSICIAN - THORACIC	(I) (II)	685,965 0	0 0	300 0	10,200 0	35,746 0	732,211 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000693	64983TTS2	06-23-2004	32,330,000	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,165,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	32,340,437			
4	Gross proceeds in reserve funds	8,392,858			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	604,543			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	714,761			
11	Other spent proceeds	29,164,771			
12	Other unspent proceeds	70,523			
13	Year of substantial completion	2004			

		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 of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶	0 %							
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 ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X							
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b	Name of provider	BAYERISCHE							
c	Term of GIC	11 400000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?	X							
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I A(F)	PROCEEDS OF BORROWING USED TO CURRENT REFUND NYSMCFFA FHA-INSURED MORTGAGE PROJECT REVENUE BONDS, 1994 SERIES B ISSUED 10/20/1994, AS WELL AS A SMALL AMOUNT OF CAPITAL EXPENDITURES
PART II, LINE 3	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I, COLUMN E) AND TOTAL PROCEEDS ARE DUE TO INVESTMENT EARNINGS
PART II, LINE 4	THE AMOUNT SHOWN CONSISTS OF A DEBT SERVICE RESERVE FUND OF $1,786,000, A YIELD RESTRICTED MORTGAGE RESERVE FUND OF $5,354,357 AND A DEBT SERVICE FUND OF $1,252,502
PART IV, LINE 6	CERTAIN AMOUNTS COMPRISING A "MINOR PORTION" (AND THEREFORE NOT SUBJECT TO YIELD RESTRICTIONS) WERE HELD BEYOND AN AVAILABLE TEMPORARY PERIOD
PART III LINE 9, PART IV LINE 7, AND PART V	THE ORGANIZATION ESTABLISHED SUCH WRITTEN PROCEDURES EFFECTIVE JULY 1, 2013

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALEIDA M FREDERICO	BOARD OF DIRECTOR	587,383	LEASE PAYMENTS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	9	171,381	COST OR SELLING PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Return Reference	Explanation
FORM 990, PART I, LINE I	WHITE PLAINS HOSPITAL CENTER IS A VOLUNTARY, NOT-FOR-PROFIT HEALTHCARE ORG WHOSE MISSION IS TO OFFER ACUTE HEALTH CARE AND PREVENTIVE MEDICAL CARE TO ALL PEOPLE WHO LIVE IN, WORK IN OR VISIT WESTCHESTER

Return Reference	Explanation
FORM 990, PART III, LINE I	WHITE PLAINS HOSPITAL CENTER (THE "HOSPITAL") IS A 292 BED ACUTE CARE NOT-FOR PROFIT HOSPITAL SERVING THE HEALTH CARE NEEDS OF PEOPLE WHO LIVE IN, WORK IN OR VISIT WESTCHESTER COUNTY, NEW YORK AND ITS SURROUNDING AREAS ALL CARE AND SERVICES ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, CREED NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION OR ABILITY TO PAY THE HOSPITAL HAS A TRADITION OF EXCELLENCE THAT HAS EARNED THE HOSPITAL ITS OUTSTANDING REPUTATION FOR HIGH-QUALITY, PATIENT CARE WITH DIRECT COMMUNITY INVOLVEMENT THROUGHOUT ITS 120 YEAR HISTORY, THE HOSPITAL CONTINUES TO RAISE THE BAR FOR MODERN SOPHISTICATED HEALTH CARE, DELIVERING SERVICE IN A WARM COMMUNITY HOSPITAL SETTING THE HOSPITAL CONTINUES TO REDEFINE WHAT IT MEANS TO BE A COMMUNITY HOSPITAL PROVIDING INNOVATIVE, CUTTING EDGE THERAPIES AND SUPERB PHYSICIANS AND CLINICIANS TO DELIVER CARE THE HOSPITAL PROVIDES ACUTE CARE INPATIENT, EMERGENCY AS WELL AS A COMPREHENSIVE ARRAY OF OUTPATIENT SERVICES KEY CLINICAL SERVICES INCLUDE ADVANCED MATERNITY AND INTENSIVE NEONATAL CARE, CARDIAC CATHETERIZATION, ONCOLOGY, ORTHOPEDICS, STROKE CARE, AND SPECIALIZED SURGICAL SERVICES INCLUDING ROBOTIC, VASCULAR AND BARIATRIC THE APPROXIMATELY 889 PHYSICIANS ON THE MEDICAL STAFF PRIDE THEMSELVES ON PROVIDING ADVANCED, COMPASSIONATE CARE EVERY DAY TO THE PATIENTS THEY SERVE THE HOSPITAL'S CANCER PROGRAM HAS BEEN REPEATEDLY RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER FOR OUTSTANDING ACHIEVEMENT IN CANCER CARE, AND THE HOSPITAL'S BREAST PROGRAM HAS BEEN RECOGNIZED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS FOR QUALITY CARE AND OUTCOMES FOR BREAST PATIENTS THE HOSPITAL ALSO OFFERS MANY OTHER ADVANCED AND SPECIALIZED SERVICES INCLUDING ROBOTIC, ORTHOPEDIC, ENDOCRINE, VASCULAR, SPINE AND BARIATRIC SURGERIES, A COMPREHENSIVE DIABETES EDUCATION AND TREATMENT PROGRAM, A LEVEL III NEONATAL UNIT, AN ANXIETY AND PHOBIA CLINIC, A SEIZURE DIAGNOSTIC CENTER AND A COMPREHENSIVE WOUND CARE CENTER THE HOSPITAL IS THE ONLY COMMUNITY HOSPITAL IN NEW YORK STATE LICENSED TO PERFORM EMERGENCY AND ELECTIVE ANGIOPLASTY AND ITS EMERGENCY DEPARTMENT IS THE BUSIEST IN WESTCHESTER COUNTY DURING 2011 THE HOSPITAL APPLIED FOR AND IN 2012 WAS AWARDED MAGNET DESIGNATION AS A REFLECTION OF ITS NURSING PROFESSIONALISM, TEAMWORK, AND SUPERIORITY IN PATIENT CARE MAGNET RECOGNITION IS DETERMINED BY THE AMERICAN NURSES CREDENTIALING CENTER'S (ANCC) MAGNET RECOGNITION PROGRAM, WHICH ENSURES THAT RIGOROUS STANDARDS FOR NURSING EXCELLENCE ARE MET WITH THIS CREDENTIAL, THE HOSPITAL JOINS A SELECT GROUP OF HEALTHCARE ORGANIZATIONS IN THE UNITED STATES MAGNET DESIGNATION IS WIDELY CONSIDERED TO BE THE GOLD STANDARD OF EXCELLENCE IN NURSING CARE TO ACHIEVE MAGNET RECOGNITION, HEALTHCARE ORGANIZATIONS MUST PASS A RIGOROUS AND LENGTHY REVIEW PROCESS DEMANDING WIDESPREAD PARTICIPATION FROM LEADERSHIP AND STAFF AND INCLUDING EXTENSIVE WRITTEN DOCUMENTATION TO DEMONSTRATE QUALITATIVE AND QUANTITATIVE EVIDENCE RELATED TO PATIENT CARE AND OUTCOMES ORGANIZATIONS MUST ALSO COMPLETE A SEVERAL DAY COMPREHENSIVE ON-SITE VISIT BY MAGNET SURVEYORS, WHICH FOR WHITE PLAINS HOSPITAL OCCURRED IN JANUARY, 2012 MAGNET RECOGNITION HAS BEEN SHOWN TO PROVIDE SPECIFIC BENEFITS TO HOSPITALS AND THEIR COMMUNITIES, SUCH AS - HIGHER PATIENT SATISFACTION WITH NURSE COMMUNICATION, AVAILABILITY OF HELP, AND RECEIPT OF DISCHARGE INFORMATION - LOWER RISK OF 30-DAY MORTALITY AND LOWER FAILURE TO RESCUE - HIGHER JOB SATISFACTION AMONG NURSES - LOWER NURSE REPORTS OF INTENTIONS TO LEAVE POSITION THE HOSPITAL IS ALSO AN ELEVEN-TIME WINNER OF THE CONSUMER'S CHOICE AWARD FROM THE NATIONAL RESEARCH CORPORATION, AND WAS NAMED THE FOURTH BEST PERFORMING HOSPITAL IN NEW YORK STATE FOR VALUE-BASED PURCHASING ADDITIONALLY, IN 2013, THE JOINT COMMISSION NAMED THE HOSPITAL A TOP PERFORMER ON KEY QUALITY MEASURES THE HOSPITAL HAS ALSO BEEN RECOGNIZED AS ONE OF THE MOST ADVANCED HOSPITALS NATIONALLY IN IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INPATIENT SERVICES THE HOSPITAL PROVIDES MEDICAL, SURGICAL, PEDIATRIC, MATERNITY AND OBSTETRIC AND LEVEL III NEONATAL SERVICES IN 2013, THE HOSPITAL HAD APPROXIMATELY 16,600 INPATIENT ADMISSIONS AND PERFORMED APPROXIMATELY 4,600 INPATIENT SURGICAL PROCEDURES (INCLUDING ENDOSCOPIES) THERE WERE APPROXIMATELY 74,500 TOTAL PATIENT DAYS IN 2013 AND THE AVERAGE LENGTH OF A PATIENT'S STAY WAS 4 56 DAYS THE HOSPITAL'S MATERNITY AND OBSTETRIC SERVICE IS ONE OF THE BUSIEST IN WESTCHESTER COUNTY AND OFFERS A BROAD SPECTRUM OF PREGNANCY, PERINATAL, CHILDBIRTH AND NEWBORN CARE SERVICES THERE WERE APPROXIMATELY 1,800 BIRTHS IN 2013 IN 2013, UNDERINSURED AND UNINSURED PATIENTS ACCOUNTED FOR APPROXIMATELY 2 7% AND 1 9% OF THE HOSPITAL'S TOTAL DISCHARGES AND PATIENT DAYS RESPECTIVELY SUCH PATIENTS GENERATED IN EXCESS OF $7 7 MILLION IN CHARGES FOR SERVICES RENDERED OF WHICH A SIGNIFICANT AMOUNT WILL GO UNCOLLECTED IN ADDITION, PATIENTS COVERED UNDER MEDICAID (FEE-FOR-SERVICE) OR MEDICAID HMO INSURANCE WHICH IS CONSIDERED MEDICALLY INDIGENT REPRESENTED APPROXIMATELY 12 8% AND 13 1% OF THE HOSPITAL'S TOTAL DISCHARGES AND PATIENT DAYS RESPECTIVELY

