Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

% FRED BERARDINONE

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
WHITE PLAINS, NY 106014607

D Employer identification number
13-1740130

E Telephone number
(914) 681-2645

G Gross receipts $ 547,508,076

F Name and address of principal officer
SUSAN FOX
41 EAST POST RD DAVIS AVE
WHITE PLAINS, NY 106014607

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW WPHOSPITAL ORG

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

L Year of formation 1893 **M** State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO offer high quality, acute health care and preventive medical care to all people who live in, work in, or visit Westchester County and its surrounding areas

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	40
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3,334
6 Total number of volunteers (estimate if necessary)	6	540
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,095,748
b Net unrelated business taxable income from Form 990-T, line 34	7b	9,743

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	9,448,776	12,139,655
9 Program service revenue (Part VIII, line 2g)	445,821,497	519,284,797
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,319,291	3,177,254
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,742,629	4,322,507
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	461,332,193	538,924,213
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	259,109,442	294,510,545
16a Professional fundraising fees (Part IX, column (A), line 11e)	217,574	33,570
b Total fundraising expenses (Part IX, column (D), line 25) ▶2,585,663		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	171,306,288	212,552,876
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	430,633,304	507,096,991
19 Revenue less expenses Subtract line 18 from line 12	30,698,889	31,827,222

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	491,330,445	574,592,273
21 Total liabilities (Part X, line 26)	214,953,062	234,408,135
22 Net assets or fund balances Subtract line 21 from line 20	276,377,383	340,184,138

Part II Signature Block

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

Sign Here

Signature of officer — Date 2017-11-10

JOSEPH GUARRACINO SVP - CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTOPHER B BOGGS	CHRISTOPHER B BOGGS			P00032493

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 5 TIMES SQUARE
NEW YORK, NY 100366527 — Phone no (212) 773-3000

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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 $ 437,423,313 including grants of $ 0) (Revenue $ 519,284,797)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 437,423,313

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	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	416			
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**	3,334			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.**If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?**Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — **1a** 40 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent — **1b** 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶FRED BERARDINONE 41 EAST POST RD DAVIS AVE White Plains, NY 106014607 (914) 681-2645

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

● List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	9,318,967	4,927,299	1,517,579

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 ▶ 706

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Gilbane Building Company, 2 Rector Street 24th Floor NEW YORK, NY 10006	Construction	15,607,733
AP Construction, 707 Summer Street STAMFORD, CT 06901	Construction	11,267,339
Stellaris Health Network, 135 Bedford Road ARMONK, NY 10504	IT SERVICES	5,235,956
Posen Construction Services LLC, 222 Mamaroneck Avenue WHITE PLAINS, NY 10605	Construction	2,782,650
Perkins Eastman Architects PC, 115 Fifth Avenue NEW YORK, NY 100031004	Architectural Design	2,082,005

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 ▶ 117

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	1,041,791				
d Related organizations	1d					
e Government grants (contributions)	1e	38,882				
f All other contributions, gifts, grants, and similar amounts not included above	1f	11,058,982				
g Noncash contributions included in lines 1a-1f $ 115,889						
h **Total.** Add lines 1a-1f ▶			12,139,655			
Program Service Revenue	Business Code					
2a PATIENT SERVICE REVENUE	622110		516,936,285	511,035,965	5,900,320	0
b OTHER HEALTHCARE RELATED SERVICES	621999		2,348,512	1,153,084	1,195,428	0
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f ▶			519,284,797			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			832,448	0	0	832,448
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties ▶			0			
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)	0	0				
d Net rental income or (loss) ▶			0			
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	9,374,580	933,555				
b Less cost or other basis and sales expenses	6,883,118	1,080,211				
c Gain or (loss)	2,491,462	-146,656				
d Net gain or (loss) ▶			2,344,806	0	0	2,344,806
8a Gross income from fundraising events (not including $ 1,041,791 of contributions reported on line 1c) See Part IV, line 18	a	254,094				
b Less direct expenses	b	620,534				
c Net income or (loss) from fundraising events ▶			-366,440		0	-366,440
9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0				
c Net income or (loss) from gaming activities ▶			0			
10a Gross sales of inventory, less returns and allowances	a	0				
b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory ▶			0			
Miscellaneous Revenue	Business Code					
11a PARKING INCOME	812930		1,154,376		0	1,154,376
b PURCHASE DISCOUNTS	900099		1,137,420		0	1,137,420
c CAFETERIA	722514		968,470		0	968,470
d All other revenue			1,428,681	0	0	1,428,681
e **Total.** Add lines 11a-11d ▶			4,688,947			
12 **Total revenue.** See Instructions ▶			538,924,213	512,189,049	7,095,748	7,499,761

