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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 $ 428,792,326

F Name and address of principal officer
SUSAN FOX
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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	41
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	35
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	2,839
6	Total number of volunteers (estimate if necessary)	**6**	511
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	13,436,947
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-417,303

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,835,599	6,958,996
9	Program service revenue (Part VIII, line 2g)	360,393,622	398,380,324
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,324,537	2,143,576
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,165,348	18,077,575
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	373,719,106	425,560,471
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	213,463,825	230,082,864
16a	Professional fundraising fees (Part IX, column (A), line 11e)	337,000	382,149
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,608,385		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	152,169,466	170,790,644
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	365,970,291	401,255,657
19	Revenue less expenses Subtract line 18 from line 12	7,748,815	24,304,814

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	263,228,029	336,453,709
21	Total liabilities (Part X, line 26)	146,500,405	242,722,844
22	Net assets or fund balances Subtract line 21 from line 20	116,727,624	93,730,865

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 — 2015-11-13 Date

SUSAN FOX PRESIDENT & 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	CHRISTINE KAWECKI	2015-11-13		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 $	179,720,713	including grants of $	) (Revenue $	207,319,427)
	SEE SCHEDULE O					
4b	(Code	) (Expenses $	121,082,057	including grants of $	) (Revenue $	157,575,867)
	SEE SCHEDULE O					
4c	(Code	) (Expenses $	41,373,509	including grants of $	) (Revenue $	36,522,326)
	SEE SCHEDULE O					
4d	Other program services (Describe in Schedule O)					
	(Expenses $			including grants of $	) (Revenue $	)
4e	**Total program service expenses** ▶		342,176,279			

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	449		
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	2,839		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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**	41		
	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**	35		
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, address, and telephone number of the person who possesses the organization's books and records ▶ MARK MERCURIO

DAVIS AVE EAST POST ROAD
WHITE PLAINS, NY 10601 (914) 681-2646

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) ▶								12,058,148	0	697,311

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 ▶ 516

		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 COMPANY 7 JACKSON WALKWAY PROVIDENCE, RI 02903	CONSTRUCTION MANAGER	15,350,345
STELLARIS HEALTH NETWORK 135 BEDFORD ROAD ARMONK, NY 10504	IT SERVICES	7,392,911
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	3,707,203
PERKINS EASTMAN ARCHITECTS 115 FIFTH AVENUE NEW YORK, NY 100031004	ARCHITECTURAL SERVICES	3,436,727

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 ▶ 84

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	850,461			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	54,300			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,054,235			
	g	Noncash contributions included in lines 1a-1f $		176,324			
	h	**Total.** Add lines 1a-1f . . . . . ▶		6,958,996			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENU	900099	383,351,219	383,351,219		
	b	DIAGNOSTIC LAB	621500	13,436,721		13,436,721	
	c	MEANINGFUL USE	900099	1,592,158	1,592,158		
	d	LACTATION REVENUE	900099	226		226	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		398,380,324			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		658,978			658,978
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	269,208				
	b	Less rental expenses	0				
	c	Rental income or (loss)	269,208				
	d	Net rental income or (loss) . . . . . ▶			269,208		269,208
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,179,316				
	b	Less cost or other basis and sales expenses	2,689,491	5,227			
	c	Gain or (loss)	1,489,825	-5,227			
	d	Net gain or (loss) . . . . . ▶			1,484,598		1,484,598
Other Revenue	8a	Gross income from fundraising events (not including $ 850,461 of contributions reported on line 1c) See Part IV, line 18 . .	a	136,022			
	b	Less direct expenses . . .	b	537,137			
	c	Net income or (loss) from fundraising events . . ▶			-401,115		-401,115
	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	RETRO PREMIUM REDUCTIO	900099	13,771,401	13,771,401		
	b	PURCHASE DISCOUNTS	900099	994,962	994,962		
	c	PARKING INCOME	812930	935,907			935,907
	d	All other revenue		2,507,212	1,707,880		799,332
	e	**Total.** Add lines 11a–11d . . . . . ▶		18,209,482			
	12	**Total revenue.** See Instructions . . . . . ▶		425,560,471	401,417,620	13,436,947	3,746,908

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 domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,806,106	7,679,271	1,105,827	21,008
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	178,288,935	155,474,978	22,388,635	425,322
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,411,939	9,079,621	1,307,479	24,839
9 Other employee benefits	19,432,007	16,945,476	2,440,174	46,357
10 Payroll taxes	13,143,877	11,461,979	1,650,542	31,356
11 Fees for services (non-employees)				
a Management				
b Legal	1,047,049		1,047,049	
c Accounting	379,635		379,635	
d Lobbying	25,987		25,987	
e Professional fundraising services See Part IV, line 17	382,149			382,149
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)	24,083,369	19,813,035	3,914,311	356,023
12 Advertising and promotion	1,426,360	777	1,410,073	15,510
13 Office expenses	86,972,740	76,457,601	10,339,837	175,302
14 Information technology	3,798,068		3,798,068	
15 Royalties				
16 Occupancy	6,791,427	6,175,280	584,085	32,062
17 Travel	255,458	59,481	195,904	73
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	342,703	131,671	211,032	
20 Interest	2,281,393	2,074,416	196,207	10,770
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,558,636	16,874,919	1,596,103	87,614
23 Insurance	10,684,952	10,104,773	580,179	
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	6,147,498	5,191,357	956,141	0
b COLLECTION & BILLING	3,226,568	1,409,021	1,817,547	0
c LAUNDRY SERVICES	1,788,085	1,788,085	0	0
d AUXILIARY EXPENSES	730,780	0	730,780	0
e All other expenses	2,249,936	1,454,538	795,398	
25 **Total functional expenses.** Add lines 1 through 24e	401,255,657	342,176,279	57,470,993	1,608,385
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		508,269	1	429,501
	2	Savings and temporary cash investments		1,644,305	2	16,605,916
	3	Pledges and grants receivable, net		4,646,257	3	3,487,719
	4	Accounts receivable, net		46,253,321	4	45,425,249
	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		5,493,681	8	6,716,614
	9	Prepaid expenses and deferred charges		2,847,881	9	3,525,526
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 435,497,377			
	b	Less accumulated depreciation	10b 260,777,172	141,269,113	10c	174,720,205
	11	Investments—publicly traded securities		30,026,410	11	62,991,597
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		124,339	13	124,339
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		30,414,453	15	22,427,043
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		263,228,029	16	336,453,709
Liabilities	17	Accounts payable and accrued expenses		52,035,561	17	66,551,829
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		18,752,109	20	17,003,198
	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		19,011,880	23	48,407,895
	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		56,700,855	25	110,759,922
	26	**Total liabilities.** Add lines 17 through 25		146,500,405	26	242,722,844
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		106,648,368	27	85,445,208
	28	Temporarily restricted net assets		8,014,462	28	5,248,075
	29	Permanently restricted net assets		2,064,794	29	3,037,584
		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		116,727,624	33	93,730,865
	34	Total liabilities and net assets/fund balances		263,228,029	34	336,453,709

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	425,560,471
2	Total expenses (must equal Part IX, column (A), line 25)	2	401,255,657
3	Revenue less expenses Subtract line 2 from line 1	3	24,304,814
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	116,727,624
5	Net unrealized gains (losses) on investments	5	-600,626
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-10,504,605
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-36,196,342
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,730,865