Return Reference	Explanation
FORM 990, PART III, LINE 4B	OUTPATIENT SERVICES THE HOSPITAL PROVIDES A COMPREHENSIVE RANGE OF OUTPATIENT SERVICES INCLUDING AMBULATORY SURGERY, RADIATION ONCOLOGY AND INFUSION THERAPY, PHYSICAL THERAPY, RADIOLOGY AND IMAGING, LABORATORY SERVICES, FAMILY HEALTH CLINIC, AND OUTPATIENT BEHAVIORAL HEALTH PROGRAMS WITH APPROXIMATELY 313,000 PATIENT ENCOUNTERS THE VALUE OF OUTPATIENT SERVICES RENDERED TO PATIENTS UNINSURED AS MEASURED BY GROSS CHARGES WAS IN EXCESS OF $11 0 MILLION IN 2013 SIMILARLY, OUTPATIENT SERVICES WITH AGGREGATE CHARGES OF APPROXIMATELY $27 3 MILLION WERE PROVIDED TO PATIENTS ENROLLED IN MEDICAID OR MEDICAID HMO COVERAGE, WHICH IS DEEMED TO BE MEDICALLY INDIGENT PATIENTS COVERED BY MEDICAID OR MEDICAID HMO COVERAGE ACCOUNTED FOR APPROXIMATELY 9 6% OF OUTPATIENT ENCOUNTERS AND WHEN COMBINED WITH UNINSURED PATIENTS, REPRESENT APPROXIMATELY 13 8% OF THE OUTPATIENTS SERVED THE HOSPITAL ALSO PROMOTES THE WELLNESS OF THE COMMUNITY THROUGH CONDUCTING A VARIETY OF COMMUNITY FOCUSED EDUCATION AND PREVENTION MEASURES SUCH AS LECTURES, SCREENINGS AND OUTREACH INCLUDING CO-SPONSOR AND LEAD PARTICIPANT OF THE ANNUAL NEIGHBORHOOD HEALTH FAIR WHICH EMPHASIZES REACHING OUT TO THE UNINSURED AND UNDERINSURED POPULATION AS WELL AS "WELLNESS MONTH" WHICH INVOLVED A SERIES OF EVENTS AND ACTIVITIES DESIGNED TO BRING PREVENTATIVE HEALTH INFORMATION AND EDUCATION TO THE COMMUNITY

Return Reference	Explanation
FORM 990, PART III, LINE 4C	EMERGENCY SERVICES THE HOSPITAL'S EMERGENCY ROOM IS THE BUSIEST IN WESTCHESTER COUNTY TREATING A TOTAL OF APPROXIMATELY 54,200 PATIENTS FROM WHICH APPROXIMATELY 10,540 WERE ADMITTED TO THE HOSPITAL THE HOSPITAL'S EMERGENCY DEPARTMENT OFFERS ACCESS TO THE LATEST TECHNOLOGY AND IS EQUIPPED TO TREAT PATIENTS WITH SERIOUS MEDICAL CONDITIONS AND INJURIES AND HAS A "FAST TRACK" AREA TO SERVE THOSE PATIENTS WHOSE NEEDS ARE LESS URGENT THE EMERGENCY ROOM IS A VITAL SERVICE TO THOSE LIVING, WORKING AND VISITING WESTCHESTER COUNTY AND PROVIDES NEEDED EMERGENT CRITICAL CARE 24 HOURS A DAY, 365 DAYS A YEAR THE HOSPITAL HAS BEEN DESIGNATED A REGIONAL STROKE CENTER BY THE NEW YORK STATE DEPARTMENT OF HEALTH, A DISTINCTION THAT DEMONSTRATES THE HOSPITAL'S ABILITY TO DIAGNOSE AND TREAT STROKES USING A HIGHLY SPECIALIZED MEDICAL STROKE TEAM THE HOSPITAL WAS THE FIRST HOSPITAL IN WESTCHESTER COUNTY TO RECEIVE THIS PRESTIGIOUS DESIGNATION DESPITE THE PRIMARY CARE AND OUTREACH PROGRAMS AVAILABLE THROUGH THE HOSPITAL AND OTHERS SERVING THE COMMUNITY, FOR MANY UNINSURED AND UNDERINSURED, THE HOSPITAL'S EMERGENCY ROOM IS THEIR PRIMARY SOURCE OF AND PRINCIPAL MEANS OF ACCESSING HEALTHCARE SERVICES IN 2013, APPROXIMATELY 9 6% OF THE PATIENTS TREATED IN THE EMERGENCY ROOM WERE UNINSURED OR CHARITY CARE PATIENTS THE PATIENTS INCURRED CHARGES TOTALING APPROXIMATELY $7 6 MILLION IN ADDITION, APPROXIMATELY 21% OF THE PATIENTS TREATED WERE COVERED UNDER MEDICAID (FEE-FOR-SERVICE) OR MEDICAID HMO INSURANCE WHICH IS CONSIDERED MEDICALLY INDIGENT TOTAL EMERGENCY ROOM CHARGES RELATED TO SERVICES RENDERED TO THESE PATIENTS TOTALED APPROXIMATELY $17 3 MILLION THE HOSPITAL IS COMMITTED TO CONTINUING TO PROVIDE THE HIGHEST QUALITY PATIENT CARE AS WELL AS SEEKING AND DEVELOPING CONTINUAL IMPROVEMENT TO PATHWAYS AND SYSTEMS WHICH WILL FACILITATE QUICKER ACCESS TO EMERGENCY MEDICINE SERVICES AS WELL AS MORE EFFICIENT PATIENT FLOW THROUGHOUT THE HOSPITAL

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	STELLARIS IS THE SOLE MEMBER OF WHITE PLAINS HOSPITAL CENTER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	WHITE PLAINS HOSPITAL MEDICAL CENTER IS AN AFFILIATE AND DIRECT SUBSIDIARY OF HEALTHSTAR NETWORK INC , D/B/A STELLARIS HEALTH NETWORK EVERY MEMBER OF THE WHITE PLAINS HOSPITAL MEDICAL CENTER'S BOARD OF DIRECTORS (GOVERNING BODY) SERVES AT THE RECOMMENDATION OF THE HEALTHSTAR NETWORK, INC BOARD OF DIRECTORS PURSUANT TO BOTH THE MEDICAL CENTER'S AND HEALTHSTAR'S BYLAWS, ALL APPOINTMENTS TO THE MEDICAL CENTER'S BOARD ARE FIRST RECOMMENDED BY THE MEDICAL CENTER TO THE HEALTHSTAR NOMINATING COMMITTEE THE NOMINATING COMMITTEE REVIEWS THE NOMINATION AND THEN RECOMMENDS THE APPOINTMENT TO THE OVERALL HEALTHSTAR BOARD FOR APPROVAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PURSUANT TO THE WHITE PLAINS HOSPITAL MEDICAL CENTER'S AND HEALTHSTAR NETWORK, INC , D/B/A STELLARIS HEALTH NETWORK'S ORGANIZING DOCUMENTS (BYLAWS), CERTAIN DECISIONS OF THE GOVERNING BOARD MUST BE APPROVED BY THE HEALTHSTAR NETWORK BOARD OF DIRECTORS SUCH DECISIONS INCLUDE MANAGED CARE CONTRACTING, EXPANSION/SUBTRACTION OF THE MEDICAL CENTER'S OPERATIONS, CERTAIN ADMINISTRATIVE PROCEDURES, ETC

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE WHITE PLAINS HOSPITAL MEDICAL CENTER FORM 990 WAS REVIEWED IN DETAIL BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER IN CONJUNCTION WITH ITS TAX PREPARERS, DELOITTE TAX LLP A COPY OF THE FINAL FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS BEFORE THE RETURN WAS FILED THE FORM 990 WAS PRESENTED TO THE FINANCE AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ON NOVEMBER 17, 2014, WITH AN OVERVIEW OF THE FORM 990 AND ITS IMPACT ON WHITE PLAINS HOSPITAL MEDICAL CENTER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, IN THEIR CAPACITY AS AN EMPLOYEE OF THE HOSPITAL OR AS A BOARD MEMBER OF THE MEDICAL CENTER COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE LEGAL COMMITTEE OF THE BOARD OF DIRECTORS AND CONCERNS PRESENTED BY THE RESPONSES TO THE CONFLICT OF INTEREST POLICY ARE DISCLOSED TO THE BOARD, WITH THE INTERESTED PARTY RECUSED FROM DISCUSSING THE MATTER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE WHITE PLAINS HOSPITAL MEDICAL CENTER UNDERTAKES A RIGOROUS PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIALS AND ALL OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS REASONABLE. IN RELEVANT PART, THE BOARD OF DIRECTORS HAS ESTABLISHED A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION ARRANGEMENT. THE MANAGEMENT COMPENSATION COMMITTE OF THE BOARD OF DIRECTORS USES COMPARABLE PUBLICLY AVAILABLE BENCHMARKING DATA THAT DOCUMENTS THE COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. THE MANAGEMENT COMPENSATION COMMITTEE ESTABLISHES COMPENSATION LEVELS WITHOUT INPUT OR VOTING PARTICIPATION BY THE PERSON WHOSE COMPENSATION IS BEING APPROVED OR BY AN OTHER INDIVIDUAL WITH A CONFLICT OF INTEREST. THE FINAL DETERMINATION BY THE COMMITTEE IS THEN DOCUMENTED IN MEMORANDUM. THE MEMORANDUM CONTAINS THE TERMS OF THE PROPOSED COMPENSATION AS SET FORTH BY THE COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE PUBLIC REQUEST AND AT MANAGEMENT'S DISCRETION

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION RELATED ADJUSTMENTS 38,250,118 ROUNDING 8

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

(a) Name, address, and EIN (if applicable) 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
(1) POST DEVELOPMENT CORPORATION DAVIS AVE AT EAST POST ROAD WHITE PLAINS, NY 10601 22-2605281	REAL ESTATE	NY	169,622	773,827	WHITE PLAINS HOSPITAL

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 entity? Yes	(g) No
(1) WHITE PLAINS HOSPITAL CENTER FOUNDATION 41 EAST POST ROAD AND DAVIS AVE WHITE PLAINS, NY 10601 13-3281507	FUNDRAISING	NY	501(C)(3)	LINE 11, TYPE I 509	WHITE PLAINS HOSPITAL		No
(2) HEALTHSTAR NETWORK - DBA STELLARIS HEALTH 135 BEDFORD POAD ARMONK, NY 10504 13-3911773	SUPPORT SVCS	NY	501(C)(3)	LINE 11, TYPE I 509	N/A		No
(3) LAWRENCE HOSPITAL CENTER 55 PALMER AVENUE BRONXVILLE, NY 10708 13-1740110	HOSPITAL	NY	501(C)(3)	LINE 3 170(B)(1)(A)	N/A		No
(4) NORTHERN WESTCHESTER HOSPITAL ASSN 400 EAST MAIN STREET MT KISCO, NY 10549 13-1740118	HOSPITAL	NY	501(C)(3)	LINE 3 170(B)(1)(A)	N/A		No
(5) PHRLPS MEMOERIAL HOSPITAL ASSN 701 NORTH BROADWAY SLEEPY HOLLOW, NY 10591 13-1725076	HOSPITAL	NY	501(C)(3)	LINE 3 170(B)(1)(A)	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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) 8 LONGVIEW DEVELOPMENT CORPORATION DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 26-3321278	HOUSING	NY	N/A	C	374,523	2,814,861	100 000 %		No
(2) WHITE PLAINS MEDICAL DIAGNOSTIC SERVICES PC 41 E POST ROAD WHITE PLAINS, NY 10601 45-3164626	PROFESSIONAL SERVICES	NY	N/A	C	741,977	52,910	100 000 %		No
(3) CANCER AND BLOOD MEDICAL SERVICES OF NY 41 E POST ROAD WHITE PLAINS, NY 10601 46-2021804	PROFESSIONAL SERVICES	NY	WHITE PLAINS HOSPITAL MEDICAL CENTER	C	961,902	210,339	100 000 %		No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