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)** Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
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	4,257,251		4,257,251	
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	244,008,492	222,960,233	20,419,565	628,694
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,980,031	7,169,263	790,394	20,374
9 Other employee benefits	23,450,092	21,067,792	2,322,673	59,627
10 Payroll taxes	14,814,679	13,309,497	1,467,644	37,538
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,321,053		1,321,053	
c Accounting	755,678		755,678	
d Lobbying	29,568		29,568	
e Professional fundraising services See Part IV, line 17	33,570			33,570
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)	22,370,599	12,327,840	9,841,116	201,643
12 Advertising and promotion	2,197,273	75,379	2,109,336	12,558
13 Office expenses	24,323,954	17,907,361	6,201,532	215,061
14 Information technology	5,334,877	44,379	5,290,498	
15 Royalties . .	0			
16 Occupancy	11,953,461	10,914,783	996,148	42,530
17 Travel	160,689	116,811	42,693	1,185
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	590,339	380,599	208,598	1,142
20 Interest	1,130,913	1,028,312	97,262	5,339
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	29,463,327	26,790,292	2,533,941	139,094
23 Insurance . . .	7,925,660	7,560,222	365,438	
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	87,152,820	86,152,320	1,000,500	
b COLLECTIONS AND BILLING	7,096,672	2,984,885	4,111,787	
c LAUNDRY SERVICES	1,955,971	1,955,971		
d TAXES & LICENSE FEES	1,691,715		1,691,715	
e All other expenses	7,098,307	4,677,374	1,233,625	1,187,308
25 Total functional expenses. Add lines 1 through 24e	507,096,991	437,423,313	67,088,015	2,585,663
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		14,998,752	2	58,533,282
	3	Pledges and grants receivable, net		5,145,074	3	8,051,504
	4	Accounts receivable, net		46,925,693	4	60,625,027
	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		0	7	0
	8	Inventories for sale or use		6,980,299	8	7,721,530
	9	Prepaid expenses and deferred charges		3,903,111	9	4,790,237
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 391,180,653			
	b	Less accumulated depreciation	10b 47,633,755	305,638,891	10c	343,546,898
	11	Investments—publicly traded securities		62,609,749	11	30,618,404
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		24,242,769	14	24,242,769
	15	Other assets See Part IV, line 11		20,886,107	15	36,462,622
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		491,330,445	16	574,592,273
Liabilities	17	Accounts payable and accrued expenses		67,462,011	17	79,311,789
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		19,254,552	20	15,306,938
	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		16,270,125	23	24,876,145
	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		111,966,374	25	114,913,263
	26	**Total liabilities.** Add lines 17 through 25		214,953,062	26	234,408,135
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		261,660,045	27	317,661,694
	28	Temporarily restricted net assets		11,473,704	28	19,228,809
	29	Permanently restricted net assets		3,243,634	29	3,293,635
		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		276,377,383	33	340,184,138
	34	Total liabilities and net assets/fund balances		491,330,445	34	574,592,273

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	538,924,213
2	Total expenses (must equal Part IX, column (A), line 25)	2	507,096,991
3	Revenue less expenses Subtract line 2 from line 1	3	31,827,222
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	276,377,383
5	Net unrealized gains (losses) on investments	5	-2,550,945
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	16,278
9	Other changes in net assets or fund balances (explain in Schedule O)	9	34,514,200
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	340,184,138