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			
(1) J MICHAEL DIVNEY CHAIRMAN	15 00 1 00	X						0	0	0
(1) PAUL M WEISSMAN CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
(2) DONALD STONE VICE CHAIRMAN	3 00 1 00	X						0	0	0
(3) JENNIFER GRUENBERG VICE CHAIRMAN	3 00 1 00	X						0	0	0
(4) FRANK A BRUNI VICE CHAIRMAN	3 00 1 00	X						0	0	0
(5) STUART T NEVINS MD TREASURER	3 00 1 00	X						0	0	0
(6) ANN EDWARDS VICE CHAIRMAN	3 00 1 00	X						0	0	0
(7) ROBERT FEDER CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
(8) H GUY LEIBLER CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
(9) HENRY POLLAK II CHAIRMAN EMERITUS	1 00 1 00	X						0	0	0
(10) NORMAN ALPERT BOARD MEMBER	1 00 1 00	X						0	0	0
(11) CARL AUSTIN BOARD MEMBER	1 00 1 00	X						0	0	0
(12) STEVEN BARUCH VICE CHAIRMAN	1 00 1 00	X						0	0	0
(13) HOWARD BERK BOARD MEMBER	1 00 1 00	X						0	0	0
(14) RACHAEL CHALCHINSKY BOARD MEMBER	1 00 1 00	X						0	0	0
(15) NANCY CLARVIT BOARD MEMBER	1 00 1 00	X						0	0	0
(16) PETER M FISHBEIN SECRETARY	3 00 1 00	X						0	0	0
(17) ALEIDA M FREDERICO BOARD MEMBER	1 00 1 00	X						0	0	0
(18) CHARLES N GLASSMAN MD BOARD MEMBER	1 00 1 00	X						0	0	0
(19) DAVID HO CFO & TREASURER	38 00 1 00	X		X				302,472	0	29,961
(20) JOHN JURELLER BOARD MEMBER	1 00 1 00	X						0	0	0
(21) CAROL LOWENTHAL BOARD MEMBER	1 00 1 00	X						0	0	0
(22) WILLIAM NULL VICE CHAIRMAN	3 00 1 00	X						0	0	0
(23) BRENDA OESTREICH BOARD MEMBER	1 00 1 00	X						0	0	0
(24) MICHAEL J PALUMBO MD EXECUTIVE VP/MEDICAL DIRECTOR	40 00 1 00	X		X				683,893	0	24,561

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			
(26) JON B SCHANDLER CEO	38 00 1 00	X		X				1,756,353	0	43,599
(1) LUCY SCHMOLKA BOARD MEMBER	1 00 1 00	X						0	0	0
(2) MICHELE SCHOENFELD BOARD MEMBER	1 00 1 00	X						0	0	0
(3) MEGAN H SHAPIRO BOARD MEMBER	1 00 1 00	X						0	0	0
(4) STEVEN M SILVER BOARD MEMBER	1 00 1 00	X						0	0	0
(5) LAURENCE R SMITH VICE CHAIRMAN	40 00 1 00	X						0	0	0
(6) ROBERT STONE VICE CHAIRMAN	3 00 1 00	X						0	0	0
(7) GEORGE VANCLEAVE BOARD MEMBER	3 00 1 00	X						0	0	0
(8) SUSAN Z YUBAS VICE CHAIRWOMAN	1 00 1 00	X						0	0	0
(9) SUSAN FOX PRESIDENT	38 00 1 00	X		X				921,926	0	39,146
(10) NETTIE WEBB EDD BOARD MEMBER	38 00 1 00	X						0	0	0
(11) ROBERT D SMALL MD BOARD MEMBER	40 00 1 00	X						984,237	0	36,797
(12) ALFRED ROSTON MD BOARD MEMBER	38 00 1 00	X						40,000	0	0
(13) JONATHAN SPITALNY BOARD MEMBER	1 00 1 00	X						0	0	0
(14) ROBERT TUCKER BOARD MEMBER	1 00 1 00	X						0	0	0
(15) SUZANNE WAXENBERG BOARD MEMBER	1 00 1 00	X						0	0	0
(16) EDWARD F LEONARD ASST TREASURER THROUGH 6/29/14	38 00 1 00			X				589,604	0	42,282
(17) JOHN B SCIURBA VP/CFO THROUGH JANUARY 2014	38 00			X				137,745	0	2,716
(18) LEIGH ANNE MCMAHON VICE PRESIDENT	38 00				X			411,373	0	25,982
(19) FRANCES BORDONI VICE PRESIDENT BUSINESS DEVELOPMENT	38 00				X			350,011	0	35,509
(20) ROBERT BERNASEK MD CHIEF QUALITY OFFICER	38 00				X			342,171	0	29,599
(21) ALAN COOPER CHIEF PEOPLE & PERFORMANCE OFFICER	38 00				X			327,203	0	13,736
(22) OSSIE DAHL VICE PRESIDENT FACILITIES	38 00				X			286,118	0	43,164
(23) DAWN FRENCH VICE PRESIDENT COMMUNITY RELATIONS	38 00				X			280,215	0	42,356
(24) SUSAN O'BOYLE KRAJEVSKI VICE PRESIDENT	38 00				X			277,228	0	10,798

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			
(51) MICHAEL GEOGHEGAN VICE PRESIDENT	38 00				X			263,351	0	37,898
(1) JUAN SANCHEZ VICE PRESIDENT HUMAN RESOURCES	38 00				X			214,895	0	45,323
(2) NABIL KHOURY-YACOUB PHYSICIAN	40 00					X		892,956	0	38,646
(3) SARA SADAN PHYSICIAN	40 00					X		887,756	0	31,841
(4) JARED BRANDOFF PHYSICIAN	40 00					X		733,855	0	43,337
(5) TODD WEISER PHYSICIAN	40 00					X		685,989	0	46,146
(6) CYNTHIA CHIN PHYSICIAN	40 00					X		688,797	0	33,914

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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.**

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317074585

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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		25,987
j	Total Add lines 1c through 1i			25,987
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, lines 1 and 2 (see instructions), 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 $25,987 AND REPRESENTS THE PORTION OF MEMBERSHIP DUES IDENTIFIED BY SUCH ORGANIZATIONS FOR SPECIFIC LOBBYING PURPOSE ALL PAYMENTS WERE MADE IN 2014

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

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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	10,079,256	7,277,035	13,206,926	11,478,110	8,796,527
b	Contributions	2,180,704	3,206,705	3,610,587	6,784,365	4,204,662
c	Net investment earnings, gains, and losses	163,142	2,323,090	274,315	112,534	505,407
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,137,442	2,727,574	9,814,793	5,168,083	2,028,486
f	Administrative expenses					
g	End of year balance	8,285,660	10,079,256	7,277,035	13,206,926	11,478,110

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 ▶ 36 660 %
- c Temporarily restricted endowment ▶ 63 340 %

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		165,034,181	89,233,189	75,800,992
c Leasehold improvements		7,007,738	4,434,454	2,573,284
d Equipment		205,773,599	167,109,529	38,664,070
e Other		54,244,468		54,244,468
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				174,720,205

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) OTHER RECEIVABLES	5,287,641
(2) DEFERRED COMPENSATION	3,359,977
(3) DEFERRED FINANCING COSTS	325,317
(4) ESTIMATED INSURANCE RECOVERIES	13,454,108
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	22,427,043

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	11,732,124
ACCRUED PENSION	44,564,574
EST SELF INS FUND LIABILITY	31,669,108
OTHER NON-CURRENT LIABILITIES	17,937,453
OTHER CURRENT LIABILITIES	4,856,663
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	110,759,922

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	411,379,350
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	7,006,172		
e	Add lines **2a** through **2d**			2e	7,006,172
3	Subtract line **2e** from line **1**			3	404,373,178
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	21,187,293		
c	Add lines **4a** and **4b**			4c	21,187,293
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	425,560,471

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	406,638,243
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	8,068,015		
e	Add lines **2a** through **2d**			2e	8,068,015
3	Subtract line **2e** from line **1**			3	398,570,228
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	2,685,429		
c	Add lines **4a** and **4b**			4c	2,685,429
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	401,255,657

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 XI, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE REVENUE 6,658,947 NET ASSETS RELEASED FROM RESTRICTION 347,225
PART XI, LINE 4B - OTHER ADJUSTMENTS	UNRESTRICTED CONTRIBUTIONS 4,214,028 RETRO PREMIUM REDUCTION 13,771,401 RESTRICTED CONTRIBUTIONS 2,343,849 AUXILIARY REVENUE 858,015
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE EXPENSE 8,068,015
PART XII, LINE 4B - OTHER ADJUSTMENTS	AUXILIARY EXPENSE 730,780 LOSS ON IMPAIRMENT OF FIXED ASSETS 1,954,649

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.

