

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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

SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDE QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL, RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE CATEGORY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 144,769,275	including grants of \$ 38,495)	(Revenue \$ 192,141,701)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	144,769,275
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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	No
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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21 Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> 	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? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i> 	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	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? <i>If "Yes," complete Schedule R, Part VI</i> 	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 ComplianceCheck 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	123
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,401
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	No
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	
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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. 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	13	
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	3	
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		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?		

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.
 ►MARGIE QUAIL 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 (914) 734-3277

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

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

Form **990** (2016)

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,217,998	11,833,197	1,089,897

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 ▶ 206

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
cerner corporation, 2800 rockcreek parkway KANSAS CITY, MO 64117	it support services	3,326,374
monroe piping and sheet metal llc, 68 humboldt street ROCHESTER, NY 14609	construction	1,314,919
nyu school of medicine, 550 1st avenue NEW YORK, NY 10016	cardiology	917,881
siemens medical solution, 40 liberty blvd MALVERN, PA 19355	healthcare services	1,088,231
c w brown inc, 1 labriola court ARMONK, NY 10504	radiology	877,293

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 ▶ 57

Part VIII Statement of RevenueCheck 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					
	d Related organizations	1d	146,327				
	e Government grants (contributions)	1e	65,355				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		211,682				
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		622110	191,417,436	191,417,436		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		191,417,436				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			344,873		344,873	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			1,292,785		1,292,785	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			54,576		54,576	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b					
		c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities See Part IV, line 19	a						
	b						
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a						
	b						
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a CAFETERIA	900099	430,032			430,032		
b REBATES/REFUNDS	900099	423,400	423,400				
c REIMBURSEMENT TO PARAMEDICS	900099	845,752			852,752		
d All other revenue		445,872	300,865		145,007		
e Total. Add lines 11a-11d		2,145,056					
12 Total revenue. See Instructions		195,466,408	192,141,701		3,120,025		

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.	38,495	38,495		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	4,403,328		4,403,328	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	75,252,164	61,904,062	13,348,102	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,886,276	2,251,295	634,981	
9 Other employee benefits.	12,586,737	9,817,655	2,769,082	
10 Payroll taxes.	6,059,520	5,038,391	1,021,129	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	7,624		7,624	
c Accounting.	364,516		364,516	
d Lobbying.	23,268		23,268	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	14,527,835	12,835,198	1,692,637	
12 Advertising and promotion.	389,071		389,071	
13 Office expenses.	5,865,594	4,575,163	1,290,431	
14 Information technology.	4,035,251		4,035,251	
15 Royalties.	0			
16 Occupancy.	6,732,333	5,722,483	1,009,850	
17 Travel.	138,427		138,427	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	36,549	28,508	8,041	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	8,060,631	6,287,292	1,773,339	
23 Insurance.	1,505,387	1,491,083	14,304	
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 MEDICAL SUPPLIES	26,865,326	26,865,326	0	
b OTHER EXPENSES	10,146,569	7,914,324	2,232,245	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	179,924,901	144,769,275	35,155,626	0
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		12,492,715	1	24,310,008
	2	Savings and temporary cash investments		49,626,367	2	43,105,907
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		21,172,720	4	21,806,972
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	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.		0	6	0
	7	Notes and loans receivable, net		1,912,500	7	1,806,214
	8	Inventories for sale or use		1,985,193	8	2,139,816
	9	Prepaid expenses and deferred charges		1,514,341	9	2,450,071
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 137,806,564			
	b	Less: accumulated depreciation	10b 16,968,749	115,937,775	10c	120,837,815
	11	Investments—publicly traded securities		1,254,196	11	877,561
	12	Investments—other securities. See Part IV, line 11		51,626	12	26,864
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		28,944,349	15	28,327,238
16	Total assets. Add lines 1 through 15 (must equal line 34)		234,891,782	16	245,688,466	
Liabilities	17	Accounts payable and accrued expenses		19,966,000	17	25,742,654
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		61,660,061	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		15,036,826	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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.		25,015,681	25	82,163,786
26	Total liabilities. Add lines 17 through 25		121,678,568	26	107,906,440	
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		109,995,502	27	134,455,319
	28	Temporarily restricted net assets		1,543,093	28	1,652,088
	29	Permanently restricted net assets		1,674,619	29	1,674,619
	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		113,213,214	33	137,782,026
34	Total liabilities and net assets/fund balances		234,891,782	34	245,688,466	

Part XI Reconciliation of Net AssetsCheck 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	195,466,408
2	Total expenses (must equal Part IX, column (A), line 25)	2	179,924,901
3	Revenue less expenses Subtract line 2 from line 1	3	15,541,507
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,213,214
5	Net unrealized gains (losses) on investments	5	22,503
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,004,802
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	137,782,026

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
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		

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

HUDSON VALLEY HOSPITAL CENTER dba Newyork-presbyterian/Hudson Valley Hospital IS DEDICATED TO SERVING THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDE QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL, RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE CATEGORY

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			
LAURA FORESE CHAIRMAN	10 590	X						0	2,744,627	224,599
JOHN FEDERSPIEL DIRECTOR/PRESIDENT THRU 6/16	570 30	X		X				1,682,116	0	43,901
JOHN DARE DIRECTOR	10 20	X						0	0	0
MICHAEL DELFINO DIRECTOR	10 20	X						0	0	0
KERRY DEWITT DIRECTOR	10 590	X						0	917,487	39,713
PHYLLIS LANTOS DIRECTOR	10 590	X						0	2,640,133	57,166
EDWARD MACDONALD JR DIRECTOR	10 20	X						0	0	0
MICHAEL NOCHOMOVITZ DIRECTOR	10 590	X						0	1,376,256	29,460
BRIAN REGAN DIRECTOR	10 590	X						0	352,114	56,594
KIMLEE ROLDAN SANCHEZ DIRECTOR	10 590	X						0	424,722	47,367