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

WHITE PLAINS HOSPITAL CENTER (THE "HOSPITAL") IS A 292 BED ACUTE CARE NOT-FOR PROFIT HOSPITAL SERVING THE HEALTH CARE NEEDS OF PEOPLE WHO LIVE IN, WORK IN OR VISIT WESTCHESTER COUNTY, NEW YORK AND ITS SURROUNDING AREAS ALL CARE AND SERVICES ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, CREED NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION OR ABILITY TO PAY THE HOSPITAL HAS A TRADITION OF EXCELLENCE THAT HAS EARNED THE HOSPITAL ITS OUTSTANDING REPUTATION FOR HIGH-QUALITY, PATIENT CARE WITH DIRECT COMMUNITY INVOLVEMENT THROUGHOUT ITS 120 YEAR HISTORY, THE HOSPITAL CONTINUES TO RAISE THE BAR FOR MODERN SOPHISTICATED HEALTH CARE, DELIVERING SERVICE IN A WARM COMMUNITY HOSPITAL SETTING THE HOSPITAL CONTINUES TO REDEFINE WHAT IT MEANS TO BE A COMMUNITY HOSPITAL PROVIDING INNOVATIVE, CUTTING EDGE THERAPIES AND SUPERB PHYSICIANS AND CLINICIANS TO DELIVER CARE THE HOSPITAL PROVIDES ACUTE CARE INPATIENT, EMERGENCY AS WELL AS A COMPREHENSIVE ARRAY OF OUTPATIENT SERVICES KEY CLINICAL SERVICES INCLUDE ADVANCED MATERNITY AND INTENSIVE NEONATAL CARE, CARDIAC CATHETERIZATION, ONCOLOGY, ORTHOPEDICS, STROKE CARE, AND SPECIALIZED SURGICAL SERVICES INCLUDING ROBOTIC, VASCULAR AND BARIATRIC THE more than 900 PHYSICIANS ON THE MEDICAL STAFF PRIDE THEMSELVES ON PROVIDING ADVANCED, COMPASSIONATE CARE EVERY DAY TO THE PATIENTS THEY SERVE THE HOSPITAL'S CANCER PROGRAM HAS BEEN REPEATEDLY RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER FOR OUTSTANDING ACHIEVEMENT IN CANCER CARE, AND THE HOSPITAL'S BREAST PROGRAM HAS BEEN RECOGNIZED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS FOR QUALITY CARE AND OUTCOMES FOR BREAST PATIENTS THE HOSPITAL ALSO OFFERS MANY OTHER ADVANCED AND SPECIALIZED SERVICES INCLUDING ROBOTIC, ORTHOPEDIC, ENDOCRINE, VASCULAR, SPINE AND BARIATRIC SURGERIES, A COMPREHENSIVE DIABETES EDUCATION AND TREATMENT PROGRAM, A LEVEL III NEONATAL UNIT, AN ANXIETY AND PHOBIA CLINIC, A SEIZURE DIAGNOSTIC CENTER AND A COMPREHENSIVE WOUND CARE CENTER THE HOSPITAL IS THE ONLY COMMUNITY HOSPITAL IN NEW YORK STATE LICENSED TO PERFORM EMERGENCY AND ELECTIVE ANGIOPLASTY AND ITS EMERGENCY DEPARTMENT IS THE BUSIEST IN WESTCHESTER COUNTY In 2016 White Plains Hospital was re-designated as a Magnet organization, a reflection of its nursing professionalism, teamwork and superiority in patient care MAGNET RECOGNITION IS DETERMINED BY THE AMERICAN NURSES CREDENTIALING CENTER'S (ANCC) MAGNET RECOGNITION PROGRAM, WHICH ENSURES THAT RIGOROUS STANDARDS FOR NURSING EXCELLENCE ARE MET WITH THIS CREDENTIAL, THE HOSPITAL JOINS A SELECT GROUP OF HEALTHCARE ORGANIZATIONS IN THE UNITED STATES MAGNET DESIGNATION IS WIDELY CONSIDERED TO BE THE GOLD STANDARD OF EXCELLENCE IN NURSING CARE The hospital initially achieved Magnet recognition in 2012 Evaluation for reaccreditation occurs every four years MAGNET RECOGNITION HAS BEEN SHOWN TO PROVIDE SPECIFIC BENEFITS TO HOSPITALS AND THEIR COMMUNITIES, SUCH AS - HIGHER