White Plains Hospital Center and Subsidiaries

Consolidated Financial Statements as of and for the Years Ended December 31, 2013 and 2012, and Independent Auditors' Report

WHITE PLAINS HOSPITAL CENTER AND SUBSIDIARIES

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Deloitte

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
White Plains Hospital Center and Subsidiaries
White Plains, New York

We have audited the accompanying consolidated financial statements of White Plains Hospital Center and subsidiaries (the "Hospital") (an affiliate of Stellaris Health Network), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the Hospital's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Hospital as of December 31, 2013 and 2012, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Emphasis-of-Matter

As discussed in Note 15 to the consolidated financial statements, Stellaris Health Network was removed as the active parent and co-operator of White Plains Hospital Our opinion is not modified with respect to this matter

Deloitte & Touche LLP

June 2, 2014

WHITE PLAINS HOSPITAL CENTER AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 1,535,089	$ 9,818,874
Assets limited or restricted as to use — current portion	15,192,300	22,301,067
Patient accounts receivable — less estimated uncollectibles of $46,061,000 and $56,449,000 in 2013 and 2012, respectively	47,658,741	42,892,000
Pledges receivable — current portion	2,235,165	1,746,258
Estimated insurance recoveries — current portion	1,923,506	1,572,000
Other receivables	2,691,842	880,850
Inventory	5,493,681	4,933,179
Prepaid expenses	2,891,986	3,354,038
Total current assets	79,622,310	87,498,266
DEFERRED COMPENSATION ASSETS	3,071,767	2,552,770
PLEDGES RECEIVABLE — Net	2,411,092	3,386,657
ASSETS LIMITED OR RESTRICTED AS TO USE — Less current portion	16,014,674	10,825,271
ESTIMATED INSURANCE RECOVERIES — Less current portion	19,161,494	16,910,946
PROPERTY, PLANT, AND EQUIPMENT — Net	143,957,829	121,909,285
DEFERRED FINANCING COSTS — Net	389,035	431,820
TOTAL	$264,628,201	$243,515,015
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	$ 30,523,878	$ 27,168,921
Accrued salaries and vacation benefits	21,388,655	19,366,287
Current portion of capital lease obligations	2,275,230	1,727,153
Current portion of long-term debt	1,858,910	1,772,960
Line of credit	8,000,000	1,000,000
Accrued retirement contribution payable	7,451,964	6,977,959
Estimated liability for malpractice claims	1,923,506	1,572,000
Due to third-party payors	3,131,165	9,496,115
Other current liabilities	4,530,133	4,445,057
Total current liabilities	81,083,441	73,526,452
ACCRUED PENSION LIABILITY	5,593,469	47,277,432
ESTIMATED LIABILITY FOR MALPRACTICE CLAIMS — Net of current portion	19,161,494	16,910,946
CAPITAL LEASE OBLIGATIONS — Net of current portion	8,901,933	7,193,750
LONG-TERM DEBT — Net of current portion	18,359,582	20,199,781
DUE TO THIRD-PARTY PAYORS — Net of current portion	8,532,172	4,000,000
OTHER NONCURRENT LIABILITIES	6,427,802	5,174,454
Total liabilities	148,059,893	174,282,815
COMMITMENTS AND CONTINGENCIES (Note 14)		
NET ASSETS		
Unrestricted	106,489,052	61,955,165
Temporarily restricted	8,014,462	5,212,241
Permanently restricted	2,064,794	2,064,794
Total net assets	116,568,308	69,232,200
TOTAL	$264,628,201	$243,515,015

See notes to consolidated financial statements

WHITE PLAINS HOSPITAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
REVENUES		
Patient service revenue (net of contractual allowances and discounts)	$372,184,584	$339,557,271
Less provision for bad debts	10,559,000	10,396,000
Net patient service revenue	361,625,584	329,161,271
Other operating revenue	9,364,946	10,203,195
Net assets released from restrictions for operations	2,196,688	1,960,287
Total revenues	373,187,218	341,324,753
EXPENSES		
Salaries	175,397,819	160,849,154
Employee benefits	40,559,612	37,746,184
Professional fees	10,613,728	9,538,120
Supplies and other	126,568,081	109,979,555
Depreciation and amortization	15,362,758	14,608,327
Interest	1,386,299	1,421,044
Total expenses	369,888,297	334,142,384
INCOME FROM OPERATIONS	3,298,921	7,182,369
UNRESTRICTED CONTRIBUTIONS	2,368,522	1,758,319
REVENUES AND UNRESTRICTED CONTRIBUTIONS OVER EXPENSES	5,667,443	8,940,688
PENSION-RELATED ADJUSTMENTS	38,250,118	(6,683,804)
CHANGE IN UNREALIZED GAINS AND LOSSES ON INVESTMENTS	85,440	525,477
NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS	530,886	7,854,506
INCREASE IN UNRESTRICTED NET ASSETS	$ 44,533,887	$ 10,636,867

See notes to consolidated financial statements

WHITE PLAINS HOSPITAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
BALANCE — January 1, 2012	$ 51,318,328	$ 11,142,132	$ 2,064,794	$ 64,525,254
Revenues and unrestricted contributions over expenses	8,940,688			8,940,688
Pension-related adjustments	(6,683,804)			(6,683,804)
Change in unrealized gains and losses on investments	525,447	(36,745)		488,702
Net assets released from restrictions — capital acquisitions	7,854,506	(7,854,506)		-
Restricted gifts, grants, donations, bequests, and investment income		3,921,647		3,921,647
Net assets released from restrictions for operations		(1,960,287)		(1,960,287)
Changes in net assets	10,636,837	(5,929,891)	-	4,706,946
BALANCE — December 31, 2012	61,955,165	5,212,241	2,064,794	69,232,200
Revenues and unrestricted contributions over expenses	5,667,443			5,667,443
Pension-related adjustments	38,250,118			38,250,118
Change in unrealized gains and losses on investments	85,440	2,204,707		2,290,147
Net assets released from restrictions — capital acquisitions	530,886	(530,886)		-
Restricted gifts, grants, donations, bequests, and investment income		3,325,088		3,325,088
Net assets released from restrictions for operations		(2,196,688)		(2,196,688)
Changes in net assets	44,533,887	2,802,221	-	47,336,108
BALANCE — December 31, 2013	$ 106,489,052	$ 8,014,462	$ 2,064,794	$ 116,568,308

See notes to consolidated financial statements

WHITE PLAINS HOSPITAL CENTER AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES AND UNRESTRICTED CONTRIBUTIONS		
Changes in net assets	$ 47,336,108	$ 4,706,946
Adjustments to reconcile changes in net assets to net cash provided by operating activities and unrestricted contributions		
Depreciation and amortization	15,362,758	14,608,327
Pension-related adjustments	(38,250,118)	6,683,804
Net change in unrealized gains and losses on investments	(2,290,147)	(488,702)
Net realized gains on investments	(674,751)	(1,153,285)
Provision for bad debts	10,559,000	10,396,000
Restricted gifts, grants, donations, bequests, and investment income	(3,325,088)	(3,921,647)
Changes in operating assets and liabilities		
Patient accounts receivable	(15,325,741)	(19,721,506)
Estimated insurance recoveries	(2,602,054)	(8,318,946)
Due to third-party payors	(1,832,778)	3,645,686
Deferred compensation assets	(518,997)	(406,151)
Other operating assets	(1,866,657)	(1,456,965)
Accounts payable and accrued expenses	(5,241,004)	(1,142,468)
Accrued salaries and vacation benefits	2,022,368	2,718,567
Accrued pension liability	(2,959,840)	(5,543,111)
Other current liabilities	85,076	(858,812)
Estimated liability for malpractice claims	2,602,054	7,928,056
Other noncurrent liabilities	1,253,348	833,914
Net cash provided by operating activities and unrestricted contributions	4,333,537	8,509,707
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property, plant, and equipment	(24,756,122)	(17,069,802)
Purchases of investments	(582,681)	(3,373,131)
Proceeds from sale of investments	5,466,943	5,898,071
Net cash used in investing activities	(19,871,860)	(14,544,862)
CASH FLOWS FROM FINANCING ACTIVITIES		
Borrowings under line of credit	7,000,000	1,000,000
Repayment of long-term debt and note payable	(3,557,208)	(3,364,556)
Restricted gifts, grants, donations, bequests, and investment income	3,811,746	5,077,465
Net cash provided by financing activities	7,254,538	2,712,909
NET DECREASE IN CASH AND CASH EQUIVALENTS	(8,283,785)	(3,322,246)
CASH AND CASH EQUIVALENTS		
Beginning of year	9,818,874	13,141,120
End of year	$ 1,535,089	$ 9,818,874
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION		
Accrual for acquisition of property and equipment	$ 8,595,961	$ 4,208,638
Interest paid	$ 1,297,007	$ 1,426,181
Capital lease obligations	$ 4,059,219	$ -

See notes to consolidated financial statements

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization — White Plains Hospital Center, a 292-bed acute care hospital located in White Plains, New York, is a membership corporation organized under the not-for-profit corporation law of the State of New York and is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (the "Code")

White Plains Hospital Center is an affiliate of Stellaris Health Network ("Stellaris") The purpose of Stellaris is to preserve a strong community-based health care system for Westchester and Putnam counties, expand access to and improve the quality of care for the communities served, develop a comprehensive network of providers, and achieve and capitalize on economies of scale to provide efficient and effective health care to the community On January 9, 2014, Stellaris was removed as the active parent and cooperator of the Hospital (see Note 14) The other affiliates of Stellaris are Lawrence Hospital Center, Phelps Memorial Hospital Association, and Northern Westchester Hospital Association Under the terms of the affiliation agreement, Stellaris is the sole member of White Plains Hospital Center subject to certain terms and conditions