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			
KAREN WESTERVELT DIRECTOR	1 0 59 0	X						0	908,485	37,840
GARY ZUAR DIRECTOR/Treasurer	1 0 59 0	X		X				0	1,484,878	54,415
MARY KINCART Director/VP QUALITY MANAGEMENT	59 0 1 0	X						217,501	0	24,983
STACEY PETROWER EX-OFFICIO/PRESIDENT EFF 7/16	45 0 15 0	X		X				0	612,928	38,219
KATHLEEN BURKE SECRETARY	1 0 59 0			X				0	371,567	56,976
DEBBIE NEUENDORF VP ADMINISTRATION THRU 10/16	60 0 0 0				X			516,810	0	51,427
WILLIAM HIGGINS VP MEDICAL AFFAIRS	60 0 0 0				X			584,423	0	35,027
FREDRICK O'CONNOR VP HUMAN RESOURCES	60 0 0 0				X			220,187	0	38,894
ROBERT PALUMBERI VP FACILITIES	60 0 0 0				X			242,208	0	37,740
KEVIN MURPHY VP FINANCE	60 0 0 0				X			360,377	0	49,390

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			
ALICE CORBETT VP PATIENT SERVICES	60 0 0 0				X			281,551	0	16,793
maryann maffei Adm Director of Patient Serv's	40 0 0 0					X		202,617	0	15,938
kathleen kiernan Director Diagnostic Imaging	40 0 0 0					X		180,904	0	50,504
ERIC SCHORE Director SURGICAL SERVICES	40 0 0 0					X		181,673	0	12,705
MARGI QUAIL Director FINANCE	40 0 0 0					X		189,074	0	39,821
mark lovitz Pharmacist	40 0 0 0					X		178,944	0	15,850
MARK WEBSTER FORMER	0 0 0 0						X	179,613	0	14,575

SCHEDULE A (Form 990 or 990-EZ)	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
		2016
	Department of the Treasury Internal Revenue Service Name of the organization HUDSON VALLEY HOSPITAL CENTER	Employer identification number 13-1740120

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 HUDSON VALLEY HOSPITAL CENTER	Employer identification number 13-1740120
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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 7202 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-
2				
3				
4				
5				
6				

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

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

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-

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	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		23,268
j	Total. Add lines 1c through 1i			23,268
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?		No	

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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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	membership dues paid to independent third party associations used to educate policymakers and state and federal legislators on the complexities and constraints hospitals face in delivering care

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319032137	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on 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 2016 Open to Public Inspection
Name of the organization HUDSON VALLEY HOSPITAL CENTER				Employer identification number 13-1740120	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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" on 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,674,619	1,674,619	3,515,193	3,705,974	3,973,255
b Contributions				358,716	584,828
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs			1,840,574	549,497	852,109
f Administrative expenses					
g End of year balance	1,674,619	1,674,619	1,674,619	3,515,193	3,705,974

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 100 000 %

c

Temporarily restricted endowment

The percentages on 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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 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' on 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	0	5,206,000		5,206,000
b Buildings	0	93,533,276	5,851,317	87,681,959
c Leasehold improvements				
d Equipment	0	31,709,652	11,117,432	20,592,220
e Other	0	7,357,636	0	7,357,636
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				120,837,815

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,089,303
(2) INSURANCE CLAIMS RECEIVABLE	9,121,532
(3) DUE FROM AFFILIATES	18,116,403
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	28,327,238

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
INSURANCE CLAIMS LIABILITY	13,482,350
THIRD PARTY PAYORS	10,619,569
DUE TO NEW YORK PRESBYTERIAN HOSP	57,248,674
DUE TO RELATED ORGANIZATION	367,407
OTHER LIABILITIES	213,110
CAPITAL LEASE PAYABLE	232,676
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	82,163,786

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' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Part V, Line 4	THE ENDOWMENT FUNDS BALANCE ARE USED FOR THE FUNDING OF HEALTH CARE SERVICES AND CAPITAL ACQUISITIONS RELATING TO HUDSON VALLEY HOSPITAL CENTER'S MISSION STATEMENT

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on 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

2016

Open to Public Inspection

Name of the organization

HUDSON VALLEY HOSPITAL CENTER

Employer identification number

13-1740120

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," 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	3a Yes	
☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %		
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	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %		
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 Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
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 eligible for free or discounted care?	5c	No
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)			4,160,309	1,725,770	2,434,539	1 350 %
b Medicaid (from Worksheet 3, column a)			21,449,807	11,692,795	9,757,012	5 420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			25,610,116	13,418,565	12,191,551	6 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,926,040	65,355	1,860,685	1 030 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			1,926,040	65,355	1,860,685	1 030 %
k Total. Add lines 7d and 7j			27,536,156	13,483,920	14,052,236	7 800 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare 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	2,832,000	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	319,267	
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	53,418,308
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	68,648,577
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-15,230,269
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)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
hudson valley hospital center**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
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
6 a 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	No
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>www hvhc org/about-us/service-plan html</u>		
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 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www hvhc org/about-us/service-plan html</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)**Financial Assistance Policy (FAP)**

hudson valley hospital center

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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? 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 % and FPG family income limit for eligibility for discounted care of 400 % 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)	13	Yes
14 Explained the basis for calculating amounts charged to patients?	14	Yes
15 Explained the method for applying for financial assistance? 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)	15	Yes
16 Was widely publicized within the community served by the hospital facility? 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) see supplemental information b ☒ The FAP application form was widely available on a website (list url) see supplemental information c ☒ A plain language summary of the FAP was widely available on a website (list url) see supplemental information 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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☐ Other (describe in Section C)	16	Yes