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

OMB No 1545-0047

2014

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		3,445,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			3,445,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			3,445,000

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; do not file with Form 990)*	☐ 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; do not file with Form 990)*	☐ 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
PART I, LINE 2	WHITE PLAINS HOSPITAL MEDICAL CENTER'S PARENT ORGANIZATION THROUGH JANUARY 9, 2014, HEALTH STAR NETWORK, INC D/B/A/ STELLARIS HEALTH NETWORK, FORMED A WHOLLY-OWNED CAPTIVE INSURANC E COMPANY, NWLP INSURANCE COMPANY LTD (NWLP), WHICH WAS INCORPORATED AND LICENSED IN BERM UDA, TO WRITE GENERAL AND PROFESSIONAL INSURANCE. WHITE PLAINS HOSPITAL MEDICAL CENTER AND TWO OTHER STELLARIS MEMBER HOSPITALS USE NWLP TO WRITE AN EXCESS PROFESSIONAL LIABILITY I NSURANCE POLICY ABOVE THEIR PRIMARY PLACEMENT. THIS EXCESS POLICY IS WRITTEN ON A CLAIMS M ADE BASIS. THE HOSPITAL'S UNDERWRITING OF CLAIMS THROUGH NWLP REPRESENTS THE ONLY FOREIGN ACTIVITY REPORTABLE BY THE ORGANIZATION ON SCHEDULE F

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

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	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 COUNSELING SERVICE CO LLC 461 FIFTH AVE NEW YORK, NY 10017	EXECUTIVE CONSULTATION AND SUPERVISION		No	0	222,000	222,000
2	NEWPORT CREATIVE COMMUNICATIONS INC 33 RAILROAD AVE STE 1 DUXBURY, MA 02332	DIRECT RESPONSE FUNDRAISING CONSULTANT		No	0	160,149	160,149
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶						382,149	382,149

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 FALL AUXILIARY GALA (event type)	(b) Event #2 AHMAD RASHAD GOLF CLASSIC (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	559,007	251,207	176,269	986,483
	2 Less Contributions	499,347	203,357	147,757	850,461
	3 Gross income (line 1 minus line 2)	59,660	47,850	28,512	136,022
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,046	12,144	8,146	24,336
	6 Rent/facility costs		58,204	26,225	84,429
	7 Food and beverages	96,092	51,714	56,306	204,112
	8 Entertainment	12,000	8,500	26,800	47,300
	9 Other direct expenses	48,513	96,644	31,803	176,960
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(537,137)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-401,115

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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 activities conducted 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 provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317074585

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

OMB No 1545-0047

2014

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 criteria used 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)			8,638,656	1,674,417	6,964,239	1 740 %
b Medicaid (from Worksheet 3, column a)			45,471,675	24,835,113	20,636,562	5 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,008,201	2,947,643	3,060,558	0 760 %
d **Total** Financial Assistance and Means-Tested Government Programs			60,118,532	29,457,173	30,661,359	7 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			4,631,142	744,204	3,886,938	0 970 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			4,631,142	744,204	3,886,938	0 970 %
k **Total.** Add lines 7d and 7j			64,749,674	30,201,377	34,548,297	8 610 %

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						0 %
2	Economic development						0 %
3	Community support						0 %
4	Environmental improvements						0 %
5	Leadership development and training for community members						0 %
6	Coalition building						0 %
7	Community health improvement advocacy						0 %
8	Workforce development						0 %
9	Other						0 %
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	13,348,016		
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	168,057		
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	84,026,259		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	102,668,932		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-18,642,673		
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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 letter of facility reporting group WHITE PLAINS HOSPITAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	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	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW WPHOSPITAL ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

WHITE PLAINS HOSPITAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 350 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url)			
c	☑ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