PATIENT SATISFACTION WITH NURSE COMMUNICATION, AVAILABILITY OF HELP, AND RECEIPT OF DISCHARGE INFORMATION - LOWER RISK OF 30-DAY MORTALITY AND LOWER FAILURE TO RESCUE - HIGHER JOB SATISFACTION AMONG NURSES - LOWER NURSE REPORTS OF INTENTIONS TO LEAVE POSITION US News & World Report recognized the Hospital as Best regional hospital 2016/2017 It was the highest in Westchester and #15 in New York State and the metro area and Also ranked high in abdominal aortic aneyrism, heart failure, colon cancer surgery, lung cancer, COPD, orthopedics, neurology and neurosurgery The Hospital was also a twelve time winner of the Consumer's choice award from the National Research Corporation WHITE PLAINS HOSPITAL WAS NAMED AMONG THE TOP 10% IN THE NATION FOR OUTSTANDING PATIENT EXPERIENCE IN 2016 THIS RECOGNITION WAS BESTOWED ON THE HOSPITAL BY HEALTHGRADES, A LEADING ONLINE RESOURCE FOR COMPREHENSIVE INFORMATION ABOUT PHYSICIANS AND HOSPITALS IN 2016, WHITE PLAINS HOSPITAL'S INTENSIVE CARE UNIT RECEIVED THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES BEACON AWARD FOR EXCELLENCE THIS AWARD RECOGNIZES AND ACCLAIMS ACUTE AND CRITICAL CARE NURSING UNITS THAT ACHIEVE THE HIGHEST QUALITY OUTCOMES FOR THE ninth CONSECUTIVE YEAR, WHITE PLAINS HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES - STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD, IN RECOGNITION OF ITS COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE ENSURING THAT STROKE PATIENTS RECEIVE TREATMENT ACCORDING TO NATIONALLY ACCEPTED GUIDELINES WHITE PLAINS HOSPITAL WAS GRANTED A THREE-YEAR TERM OF ACCREDITATION IN ECHOCARDIOGRAPHY IN THE AREA OF ADULT TRANS-THORACIC, ADULT TRANS-ESOPHAGEAL, AND ADULT STRESS BY THE INTER-SOCIETAL ACCREDITATION COMMISSION (IAC) Inpatient Services THE HOSPITAL PROVIDES MEDICAL, SURGICAL PEDIATRIC, MATERNITY AND OBSTETRIC AND LEVEL III NEONATAL SERVICES IN 2016, THE HOSPITAL HAD APPROXIMATELY 18,150 INPATIENT discharges AND PERFORMED APPROXIMATELY 4,987 INPATIENT SURGICAL PROCEDURES (INCLUDING ENDOSCOPIES) THERE WERE 77,076 TOTAL PATIENT DAYS IN 2016 AND THE AVERAGE LENGTH OF A PATIENT'S STAY WAS 4 30 DAYS THE HOSPITAL'S MATERNITY AND OBSTETRIC SERVICE IS ONE OF THE BUSIEST IN WESTCHESTER COUNTY AND OFFERS A BROAD SPECTRUM OF PREGNANCY, PERINATAL, CHILDBIRTH AND NEWBORN CARE SERVICES THERE WERE APPROXIMATELY 1,902 BIRTHS IN 2016 IN 2016, UNDERINSURED AND UNINSURED PATIENTS ACCOUNTED FOR APPROXIMATELY 8% AND 6% OF THE HOSPITAL'S TOTAL DISCHARGES AND PATIENT DAYS RESPECTIVELY IN ADDITION, PATIENTS COVERED UNDER MEDICAID (FEE-FOR-SERVICE) OR MEDICAID HMO INSURANCE WHICH IS CONSIDERED MEDICALLY INDIGENT REPRESENTED APPROXIMATELY 14 3% AND 13 4% OF THE HOSPITAL'S TOTAL DISCHARGES AND PATIENT DAYS RESPECTIVELY SUCH PATIENTS GENERATED IN EXCESS OF $73 1 MILLION IN CHARGES FOR SERVICES RENDERED OF WHICH A SIGNIFICANT AMOUNT WILL GO UNCOLLECTED Outpatient Services THE HOSPITAL'S EMERGENCY ROOM IS THE BUSIEST IN WESTCHESTER COUNTY TREATING A TOTAL OF APPROXIMATELY 