Part V Facility Information (continued)**Billing and Collections**

hudson valley hospital center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations 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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

hudson valley hospital center

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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
ADDITIONAL INFORMATION	Part I, Line 3 - N/A Part I, Line 6a - N/A PART I, LINE 7, COLUMN (F) - Explanation for Percent of Total Expense Bad debt expense in the amount of \$2,831,760 was not included in the total functional expenses of \$179,924,901 located on schedule H, Line 7, column (F) PART I, LINE 7 The following is a detail of the sources used for determining the amounts reported on schedule H Line 7A - Adjusted Ratio of Patient Care Costs to Charges Line 7B - Adjusted Ratio of Patient Care Costs to Charges Line 7E - Actual Expenses PART III, LINE 2 - BAD DEBT EXPENSE EXPLANATION The process for estimating the ultimate collection of receivables involves significant assumptions and judgments The Hospital has implemented a monthly standardized approach to estimate and review the collectability of receivables based on the payer classification and the period the receivables have been outstanding Past due balances over 90 days from date of billing and over a specified amount are considered delinquent and are reviewed individually for collectability Account balances are written off against the allowance when management feels it is probable the receivable will not be recovered Historical collection and payer reimbursement experience is an integral part of the estimation process related to reserves for doubtful accounts In addition, the Hospital assesses the current state of its billing functions in order to identify any known collection or reimbursement issues in order to quantify the impact, if any, on reserve estimates, which involves judgment The Hospital believes that the collectability of its receivables is directly linked to the quality of its billing processes, most notably those related to obtaining the correct information in order to bill effectively for the services provided Revisions in reserve for doubtful accounts estimates are recorded as an adjustment to provision for bad debts Please see the Audited Financial Statements, footnote #2, regarding Accounts Receivable and Allowance for Uncollectible Accounts PART III, LINE 3 TO CALCULATE THE AMOUNT OF BAD DEBT EXPENSE WHICH SHOULD BE ALLOCATED TO PATIENTS ELIGIBLE FOR CHARITY CARE THE FOLLOWING PROCESS WAS PERFORMED THE PATIENT ACCOUNTS FILES WHICH WERE USED FOR THE 2016 COST REPORT WERE FILTERED FOR THOSE PATIENTS WHO RECEIVED CHARITY CARE IN 2016 PER THE 2016 CHARITY CARE REPORTS DETAIL AND THEN ADDED THE BAD DEBT EXPENSE WHICH WAS RECORDED FOR EACH OF THESE PATIENTS THIS PROCESS WAS COMPLETED FOR ALL PATIENT ENCOUNTER TYPE S BOTH INPATIENT AND OUTPATIENT PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS PLEASE SEE THE AUDITED FINANCIAL STATEMENTS FOOTNOTE #2 REGARDING ACCOUNTS RECEIVABLE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS PART III, LINE 5, 6 & 7 THESE DO NOT INCLUDE CERTAIN MEDICARE PROGRAM REVENUE AND COSTS AND THUS DO NOT REFLECT ALL OF THE ORGANIZATIONS REVENUES AND COSTS WITH THE PARTICIPATION IN MEDICARE PROGRAMS THE REVENUE AND COSTS EXCLUDES MEDICARE MANAGED CARE ACTIVITY IF ALL THESE REVENUE AND COSTS WERE INCLUDED THE MEDICARE LOSS OF (\$15,230,269) WOULD RESULT IN A GREATER MEDICARE LOSS OF (\$22,725,180) MEDICARE NET SURPLUS PER SCHEDULE H (15,230,269) MEDICARE MANAGED CARE NET COSTS (7,494 ,911) TOTAL NET COSTS ASSOCIATED WITH THE MEDICARE PROGRAM (22,725,180) "Net is defined as revenue net of costs" PART III, LINE 8 - MEDICARE EXPLANATION The Hospital provides both inpatient and outpatient services to the community in spite of this shortfall As stated by the Hospital's mission, Hudson Valley Hospital Center DBA New York-Presbyterian/Hudson Valley Hospital is dedicated to serving the health care needs of the community and to providing quality, comprehensive medical care in a compassionate, professional, respectful manner, without regard to race, religion, national origin or disease category Offering state-of-the-art diagnostic treatment, education and preventive services, the Hospital is committed to improving the quality of life in the community In fulfilling this mission, the Hospital will strive to continuously improve the care provided and develop and offer programs, facilities, systems and alliances that most effectively respond to community health care needs The Medicare Cost Report was used to determine the 2016 shortfall PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION If a patient qualifies for charity, all open accounts are written off at that time Charity applications are good for one year from receipt If a patient is applying for charity care, the account is put on hold while the documents are gathered and completed If the patient does not return documents requested within 60 days, a letter is sent to them reminding them of the request If there is still no response after 30 days, the account may be referred for collections stating no cooperation from the patient Per 501(r) (5), Hudson Valley Hospital Center DBA New York-Presbyterian/Hudson Valley Hospital has established written financial

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	assistance and emergency care policies. The policies include a limit on amount charged for those who qualify. All reasonable efforts are made to determine whether an individual is eligible for assistance prior to sending an account to collection. PART VI, LINE 2 - NEEDS ASSESSMENT. In keeping with the mission of the Commissioner of Health of New York, Hudson Valley Hospital Center DBA NYP/Hudson Valley Hospital, working in conjunction with our community partners, has continued assessing our present initiatives, strategic plans and prevention agenda priorities. Assessing our Community's health needs has been paramount for the Hospital. The needs of the community continue to be assessed through partnerships with patients, physicians, elected officials, organizations, area businesses and local Departments of Health. The 2016 Community Health Needs Assessment demonstrated need for services addressing Obesity, Nutrition Education, Eating Habits, and Care for the Elderly. The Hospital continuously requests input from the community through its variety of communication devices including newsletters, e-blasts and health fair surveys. PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE. The Hospital's practice is to note on all patient bills that financial assistance is available. Our statements indicate that if requiring additional information, please contact the Billing Office. Registration provides notification of the Financial Assistance Policy and has the forms available in all areas. Other areas such as Nursing and Quality Management are also available to patients to assist in determining eligibility for assistance. The Financial Counselor reaches out to in-house patients without insurance and without secondary insurance to explain the policy. All billing staff is educated on the Organization's policy and patients are offered the assistance application when contacted by phone. Financial Assistance applications are available in English and Spanish. They are available at the time of service, upon request from the patient and are available on our website (nyp.org/hudsonvalley). On the main page, scroll to Your Hospital Stay and the Financial Assistance drop down. PART VI, LINE 4 - COMMUNITY INFORMATION. NewYork-Presbyterian Hudson Valley Hospitals service area represents a population of 146,750 and includes, but is not limited to, the municipalities of Buchanan, Cortlandt, Croton-on-Hudson, Ossining, Peekskill, Somers, and Yorktown. Socioeconomic Factors. There is a large gap between the highest and lowest socioeconomic classes within our community, with family household income ranging from less than \$10,000 to more than \$200,000.00. According to data provided by the Westchester County Department of Health, 87.1% of the Westchester County population ages 18-64 has health insurance which is below the NYS 2018 objective of 100%. Additionally, our primary service area faces an average unemployment rate of 8.75%. PART VI, LINE 5 - Promotion of Community Health. Through its understanding of community needs, Hudson Valley Hospital Center DBA NewYork-Presbyterian/Hudson Valley Hospital has expanded and implemented new programs, better serving patients and the community. In 2016, nutritional support continued to be the focus of many of our community outreach programs. In an effort to combat obesity and an increase in Type II Diabetes, the Hospital has a multi-faceted plan under the banner of Harvest for Health. This included the creation of an organic garden for healing, which provided an outdoor classroom for nutritional education with cancer patients. In 2016 the hospital continued its food service that focuses on preparing wholesome meals with fresh and local produce. The hospital also offered its Farmers Market twice monthly. The markets provide the opportunity for members of the community to have access to healthier foods and encourage a plant-based diet, proven to be beneficial to many diagnoses from cardiovascular issues.