WHITE PLAINS HOSPITAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	IN 2014, THE HOSPITAL HELD 170 OUTREACH EVENTS (PLEASE SEE ATTACHED LISTING) REACHING MORE THAN 10,000 PEOPLE THESE ADDRESSED OTHER HEALTH PRIORITIES IDENTIFIED IN OUR CHNA INCLUDI NG BREAST CANCER, HEART DISEASE IN WOMEN AND STROKE OUR ACTION PLAN TO ADDRESS THESE HEAL TH CONCERNS, INCLUDED 50 HEALTH EDUCATION TALKS LED BY OUR PHYSICIANS AND 90 EVENTS WITH C OMMUNITY PARTNERS CLINICIANS FROM THE HOSPITAL CONNECTED WITH THE COMMUNITY GROUPS SUCH A S CALVARY BAPTIST CHURCH IN WHITE PLAINS AND THE HOLY TABERNACLE WOMEN'S CLUB TO EDUCATE G ROUPS ON HEART DISEASE AND PROVIDE BLOOD PRESSURE SCREENINGS SIMILARLY, THE HEART CLUB SU PPORT GROUP MET MORE THAN A HALF DOZEN TIMES IN THE HOSPITAL TO PROVIDE SERVICES, SUPPORT AND EDUCATION TO HELP PATIENTS WITH CARDIAC ISSUES LIVE HEALTHY LIVES EXPERTS FROM THE EM ERGENCY MEDICINE DEPARTMENT PARTICIPATED IN TWO PANEL CONVERSATIONS AS PART OF THE HEALTH ALLIANCE ON ALCOHOL PROGRAM TO EDUCATE PARENTS AND TEENS ON THE DANGERS OF UNDERAGE DRINKI NG, ONE HELD AT BLIND BROOK HIGH SCHOOL AND THE OTHER AT THE WHITE PLAINS YMCA THE HOSPIT AL ORGANIZED MORE THAN A DOZEN EVENTS FOCUSED ON GERIATRICS AT OUTSIDE ORGANIZATIONS INCLU DING THE JCC IN HARRISON, WHITE PLAINS SENIOR CENTER AND BURKE REHAB CENTER- WHICH INCLUDE D TOPICS LIKE ZUMBA GOLD TO GET SENIORS UP AND MOVING AND LECTURES SUCH AS "70 IS THE NEW 50 "HEALTH CARE PROFESSIONALS ALSO CONNECTED WITH LOCAL BUSINESSES TO HELP KEEP THEIR EMPL OYEES HEALTHY OVER THE YEAR, WE PARTICIPATED IN HEALTH FAIRS AND LECTURES FOR EMPLOYEES AT WESTCHESTER COUNTRY CLUB, CITY OF WHITE PLAINS, RAIL EUROPE AND THE SCARSDALE SCHOOL DIST RICT ADMINISTRATION HIGHLIGHTS INCLUDED - 3RD ANNUAL MEGA YOGA EVENT IN PARTNERSHIP WITH THE MENTAL HEALTH ASSOCIATION AND THE CITY OF WHITE PLAINS OUTDOOR YOGA EVENT ATTENDED B Y MORE THAN 600 PARTICIPANTS (MAT SPONSORS) - SIMON FASHION SHOW- FASHION SHOW FEATURING BREAST CANCER SURVIVORS AND HEALTH EDUCATION ON BREAST CANCER PREVENTION AND SCREENING - M AY WELLNESS MONTH- PARTNERSHIP WITH CITY OF WHITE PLAINS AND THE AMERICAN HEART ASSOCIATIO N- BETTER U PROJECT TO PROMOTE HEALTHY EATING - 4TH ANNUAL COOKING WITH DAD EVENT IN PARTN ERSHIP WITH WHITE PLAINS SCHOOLS 55 CHILDREN AND THEIR FATHERS PARTICIPATED IN THIS HEALT HY COOKING EVENT - 4TH ANNUAL GO RED FOR WOMEN'S HEART HEALTH FAIR, 200 PLUS COMMUNITY MEM BERS PARTICIPATED - 3RD ANNUAL BREAST CANCER AWARENESS EVENT AT BLOOMINGDALE'S, FOCUSING O N CAREGIVERS AND SURVIVORS WITH MORE THAN 100 IN ATTENDANCE - FREE YOGA AND ZUMBA CLASSES - THE HOSPITAL PROVIDES FREE CLASSES FOR EMPLOYEES, CANCER SURVIVORS, WEIGHT LOSS SURGERY PATIENTS AND VOLUNTEERS, AS WELL AS OUR WALKING WEDNESDAY CREW, E-BLAST HEALTH TIPS AND H ANDOUTS AND VARIOUS LUNCH AND LEARNS ON NUTRITION AND PHYSICAL ACTIVITY, BOTH INSIDE AND O UTSIDE THE HOSPITAL WALLS - MALL WALKERS PROGRAM- THIS FREE, SUPERVISED WALKING PROGRAM M EETS THREE TIMES PER WEEK AT THE LOCAL MALL AND INCLUDES INFORMATIVE PRESENTATIONS PLUS FR EE BLOOD PRESSURE SCREENINGS AND EVENTS APPROXIMATELY 50 WALKERS PARTICIPATE IN THE PROGR AM EACH WEEK - WHITE PLAINS WELLNESS WEEK- WHITE PLAINS HOSPITAL WAS THE GRAND SPONSOR OF THE CITY OF WHITE PLAINS WELLNESS WEEK IN PARTNERSHIP WITH THE WHITE PLAINS CARES COALITI ON AND THE CITY OF WHITE PLAINS - WELLNESS THROUGH PREVENTION MONTH (WTPM)- MAY IS DEDICA TED TO EDUCATIONAL SEMINARS RELATING TO CHRONIC DISEASE PREVENTION THROUGH EXERCISE, HEALT HY RECIPES, HEALTH SCREENINGS, AND OTHER ACTIVITIES SUPPORTING WELLNESS THROUGH PREVENTION - BLOOD PRESSURE SCREENINGS CONTINUE TO BE HELD THROUGHOUT THE COMMUNITY AND INCLUDE EDU CATIONAL PAMPHLETS IN ENGLISH AND SPANISH ON SODIUM REDUCTION IN 2014, WHITE PLAINS HOSPI TAL PROVIDED MORE THAN 3,000 BLOOD PRESSURE SCREENINGS TO INDIVIDUALS IN THE COMMUNITY AT 100 EVENTS ADDITIONALLY, THE AUXILIARY OF WHITE PLAINS HOSPITAL SPONSORS MONTHLY BLOOD PR ESSURE SCREENINGS IN THE HOSPITAL LOBBY/ELEVATOR ALCOVE FOR THE COMMUNITY - EDUCATIONAL AR TICLES ON THE IMPORTANCE OF HEART HEALTH AND NUTRITION HAVE BEEN PUBLISHED IN THE HOSPITAL 'S 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 S ERVICES STAFF - SUPPORT GROUPS - WHITE PLAINS HOSPITAL HOSTS A MONTHLY STROKE SUPPORT GROU P, DIABETES WELLNESS WORKSHOP, SURVIVORSHIP WORKSHOPS AND THE HEART CLUB TO HELP BRING AWA RENESS TO THE COMMUNITY ON THE EFFECTS OF HEART HEALTH, CANCER SURVIVORSHIP AND DIET TO HE LP LOWER BLOOD PRESSURE AND REDUCE THE RISKS FOR HEART ATTACK AND STROKE - CAREGIVER SUPP ORT PROGRAM & CENTER WPH PROVIDES SUPPORT SERVICES AND RESOURCES TO THOSE CARING FOR LOVE D ONES AT WPH WHO FACE CHALLENGES OF ACUTE OR CATASTROPHIC ILLNESS OTHER SUPPORT GROUPS I NCLUDE THOSE FOR ALZHEIMER, BEREAVEMENT, CAREGIVER, EPILEPSY, HUNTINGTON'S DISEASE, OSTOM Y, OVEREATERS ANONYMOUS, PARENTING, PERINATAL BEREAVEMENT, PHOBIA, STROKE, HEAD AND NECK C ANCER AND BREAST CANCER SURVIVORS - PARENTING COUR

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	SES EXPECTANT PARENT COURSES ARE OPEN TO THE PUBLIC BREASTFEEDING SUPPORT GROUP ONGOING GROUP FOR PRENATAL AND POSTNATAL WOMEN LED BY NURSES/CERTIFIED LACTATION EDUCATORS CHILD BIRTH CLASSES LAMAZE TAUGHT BY INDEPENDENT & CERTIFIED INSTRUCTORS, PARENTING AND INFANT CARE CLASSES, SIBLING PREPARATION COURSES, PRENATAL EXERCISE CLASSES, INCLUDING PRENATAL Y OGA, MOMMY AND ME YOGA, DADDY BASIC TRAINING AND EXPECTANT PARENT TOURS ARE AVAILABLE - TE D E BEAR HOSPITAL "ON THE ROAD"- CHILDREN ARE INVITED TO BRING THEIR TEDDY BEARS OR OTHER STUFFED ANIMALS AND DOLLS TO BE "TREATED" FOR A VARIETY OF "BOO-BOOS" BY REPRESENTATIVES F ROM WPH'S MEDICAL STAFF - IN ADDITION, WE OFFER THE FOLLOWING SERVICES TO THE COMMUNITY O N A REGULAR BASIS - FLU SHOTS (FALL)- "ASK THE NURSE" NURSE ON SITE MONTHLY/QUARTERLY TO ANSWER ANY AND ALL QUESTIONS- BMI SCREENINGS BARIATRIC INFORMATION- BREAST HEALTH BREAST CANCER AWARENESS- DIABETES RISK ASSESSMENTS DIABETES GENERAL INFORMATION & NUTRITION- LU NG CANCER SCREENING INFORMATION- SLEEP APNEA SLEEP HEALTH AND INFORMATION- STROKE RISK AS SESSMENTS STROKE AWARENESS AND INFORMATION- WELLNESS 101 ADULTS, KIDS, SENIORS INTERACT IVE WELLNESS ACTIVITIES, NUTRITION ETC - NUTRITION TABLE SUGAR, SALT, FAT INTAKE, GENERAL NUTRITION INFORMATION- PHYSICIAN REFERRAL SERVICE FREE 24-HOUR MULTI-LINGUAL SERVICE PRO VIDING CALLERS WITH NAMES OF PRIMARY CARE PRACTITIONERS OR SPECIALISTS