In connection with the Stellaris affiliation, the White Plains Hospital Center Foundation, Inc (the "Foundation"), a state of New York not-for-profit corporation, also exempt from federal income tax under Section 501(c)(3) of the Code, was reorganized and became a wholly owned subsidiary of the White Plains Hospital Center The Foundation is the sole shareholder of Davis Avenue Corporation (d/b/a Westchester Caring Services), a state of New York for-profit corporation that provides home care services, private duty nursing services, and similar health care services White Plains Hospital Center is also the sole shareholder of Post Development Corporation, a state of New York for-profit corporation, which owns an apartment building that is used for staff and private residential housing, and 8 Longview Development Corporation ("Longview"), a state of New York for-profit corporation that operates an apartment building as private residential housing During 2011, White Plains Medical Diagnostic Services P C ("Medical Diagnostic Services"), a for-profit professional services corporation controlled by White Plains Hospital Center, was formed under Article 15 of the business corporation law of the State of New York During 2013, Cancer and Blood Medical Services of New York, P C , a for-profit professional services corporation controlled by White Plains Hospital Center, was formed under Article 15 of the business corporation law of the State of New York

Basis of Accounting — The consolidated financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP) and in accordance with the American Institute of Certified Public Accountants' Audit and Accounting Guide, *Health Care Entities*, and other pronouncements applicable to health care organizations and include the accounts of White Plains Hospital Center, the Foundation, Davis Avenue Corporation, Post Development Corporation, Medical Diagnostic Services, and Longview (collectively, the "Hospital") All significant intercompany balances and transactions have been eliminated in consolidation Assets of individual organizations within the consolidated group may not be available to satisfy the obligations of other members of the consolidated group

Use of Estimates — The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and

liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period Actual results could differ from those estimates Significant estimates include the allowance for uncollectible accounts, contractual allowances, estimated insurance recoveries, amounts due to third-party payors, accrued pension liability, self insured worker's compensation, estimated liability for malpractice claims, and other employee benefit costs

Cash and Cash Equivalents — All highly liquid debt instruments with maturities of three months or less from the date of purchase are considered to be cash equivalents, excluding amounts classified as assets whose use is limited

Assets Limited or Restricted as to Use — Assets limited or restricted as to use include assets set aside by the board of directors, over which the board of directors retains control and may use at its discretion, assets held by trustees under indenture agreements, and donor-restricted gifts Amounts available to meet current liabilities of the Hospital have been classified as current assets in the consolidated balance sheets

Investments and Investment Income — Equity securities with readily determinable fair values and all investments in debt securities are measured at fair value at the balance sheet date based upon quoted market prices Investment income (including realized gains and losses on investments, interest, and dividends) is included in revenues and unrestricted contributions over expenses, unless the income is restricted by donor or law The cost of investments sold is based on the specific identification method Unrestricted interest, dividends, and realized gains and losses are included in other operating revenue, and unrealized gains and losses in fair value of investments are included as other changes in unrestricted net assets in the accompanying consolidated statements of operations

A decline in the market value of an investment security below its cost that is designated to be other than temporary is recognized through an impairment charge The impairment charge is included in revenues and unrestricted contributions over expenses in the consolidated statements of operations, and a new cost basis is established The Hospital has not recognized any losses related to declines in value that were other than temporary in nature in 2013 and 2012

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility As such, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets, statements of operations, and statements of changes in net assets

Pooled Investments — Certain investments are maintained in an investment pool Gains and losses from the sale of securities and income earned on such investments are allocated to unrestricted or temporarily restricted net assets based on the percentage of such assets to the total value of all assets in the pool Changes in the percentages of participation are made monthly, following the addition or withdrawal of funds from the investment pool based upon the fair value of assets at the end of the previous month

Patient Accounts Receivable — Patient accounts receivable are recorded at the estimated net realizable amount and do not bear interest The allowance for uncollectible accounts is the Hospital's best estimate of the amount of probable credit losses in the Hospital's existing accounts receivable The Hospital has estimated the allowance based on historical collection rates The Hospital reviews the allowance for uncollectible accounts periodically Account balances are charged off against the allowance after all means of collection have been exhausted and the potential for recovery is considered remote

Subsequent to the issuance of the 2012 financial statements, management identified an error in the parenthetical disclosure of the estimated uncollectible balance of patient accounts receivable in the consolidated balance sheet The amount that was previously presented was $29,100,000 In the 2013 financial statements, the prior year parenthetical disclosure has been restated to reflect the appropriate amount of $56,449,000 There was no change to net patient accounts receivable

Pledges Receivable — Pledges receivable, less an allowance for uncollectible amounts, are recorded at estimated fair value in the year made and are primarily unsecured Pledges receivable greater than one year are discounted to their net present value Restricted pledges are reported as additions to the appropriate restricted net assets

Inventory — Inventory consists primarily of drugs and supplies and is stated at the lower of cost (using the first-in, first-out method) or market

Deferred Compensation Assets/Liability — Deferred compensation assets (consisting principally of mutual funds) and the related liability (which is included in other noncurrent liabilities) represent the fair value of amounts held under deferred compensation arrangements covering certain individuals

Property, Plant, and Equipment — Property, plant, and equipment are stated at cost, or in the case of gifts, at fair market value at the date of the gift Capitalized lease obligations are recorded at the present value of the minimum lease payments at the inception of the lease Leased assets are amortized over the lesser of the estimated useful life of the asset or lease term Such amortization is reported within depreciation and amortization in the accompanying consolidated statements of operations Depreciation is computed by the straight-line method based on the estimated useful lives of the individual assets Estimated useful lives by classification are as follows

	Estimated Useful Life
Land improvements	10–25 years
Buildings and fixed equipment	5–40 years
Furniture and equipment and assets under capital leases	3–25 years

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support and are excluded from revenues and unrestricted contributions over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long these long-lived assets must be maintained, expiration of donor restrictions is reported when the donated or acquired long-lived assets are placed in service

Deferred Financing Costs — Deferred financing costs include legal, financing, and placement fees associated with the issuance of long-term debt Deferred financing costs and bond discounts are being amortized over the term of debt Accumulated amortization was approximately $395,000 and $352,000 at December 31, 2013 and 2012, respectively

Impairment of Long-Lived Assets — Long-lived assets to be held and used are reviewed for impairment whenever circumstances indicate that the carrying amount of an asset may not be recoverable Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value, less cost to sell

Classification of Net Assets — The Hospital separately accounts for donor-restricted and unrestricted net assets Unrestricted net assets are not externally restricted for identified purposes by donors or grantors Unrestricted net assets include resources that the governing board may use for any designated purpose and resources whose use is limited by agreement between the Hospital and an outside party other than the donor or grantor Temporarily restricted net assets are those whose use is temporarily limited by the donor Permanently restricted net assets are to be held in perpetuity

Donor-Restricted Gifts — Gifts of cash and other assets are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements

Consolidated Statements of Operations — For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenues and expenses, unrestricted contributions are reported separately The consolidated statements of operations include the caption revenues and unrestricted contributions over expenses, which is the performance indicator Changes in unrestricted net assets, which are excluded from the performance indicator, consistent with industry practice, include unrealized gains and losses on investments, contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purpose of acquiring such assets), and pension-related adjustments

Patient Service Revenue, Net of Contractual Allowances and Discounts (but Before Provision for Uncollectible Accounts) — The Hospital recognizes patient service revenue associated with services provided to patients who have third-party coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy) On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows

	2013	2012
Medicare	$108,326,393	$105,407,159
Medicaid	22,491,506	20,975,741
Managed care	210,705,981	186,697,033
Commercial insurers	9,073,954	6,503,475
Self-pay	15,019,497	14,352,601
Other third-party payors	6,567,253	5,621,262
Net patient service revenue before provision for uncollectible accounts	$372,184,584	$339,557,271

A summary of the payment arrangements with major third-party payors is as follows

Medicare — Under the Medicare program, the Hospital receives reimbursement under a prospective payment system (PPS) for inpatient and outpatient services Under inpatient PPS, fixed-payment

amounts per inpatient discharge are established based on the patient's assigned diagnosis-related group (DRG) When the estimated cost of treatment for certain patients is significantly higher than the average, providers typically will receive additional "outlier" payments Under outpatient PPS, ambulatory services are paid based on service groups called ambulatory payment classifications

The Hospital has received final settlements with Medicare through 2008

Non-Medicare Payors — On March 31, 2014, the New York State fiscal 2015 budget was passed resulting in the extension of the New York Health Care Reform Act of 1996 (the "Act") for an additional three-year period ending March 31, 2017 Under the Act, Medicaid payment rates are promulgated by the New York State Department of Health on a prospective basis The Act has been revised to incorporate certain proposals made by the Medicaid redesign team In addition to a global Medicaid spending cap, the Act includes delivery system reform, home care payment changes, mandatory enrollment of populations into managed long-term care or managed care, payment and quality linkages, palliative care provisions, utilization review, and reimbursement reductions Fixed-payment amounts per inpatient discharge are established based on the patient's assigned case mix similar to a Medicare DRG All other third-party payors, principally Blue Cross, other private insurance companies, home maintenance organizations, preferred provider organizations, and other managed care plans negotiate payment rates directly with the Hospital Such arrangements include DRG-based payment systems, per diems, case rates, and percentage of billed charges If such rates are not negotiated, then the payors are billed at the Hospital's established charges

Indigent Care Pool — New York State regulations provide for the distribution of funds from an indigent care pool, which is intended to partially offset the cost of services provided to the uninsured The funds are distributed to hospitals based on each hospital's level of bad debt and charity care in relation to all other hospitals For the years ended December 31, 2013 and 2012, the Hospital received distributions of $1 48 million and $1 59 million, respectively, from the indigent care pool, which are included in net patient service revenue in the accompanying consolidated statements of operations

Laws and Regulations — Both federal and New York State regulations provide for certain adjustments to current and prior years' payment rates and indigent care pool distributions based on industry-wide and hospital-specific data The Hospital has established estimates based on information presently available of the amounts due to or from Medicare, Medicaid, workers' compensation, and no-fault payors and amounts due from the indigent care pool for such adjustments

There are various proposals at the federal and New York State levels that could, among other things, reduce reimbursement rates or modify reimbursement methods The ultimate outcome of these proposals and other market changes cannot be presently determined

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as settlements are finalized Changes in prior year's estimated settlements, with third-party payors, increased net patient service revenue by $1,833,000 and $31,000, in 2013 and 2012, respectively The Hospital believes that it is in compliance, in all material respects, with all the applicable laws and regulations and it is not aware of any pending or threatened investigations involving allegations of potential wrongdoing While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation Noncompliance with such laws and regulations could result in repayments of amounts improperly reimbursed, substantial monetary fines, civil and criminal penalties, and exclusion from the Medicare and Medicaid programs

The federal government and many states have aggressively increased enforcement under Medicare and Medicaid antifraud and abuse legislation Recent federal initiatives have prompted a national review of federally funded health care programs The Hospital has implemented a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and interpretation exists The ultimate outcome of any such reviews, which may be initiated by regulatory agencies, cannot be determined

Charity Care and Uncompensated Services — The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Because the collection of amounts determined to qualify as charity care is not pursued, they are not reported as revenue