Additional Data

Software ID:

Software Version:

EIN: 13-1740120

Name: HUDSON VALLEY HOSPITAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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
1	Hudson Valley Hospital Center 1980 crompond road cortlandt manor, NY 10567 www hvhc org 5901000h	X	X					X			

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Part v, Line 5	To gather input from the community for the 2016 Community Health Needs Assessment, Hudson Valley Hospital Center DBA NYP/Hudson Valley had ongoing meetings and correspondence with the Westchester County Health and Hospital Planning Team for the assessment and implementation process from April through November 2016. The team consisted of the Westchester County Department of Health and all Westchester Hospitals, and met monthly from April through November 2016. At the April 8, 2016 meeting, the New York State Prevention Agenda 2013-2018 was presented and reviewed. For each indicator, the team determined whether the county was below, meeting or exceeding the state established targets/goals, the estimated number of people affected by each indicator, the county's overall ranking for the indicator compared to other New York counties, and the performance range within the state. The coalition requested the Westchester County Department of Health to provide additional reports/analysis, including data at a sub-county level to allow a greater understanding of the issues. Samples of existing community surveys were distributed and reviewed and it was decided that the Westchester County Department of Health and Westchester County Hospitals would develop one standardized community survey to be disseminated as well as translated in to Spanish. At subsequent meeting there was review of the NYS prevention Agenda Action Plan Refresh Chart and resources provided by the NYS DOH. Hudson Valley Hospital Center DBA NYP/Hudson Valley held meetings and had correspondence with local community-based agencies. Additionally, 326 community members participated in a Community Health Needs Assessment Survey. The assessment asked people to indicate their health concerns, their perception of health concerns of the community they live in, and what types of programming would help to address those concerns. The survey conveyed that the common health concern for both personal and community health is being overweight/obese. Hudson Valley Hospital Center DBA New York Presbyterian/Hudson Valley Hospital has a stand alone Community needs assessment report.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Part V, Line 11	The hospital is addressing the significant needs identified in its most recently conducted CHNA, namely Overweight and Obesity by its Community Service Plan Priority Prevent Chronic Disease programming. The Hospital also provides community outreach to address the other health factors that were raised as health concerns, namely nutrition/eating habits and care for the elderly. The 2014 Intervention Healthy Heart Cooking Classes expanded in 2015 and 2016 to become the Healthy Heart Program. In 2014, participants expressed their interest in learning more about how physical activity could benefit their overall heart health. The program broadened from cooking classes in 2014 to include a membership to The Wellness Center, the hospital's in-house fitness facility, for 2015 and 2016. Local physician practices and Hudson River Health Care, a not-for-profit, New York State licensed, federally qualified health center helped to identify participants. The patient profile was minorities, ages 45-65 at risk of heart disease due to a previous heart attack, other cardiac issues or predisposition due to heredity, high blood pressure, diabetes or being overweight. The 2016 Healthy Heart Program participants were from minority populations. Seven reported having high blood pressure, ten were overweight, two reported having high cholesterol, four were diabetics, three had suffered heart attacks and three had suffered strokes. The cooking classes were held on two Mondays every month from July through November 2016 with eleven participants enrolled in the program. Each participant was asked to complete a short questionnaire to gather information regarding their demographics as well as health information including past medical history, chronic conditions, medications and primary care physician. As the Healthy Heart Program is designed to increase participants knowledge about nutrition and fitness, and improve health, a survey was administered at the beginning and end of the program. The data collected suggests the following: 79% or 9 of participants were not getting the recommended daily amount of fruits and vegetables, for 55% of participants (6 people) meat is the central component at meals, 40% (4 people) choose to fry their foods, 88% of the participants (10 people) did not read nutrition facts labels, 50% of all of the participants (6 people) consume sugary beverages, and 50% (6 people) add salt to their food. The majority of the group felt confident in their ability to develop healthy cooking habits. When asked about the value of exercise, four participants said they were exercising for 30 minutes or longer four times per week. Three members of the group said they exercised for thirty minutes or longer three days per week, and two people said they exercised for thirty minutes or longer two days per week, and two people said they didn't exercise for 30 minutes on any day per week. At the mid-point of our sessions, The Wellness Center reported that participants were n