Form and Line Reference	Explanation
PART III, LINE 2	THE AMOUNT REPORTED IS THE BAD DEBT EXPENSE AS NOTED PER CONSOLIDATED AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 3	PATIENTS THAT ARE DEEMED ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE ARE CHARGED FOR SERVICES ON A SLIDING SCALE SCHEDULE BASED ON INCOME LEVEL PATIENTS THAT HAVE QUALIFIED FOR FINANCIAL ASSISTANCE RECEIVE A BILLING STATEMENT WITH THE NET AMOUNT PAYABLE CLEARLY INDICATED FOR PATIENTS ELIGIBLE UNDER THE FAP, THE HOSPITAL ONLY RECORDS AS BAD DEBT EXPENSE THE NET AMOUNT BILLED AS PER THE SLIDING SCALE SCHEDULE THAT IS DEEMED UNCOLLECTIBLE

Form and Line Reference	Explanation
PART III, LINE 4	2014 WHITE PLAINS HOSPITAL CENTER & SUBSIDIARIES AUDITEDFINANCIAL STATEMENT NOTE REGARDING BAD DEBT AND CHARITY CARE 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 79% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2014 THE HOSPITAL DID NOT EXPERIENCE SIGNIFICANT CHANGES IN WRITE-OFF TRENDS AND DID NOT CHANGE ITS CHARITY CARE POLICY IN 2014

Form and Line Reference	Explanation
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 THEHIS ALL PATIENTS INCLUDING THOSE WITH BALANCES AFTER INSURANCE RECEIVE3 LASER STATEMENTS FROM THE HOSPITAL EVERY 28 DAYS UPON COMPLETION OFTHE LASER STATEMENT SEQUENCE, A SERIES OF LETTERS AND PHONE CALLS AREMADE THROUGH 2 OUTSIDE BILLING VENDORS THE ACCOUNT REMAINS WITH THEOUTSIDE BILLING VENDORS FOR A MINIMUM OF 120 DAYS AT WHICH TIME IT ISRETURNED TO THE HOSPITAL FOR REFERRAL TO AN OUTSIDE COLLECTION AGENCYTO 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

Form and Line Reference	Explanation
PART VI, LINE 2	WHITE PLAINS HOSPITAL IN COLLABORATION WITH OUR COMMUNITY PARTNERS HAS DEVELOPED A SERIES OF HEALTH INITIATIVES DESIGNED TO PROMOTE HEALTH AND WELLNESS IN OUR COMMUNITIES TO BETTE R COORDINATE OUR GOALS, WHITE PLAINS HOSPITAL WORKED WITH OTHER LOCAL, STATE AND FEDERAL H EALTH AGENCIES TO CHOOSE HEALTH PRIORITIES THAT SUITED OUR COMMUNITY, BUT COMPLEMENTED OTH ERS OFFERED COUNTYWIDE TO THIS END, WE CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2 013, WHICH SURVEYED COMMUNITY-BASED ORGANIZATIONS, FAITH-BASED ORGANIZATIONS AND OTHERS TO DETERMINE WHICH HEALTH NEEDS WERE GREATEST IN THEIR COMMUNITIES THESE COVERED COMMUNITIE S IN OUR PRIMARY AND SECONDARY SERVICE AREAS, WHICH INCLUDED ARDSLEY, BRONXVILLE, EASTCHES TER, ELMSFORD, GREENBURGH, HARRISON, HARTSDALE, HASTINGS-ON-HUDSON, HAWTHORNE, IRVINGTON, LARCHMONT, MAMARONECK, PORT CHESTER/RYE BROOK, PURCHASE, RYE, SCARSDALE, TARRYTOWN, TUCKAH OE, WHITE PLAINS AND YONKERS WE SURVEYED LOWER-INCOME PEOPLE, IMMIGRANTS, AND OTHER UNDERR EPRESENTED POPULATIONS AS WELL AS ELECTED OFFICIALS, COMMUNITY-BASED ORGANIZATIONS AND VOL UNTEERS, EMPLOYERS AND BUSINESSES, CLERGY AND FAITH-BASED ORGANIZATIONS, LOCAL HEALTH DEPA RTMENTS, HEALTH-CARE PARTNERS, COMMUNITY ACTIVISTS, SCHOOL SUPERINTENDENTS, PRINCIPALS AND TEACHERS OF THE 400 SURVEYS RETURNED TO US NUTRITION AND HEART DISEASE RANKED AS TOP HEA LTH CONCERNS, MAKING UP OVER 45% OF THE RESPONSES (IN A 15 CHOICE FIELD) CARDIOLOGY WAS L ISTED AS THE NUMBER 1 HEALTH CONCERN, CHOSEN BY 79 6 PERCENT OF RESPONDENTS BASED ON THE RESULTS OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT AND WITH DIRECTION FROM THE NEW YORK STA TE DEPARTMENT OF HEALTH AND THE REQUIREMENTS OF THE AFFORDABLE HEALTH CARE ACT, WHITE PLAI NS HOSPITAL SELECTED TWO HEALTH PRIORITIES AS PART OF ITS PREVENTION AGENDA THOSE HEALTH PRIORITIES WERE 1 PREVENTING CHRONIC DISEASE BY REDUCING THE NUMBERS OF BLACKS AND HISPAN ICS DYING PREMATURELY DUE TO HEART DISEASE 2 PROMOTING HEALTHY WOMEN AND CHILDREN BY WOR KING TO INCREASE THE NUMBERS OF BREASTFEEDING WOMEN DATA OBTAINED FROM THE NYS DEPARTMENT OF HEALTH CLEARLY SUPPORTED THIS SHOWING WESTCHESTER AS RANKING 27TH OUT OF 37 WHEN WE L OOK AT THE RATIO OF HISPANICS TO WHITE NON-HISPANICS DYING PREMATURELY WE RANK 26 OUT OF 2 9 COUNTIES MEASURED AND 3 16, WITH THE NYS OBJECTIVE BEING 1 86 TO HELP ADDRESS THESE DIS PARITIES, WHITE PLAINS HOSPITAL HAS WORKED TO ENGAGE AND EDUCATE THE COMMUNITY ON A VARIET Y OF PREVENTION MEASURES IN KEEPING WITH THE HOSPITAL'S MISSION OF STRESSING PREVENTION OV ER TREATMENT OUR OBJECTIVE WAS TO INCREASE OUR SCREENINGS TO OUR BLACK AND HISPANIC POPUL ATIONS BY 10 PERCENT TO TACKLE THE FIRST PRIORITY, WHITE PLAINS HOSPITAL WENT INTO THE COM MUNITIES MOST AFFECTED, PARTNERING WITH FOOD PANTRIES, AFRICAN-AMERICAN CHURCHES AND COMMU NITY CENTERS, AS WELL AS, HISPANIC COMMUNITY CENTERS ON HEART HEALTHY EDUCATION PROGRAMS A ND PROVIDED BLOOD PRESSURE SCREENINGS AND STROKE ASSESSMENTS NUTRITIONAL EDUCATION ALSO P LAYED A ROLE, WITH STRESS ON SALT REDUCTION AND PORTION CONTROL IN 2014, WHITE PLAINS HOS PITAL HELD ITS ANNUAL HEART TO HEART FAIR IN FEBRUARY WHICH OFFERS FREE BLOOD PRESSURE SCR EENINGS, VALUABLE HEART HEALTHY EDUCATION AND FREE CONSULTATIONS FROM NURSES, PHARMACISTS AND NUTRITIONISTS TO OVER 200 INDIVIDUALS WPH ALSO CONTINUES TO HOST ITS ANNUAL NEIGHBORH OOD HEALTH FAIR, HELD EVERY APRIL AT THE THOMAS SLATER COMMUNITY CENTER, SERVING OVER 400 INDIVIDUALS WITH FREE SCREENINGS SUCH AS ASTHMA, BLOOD PRESSURE, BREAST, CHOLESTEROL, DEN TAL, DIABETES, ENT, VISION, HIV, MAMMOGRAPHY, PODIATRY, PROSTATE AND SICKLE CELL THERE IS ALSO A VAST ARRAY OF FREE HEALTH INFORMATION, EXHIBITS, AND INTERACTIVE NUTRITION WORKSHO PS FOR FAMILIES TO REDUCE HEART DISEASE AMONG ALL POPULATIONS, WHITE PLAINS HOSPITAL CONTI NUES TO FOCUS ON COMBATING OBESITY THROUGH WELLNESS AND NUTRITION EDUCATION IN ADDITION T O NUTRITION, WE HAVE FOCUSED ON PROVIDING OPPORTUNITIES TO INCREASE PHYSICAL ACTIVITY WITH INNOVATIVE PROGRAMS IN PARTNERSHIP WITH SIMON MALLS, THE YWCA, BURKE REHABILITATION CENTE R, 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 AND THE YOUTH BUREAU PREVENTING CHRONIC DIS EASE STARTS AT AN EARLY AGE AND THAT IS WHY OUR EFFORTS TO INCREASE THE NUMBERS OF BREAST FEEDING MOTHERS (AS SET OUT IN THE SECOND PREVENTION AGENDA ITEM) IS SO IMPORTANT INFANTS WHO ARE BREASTFED RECEIVE A HOST OF HEALTH BENEFITS BREAST MILK IS PROVEN TO BOOST IMMUN ITY AND AID IN THE PREVENTION OF EAR INFECTIONS AND OTHER CHILDHOOD DISEASES AS WELL AS HE LP PREVENT OBESITY AND CHRONIC DISEASES IN LATER LIFE TO THIS END, THE HOSPITAL IS IN YEA R THREE OF A THREE YEAR SCHEDULE TOWARD BECOMING A BABY FRIENDLY HOSPITAL THE ACTION PLAN ON THE PATH TO BECOMING A BABY FRIENDLY HOSPITAL INVOLVES A SEA CHANGE IN THE WAY THE HOS PITAL'S LABOR AND DELIVERY STAFF INTERACTS WITH NE