The estimated cost incurred by the Hospital to provide services to patients who are unable to pay was approximately $5,491,000 and $4,863,000 for the years ended December 31, 2013 and 2012, respectively The estimated cost of charity care and uncompensated services was determined using a ratio of cost to gross charges and applying that ratio to the gross charges associated with providing care to charity patients for the period Gross charges associated with providing care to such patients include only the related charges for those patients who are financially unable to pay and/or qualify under the Hospital's charity care policy and that do not otherwise qualify for reimbursement from a governmental program

Services are provided under the Medicaid and Medicare programs, whereby the payments received are less than the cost of providing the services Additionally, services are performed at no charge, which benefits the community, such as public health screening, health care publications, health-related educational programs, and other activities

Provision and Allowance for Uncollectible Accounts — To provide for accounts receivable that could become uncollectible in the future, the Hospital establishes an allowance for uncollectible accounts to reduce the carrying value of such receivables to their estimated net realizable value In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid) For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts

The Hospital's allowance for uncollectible accounts for self-pay patients was approximately 63% and 70% of self-pay accounts receivable at December 31, 2013 and 2012, respectively In addition, the Hospital's self-pay write-offs and net referrals to collection agencies for these accounts increased from $24,300,000 in 2012 to $30,000,000 in 2013 The increase reflects the negative trends experienced in the collection of amounts from self-pay patients The Hospital modified its charity care and uninsured discount policy in 2012, whereby an automatic discount is granted to self-pay and uninsured patients seeking emergency services

Electronic Health Records (EHRs) Incentives — Under the Health Information Technology for Economic and Clinical Health Act, acute care hospitals are eligible for incentive payments for achieving meaningful use of EHRs from both Medicare and Medicaid. The Hospital reports amounts awarded to it under the EHR program as other operating revenue when the Hospital has completed the compliance requirements as set forth by Medicare and Medicaid. During 2013 and 2012, the Hospital recorded as other operating revenue approximately $2,172,629 and $2,853,000 from Medicare, and $458,991 and $574,000 from Medicaid, respectively.

Accounting for Asset Retirement Obligation — The Hospital recognizes a liability for the fair value of a conditional asset retirement obligation if the fair value of the liability can be reasonably estimated. Uncertainty about the timing and/or method of settlement of a conditional asset retirement obligation is factored into the measurement of the liability when sufficient information exists. The types of asset retirement obligations that the Hospital considers are those for which it has a legal obligation to perform an asset retirement activity, however, the timing and/or method of settling the obligation are conditional on a future event that may or may not be within its control. The New York State Department of Labor Industrial Code Rule 56 requires the controlled removal or encapsulation of asbestos by a licensed contractor in commercial and public buildings, including renovation and partial or complete demolition activities, such regulation is applicable to the Hospital. The fair value of a liability for the legal obligation associated with an asset retirement is recorded in the period in which the obligation is incurred. When the liability is initially recorded, the cost of the asset retirement is capitalized.

At December 31, 2013 and 2012, the Hospital has recorded a liability for the removal of asbestos of approximately $332,000 and $329,000, respectively, in other noncurrent liabilities in the accompanying consolidated balance sheets.

Accounting for Pension and Postretirement Benefit Plans — The Hospital recognizes the overfunded or underfunded status of its defined benefit pension and other postretirement benefit plans in the consolidated balance sheets. Changes in the funded status of the plans are reported in the year in which the changes occur as a change in unrestricted net assets presented below the excess of revenue and unrestricted contributions over expenses in its consolidated statements of operations and statements of changes in net assets.

2. ASSETS LIMITED OR RESTRICTED AS TO USE

Assets limited or restricted as to use at December 31, 2013 and 2012, are as follows

	2013	2012
Trustee-held funds		
Cash investments	$ 137,092	$ 134,874
Fixed-income securities and mutual funds	5,267,105	5,252,789
Accrued interest	30,801	34,573
Total trustee-held funds	5,434,998	5,422,236
Board-designated		
Cash investments	254,887	2,283,519
Equity mutual funds	8,268,711	9,322,820
Fixed-income securities and mutual funds	6,668,702	10,694,728
Total board-designated	15,192,300	22,301,067
Temporarily restricted		
Cash investments	142,858	341,819
Equity mutual funds	4,634,393	1,395,531
Fixed-income securities and mutual funds	3,737,631	1,600,891
Total temporarily restricted	8,514,882	3,338,241
Permanently restricted		
Cash investments	64,646	47,556
Equity mutual funds	622,384	497,673
Fixed-income securities	1,377,764	1,519,565
Total permanently restricted	2,064,794	2,064,794
Total assets limited or restricted as to use	31,206,974	33,126,338
Less current portion of assets limited or restricted as to use	15,192,300	22,301,067
Assets limited or restricted as to use	$16,014,674	$10,825,271

Return on investments for the years ended December 31, 2013 and 2012, is as follows

	2013	2012
Income		
Interest and dividend income	$ 539,174	$ 743,441
Net realized gains on investments	674,751	1,153,285
Total income in other operating revenue	1,213,925	1,896,726
Increase in temporarily restricted net assets — interest income	118,383	311,060
Change in unrealized gains and losses on investments		
Unrestricted	85,440	525,447
Temporarily restricted	2,204,707	(36,745)
Total	$3,622,455	$2,696,488

At December 31, 2013 and 2012, unrealized losses on individual investment holdings were not significant

3. FAIR VALUE MEASUREMENTS

GAAP establishes a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumption about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy)

The Hospital assesses the valuation of hierarchy for each asset on an annual basis Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another The Hospital's policy is to recognize such transfers at the end of the reporting period For the years ended December 31, 2013 and 2012, there were no significant transfers in or out of levels

The Hospital's financial assets that are measured at fair value on a recurring basis as of December 31, 2013 and 2012 are as follows

2013	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Fair Value
Assets whose use is limited or restricted as to use				
Cash investments	$ 599,483	$ -	$ -	$ 599,483
U S government and agency obligations		5,448,771		5,448,771
Mutual funds				
Fixed income	11,380,820	244,444		11,625,264
Equity	13,048,290	477,198		13,525,488
Other		7,968		7,968
Total assets whose use is limited or restricted as to use	$ 25,028,593	$6,178,381	$ -	$ 31,206,974
Deferred compensation assets — mutual funds	$ 3,071,767	$ -	$ -	$ 3,071,767
Assets held in defined benefit retirement plan				
Mutual funds				
Fixed income	$ 38,594,389	$ -	$ -	$ 38,594,389
Equity	95,565,564			95,565,564
Alternative investments			11,409,997	11,409,997
Investment contract with The Aetna Life Insurance Company		2,591,742		2,591,742
Total assets held in defined benefit retirement plan	$ 134,159,953	$2,591,742	$ 11,409,997	$ 148,161,692

2012	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Fair Value
Assets whose use is limited or restricted as to use				
Cash investments	$ 2,807,768	$ -	$ -	$ 2,807,768
U S government and agency obligations		5,493,469		5,493,469
Mutual funds				
Fixed income	13,394,341	204,288		13,598,629
Equity	10,840,006	376,018		11,216,024
Other		10,448		10,448
Total assets whose use is limited or restricted as to use	$ 27,042,115	$ 6,084,223	$ -	$ 33,126,338
Deferred compensation assets — mutual funds	$ 2,552,770	$ -	$ -	$ 2,552,770
Assets held in defined benefit retirement plan				
Mutual funds				
Fixed income	$ 34,442,757	$ -	$ -	$ 34,442,757
Equity	70,519,880	5,745,000		76,264,880
Alternative investment			7,349,266	7,349,266
Investment contract with The Aetna Life Insurance Company		2,984,587		2,984,587
Total assets held in defined benefit retirement plan	$ 104,962,637	$ 8,729,587	$ 7,349,266	$ 121,041,490

On December 21, 2012, the Hospital's defined benefit retirement plan transferred $2 million to an alternative investment fund manager The transfer represents subscriptions paid in advance with the corresponding investments made in January 2013 Such amount is properly not included in the table above as of December 31, 2012 As of December 31, 2013, there were no similar transactions

At December 31, 2013 and 2012, Level 1 investments include cash investments and publicly traded mutual funds Level 2 investments are composed of private mutual funds and U S government and agency obligations Level 3 investments are composed of alternative investments

The Hospital uses the following fair value hierarchy to present its fair value disclosures

Level 1 — Quoted (unadjusted) prices for identical assets in active markets Active markets are those in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis

Level 2 — Other observable inputs, either directly or indirectly, including

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc)

- Inputs that are derived principally from or corroborated by other observable market data

Level 3 — Unobservable inputs that cannot be corroborated by observable market data

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs The following is a description of the valuation methodologies used for assets and liabilities measured at fair value

Cash Investments — The carrying value of cash investments approximates fair value as maturities are less than three months and/or include money market funds that are based on quoted prices and actively traded

U S government and agency obligations — The estimated fair values of U S government and agency obligations are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices Fair values of these securities that do not trade on a regular basis in active markets are classified as Level 2

Mutual Funds — Fair value estimates for mutual funds are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices Fair values of mutual funds that do not trade on a regular basis in active markets are classified as Level 2

Group Annuity Contract — Group annuity contract is valued at contract value, which approximates fair value, and is based on the beginning-year value of the Hospital's defined benefit retirement plan's interest, plus contributions made and interest earned, less funds used for benefit payments and administrative expense charged by Aetna Life Insurance Company

Alternative Investments — The estimated fair values of alternative investments for which no quoted market prices are readily available are determined based upon information provided by the fund managers Such information is generally based on the net asset value of the fund, which is used as a practical expedient to estimate fair value The Hospital has classified its alternative investments report at net asset value as Level 3

Included within the assets above are investments in certain mutual funds that report fair value using a calculated net asset value or its equivalent. Attributes related to the nature and risk of such investments as of December 31, 2013 and 2012, are as follows:

	2013 Fair Value *	2012 Fair Value *	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Assets limited or restricted as to use — equity mutual funds						
BNY Mellon Mid Cap Stock Fund (a)	$ 55,228	$ 40,657	None	Immediate	None	Daily
BNY Mellon Small Cap Stock Fund (b)	30,684	21,290	None	Immediate	None	Daily
BNY Mellon International Appreciation Fund (c)	51,741	43,854	None	Immediate	None	Daily
BNY Mellon Emerging Markets Fund (d)	35,099	36,193	None	Immediate	None	Daily
BNY Mellon Income Stock Fund (e)	70,974	54,155	None	Immediate	None	Daily
Dreyfus Basic S&P 500 Stock Index Fund (f)	233,472	179,869	None	Immediate	None	Daily
Total	$ 477,198	$ 376,018				
Fixed-income mutual funds						
BNY Mellon Bond Fund (g)	$ 72,210	$ 76,018	None	Daily	None	Daily
BNY Mellon Intermediate Bond Fund (h)	98,295	101,715	None	Daily	None	Daily
BNY Mellon Corporate Bond Fund (i	24,518					
Dreyfus High Yield Fund (j)	13,051	12,897	None	Daily	None	Daily
Dreyfus Emerging Markets Debt Local Currency Fund (k)	6,232	6,860	None	Daily	None	Daily
Dreyfus Inflation Adjusted Securities Fund (l)	23,869		None	Daily	None	Daily
Tew Emerging Markets Income Fund (m)	6,269	6,798	None	Daily	None	Daily
Total	$ 244,444	$ 204,288				
Other						
Guggenheim Managed Future Strategy Fund (n)	$ -	$ 7,128	None	Daily	None	Daily
Highbridge Dynamic Commodity Strategy Fund (o)		3,320	None	Daily	None	Daily
Advantage Global Alpha Fund (p)	7,968		None	Daily	None	Daily
Total	$ 7,968	$ 10,448				
Assets held in defined benefit retirement plan						
Equity mutual fund — Fidelity Select International Fund (q)	$ -	$5,745,000	None	Immediate	A flow equal to or more than 2% of the total net assets of the pool will have to be put into a transition account	5 business days
Alternative investments — Titan Masters International Fund (r)	$ 5,618,211	$4,680,739	None	Quarterly	Redemption on the last business day of each quarter, with 65 days advance written notice	65 days
Pointer Offshore Ltd. Fund (s)	5,791,786	2,668,527	None	Annually	Redemption on the last business day of each fiscal year with notice by September 15th of each fiscal year	65 days
Total	$11,409,997	$7,349,266				

* The fair values of the investments have been estimated using the net asset value of the investment

(a) This fund seeks capital appreciation and is designed to provide investment exposure to sector weightings and risk characteristics generally similar to those of the Standard and Poor (S&P) Mid Cap 400

(b) This fund seeks capital appreciation and is designed to provide investment exposure to sector weightings and risk characteristics generally similar to those of the S&P Small Cap 600

(c) This fund seeks to provide long-term capital appreciation and invests primarily in equity securities of non-U S issuers

(d) This fund seeks long-term capital growth and invests primarily in equity securities of companies organized, or with a majority of assets or operations, in countries considered emerging markets The fund may invest in companies of any size

(e) This fund seeks to invest in a diversified portfolio of stocks with above-average dividend yields

(f) The fund seeks to match the total return of the S&P's 500 Composite Stock Price Index (S&P 500) The fund normally invests at least 95% of its total assets in common stocks included in the index

(g) The purpose of this fund is to seek total return, consisting of capital appreciation and current income The fund primarily invests in bonds that must be rated investment grade and mature within eight years

(h) The purpose of this fund is to seek total return, consisting of capital appreciation and current income The fund primarily invests in bonds that must be rated investment grade and mature between three and ten years

(i) This fund seeks total return by investing at least 80% of net assets in corporate bonds

(j) This fund seeks above-average income by investing primarily in lower quality domestic bonds

(k) This fund seeks above-average income by investing primarily in emerging markets bonds issued mainly in local currencies

(l) This fund seeks returns that exceed inflation by investing in inflation-indexed securities

(m) This fund seeks above-average income by investing primarily in emerging market bonds issued mainly in U S dollars

(n) The fund seeks to achieve absolute returns The fund intends to invest in multiple proprietary and third-party investment strategies that seek to identify and profit from upcoming movements in any combination of global fixed-income, currency, commodity, or equity markets

(o) The fund seeks long-term total return The fund seeks to achieve its objective by investing in a diversified portfolio of commodity-linked derivatives The fund will also invest in fixed-income securities

(p) This fund normally invests in instruments that provide investment exposure to global equity, bond, currency and commodity markets and fixed income securities

(q) The objective of this fund is to provide excess returns relative to the MSCI ACWI ex U S (Net) — Index by combining qualitative stock selection with quantitative risk control The fund seeks long-term growth of capital primarily through investments in equity securities of companies, wherever organized, which have their principal business activities outside the United States in both developed and emerging markets

(r) This hedge fund-of-fund's objective is to provide consistent, superior capital appreciation with minimal volatility through the use of a multimanager investment strategy

(s) This hedge fund-of-fund seeks to achieve capital appreciation while maintaining a balanced level of risk primarily by allocating its assets to a select number of long and short equity-based money managers (commonly referred to as hedge funds)

The reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2013 and 2012 is as follows

Alternative Investment — Hedge Fund of Funds	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)
Beginning balance — January 1, 2012	$ 4,984,627
Change in value	364,639
Purchases	2,000,000
Ending balance — December 31, 2012	$ 7,349,266
Beginning balance — January 1, 2013	$ 7,349,266
Change in value	1,260,731
Purchases	2,800,000
Ending balance — December 31, 2013	$11,409,997

The following methods and assumptions were used by the Hospital in estimating the fair value of the Hospital's consolidated financial instruments that are not measured at fair value on a recurring basis for disclosures in the consolidated financial statements

Pledges Receivables — Pledges are recorded at the present value of their estimated future cash flows The present value of pledges received during 2013 and 2012 was computed using a discount rate of 1 75% and 0 72% at December 31, 2013 and 2012, respectively The discount rates approximate the rates on U S Treasury bills whose maturities correspond to the maturities of the pledges The Hospital considers these yields to be Level 2 input in the context of the fair value hierarchy

Long-Term Debt — Fair value of the Hospital's mortgage note payable is estimated using market quotes The Hospital considers its long-term debt to be Level 2 in the context of the fair value hierarchy Carrying amount approximates fair value of the Longview mortgage The carrying amount and fair value of the Hospital's mortgage note payable at December 31, 2013 and 2012, is as follows

	2013		2012	
	Carrying Value	Fair Value	Carrying Value	Fair Value
Mortgage note payable included in long-term debt	$18,586,826	$20,515,732	$20,231,074	$22,760,993

4. PLEDGES RECEIVABLE

Pledges receivable at December 31, 2013 and 2012, are as follows

	2013	2012
Due in less than one year	$2,335,165	$1,746,258
Due in one to five years	3,160,205	4,414,757
Discount on pledges	(88,113)	(76,100)
Subtotal	5,407,257	6,084,915
Allowance for uncollectible pledges	(761,000)	(952,000)
Total	$4,646,257	$5,132,915

5. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment and the related accumulated depreciation and amortization at December 31, 2013 and 2012, are as follows

	2013	2012
Land	$ 4,212,391	$ 4,212,391
Land improvements	5,815,395	3,676,960
Buildings and fixed equipment	217,848,298	207,764,030
Furniture and equipment	133,477,282	125,677,279
Subtotal	361,353,366	341,330,660
Accumulated depreciation and amortization	(247,116,988)	(234,258,467)
Subtotal	114,236,378	107,072,193
Construction in progress	29,721,451	14,837,092
Total	$ 143,957,829	$ 121,909,285

Construction in progress includes costs associated with the major modernization program, renovation of the laboratory, patient rooms, and HVAC and mechanical systems, as well as various other areas within the Hospital

6. LINE OF CREDIT

The Hospital has a line of credit of $15,000,000 The line of credit is collateralized by marketable securities (fair value of approximately $17,321,000 at December 31, 2013) and is renewed annually The amount outstanding under the line of credit at December 31, 2013, was $8,000,000 Interest rate is based on the London InterBank Offered Rate (LIBOR), plus 0 70% Interest rates ranged from 0 864% to 9037% during 2013 As of December 31, 2013, the interest rate was 0 867% The line of credit expires on September 30, 2014

7. RETIREMENT PLANS

Defined Benefit Plan — The Hospital has a noncontributory defined benefit retirement plan covering noncollective bargaining employees who attain the age of 21 and have completed a "year of eligible service" as defined by the Employee Retirement Income Security Act of 1974 (ERISA) It is the Hospital's policy to fund the contribution required under ERISA

On May 22, 2006, the Hospital adopted a resolution amending the plan, which froze participation in the defined benefit plan and the accrual of additional benefits under such plan after August 5, 2006

The Plan's obligation and fair value of plan assets at December 31, 2013 and 2012, are as follows

	2013	2012
Reconciliation of the benefit obligation		
Benefit obligation — beginning of year	$170,318,922	$153,835,087
Interest cost	7,022,431	7,289,790
Actual benefits paid	(6,168,676)	(5,604,928)
Actuarial (gain) loss	(17,417,516)	14,798,973
Projected benefit obligation — end of year	153,755,161	170,318,922
Change in plan assets		
Fair value of plan assets — beginning of year	123,041,490	106,965,495
Actual return on plan assets	24,963,878	13,780,923
Employer contributions	6,325,000	7,900,000
Actual benefits paid	(6,168,676)	(5,604,928)
Fair value of plan assets — end of year	148,161,692	123,041,490
Amount recognized in the consolidated balance sheets	$ (5,593,469)	$ (47,277,432)
Accumulated benefit obligation — end of year	$153,755,161	$170,318,922

The changes in the amount not yet recognized, which are included in unrestricted assets for the years ended December 31, 2013 and 2012, are as follows

	2013	2012
Net loss	$(33,172,772)	$10,260,195
Amortization of net loss	(5,077,346)	(3,576,391)
Total pension-related adjustments	$(38,250,118)	$ 6,683,804

Unrestricted net assets at December 31, 2013 and 2012, include unrecognized losses of approximately $34,032,647 and $72,282,765, respectively

The estimated amount that will be amortized from unrestricted net assets into net periodic pension cost in 2014 is as follows

Net loss	$2,834,055

The components of net periodic cost for the defined benefit plan for the years ended December 31, 2013 and 2012 are as follows

	2013	2012
Components of net periodic cost		
Interest cost	$ 7,022,431	$7,289,790
Expected return on plan assets	(9,208,622)	(9,242,145)
Amortization of net loss	5,077,346	3,576,391
Net periodic cost	$ 2,891,155	$1,624,036

	2013	2012
Weighted-average assumptions used to determine obligations — discount rate	5 14 %	4 21 %
Weighted-average assumptions to determine net benefit cost		
Discount rate	4 21	4 84
Expected return on plan assets	7 50	7 75

The Hospital's expected rate of return on plan assets is based on the portfolio as a whole and not on the sum of the returns on individual asset categories

Plan Assets — The weighted-average asset allocation of the Hospital's defined benefit plan as of December 31, 2013 and 2012, is as follows

	2013	2012
Asset category		
Equity securities (primarily mutual funds)	64 %	62 %
Fixed-income investments (primarily mutual funds) and cash	28	30
Alternative investments	8	8
	100 %	100 %

The Hospital's financial and investment objectives are to meet present and future obligations to beneficiaries while minimizing the Hospital's contributions over the long term, by earning an adequate return on assets with moderate volatility The Hospital's targeted asset allocation is 61% investments in equities, 31% in cash and fixed-income investments, and 8% in alternative investments

Cash Flows — The Hospital expects to contribute $4,700,000 to the defined benefit retirement pension plan in 2014

The benefits expected to be paid in each year in 2014, 2015, 2016, 2017, and 2018 are $7,458,000, $7,947,000, $8,307,000, $8,425,000, and $8,772,000, respectively The aggregate benefits expected to be paid in five years from 2019 through 2023 are $47,885,000 The expected benefits are based on the same assumptions used to measure the Hospital's benefit obligation at December 31

Defined Contribution Plan — In connection with freezing the defined benefit retirement plan, the Hospital established a 403(b) defined contribution plan effective as of August 6, 2006 Participation in the defined contribution plan is open to all employees, except those employees covered under a retirement plan provided under collective bargaining agreements

Under the defined contribution plan, annual base contributions made by the Hospital on behalf of the eligible participants are based on years of vested service and range from 4% to 9% of base salary. In addition, employees aged 45 years or older with at least 20 years of vested service also received a special one-time transition credit equal to 2% of their 2006 annual base salary.