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Part V, Line 11	ot using the facility The final question was aimed at understanding the participants gene ral attitude about their health 33% (4 people) felt frustrated about their situation, 22% (2 people) felt they were ready to take action, 33% (4 people) felt they were beginning t o take care of themselves and enthusiastic about it, and 11% (1 person) felt extremely foc used and knew how to ask for support when needed The post survey data results of the part icipants knowledge about nutrition and fitness suggests the following overall improvements the majority of participants increased their consumption of fruits and vegetables, with 60% (7 people) eating three or more servings of fruits and vegetables all of the time, for 60% (7 people) vegetables became the central component at meals instead of red meat, 75% (8 people) learned to grill or bake foods versus frying them, 80% of participants (9 peopl e) now read nutrition fact food labels, 80% (9 people) reported a reduction in their consu mption of sugary beverages, when asked about sodium intake 75% (8 people) reduced their co nsumption of salt by learning to very rarely add salt to their food 50% (6 people) of the group felt very confident in their ability to cook healthy heart foods 33% (4 people) fe lt very confident in their ability to read the nutrition facts on food label, 16% (2 peopl e) felt somewhat confident When asked about the value of exercise, 33% (4 people) said th ey were exercising for 30 minutes or longer seven times per week, and 33% (4 people) said five times per week and the other 3 participants said they exercised for 30 minutes or lon ger three days per week Overall, the majority of participants increased the frequency tha t they exercised per week over the duration of the program When participants were asked a bout their general attitude about their health, 100% reported feeling no frustration with their situation and were enthusiastic to take care of their health All of the participant s reported making the recipes made in class in the home 100% of the participants were ver y satisfied with the sessions presented by the teaching kitchen and shared the information they learned with family or friends At the outset of the program, participants were give n a handbook containing cooking class curriculum with educational materials and recipes on the following topics Food for Fitness, Whats the Deal with Sodium, Celebrating Fruits an d Vegetables, Fats The Good and The Bad, Health Supportive Beverages, Fun with Fiber, Fis hing for Health, Satisfying Your Sweet Tooth, Breakfast Busters, and Healthy Heart meal an d celebration A trainer from The Wellness Center gave an introduction and overview of the membership benefits which included a one-on-one fitness assessment with a trainer and a f itness program designed specifically for each person Included in the membership was use o f all cardio and weight machines, as well as fitness classes such as Zumba, Step, Yoga, Fe ldenkrais and Tai Chi The par

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Part V, Line 11	Participants were required to have physician clearance to participate in the exercise program. The Wellness Center is the only medical fitness facility in our area and has 327 active memberships. Working in collaboration with the participants medical provider, exercise specialists design programs for adults with heart disease, obesity, diabetes and other health concerns. Biometric measurements of blood pressure, weight, and body mass index were recorded for the first class and last class at completion of the 10 week series. 73% of participants (8 people) had a reduction in blood pressure, 46% (5 people) lost weight and 36% (4 people) reduced their body mass index. Tracking participants exercise sessions during the 5-month Healthy Heart program at The Wellness Center showed that 3 people exercised between 21-50 times, 3 people exercised between 10-20 times, and 5 people exercised between 1-5 times. The aggregate amount of the entire group is a total of 56 hours exercised and 89,961 calories burned. The program will be offered twice in 2017 in recognition of the importance of the Prevention Agenda and to expand reach into the community. Continuing to address the community's needs, the hospital maintained its Priority/Focus Area of Prevent Chronic Disease by Promoting Healthy Women, Infants and Children by Increasing Breastfeeding. In 2016 NewYork-Presbyterian Hudson Valley Hospital worked with Hudson River Health Care, a New York State Federally Qualified Health Center that delivers comprehensive primary, preventive, and behavioral health services to successfully maintain a dedicated lactation and breastfeeding room for its staff and patients alike. The Obstetrics Department at Hudson Valley Hospital Center DBA NYP Hudson Valley Hospital is certified Baby-Friendly by Baby-Friendly USA and the World Health Organization for its superior care and commitment to making sure that mothers who choose to breastfeed have the best chance at success. In 2016, the Hospital served mothers by providing bi-monthly breastfeeding education and support groups and monthly prenatal breastfeeding education classes. Mothers received one-on-one sessions with the Hospital's lactation consultant while in the Hospital and after discharge. A grand parenting support workshop is offered quarterly. During the first week of August 2016, the hospital celebrated World Breastfeeding Week by being a sponsor of The Global Big Latch On, where women gather together to breastfeed and offer peer support to each other with the goal of breaking the previous years record of number of babies being breastfed at the same moment across the globe. The Chef Peter X Kelly Teaching Kitchen (on campus) offers classes such as Do-it-Yourself Baby Food for moms and dads with babies. Hudson Valley Hospital Center DBA NYP Hudson Valley Hospital had the following results for its exclusive breastfeeding rates to date in 2016: January 81%, February 62%, March 59%, April 62%, May 86%, June 73%, July 92%, August 8

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Part V, Line 15E	Hudson Valley Hospital has financial Counselors who work with patients to provide information regarding Medicaid, Charity Care and to assist those patients who need help to apply

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Line 16a, b and c	www.hvhc.org/your-hospital-stay/financial-assistance.html

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DLN: 93493319032137

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

0

3

Enter total number of other organizations listed in the line 1 table

3

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, line 2	prior to awarding assistance to organizations, an assessment is made on the use of the funds. Final determination is based on whether funds will be used to further our mission.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDSON VALLEY CHAMBER OF COMMERCE 15 DIVISION ST PEEKSKILL, NY 10566	13-1701133	501(c)(6)	5,100				SUPPORT
YORKTOWN CHAMBER OF COMMERCE 3565 CROMPOND RD CORTLANDT MANOR, NY 10567	13-3867292	501(C)(6)	5,895				SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDHOUSE ENTERTAINMENT LLC 1008 BROWN ST PEEKSKILL, NY 10566	46-2166550	n/a	27,500				SUPPORT

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" on 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