Form and Line Reference	Explanation
PART VI, LINE 2	W MOTHERS, AS WELL AS, A HOST OF POLICY CHANGES, INCLUDING ENDING THE PRACTICE OF GIVING O UT FREE FORMULA OTHER CHANGES INCLUDE NET LEARNING EDUCATION FOR ALL PROFESSIONAL RN STAF F ON BEST PRACTICES FOR INCREASING BREAST FEEDING RATES, PROMOTING EARLY SKIN TO SKIN CONT ACT BETWEEN MOTHER AND INFANT, AND PRACTICES THAT PROMOTE MINIMAL SEPARATION OF MOTHER AND INFANT DURING THEIR HOSPITAL STAY ONLY 43% OF NYS INFANTS WERE EXCLUSIVELY BREASTFED WHI LE IN THE HOSPITAL, BASED ON 2010 NYSDOH DATA WHITE PLAINS HOSPITAL'S CHNA GOAL WAS TO IN CREASE OUR AVERAGE ON HOUSE BREASTFEEDING TO OVER 65 PERCENT BY 2014, A GOAL MET IN 2014 I N ADDITION TO ITS PREVENTION AGENDA PRIORITIES, WHITE PLAINS HOSPITAL CONTINUES TO SET AN EXAMPLE OF A TRUE COMMUNITY HOSPITAL BY BEING DEEPLY COMMITTED TO LEADING THE WAY IN HEALT H EDUCATION AND PROVIDING SUPPORT FOR ORGANIZATIONS WHO SEEK OUR HELP

Form and Line Reference	Explanation
PART VI, LINE 3	HEALTH EDUCATION RESOURCES INCLUDE - "HEALTH MATTERS," WPH'S HEALTH MAGAZINE /INFORMATIONAL NEWSLETTER FOCUSING ON MEDICAL TREATMENTS & ADVANCEMENTS IN MEDICINE, FREE WELLNESS AND ROUNDTABLE LECTURES, HEALTHFUL TIPS AND ANY PERTINENT MEDICAL NEWS - IT IS PUBLISHED THREE TIMES A YEAR AND DISTRIBUTED TO APPROXIMATELY 120,000 HOUSEHOLDS IN WESTCHESTER COUNTY - OUR E-NEWSLETTER GOES TO THE PUBLIC (THOSE WHO HAVE SIGNED UP TO RECEIVE HOSPITAL INFORMATION VIA EMAIL) MONTHLY, THE E-NEWSLETTER GIVES INFORMATION ON HEALTH EDUCATION, ADVANCEMENTS, PROGRAMS, LECTURES AND PROVIDES VARIOUS HEALTH ARTICLES/INTERVIEWS - OUR HOSPITAL WEB-SITE WWW WPHOSPITAL ORG CONTAINS HEALTH INFORMATION VIA PRESS RELEASES, CALENDAR OF EVENTS, PHYSICIAN DIRECTORY AND GENERAL HEALTH INFORMATION - OUR HOSPITAL ANNUAL REPORT, CANCER ANNUAL REPORT, NURSING ANNUAL REPORT AND COMMUNITY SERVICE PLAN ARE AVAILABLE ON OUR WEBSITE AND SENT TO OUR COMMUNITY PARTNERS EVERY YEAR

Form and Line Reference	Explanation
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 PLAINS10530 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 ROCHELLE10805 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 6	AFFILIATED HEALTH CARE SYSTEMIN 2014, STELLARIS WAS REMOVED AS THE ACTIVE PARENT AND CO-OPERATOR OF WPHMC SUBSEQUENTLY, WPHMC ENTERED INTO AN AGREEMENT WITH MONTEFIORE HEALTH SYSTEM WHEREAS MONTEFIORE WOULD BECOME THE SOLE MEMBER OF WPHMC, AS OF JANUARY 1, 2015

Form and Line Reference	Explanation
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

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 5 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 COMEFROM COMMUNITY MEMBERS WITH NO PARTICULAR CREDENTIALS EXCEPT THAT THEY'REPART OF OUR GREATER WHITE PLAINS HOSPITAL COMMUNITY IT IS ESPECIALLYIMPORTANT TO GET THE PERSPECTIVE OF THOSE WHO OFTEN DON'T HAVE A VOICE INCOMMUNITY DECISIONS AND POLITICS -- LOWER-INCOME PEOPLE, IMMIGRANTS, ANDOTHERS WHO ARE OFTEN KEPT OUT OF THESE DISCUSSIONS IN ADDITION TO THESEOFTEN OVER LOOKED COMMUNITY MEMBERS WE ALSO WANT TO HEAR FROM THOSEINDIVIDUALS IN KEY POSITIONS, OR THOSE WHO ARE TRUSTED BY A LARGE PART OFTHE COMMUNITY OR BY A PARTICULAR POPULATION THEY INCLUDE ELECTEDOFFICIALS, COMMUNITY-BASED ORGANIZATIONS & VOLUNTEERS, EMPLOYERS ANDBUSINESSES, 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 GATHEREDDATA AND INITIATED A CONVERSATION IN WHICH WE COLLECTED INFORMATION TOPROCESS AND MEASURE THE NEEDS OF OUR WPH COMMUNITY WE LOOKED AT VARIOUSEFFORTS WE HAD IMPLEMENTED IN THE PAST AND BROUGHT ABOUT A NEW COMPONENTAS WELL, TARGETED ON THE NEW GENERATION OF GATHERING INFORMATION ANDINPUT TO START WE CONTINUED OUR PERSONAL MEETINGS WITH OUR COLLABORATIVEPARTNERS STARTING IN THE NEW YEAR WE ARRANGED FOR AND PERSONALLY METWITH OUR COLLABORATIVE PARTNERS ARMED WITH 3 QUESTIONS 1 WHAT CAN WE DO TO ASSIST YOU & THE COMMUNITY YOU SERVE ACHIEVE YOURWELLNESS GOALS?2 ARE THERE ANY UNMET HEALTH-RELATED NEEDS? 3 EXPLAINING THE DEPARTMENT OF HEALTH'S PREVENTION AGENDA ITEMS DO YOUHAVE POPULATIONS IN YOUR ORGANIZATION/COMMUNITY THAT WOULD BENEFIT FROMANY OR ALL OF THESE ITEMS? PLEASE EXPLAIN