58,542 PATIENTS FROM WHICH 11,918 WERE ADMITTED TO THE HOSPITAL THE HOSPITAL'S EMERGENCY DEPARTMENT OFFERS ACCESS TO THE LATEST TECHNOLOGY AND IS EQUIPPED TO TREAT PATIENTS WITH SERIOUS MEDICAL CONDITIONS AND INJURIES AND HAS A "FAST TRACK" AREA TO SERVE THOSE PATIENTS WHOSE NEEDS ARE LESS URGENT THE EMERGENCY ROOM IS A VITAL SERVICE TO THOSE LIVING, WORKING AND VISITING WESTCHESTER COUNTY AND PROVIDES NEEDED EMERGENT CRITICAL CARE 24 HOURS A DAY, 365 DAYS A YEAR THE HOSPITAL HAS BEEN DESIGNATED A REGIONAL STROKE CENTER BY THE NEW YORK STATE DEPARTMENT OF HEALTH, A DISTINCTION THAT DEMONSTRATES THE HOSPITAL'S ABILITY TO DIAGNOSE AND TREAT STROKES USING A HIGHLY SPECIALIZED MEDICAL STROKE TEAM THE HOSPITAL WAS THE FIRST HOSPITAL IN WESTCHESTER COUNTY TO RECEIVE THIS PRESTIGIOUS DESIGNATION DESPITE THE PRIMARY CARE AND OUTREACH PROGRAMS AVAILABLE THROUGH THE HOSPITAL AND OTHERS SERVING THE COMMUNITY, FOR MANY UNINSURED AND UNDERINSURED, THE HOSPITAL'S EMERGENCY ROOM IS THEIR PRIMARY SOURCE OF AND PRINCIPAL MEANS OF ACCESSING HEALTHCARE SERVICES IN 2016, APPROXIMATELY 6 3% OF THE PATIENTS TREATED IN THE EMERGENCY ROOM WERE UNINSURED OR CHARITY CARE PATIENTS THE PATIENTS INCURRED CHARGES TOTALING APPROXIMATELY $7 6 MILLION IN ADDITION, APPROXIMATELY 27 2% OF THE PATIENTS TREATED WERE COVERED UNDER MEDICAID (FEE-FOR-SERVICE) OR MEDICAID HMO INSURANCE WHICH IS CONSIDERED MEDICALLY INDIGENT TOTAL EMERGENCY ROOM CHARGES RELATED TO SERVICES RENDERED TO THESE PATIENTS TOTALED APPROXIMATELY $35 5 MILLION THE HOSPITAL IS COMMITTED TO CONTINUING TO PROVIDE THE HIGHEST QUALITY PATIENT CARE AS WELL AS SEEKING AND DEVELOPING CONTINUAL IMPROVEMENT TO PATHWAYS AND SYSTEMS WHICH WILL FACILITATE QUICKER ACCESS TO EMERGENCY MEDICINE SERVICES AS WELL AS MORE EFFICIENT PATIENT FLOW THROUGHOUT THE HOSPITAL THE HOSPITAL PROVIDES A COMPREHENSIVE RANGE OF other OUTPATIENT SERVICES INCLUDING AMBULATORY SURGERY, RADIATION ONCOLOGY AND INFUSION THERAPY, PHYSICAL THERAPY, RADIOLOGY AND IMAGING, LABORATORY SERVICES, FAMILY HEALTH CLINIC, AND OUTPATIENT BEHAVIORAL HEALTH PROGRAMS WITH APPROXIMATELY 395,744 PATIENT ENCOUNTERS THE VALUE OF OUTPATIENT SERVICES RENDERED TO PATIENTS UNINSURED AS MEASURED BY GROSS CHARGES WAS IN EXCESS OF $15 8 MILLION IN 2016 SIMILARLY, OUTPATIENT SERVICES WITH AGGREGATE CHARGES OF APPROXIMATELY $103 8 MILLION WERE PROVIDED TO PATIENTS ENROLLED IN MEDICAID OR MEDICAID HMO COVERAGE, WHICH IS DEEMED TO BE MEDICALLY INDIGENT PATIENTS COVERED BY MEDICAID OR MEDICAID HMO COVERAGE ACCOUNTED FOR APPROXIMATELY 12 4% OF OUTPATIENT ENCOUNTERS AND WHEN COMBINED WITH UNINSURED PATIENTS, REPRESENT APPROXIMATELY 14 3% OF THE OUTPATIENTS SERVED THE HOSPITAL ALSO PROMOTES THE WELLNESS OF THE COMMUNITY THROUGH CONDUCTING A VARIETY OF COMMUNITY FOCUSED EDUCATION AND PREVENTION MEASURES SUCH AS LECTURES, SCREENINGS AND OUTREACH INCLUDING CO-SPONSOR AND LEAD PARTICIPANT OF THE ANNUAL NEIGHBORHOOD HEALTH FAIR WHICH EMPHASIZES REACHING OUT TO THE UNINSURED AND UNDERINSURED