2015

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	
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	
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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on 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	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued 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" on 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 on 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 on 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 VII and Schedule J	Certain officers and key employees of the New York and Presbyterian Hospital that are identified in part VII as officers or trustees of the Hudson Valley Hospital DBA NYP/Hudson Valley Hospital are responsible for executing the mission and management of the New York and Presbyterian Hospital (NYP) and its affiliated entities. Compensation for 2016 of these upper level executives includes the payout of an annual incentive plan and a long-term incentive plan. This performance-oriented program conditions payments upon the achievement of multiple individual and group performance measures. Measures to monitor performance include operational and financial strength, patient quality and safety, patient satisfaction, advancement of patient care, and people development and partnership. Incentive awards may only be granted if the organization achieves a financial surplus. Even if all relevant performance measurements are achieved, the NYP Board of Trustees retains full discretion to make or not make any incentive awards, or to reduce the amount of any incentive award. This initiative is critical to assuring that NYP has the requisite leadership to create and manage a highly motivated and engaged workforce, to drive superior performance throughout the organization and to achieve top tier medical center status. As a separate matter, due to restrictions imposed by the Internal Revenue Code, upper level executives are limited in the amount of benefits received under a tax-qualified retirement plan. Like many employers, NYP supplements these executives' pension benefits through a supplemental ("nonqualified") retirement plan. The supplemental executive retirement plan (SERP) is subject to a multi-year vesting requirement (commencing after five years of participation in the SERP, in prorated amounts through age 65) which places an executive's supplemental retirement benefit at risk of forfeiture if the vesting requirements are not satisfied. Once vested, however, provisions of the Internal Revenue Code require that the vested executive include in current income the value of his or her vested supplemental retirement benefit. Notwithstanding the legal requirement to recognize the vested value of the supplemental retirement benefit as current income, the supplemental retirement benefit will not be distributed to the executive until the executive actually retires from NYP (although, as permitted by the Internal Revenue Code, the supplemental retirement plan will effect a distribution of an amount necessary to satisfy the executive's tax liability resulting from the income recognition upon vesting). As noted, this supplemental retirement benefit will not be distributed to the executive until the executive actually retires from NYP. There are constantly changing legal, tax, accounting, and public disclosure rules for a SERP (supplemental executive retirement plan) in not-for-profit organizations. The executive Compensation Committee continuously monitors these changes and incorporates any changes into the overall SERP plan design. As in past years, the executive Compensation Committee of NYP requires a third party complete a review of the organization's compensation program to ensure its effectiveness in terms of government regulations, market conditions and the need to continually elevate organizational performance. The report also serves to meet the regulatory obligations to ensure that all elements of the executive compensation programs are reasonable. The individuals listed in part VII that are compensated by New York Presbyterian Hospital devote an average of sixty hours per week to perform their responsibilities for the New York Presbyterian Hospital and other related organizations in the aggregate. Part I, Line 4A Severance Pay: John Federspiel received 346,158 in severance Pay effective 7/1/2016. Debbie Neuendorf received 51,210 in severance Pay effective 10/7/2016. Part I, Line 4B Participated in Supplemental nonqualified retirement Plan: Laura Forese 179,457. Part I, Line 4B Supplemental Nonqualified retirement plan as reported on W2: Laura Forese 302,316; Phyllis Lantos 566,306; Gary Zuar 413,951; John Federspiel 259,615; Mark Webster 179,613. PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED COMPENSATION DECISIONS FOR SENIOR MANAGEMENT WILL BE REVIEWED AND APPROVED BY NON-CONFLICTED MEMBERS AND COMPENSATION WILL BE MEASURED AGAINST APPROPRIATELY RECOGNIZED SURVEYS FOR COMPENSATION OF CORRESPONDING RANK, POSITION AND/OR SPECIALTY IN THE SAME OR A COMPARABLE GEOGRAPHIC AREA AS THAT OF hudson valley hospital center dba NewYork-Presbyterian/Hudson Valley Hospital. THERE SHALL BE SUFFICIENT AND ADEQUATE DOCUMENTATION TO SUPPORT THE REASONABLENESS AND APPROPRIATENESS OF ALL COMPENSATION DECISIONS. ALL DELIBERATIONS REGARDING COMPENSATION OF SENIOR MANAGEMENT SHALL BE DOCUMENTED IN THE BOARD MINUTES. SENIOR MANAGEMENT INCLUDES THE PRESIDENT AND OTHER SELECT SENIOR EXECUTIVES.

Additional Data

Software ID:

Software Version:

EIN: 13-1740120

Name: HUDSON VALLEY HOSPITAL 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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LAURA FORESECHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	1,154,292	1,090,781	499,554	213,906	-	-	31,530
1JOHN FEDERSPIEL DIRECTOR/PRESIDENT THRU 6/16	(i)	554,291	500,000	627,825	14,575	29,326	1,726,017	0
	(ii)	0	0	0	0	-	-	0
2KERRY DEWITTDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	509,383	318,274	89,830	15,409	-	-	0
3PHYLLIS LANTOSDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	968,564	922,949	748,620	26,633	-	-	338,195
4MICHAEL NOCHOMOVITZ DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	679,204	575,001	122,051	13,250	-	-	0
5BRIAN REGANDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	245,564	71,617	34,933	23,166	-	-	0
6KIMLEE ROLDAN SANCHEZ DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	301,817	85,735	37,170	29,329	-	-	0
7KAREN WESTERVELT DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	588,845	221,501	98,139	13,383	-	-	0
8GARY ZUAR DIRECTOR/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	604,634	366,608	513,636	23,533	-	-	123,335
9KATHLEEN BURKE SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	290,519	69,723	11,325	34,449	-	-	0
10MARK WEBSTERFORMER	(i)	0	0	179,613	14,575	0	194,188	0
	(ii)	0	0	0	0	-	-	0
11DEBBIE NEUENDORF VP ADMINISTRATION THRU 10/16	(i)	260,250	188,948	67,612	11,925	39,502	568,237	0
	(ii)	0	0	0	0	-	-	0
12WILLIAM HIGGINS VP MEDICAL AFFAIRS	(i)	323,294	243,338	17,791	10,600	24,427	619,450	0
	(ii)	0	0	0	0	-	-	0
13SEDRICK O'CONNOR VP HUMAN RESOURCES	(i)	219,512	0	675	0	38,894	259,081	0
	(ii)	0	0	0	0	-	-	0
14ROBERT PALUMBERI VP FACILITIES	(i)	239,277	0	2,931	10,600	27,140	279,948	0
	(ii)	0	0	0	0	-	-	0
15KEVIN MURPHY VP FINANCE	(i)	355,490	0	4,887	10,600	38,790	409,767	0
	(ii)	0	0	0	0	-	-	0
16ALICE CORBETT VP PATIENT SERVICES	(i)	275,643	0	5,908	0	16,793	298,344	0
	(ii)	0	0	0	0	-	-	0
17maryann maffei Adm Director of Patient Serv's	(i)	200,764	0	1,853	13,206	2,732	218,555	0
	(ii)	0	0	0	0	-	-	0
18kathleen kieman Director Diagnostic Imaging	(i)	180,275	0	629	11,990	38,514	231,408	0
	(ii)	0	0	0	0	-	-	0
19ERIC SCHORE Director SURGICAL SERVICES	(i)	181,300	0	373	11,034	1,671	194,378	0
	(ii)	0	0	0	0	-	-	0