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 6A 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 WORKTOGETHER TO IMPROVE DISPARITIES, CREATE ACTIONABLE PROGRAMS, PREVENTIONSERVICES AND OVERALL INVESTING IN OUR COMMUNITIES FOCUSING ON OURCOMMUNITY'S HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 11 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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 16A WEBSITE	WWW WPHOSPITAL ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 16B WEBSITE	WWW WPHOSPITAL ORG

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 16C WEBSITE	WWW WPHOSPITAL ORG

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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.**

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

OMB No 1545-0047

2014

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**	Yes	
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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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	TAX RETURNS PREPARATION FEES INCURRED BY JON SCHANDLER CEO WERE PAID BY THE ORGANIZATION
PART I, LINE 4A	EDWARD LEONARD WAS PAID A TOTAL OF $ 196,153 83 IN SEVERANCE FOR 2014
PART I, LINE 7	BONUS COMPENSATION WAS PAID BY WHITE PLAINS HOSPITAL CENTER TO CERTAIN OFFICERS AND SENIOR STAFF IN 2014 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

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 DAVID HO, CFO & TREASURER	(I)	302,174	0	298	10,400	19,561	332,433	0
	(II)	0	0	0	0	0	0	0
1 MICHAEL J PALUMBO MD, EXECUTIVE VP/MEDICAL DIRECTOR	(I)	517,926	157,500	8,467	13,000	11,561	708,454	0
	(II)	0	0	0	0	0	0	0
2 JON B SCHANDLER, CEO	(I)	969,527	775,000	11,826	23,400	20,199	1,799,952	0
	(II)	0	0	0	0	0	0	0
3 SUSAN FOX, PRESIDENT	(I)	650,574	268,100	3,252	10,400	28,746	961,072	0
	(II)	0	0	0	0	0	0	0
4 ROBERT D SMALL MD, BOARD MEMBER	(I)	954,209	28,048	1,980	10,400	26,397	1,021,034	0
	(II)	0	0	0	0	0	0	0
5 EDWARD F LEONARD, ASST TREASURER THROUGH 6/29/14	(I)	221,673	136,800	231,131	20,800	21,482	631,886	0
	(II)	0	0	0	0	0	0	0
6 LEIGH ANNE MCMAHON, VICE PRESIDENT	(I)	344,561	65,000	1,812	20,800	5,182	437,355	0
	(II)	0	0	0	0	0	0	0
7 FRANCES BORDONI, VICE PRESIDENT BUSINESS DEVELOPMENT	(I)	319,711	30,000	300	10,400	25,109	385,520	0
	(II)	0	0	0	0	0	0	0
8 ROBERT BERNASEK MD, CHIEF QUALITY OFFICER	(I)	340,191	0	1,980	10,400	19,199	371,770	0
	(II)	0	0	0	0	0	0	0
9 ALAN COOPER, CHIEF PEOPLE & PERFORMANCE OFFICER	(I)	296,539	30,000	664	10,400	3,336	340,939	0
	(II)	0	0	0	0	0	0	0
10 OSSIE DAHL, VICE PRESIDENT FACILITIES	(I)	243,643	40,000	2,475	22,465	20,699	329,282	0
	(II)	0	0	0	0	0	0	0
11 DAWN FRENCH, VICE PRESIDENT COMMUNITY RELATIONS	(I)	239,915	40,000	300	12,452	29,904	322,571	0
	(II)	0	0	0	0	0	0	0
12 SUSAN O'BOYLE KRAJEVSKI, VICE PRESIDENT	(I)	249,038	27,500	690	9,962	836	288,026	0
	(II)	0	0	0	0	0	0	0
13 MICHAEL GEOGHEGAN, VICE PRESIDENT	(I)	243,189	20,000	162	10,000	27,898	301,249	0
	(II)	0	0	0	0	0	0	0
14 JUAN SANCHEZ, VICE PRESIDENT HUMAN RESOURCES	(I)	214,214	0	681	15,577	29,746	260,218	0
	(II)	0	0	0	0	0	0	0
15 NABIL KHOURY-YACOUB, PHYSICIAN	(I)	743,189	148,500	1,267	10,400	28,246	931,602	0
	(II)	0	0	0	0	0	0	0
16 SARA SADAN, PHYSICIAN	(I)	854,834	31,632	1,290	10,400	21,441	919,597	0
	(II)	0	0	0	0	0	0	0
17 JARED BRANDOFF, PHYSICIAN	(I)	653,556	80,000	299	10,400	32,937	777,192	0
	(II)	0	0	0	0	0	0	0
18 TODD WEISER, PHYSICIAN	(I)	685,689	0	300	10,400	35,746	732,135	0
	(II)	0	0	0	0	0	0	0
19 CYNTHIA CHIN, PHYSICIAN	(I)	688,497	0	300	10,400	23,514	722,711	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		05-28-2008	4,050,000	EQUIPMENT PURCHASE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	13,805,000	3,717,256		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	32,340,437	4,050,000		
4	Gross proceeds in reserve funds	8,446,989			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	604,543	30,299		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	714,761	4,019,701		
11	Other spent proceeds	29,164,771			
12	Other unspent proceeds	70,547			
13	Year of substantial completion	2004	2008		

		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			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		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 %		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 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		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		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		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?				X				
b	Exception to rebate?			X					
c	No rebate due?				X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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			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			X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		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		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

Return Reference	Explanation
PART II, LINE 3	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I, COLUMN E) AND TOTAL PROCEEDS ARE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
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 $5,411,922 AND A DEBT SERVICE FUND OF $1,249,067

Return Reference	Explanation
PART IV, LINE 6	CERTAIN AMOUNTS COMPRISING A "MINOR PORTION" (AND THEREFORE NOT SUBJECT TO YIELD RESTRICTIONS) WERE HELD BEYOND AN AVAILABLE TEMPORARY PERIOD

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

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Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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	(d) Corrected? 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	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total ▶ $												

Part III Grants or Assistance Benefiting 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) DONOR #24	SUBSTANTIAL CONTRIBUTOR	15,350,345	BUS TRANS		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

2014

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	21	176,324	COST/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
PART I, COLUMN (B)	THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS RECEIVED

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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 990-EZ 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.