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
J MICHAEL DIVNEY IMMEDIATE PAST CHAIR	3 0 1 0	X						0	0	0
Paul M Weissman BOARD MEMBER	1 0 1 0	X						0	0	0
Jennifer Gruenberg Vice Chairman	3 0 1 0	X						0	0	0
Frank A Bruni Vice Chairman	3 0 1 0	X						0	0	0
Stuart T Nevins MD Board Member	1 0 1 0	X						0	0	0
Ann Edwards Vice Chairman	3 0 1 0	X						0	0	0
Robert Feder Board Member	1 0 1 0	X						0	0	0
NORMAN ALPERT Board Member	1 0 1 0	X						0	0	0
Carl Austin Board Member	1 0 1 0	X						0	0	0
Steven Baruch Vice Chairman	3 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Howard Berk Board Member	1 0 1 0	X						0	0	0
NANCY Clarvit Board Member	1 0 1 0	X						0	0	0
Peter M Fishbein Secretary	3 0 1 0	X						0	0	0
ALeida M Frederico Board Member	1 0 1 0	X						0	0	0
John Jureller Board Member	1 0 1 0	X						0	0	0
CAROL LOWENTHAL Board Member	1 0 1 0	X						0	0	0
WILLIAM NULL Vice Chairman	3 0 1 0	X						0	0	0
Brenda Oestreich Board Member	1 0 1 0	X						0	0	0
MICHAEL J PALUMBO MD Executive VP/Medical	49 0 1 0	X		X				835,041	0	29,269
Lucy Schmolka Board Member	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MEGAN H Shapiro Board Member	1 0 1 0	X						0	0	0
Steven M Silver Board Member	1 0 1 0	X						0	0	0
Laurence R Smith Chairman	3 0 1 0	X						0	0	0
Robert Stone Vice Chairman	3 0 1 0	X						0	0	0
Susan Z Yubas Vice Chairwoman	3 0 1 0	X						0	0	0
Susan Fox President & CEO	49 0 1 0	X		X				1,513,269	0	42,473
Nettie Webb EdD Board Member	1 0 1 0	X						0	0	0
Jonathan Spitalny Board Member	1 0 1 0	X						0	0	0
Robert Tucker Board Member	1 0 1 0	X						0	0	0
Suzanne Waxenberg Board Member	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DENNIS GILBERT BOARD MEMBER	1 0 1 0	X						0	0	0
ANDREW HERZ BOARD MEMBER	1 0 1 0	X						0	0	0
BENJAMIN MARANO MD BOARD MEMBER	1 0 1 0	X						0	0	0
STEPHANIE MILLER BOARD MEMBER	1 0 1 0	X						0	0	0
PHILIP O OZUAH MDPHD BOARD MEMBER	1 0 59 0	X						0	2,492,636	538,092
CHRISTOPHER S PANCZNER BOARD MEMBER	1 0 59 0	X						0	1,041,654	187,726
PAUL PECHMAN BOARD MEMBER	1 0 1 0	X						0	0	0
LYNN RICHMOND BOARD MEMBER	1 0 59 0	X						0	1,393,009	420,068
FENTON SOLIZ BOARD MEMBER	1 0 1 0	X						0	0	0
Victoria Bruni Board Member (effective 4/16)	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JEFF TIESI SVP - COO	50 0 0 0			X				611,856	0	19,644
Joseph Guarracino SVP - CFO	49 0 1 0			X				641,666	0	24,016
FRANCES BORDONI SVP - Business Development	50 0 0 0				X			512,000	0	35,813
Leigh Anne McMahon RN SVP - Patient Care	50 0 0 0				X			560,063	0	26,647
NABIL KHOURY-YACOUB MD Physician	40 0 0 0					X		973,775	0	42,873
SARA SADAN MD Physician	40 0 0 0					X		999,375	0	32,828
JARED BRANDOFF MD Physician	40 0 0 0					X		1,039,488	0	46,573
JACQUELIN MONACO-BAVARO MD PHYSICIAN	40 0 0 0					X		906,492	0	30,344
SETH GENDLER MD PHYSICIAN	40 0 0 0					X		725,942	0	41,213