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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MARGI QUAIL Director FINANCE	(i)	187,224	0	1,850	11,019	28,802	228,895	0
	(ii)	0	0	0	0	- 0	- 0	0
1mark lovitzPharmacist	(i)	177,962	0	982	13,119	2,731	194,794	0
	(ii)	0	0	0	0	- 0	- 0	0
2MARY KINCART director/VP QUALITY MANAGEMENT	(i)	213,289	0	4,212	0	24,983	242,484	0
	(ii)	0	0	0	0	- 0	- 0	0
3STACEY PETROWER EX-OFFICIO/PRESIDENT EFF 7/16	(i)	0	0	0	0	0	0	0
	(ii)	414,947	141,585	56,396	23,384	- 14,835	- 651,147	0

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization HUDSON VALLEY HOSPITAL CENTER	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 .		OMB No 1545-0047
			2016 Open to Public Inspection
		Employer identification number 13-1740120	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 2	Gary Zuar, Kimlee Roldan-Sanchez and Brian Regan have a business relationship Part VI, Section A, Line 6 NYP Community Programs, Inc, a New York not-for-profit corporation, is the sole member of the hudson valley hospital center dba NewYork-Presbyterian/Hudson Valley Hospital Part VI, Section A, Line 7A New York Community Programs, Inc (The member) elect s the BOARD OF DIRECTORS, PURSUANT TO THE BYLAWS Part VI, Section A, Line 7B In addition to those rights powers and authority vested in the member, in its capacity as the sole member of the corporation, by the bylaws of the corporation and by Non Profit Corporate Law (NPCL) and other applicable law, the member in its capacity as the established co-operator of the corporation licensed under article 28 of the New York state public health law, sha ll have the following rights, powers and authority relative to the corporation Such power s include adaption/approval of, operating budget, operating policies, indebtedness, contra cts, etc There are no classes of members Part VI, SECTION B, LINE 11B FINANCE COORDINAT ED AND COMPLETED ALL OF THE INFORMATION REQUIRED FOR FORM 990 ACCESSING VARIOUS RESOURCES INCLUDING LEGAL, HUMAN RESOURCES, DEVELOPMENT, AND OTHER DEPARTMENTS AS NEEDED SENIOR FIN ANCE EXECUTIVES COMPLETE A REVIEW OF THE RETURN IN CONJUNCTION WITH ERNST & YOUNG U S LLP , PAID PREPARER, PRIOR TO SUBMISSION TO THE CHAIRMAN OF THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE THE CHAIRMAN OF THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE CONDUCTS A DETAIL ED REVIEW UPON COMPLETION OF THE AUDIT CHAIRMAN'S REVIEW AND APPROVAL, THE 990 IS MADE AV AILABLE TO THE GOVERNING BODY PRECEDING THE FILING Hudson Valley Hospital Center DBA NewY ork-Presbyterian/Hudson Valley Hospital FILES THE 990 UPON FINAL APPROVAL PART VI, SECTIO N B, LINE 12C Hudson Valley Hospital center DBA NewYork-Presbyterian/Hudson Valley Hospit al adheres to a conflict of interest (coi) policy that was approved by the audit and corpo rate compliance committee of the board of trustees The policy states in part "Each Board Member, Officer or Key Person of a New York-Presbyterian Organization shall complete a co nflct of interest questionnaire prior to becoming a Board Member, Officer or Key Person o f the New York-Presbyterian Organization and annually thereafter " The policy also states that "each Board Member, Officer, or Key Person shall promptly advise the Chief Executive Officer of the New York and Presbyterian Hospital, or his or her designee, of any changes to the information provided in that individual's last completed conflict of interest quest ionnaire " The Chief Executive Officer of the New York and Presbyterian Hospital, or his o r her designee, shall review all completed questionnaires and all subsequent advice of cha nges and shall take such action as is deemed appropriate to eliminate potentials for confl icts of interest, including such steps as reassignment of responsibilities or establishmen t of protective arrangements

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 2	All disclosures of interests in completed questionnaires or subsequent advice, unless clearly irrelevant or immaterial, shall be compiled and reported by management to the Audit and Corporate Compliance Committee, together, in each case, with response or recommendation of management. The Audit and Corporate Compliance Committee shall determine whether the reported resolution of issues raised by the disclosures is satisfactory and, if not, shall require such further action as it deems appropriate. Part VI, Section B, Line 15 THE MEMBER OF hudson valley hospital center dba NewYork-Presbyterian/Hudson Valley Hospital IS RESPONSIBLE FOR OVERSEEING EXECUTIVE COMPENSATION POLICIES AND PRACTICES, AND FOR SETTING AND APPROVING SPECIFIC COMPENSATION FOR THE CEO AND OTHER SELECT SENIOR EXECUTIVES. THE MEMBER HAS ENGAGED AN INDEPENDENT THIRD-PARTY EXPERT TO PROVIDE OBJECTIVE ADVICE AND RELEVANT INDUSTRY AND MARKETPLACE BENCHMARKS FOR COMPENSATION. THE BOARD ASSESSES TOTAL COMPENSATION FOR THE CEO AND OTHER SELECT SENIOR EXECUTIVES. ALL COMPENSATION IS APPROVED BY THE BOARD WITHOUT INPUT OR VOTING PARTICIPATION BY PERSONS WHOSE COMPENSATION IS BEING APPROVED OR BY ANY OTHER INDIVIDUAL WITH A CONFLICT OF INTEREST. Part VI, Section C, Line 19 External requests for our governing documents, conflict of interest policy, and financial statements are reviewed for validity. These requests are then granted if deemed appropriate. Part IX, Line 9 Change in Interest of the foundation of NYP/Hudson Valley = (37,332) Gain on extinguishment of debt = 9,042,134 Total = 9,004,802