Nonelective contributions are fully vested after completion of three years of service. A year of service is any calendar year in which an employee works 1,000 hours. In terms of determining vesting status under the defined contribution plan, participants have been credited with all years of service earned under the defined benefit plan.

In accordance with the provisions of the defined contribution plan, nonelective contributions due from the Hospital under the plan are required to be funded during the first quarter of the following calendar year. The Hospital contributions covering the years ended December 31, 2013 and 2012, were approximately $7,452,000 and $6,978,000, respectively, and are included in accrued retirement contributions payable at December 31, 2013 and 2012, respectively. The contributions related to the years ended December 31, 2013 and 2012, were made in March 2014 and March 2013, respectively.

Volunteer Retirement Program — In 2007, the Hospital offered a volunteer retirement program to all employees who were participants in the Hospital's pension plan as of August 6, 2007, and who were at least 57 years of age by December 31, 2007. In addition to enhanced early retirement pension benefits for the 36 employees electing to take advantage of the program, the Hospital will pay a portion of the cost of continued health coverage until the employee is age 65. The liability associated with the volunteer retirement program is included in accrued pension liability in the consolidated balance sheets.

Multiemployer Health and Welfare Plan — Certain Hospital employees represented by a bargaining unit participate in a multiemployer health and welfare plan. For these employees, the Hospital contributes to the 1199SEIU National Benefit Fund for Health and Human Service Employees (the "Multiemployer H&W Plan"). The Multiemployer H&W Plan provides medical benefits to active union employees and retirees. The Hospital contributed approximately $1,573,000 for the year ended December 31, 2013, and approximately $1,595,000 for the year ended December 31, 2012.

Multiemployer Pension Plan — Certain Hospital employees represented by a bargaining unit participate in a multiemployer pension plan and health and welfare plan. For these employees, the Hospital contributes to the 1199SEIU Health Care Employees Pension Fund (the "Multiemployer Pension Plan"). Participation in the Multiemployer Pension Plan commences on the first day on which a contributing employer is required to contribute to the Multiemployer Pension Plan on behalf of that employee. Contributions to the Multiemployer Pension Plan are calculated on union employee gross wages and a negotiated contribution rate in accordance with the union contractual arrangement.

Under the ERISA, as amended by the Multiemployer Pension Plan Amendments Act of 1980, the risks of participating in multiemployer plans are different from single-employer plans in the following respects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

- If the employer chooses to stop participating in some of its multiemployer plans, the employer may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability

Until such events above occur, the Hospital's share, if any, of the unfunded vested liabilities cannot be determined As of December 31, 2013, the Hospital has no plans to withdraw from the Multiemployer Plan

The Hospital's participation in the Multiemployer Pension Plan for the years ended December 31, 2013 and 2012 is outlined below

- The Employee Identification Number ("EIN") is 13-3604862 and the three-digit plan number is 001

- The Pension Plan Protection Act of 2006 ("PPA") zone status is based on information that the Hospital received from the Multiemployer Plan's sponsor and is certified by the Multiemployer Plan's actuary The Multiemployer Plan is in the green zone indicating that it is at least 80% funded The most recent PPA zone status available in 2013 and 2012 is for the Multiemployer Plan years ended December 31, 2012 and 2011, respectively

- A financial improvement plan or a rehabilitation plan is neither pending nor has one been implemented for the Multiemployer Plan

- The Hospital was not required to pay a surcharge to the Multiemployer Plan

- The collective-bargaining agreement to which the Multiemployer Plan is subject to expires on April 30, 2015

- The Hospital contributed $680,000 and $555,000 to the Multiemployer Plan for the years ended December 31, 2013 and 2012 The Hospital did not contribute greater than 5% of the total contributions to the Multiemployer Plan and was not listed in the Form 5500 for the Multiemployer Plan years ended December 31, 2012 and 2011

At the date the consolidated financial statements were issued, the Form 5500 was not available for the Multiemployer Pension Plan year ended December 31, 2013

8. ESTIMATED LIABILITY FOR MALPRACTICE CLAIMS

Effective July 1, 1986, the Hospital purchased primary insurance on an occurrence basis and provided for potential losses in excess of primary coverage through a combination of self-insurance and purchased excess insurance on a claims-made basis Effective November 15, 1998, the Hospital and certain other members of Stellaris participate in a combined insurance program that provides coverage through purchased primary and excess insurance on a claims-made basis Effective January 1, 2004, the Hospital purchased excess professional liability insurance above its primary placement layer, on a claims-made basis, from a captive insurance company formed by Stellaris

Professional liability claims have been asserted against the Hospital by various claimants The claims are in various stages of processing and some may ultimately be brought to trial There are known incidents occurring through December 31, 2013, that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients in the past It is the opinion of Hospital's management that such claims will not have a material adverse effect on the Hospital's consolidated financial statements

The estimated undiscounted liability for malpractice claims includes $21,085,000 and $18,483,000 as of December 31, 2013 and 2012, respectively, related to claims covered by purchased insurance A corresponding estimated insurance recovery has also been recorded

Subsequent to the issuance of the 2012 financial statements management identified an error in the presentation of insurance liabilities and related recoveries $6,389,000 was incorrectly presented net rather than being shown gross in estimated insurance recoveries — current portion and estimated liability for malpractice claims— Net of current portion in the consolidated balance sheet In the 2013 financial statements, the prior year amounts were restated to include the gross amount in Estimated insurance recoveries — current portion and estimated liability for malpractice claims— Net of current portion

9. LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

Long-term debt at December 31, 2013 and 2012 is as follows

	2013	2012
Mortgage note payable	$18,752,109	$20,415,069
Longview mortgage note payable	1,631,667	1,741,667
Total long-term debt	20,383,776	22,156,736
Less		
Unamortized bond discount	(165,284)	(183,995)
Current installments	(1,858,910)	(1,772,960)
Long-term debt — net	$18,359,582	$20,199,781

Mortgage Note Payable — In 1994, a mortgage loan (the "Loan") was closed with the New York State Medical Care Facilities Finance Agency (the "Agency") to finance a portion of the costs related to a major modernization and expansion project, which was completed in 1997 and included the construction of a new five-story patient care building The Loan was for $36,030,000 and was funded from the proceeds of the sale by the Agency of Federal Housing Administration (FHA)-Insured Mortgage Project Revenue Bonds 1994 Series B (the "1994 Bonds") During 1995, the Dormitory Authority of the State of New York (DASNY) succeeded to the powers, duties, and functions of the Agency

On June 23, 2004, the Hospital refinanced the Loan In connection therewith, the related 1994 Bonds were refinanced from the proceeds of the issuance of DASNY FHA-Insured Mortgage Hospital Revenue Bonds, Series 2004 Under the terms of the refinancing, the interest rate decreased from 7 4% to 5 05% per annum There was no additional borrowing made nor was the maturity date of the Loan extended The Loan is payable in monthly installments through September 1, 2022 The Loan is collateralized by a mortgage on a portion of the Hospital's real property and a security interest in personal property of the Hospital and is insured by the FHA under its Section 242 program

During 2004, the Hospital converted the existing depreciation reserve fund to a mortgage reserve fund The provisions of the documents executed in connection with the closing require the Hospital to maintain a mortgage reserve fund As of December 31, 2013 and 2012, the mortgage reserve fund (which is included in trustee-held funds within assets limited or restricted as to use) is fully funded, thus not requiring any further future funding of the mortgage reserve fund as of such date

Under the terms of the mortgage and related agreements, the Department of Health and Human Services Division of Facility and Loans may request the Hospital to provide a corrective action plan if the Hospital's loss from operations exceeds 1% of operating revenues

Capital Lease Obligations — Capital lease obligations at December 31, 2013 and 2012 are as follows

	2013	2012
Capital leases obligations	$11,177,163	$ 8,920,903
Less Current installments	(2,275,230)	(1,727,153)
Capital lease obligations — net	$ 8,901,933	$ 7,193,750

Certain leases are considered to be equivalent to installment purchases The Hospital's capital lease obligations are included in property, plant, and equipment at December 31, 2013 and 2012, are included in the following

	2013	2012
Buildings and equipment under capital lease obligations	$19,392,630	$15,333,412
Less accumulated amortization	(8,187,119)	(6,846,267)
	$11,205,511	$ 8,487,145

Subsequent to the issuance of the 2012 financial statements management identified an error in the presentation of, capital lease obligations $1,727,153 and $7,193,750 were incorrectly included in the current portion of long-term debt and long-term debt - net of current portion, respectively, in the consolidated balance sheet In the 2013 financial statements, capital leases are shown as separate lines in the consolidated balance sheet and the prior year amounts were restated to reflect the current year presentation

On October 30, 2008, the Hospital entered into a lease and sublease agreement by and between the City of White Plains (the "City") and The White Plains Urban Renewal Agency (the "Renewal Agency"), whereby the Hospital subleased from the Renewal Agency approximately 324 parking spaces within a municipal parking garage for the exclusive use by the Hospital

Under the terms of the sublease agreement and related parking and operation and maintenance agreement, the Hospital will pay base rent equal to approximately 43% of the amount which the City is required to pay during the then-current fiscal year of the City as debt service on obligations issued by the City for the construction of the parking garage in addition to allocable costs relating to any common capital improvements, as well as any cost relating to common nonrecurring repairs In addition to the base rent, the sublease requires additional rent equal to the Hospital's allocable share of ordinary operating expenses (as defined)

The City financed the construction of the garage through the issuance of public improvement bonds that require aggregate debt service payments totaling approximately $31 4 million through June 30, 2033, the date by which the bonds are satisfied

The Hospital's approximate allocable portion of the total debt service payments to be paid under the agreement is approximately $13,598,000 In connection with the lease agreement, the Hospital recorded an asset and related obligation in the amount of $8,158,557, which represents the net present value of the payments using a discount rate of 5%, which approximates the borrowing rate of the Hospital