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

The organization is not a private foundation because it is (For lines 1 through 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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 **331/3% 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316004307

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	Employer identification number
WHITE PLAINS HOSPITAL MEDICAL CENTER	13-1740130

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

		(a)	(b)
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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		29,568
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			29,568
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
LOBBYING ACTIVITIES	LOBBYING ACTIVITIES RELATED TO THE HOSPITAL'S MEMBERSHIP IN THE HEALTHCARE ASSOCIATION OF NEW YORK STATE and THE AMERICAN HOSPITAL ASSOCIATION THE AMOUNT REPORTED AS EXPENSES INCURRED IN CONNECTION WITH LOBBYING ACTIVITIES IS $29,568 AND REPRESENTS THE PORTION OF MEMBERSHIP DUES IDENTIFIED BY SUCH ORGANIZATIONS FOR SPECIFIC LOBBYING PURPOSE

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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ $ ______

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" 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	14,717,338	8,285,660	10,079,256	7,277,035	13,206,926
b Contributions	9,463,811	7,221,839	2,180,704	3,206,705	3,610,587
c Net investment earnings, gains, and losses	164,682	84,582	163,142	2,323,090	274,315
d Grants or scholarships					
e Other expenditures for facilities and programs	1,823,387	874,743	4,137,442	2,727,574	9,814,793
f Administrative expenses					
g End of year balance	22,522,444	14,717,338	8,285,660	10,079,256	7,277,035

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 14 620 %

c Temporarily restricted endowment ▶ 85 380 %

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

		Yes	No
(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		28,132,038		28,132,038
b Buildings		238,210,697	24,133,940	214,076,757
c Leasehold improvements		6,492,414	518,268	5,974,146
d Equipment		91,505,033	22,981,547	68,523,486
e Other		26,840,471		26,840,471
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				343,546,898

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) EST INSURANCE CLAIM RECOVERIES	24,711,000
(2) DUE FROM AFFILIATES	7,695,107
(3) DEFERRED COMPENSATION ASSETS	4,056,515
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	36,462,622

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
PENSION LIABILITIES	35,448,320
MALPRACTICE INSURANCE LIABILITIES	31,547,000
DUE TO THIRD PARTIES PAYORS	11,947,687
CONSTRUCTION LIABILITIES	17,822,906
DEFERRED COMPENSATION LIABILITIES	4,056,515
WORKER'S COMPENSATION LIABILITIES	1,825,250
OTHER LIABILITIES	12,265,585
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	114,913,263

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: 13-1740130
Name: WHITE PLAINS HOSPITAL MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	The Hospital follows the requirements of the Uniform Management of Institutional Funds Act ("UMIFA") as they are related to its endownment contributions The Hospital has adopted i nvestment and spending policies for endowment assets that attempts to provide a predictabl e stream of funding to programs supported by its endowment Under this policy, as approved by the board of trustees, the endowment assets are invested in a manner to provide that s ufficient assets are available as a source of liquidity for the intended use of the funds, achieve the optimal return possible with the specific parameters, and prudently invest as sets in a high-quality diversified manner to adhere to established guidelines

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Sharpe Group 8700 West Trail Lake Drive Memphis, TN 38125	Planned Giving		No		14,985	
Steiner Sports 145 Huguenot Street New Rochelle, NY 10801	Event Fundraising		No		10,000	
JP Sports Entertainment LLC 3896 Burns Road Suite 102 Palm Beach Gardens, FL 33410	event fundraising		No		8,585	
Total ▶					33,570	