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .					
Department of the Treasury Internal Revenue Service					
Name of the organization HUDSON VALLEY HOSPITAL CENTER				Employer identification number 13-1740120	

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

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.							
See Additional Data Table							
(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	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) NYP PLAN MGM'T LLC 525 EAST 68TH ST NY, NY 10065 13-4197527	INACTIVE	NY	NYP HOSPITAL									

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) HARKNESS HALL CLUB INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3170488	INACTIVE	NY	NYP HOSPITAL	C-CORP				Yes	
(2) WESTCHESTER MEDICAL PRACTICE PC 50 DAYTON LANE SUITE 202 PEEKSKILL, NY 10566 56-2662502	HEALTHCARE	NY	NYPHVH	C-CORP				Yes	
(3) HUDSON VALLEY VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 11-3611982	REAL ESTATE	NY	WPHMS	C-CORP				Yes	
(4) AC VENTURES INC 1980 CROMPOND ROAD CORTLANDT, NY 10567 13-3758209	REAL ESTATE	NY	WPHMS	C-CORP				Yes	
(5) KNOWA VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 13-3845922	REAL ESTATE	NY	WPHMS	C-CORP				Yes	
(6) MSO OF KINGS COUNTY LLC 506 SIXTH STREET BROOKLYN, NY 11215 27-2387333	EMPLOYEE/STAFFING	NY	BKLYN METHODIST	C-CORP				Yes	

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

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 organization 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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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	No
(1) 525 E 68TH STREET BOX 156 NEW YORK, NY 10065 13-3792361	SPONSOR	NY	501(C)(3)	12 TYPE I	NYP FDN	Yes	
(1) 525 E 68TH STREET BOX 156 NEW YORK, NY 10065 13-3957095	HEALTHCARE	NY	501(C)(3)	3	NYP FDN	Yes	
(2) 525 E68TH STREET BOX 156 NEW YORK, NY 10065 13-4153668	HEALTHCARE	NY	501(C)(3)	12 TYPE I	NA		No
(3) 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-2773085	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
(4) 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 11-3344692	HLTH INFO SVS	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
(5) 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 11-3614596	FUND/SUPPORT	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
(6) 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 46-3951535	HEALTHCARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
(7) 55 PALMER AVE BRONXVILLE, NY 10065 13-1740110	HEALTHCARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
(8) 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 47-2126668	HEALTHCARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
(9) 56-45 main street flushing, NY 11335 11-1839362	healthcare	NY	501(c)(3)	3	nyp comm pro	Yes	
(10) 56-45 MAIN STREET FLUSHING, NY 11355 11-2226870	HEALTHCARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
(11) 56-45 MAIN STREET FLUSHING, NY 11355 11-2848858	EDUC&RESEARCH	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
(12) 56-45 MAIN STREET FLUSHING, NY 11355 45-4795032	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
(13) 56-45 MAIN STREET FLUSHING, NY 11358 27-4719998	HEALTHCARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
(14) 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 13-3307781	SUPPORT	NY	501(C)(3)	12 TYPE I	NYPHVH HOS	Yes	
(15) 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 45-4644781	SUPPORT	NY	501(C)(3)	12 TYPE I	WPHMS	Yes	
(16) 525 E 68th Street Box 156 New York, NY 10065 11-3160901	Collection	NY	501(c)(3)	12 TYPE III	NYP Sys Inc	Yes	
(17) 1980 crompond road cortlandt manor, NY 10567 13-3420263	support	NY	501(c)(3)	12 TYPE I	nyp comm pro	Yes	
(18) 55 PALMER AVENUE BRONXVILLE, NY 10708 13-3415158	HEALTHCARE	NY	501(C)(3)	12 TYPE I	NYPLAWRENCE	Yes	
(19) 55 PALMER AVE BRONXVILLE, NY 10708 26-4076297	MEDICAL SERV	NY	501(C)(3)	12 TYPE I	NYPLAWRENCE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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	No
(21) 55 PALMER AVE BRONXVILLE, NY 10708 13-1740110	HEALTHCARE	NY	501(C)(3)	12 type I	NYPLAWRENCE	Yes	
(1) 506 SIXTH ST BROOKLYN, NY 11215 43-2015903	DENTAL SERVIC	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(2) 506 SIXTH ST BROOKLYN, NY 11215 11-3441502	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(3) 506 SIXTH ST BROOKLYN, NY 11215 11-3423162	RADIOLOGY	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(4) 506 SIXTH STREET BROOKLYN, NY 11215 11-3231685	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(5) 506 SIXTH STREET BROOKLYN, NY 11215 11-3564621	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(6) 506 SIXTH STREET BROOKLYN, NY 11215 42-1591811	healthcare	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(7) 506 SIXTH STREET BROOKLYN, NY 11215 11-2843882	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(8) 506 SIXTH STREET BROOKLYN, NY 11215 11-3362663	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(9) 506 SIXTH STREET BROOKLYN, NY 11215 11-3124294	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(10) 506 SIXTH STREET BROOKLYN, NY 11215 11-2843879	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(11) 506 SIXTH STREET BROOKLYN, NY 11215 11-3303499	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(12) 506 SIXTH STREET BROOKLYN, NY 11215 11-3231685	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(13) 506 SIXTH STREET BROOKLYN, NY 11215 46-2333282	HEALTHCARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
(14) 506 SIXTH STREET BROOKLYN, NY 11215 11-1631796	HEALTHCARE	NY	501(C)(3)	3	NYP COMMPRO	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	new york presbyterian hospital	m	4,216,588	cost
(1)	New york presbyterian healthcare system inc	m	105,060	Cost
(2)	the foundation of NYPHudson Valley Hospital	c	146,327	cost
(3)	the foundation of NYPHudson Valley Hospital	o	243,184	Cost
(4)	new york presbyterian hospital	e	56,485,482	Cost
(5)	Westchester Putnam Health Mgm'n't System	k	240,000	Cost
(6)	ac ventures	k	206,066	cost
(7)	hudson Valley Ventures	k	91,224	cost
(8)	westchester medical practice PC	m	4,367,269	cost
(9)	hudson valley ventures	j	82,688	cost
(10)	westchester medical practice	j	165,642	cost