In exchange for the above payments, the City and the Renewal Agency granted and conveyed to the Hospital a sub-leasehold interest in the garage for a period of 99 years ending October 30, 2107, along with an option to renew the initial term for an additional 99 years

Longview Mortgage Note Payable — Under the terms of the Loan, principal payments are based on a 20-year level amortization resulting in equal monthly principal payments of $9,167 until October 1, 2018, upon which date the Loan matures and the outstanding principal amount is payable in full

Interest on the Loan is payable monthly and is based on the LIBOR, plus 1 5% Interest rates on the Loan ranged from 1 67% to 1 70% during 2013 and 1 71% to 1 80% during 2012 The interest rate on the Loan as of December 31, 2013 and 2012 was 1 67% and 1 71% respectively The Loan is collateralized by a mortgage on the related property

Management is not aware of any noncompliance with the debt service coverage ratio at December 31, 2013 and 2012

Principal Payments — Scheduled principal payments on the mortgage notes payable and future minimum payments on the capital lease obligations at December 31, 2013, are as follows

Years Ending December 31	Mortgage Note Payable	Capital Lease Obligations	Longview Mortgage Note Payable	Total
2014	$ 1,748,910	$ 2,503,697	$ 110,000	$ 4,362,607
2015	1,839,304	1,788,583	110,000	3,737,887
2016	1,934,369	1,402,871	110,000	3,447,240
2017	2,034,348	1,304,548	110,000	3,448,896
2018	2,139,494	1,639,853	110,000	3,889,347
Thereafter	9,055,684	7,981,007	1,081,667	18,118,358
	18,752,109	16,620,559	1,631,667	37,004,335
Interest		(5,443,396)		(5,443,396)
Unamortized bond discount	(165,284)			(165,284)
	18,586,825	11,177,163	1,631,667	31,395,655
Less current installments	1,748,910	2,275,230	110,000	4,134,140
	$ 16,837,915	$ 8,901,933	$ 1,521,667	$ 27,261,515

10. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets, which are available at December 31, 2013 and 2012, are as follows

	2013	2012
Health and program services	$3,131,037	$1,506,061
Health education	885,047	909,971
Building and equipment	3,998,378	2,796,209
	$8,014,462	$5,212,241

Permanently restricted net assets consist of funds to be held in perpetuity, the income from which is restricted by the donor for specific operation purposes The board of directors has determined that donor-restricted endowment funds will be governed by specific policies with the objective that the original gift shall be protected in perpetuity, as the endowed corpus and distributions will not be made if it were to bring the value below that threshold Policies have been developed that explain the calculation used to determine funds available for expenditure, and the process for expenditure of funds in accordance with donor restrictions

Net assets, which were released from donor restrictions by the Hospital incurring costs satisfying the restricted purposes at December 31, 2013 and 2012, are as follows

	2013	2012
Health and program services	$1,997,558	$1,668,429
Health education	199,130	291,858
Building and equipment	530,886	7,854,506
	$2,727,574	$9,814,793

During 2010, the State of New York passed the Prudent Management of Institutional Funds Act The Hospital has interpreted this law as requiring realized and unrealized gains of permanently restricted net assets to be retained in a temporarily restricted net asset classification until appropriated by the Board of Directors (the "Board") and expended This law allows the Board to appropriate so much of the net appreciation of permanently restricted net assets as is prudent considering the Hospital's long- and short-term needs, present and anticipated financial requirements, and expected total return on its investments, price level trends, and general economic conditions No amounts were appropriated in 2013 or 2012 Accumulated gains are not material

11. FUNCTIONAL EXPENSES

The Hospital provides general health care services to residents primarily within its geographic location Expenses related to providing these services, as well as various management and fund-raising expenses at December 31, 2013 and 2012, are as follows

	2013	2012
Health care services	$325,203,912	$294,169,776
Management services	43,270,091	38,534,083
Fundraising	1,414,294	1,438,525
	$369,888,297	$334,142,384

12. CONCENTRATION OF CREDIT RISK

The Hospital bills for health care services provided to patients through its inpatient and outpatient care facilities, located in White Plains and Rye Brook, New York, and grants credit to patients, most of whom are local residents and are insured under third-party payor agreements In extending credit to patients, while collateral or other security is generally not required, an assignment of patients' benefits payable under their health insurance programs, plans, or policies is routinely obtained

Net patient accounts receivable by financial class as a percentage of total patient accounts receivable at December 31, 2013 and 2012, is as follows

	2013	2012
Medicare *	20 %	21 %
Medicaid *	13	14
Blue Cross	13	14
Aetna	6	5
Oxford Health Plan	9	10
United Healthcare	8	7
HMO other	13	14
Commercial and other third party	12	10
Self-pay	6	5
Total	100 %	100 %

* Includes fee for service and HMO

13. AFFILIATION WITH STELLARIS

As discussed in Note 1, Stellaris is the sole member, subject to certain terms and conditions, of the Hospital Stellaris provides certain administrative, information technology, and contracting services to its members, including the Hospital

Information Technology Lease — In 2003, Stellaris entered into a Master Lease Agreement (the "Master Lease") with a leasing company to finance hardware, software, and implementation costs of new information technology systems The Hospital guarantees 25% of Stellaris' total obligation under the terms of the Master Lease and subsequent schedules

In 2010, Stellaris entered into Master Lease Schedule No 4 to finance purchases and installations of information technology equipment and software The total amount financed is not to exceed $29,250,893, with monthly lease payments through June 1, 2016

Payments made to Stellaris under these agreements were approximately $1,320,000 and $1,245,000 in 2013 and 2012, respectively, and are included in supplies and other expenses

The Hospital's estimated future funding requirements to Stellaris for Master Lease Schedule No 4 at December 31, 2013, are as follows

Years Ending December 31	Amount
2014	$1,422,554
2015	1,495,806
2016	623,253
	$3,541,613

Shared Services Agreements — The Hospital shares certain administrative, information technology, contracting, and health plan services with other Stellaris members Stellaris and its member's contract with Empire Blue Cross to provide health plan services Under these shared service agreements, approximately $6,671,000 and $4,893,000 are included in employee benefits expense and supplies and other expenses for the years ended December 31, 2013 and 2012, respectively

As of December 31, 2013 and 2012, the amount due from (to) Stellaris was approximately $32,000 and $16,000, and is included in accounts payable and accrued expenses and other receivables, respectively

Workers' Compensation — Stellaris became an approved self-insurer under the State of New York Workers' Compensation Board's guidelines as of October 1, 2002 Each member hospital retains the first $350,000 for any one occurrence and Stellaris has purchased excess insurance to pay any losses above the $350,000 per occurrence to the statutory limits required by the State of New York Under this arrangement, each Stellaris member hospital guarantees Stellaris' obligation under a surety bond totaling $15,000,000 required by the State of New York Workers' Compensation Board and is jointly and severally liable In addition, the member hospitals have entered into a cross-indemnification agreement with each other As of December 31, 2013 and 2012, the Hospital recorded an estimated undiscounted claims payable of approximately $4,690,000 and $3,971,000, respectively, of which approximately $2,046,000 and $1,698,000, respectively, is included in other current liabilities and the balance is included in other noncurrent liabilities

Captive Insurance Company — Stellaris formed a captive insurance company, NWLP Insurance Company Ltd (NWLP), which was incorporated and licensed in Bermuda effective December 2, 2003, in accordance with Section 14 of the Companies Act of 1981 as an exempted company to, among other functions, write general and professional insurance NWLP is a Bermuda-based wholly owned subsidiary of Stellaris The Hospital and two other Stellaris member hospitals use NWLP to write an excess professional liability insurance policy above their primary placement This excess policy is written on a claims-made basis In January 2004, in connection with Stellaris' formation of NWLP, the Hospital obtained an irrevocable letter of credit from a bank in the amount of $447,000 The letter of credit was obtained for the benefit of NWLP and can be drawn to satisfy surplus capital needs of NWLP The letter of credit expires on January 31, 2013, however, there is an evergreen provision At December 31, 2013, no amounts have been drawn down on this letter of credit, which is collateralized by funds held by the bank

Stellaris member hospitals entered into an agreement that defines the rights and obligations with respect to the capitalization, governance, and operations of NWLP among the Stellaris member hospitals Each Stellaris member hospital is individually accountable for its own losses through the captive insurance company Actions and decision points, such as acceptance of new members, withdrawal of existing

members, investment activities, etc., are defined in this agreement. NWLP contracted with a third-party administrator to manage claims and establish an organization-wide effort focusing on risk management and loss control.

14. COMMITMENTS AND CONTINGENCIES

Operating Leases — In addition to the funding commitments to Stellaris as discussed in Note 13, the Hospital has minimum lease commitments for certain equipment and space under noncancelable and other operating leases in effect at December 31, 2013, as follows:

Years Ending December 31	Amount
2014	$ 6,133,207
2015	5,223,710
2016	3,865,306
2017	3,327,635
2018	2,985,327
Thereafter	5,566,990
Total	$27,102,175

Rental expenses under noncancelable and other operating leases were approximately $4,855,000 and $4,413,000 for the years ended December 31, 2013 and 2012, respectively, and are included in supplies and other expenses.

Litigation and Claims — The Hospital is involved in litigation and claims, which are considered normal to its business. It is the opinion of Hospital's management that such claims will not have a material adverse effect on the consolidated financial statements.

15. SUBSEQUENT EVENTS

Effective January 1, 2014, the Hospital changed its workers' compensation coverage. The Hospital terminated its self-insured program and has purchased a workers' compensation insurance policy with coverage that is consistent with that of the previous program. As for the terminated plan, the Hospital is still responsible for all claims incurred during the self-insured period, administering the plan, and reporting to the Office of Self-Insurance of the State of New York Workers' Compensation Board.

On January 6, 2014, the New York Secretary of State accepted the amended Certificate of Incorporation for White Plains Hospital center thereby removing Stellaris as active parent and co-operator of the hospital. Stellaris has transitioned to a Shared Services Organization and will continue to support, promote and enhance, through the provision of support services and otherwise, the programs and activities of each of the hospitals. As such, Stellaris is now the contracted provider of network level services such as IT services, joint insurance programs, supply chain services, and ambulance services, but it is no longer the sole member of the four hospitals. The hospitals have confirmed their obligation to continue funding the ongoing network level services through an executed Shared Services and Operating Agreement.

On April 28, 2014, the White Plains Hospital Center entered into an agreement whereby the Hospital shall take all necessary corporate actions to have Montefiore Health Systems, Inc be designated as the sole member of White Plains Hospital Center The transaction is subject to all regulatory approvals and will not be consummated until they are obtained Montefiore Health Systems, Inc has made available to the Hospital in 2014 a construction loan of which approximately $12 million has been drawn Upon completion of the transaction, the loan will be converted into a capital contribution

The Hospital has evaluated subsequent events through June 2, 2014, which is the date the consolidated financial statements were issued

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