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2014

Open to Public Inspection

Name of the organization	Employer identification number
WHITE PLAINS HOSPITAL MEDICAL CENTER	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 2014 THE HOSPITAL MAINTAINED ITS 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 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 A TWELVE TIME WINNER OF THE CONSUMER'S CHOICE AWARD FROM THE NATIONAL RESEARCH CORPORATION WHITE PLAINS HOSPITAL WAS NAMED AMONG THE TOP 5% IN THE NATION FOR OUTSTANDING PATIENT EXPERIENCE IN 2014 THIS RECOGNITION WAS BESTOWED ON THE HOSPITAL BY HEALTHGRADES , A LEADING ONLINE RESOURCE FOR COMPREHENSIVE INFORMATION ABOUT PHYSICIANS AND HOSPITALS IN 2014, WHITE PLAINS HOSPITAL'S INTENSIVE CARE UNIT RECEIVED THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES BEACON AWARD FOR EXCELLENCE THIS AWARD RECOGNIZES AND ACCLAIMS ACUTE AND CRITICAL CARE NURSING UNITS THAT ACHIEVE THE HIGHEST QUALITY OUTCOMES FOR THE EIGHTH CONSECUTIVE YEAR, WHITE PLAINS HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES - STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD, IN RECOGNITION OF ITS COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE ENSURING THAT STROKE PATIENTS RECEIVE TREATMENT ACCORDING TO NATIONALLY ACCEPTED GUIDELINES WHITE PLAINS HOSPITAL WAS GRANTED A THREE-YEAR TERM OF ACCREDITATION IN ECHOCARDIOGRAPHY IN THE AREA OF ADULT TRANS-THORACIC, ADULT TRANS-ESOPHAGEAL, AND ADULT STRESS BY THE INTER-SOCIETAL ACCREDITATION COMMISSION (IAC)

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 2014, THE HOSPITAL HAD APPROXIMATELY 16,200 INPATIENT ADMISSIONS AND PERFORMED APPROXIMATELY 3,500 INPATIENT SURGICAL PROCEDURES (INCLUDING ENDOSCOPIES) THERE WERE APPROXIMATELY 73,400 TOTAL PATIENT DAYS IN 2014 AND THE AVERAGE LENGTH OF A PATIENT'S STAY WAS 4 50 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 1,900 BIRTHS IN 2014 IN 2014, UNDERINSURED AND UNINSURED PATIENTS ACCOUNTED FOR APPROXIMATELY 1 8% AND 1 9% OF THE HOSPITAL'S TOTAL DISCHARGES AND PATIENT DAYS RESPECTIVELY SUCH PATIENTS GENERATED IN EXCESS OF $6 3 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 9% AND 11 5% 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 368,000 PATIENT ENCOUNTERS THE VALUE OF OUTPATIENT SERVICES RENDERED TO PATIENTS UNINSURED AS MEASURED BY GROSS CHARGES WAS IN EXCESS OF $9 5 MILLION IN 2014 SIMILARLY, OUTPATIENT SERVICES WITH AGGREGATE CHARGES OF APPROXIMATELY $25 6 MILLION WERE PROVIDED TO PATIENTS ENROLLED IN MEDICAID OR MEDICAID HMO COVERAGE, WHICH IS DEEMED TO BE MEDICALLY INDIGENT PATIENTS COVERED BY MEDICAID OR MEDICAID HMO COVERAGE ACCOUNTED FOR APPROXIMATELY 9 7% OF OUTPATIENT ENCOUNTERS AND WHEN COMBINED WITH UNINSURED PATIENTS, REPRESENT APPROXIMATELY 13 5% 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 55,000 PATIENTS FROM WHICH APPROXIMATELY 11,700 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 2014, APPROXIMATELY 9 7% OF THE PATIENTS TREATED IN THE EMERGENCY ROOM WERE UNINSURED OR CHARITY CARE PATIENTS THE PATIENTS INCURRED CHARGES TOTALING APPROXIMATELY $9 5 MILLION IN ADDITION, APPROXIMATELY 28 0% 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 $25 6 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	HEALTHSTAR NETWORK INC, D/B/A STELLARIS HEALTH NETWORK ("STELLARIS") WAS THE SOLE MEMBER OF WHITE PLAINS HOSPITAL MEDICAL CENTER THROUGH JANUARY 9, 2014 ON JANUARY 9, 2014 STELLARIS WAS REMOVED AS THE ACTIVE PARENT AND CO-OPERATOR OF WHITE PLAINS HOSPITAL MEDICAL CENTER SUBSEQUENTLY, WPHMC ENTERED INTO AN AGREEMENT WITH MONTEFIORE HEALTH SYSTEM, INC ("MONTEFIORE") TO JOIN IN A COMMON HEALTH SYSTEM MONTEFIORE WOULD BECOME THE SOLE MEMBER OF WHITE PLAINS HOSPITAL MEDICAL CENTER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	WHITE PLAINS HOSPITAL MEDICAL CENTER WAS AN AFFILIATE AND DIRECT SUBSIDIARY OF HEALTHSTAR NETWORK INC , D/B/A STELLARIS HEALTH NETWORK THROUGH JANUARY 9, 2014 EVERY MEMBER OF THE WHITE PLAINS HOSPITAL MEDICAL CENTER'S BOARD OF DIRECTORS (GOVERNING BODY) SERVED 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 WERE FIRST RECOMMENDED BY THE MEDICAL CENTER TO THE HEALTHSTAR NOMINATING COMMITTEE THE NOMINATING COMMITTEE REVIEWED THE NOMINATION AND THEN RECOMMENDED THE APPOINTMENT TO THE OVERALL HEALTHSTAR BOARD FOR APPROVAL ON JANUARY 9, 2014 STELLARIS WAS REMOVED AS THE ACTIVE PARENT AND CO-OPERATOR OF WHITE PLAINS HOSPITAL MEDICAL CENTER SUBSEQUENTLY, WPHMC ENTERED INTO AN AGREEMENT WITH MONTEFIORE HEALTH SYSTEM, INC (''MONTEFIORE'') TO JOIN IN A COMMON HEALTH SYSTEM MONTEFIORE WILL BECOME THE SOLE MEMBER OF WHITE PLAINS HOSPITAL MEDICAL CENTER AND BE GRANTED THE POWERS LISTED ABOVE

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 WERE REQUIRED TO BE APPROVED BY THE HEALTHSTAR NETWORK BOARD OF DIRECTORS SUCH DECISIONS INCLUDED MANAGED CARE CONTRACTING, EXPANSION/SUBTRACTION OF THE MEDICAL CENTER'S OPERATIONS, CERTAIN ADMINISTRATIVE PROCEDURES, ETC ON JANUARY 9, 2014 STELLARIS WAS REMOVED AS THE ACTIVE PARENT AND CO-OPERATOR OF WHITE PLAINS HOSPITAL MEDICAL CENTER SUBSEQUENTLY, WPHMC ENTERED INTO AN AGREEMENT WITH MONTEFIORE HEALTH SYSTEM, INC (''MONTEFIORE'') TO JOIN IN A COMMON HEALTH SYSTEM MONTEFIORE WOULD BECOME THE SOLE MEMBER OF WHITE PLAINS HOSPITAL MEDICAL CENTER AND BE GRANTED THE POWERS LISTED ABOVE

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 PRIOR TO FILING, THE FORM 990 WAS PRESENTED TO THE FINANCE AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ON OCTOBER 30, 2015, 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 -36,196,342

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

OMB No 1545-0047

2014

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	3,750	665,007	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	Yes	
(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) PHELPS MEMORIAL 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) 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	

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	No
(1) 8 LONGVIEW DEVELOPMENT CORPORATION DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 26-3321278	HOUSING	NY	N/A	C	370,922	2,639,633	100 000 %	Yes	
(2) WHITE PLAINS MEDICAL DIAGNOSTIC SERVICES PC 41 E POST ROAD WHITE PLAINS, NY 10601 45-3164626	PROFESSIONAL SERVICES	NY	N/A	C	756,562	39,582	100 000 %	Yes	
(3) CANCER AND BLOOD MEDICAL SERVICES OF NY 41 E POST ROAD WHITE PLAINS, NY 10601 46-2021804	PROFESSIONAL SERVICES	NY	WHITEPLAINS HOSPITAL MEDICAL CENTER	C	5,531,457	762,970	100 000 %	Yes	

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
(1) CANCER AND BLOOD MEDICAL SERVICES OF NY	Q	4,418,000	COST
(2) 8 LONGVIEW DEVELOPMENT CORPORATION	P	51,179	COST

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