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

NY

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

		(a) Event #1 **Fall Aux Gala** (event type)	(b) Event #2 **Golf Outing** (event type)	(c) Other events **4** (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	562,003	536,597	197,285	1,295,885
	2 Less Contributions	463,647	450,209	127,935	1,041,791
	3 Gross income (line 1 minus line 2)	98,356	86,388	69,350	254,094
Direct Expenses	4 Cash prizes	0	172,359	0	172,359
	5 Noncash prizes	9,294	3,142	6,944	19,380
	6 Rent/facility costs	74,423	134,669	28,184	237,276
	7 Food and beverages	0	2,025	24,482	26,507
	8 Entertainment	23,300	6,000	9,090	38,390
	9 Other direct expenses	50,023	43,847	32,752	126,622
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				620,534
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-366,440

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

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

9 Enter the state(s) in which the organization conducts gaming activities ____________

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

b If "No," explain ____________

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

b If "Yes," explain ____________

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other ______ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ______ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	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)			4,023,965	463,396	3,560,569	0 700 %
b Medicaid (from Worksheet 3, column a)			20,915,230	8,779,927	12,135,303	2 390 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			24,939,195	9,243,323	15,695,872	3 090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			3,324,512	872,933	2,451,579	0 480 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			3,324,512	872,933	2,451,579	0 480 %
k **Total.** Add lines 7d and 7j			28,263,707	10,116,256	18,147,451	3 570 %

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

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

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

					Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?			1		No
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	21,899,630			
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	222,577			
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	102,374,402
6	Enter Medicare allowable costs of care relating to payments on line 5	6	127,491,119
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-25,116,717

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

			Yes	No
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)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group White Plains Hospital Center

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

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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 16			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See Part V - Section C			
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 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See Part V - Section C			
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)

Name of hospital facility or letter of facility reporting group: White Plains Hospital Center

			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?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☑ Asset level			
	d ☐ Medical indigency			
	e ☐ Insurance status			
	f ☐ Underinsurance discount			
	g ☑ Residency			
	h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) See Part V - Section C			
	b ☑ The FAP application form was widely available on a website (list url) See Part V - Section C			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) See Part V - Section C			
	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)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group White Plains Hospital Center

			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

			Yes	No
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)

Name of hospital facility or letter of facility reporting group White Plains Hospital Center

		Yes	No
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?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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? 6

	Name and address	Type of Facility (describe)
1	Armonk Clinic 1 North Greenwich Avenue Armonk, NY 10504	PRIMARY CARE
2	WPHC-WOMEN'S IMAGING CENTER 90 South Ridge Street Rye Brook, NY 10573	OTHER MEDICAL SPECIALTIES
3	White Plains HC OT & PT Clinic 111 South Ridge Street Rye Brook, NY 10573	PRIMARY CARE THERAPY - OCCUPATIONAL O/P THERAPY - PHYSICAL O/P
4	Physical Therapy & Occupational Therapy 222 Westchester Avenue White Plains, NY 10604	THERAPY - OCCUPATIONAL O/P THERAPY - PHYSICAL O/P
5	WPH Imaging at New Rochelle 1296 North Avenue New Rochelle, NY 10804	OTHER MEDICAL SPECIALTIES
6	WPH Medical and Wellness 99 Business Park Drive Armonk, NY 10504	PRIMARY CARE
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following ınformatıon

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

2 **Needs assessment.** Descrıbe how the organızatıon assesses the health care needs of the communıtıes ıt serves, ın addıtıon to any CHNAs reported ın Part V, Sectıon B

3 **Patient education of eligibility for assistance.** Descrıbe how the organızatıon ınforms and educates patıents and persons who may be bılled for patıent care about theır elıgıbılıty for assıstance under federal, state, or local government programs or under the organızatıon's financıal assıstance polıcy

4 **Community information.** Descrıbe the communıty the organızatıon serves, takıng ınto account the geographıc area and demographıc constıtuents ıt serves

5 **Promotion of community health.** Provıde any other ınformatıon ımportant to descrıbıng how the organızatıon's hospıtal facılıtıes or other health care facılıtıes further ıts exempt purpose by promotıng the health of the communıty (e g , open medıcal staff, communıty board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organızatıon ıs part of an affılıated health care system, descrıbe the respectıve roles of the organızatıon and ıts affılıates ın promotıng the health of the communıtıes served

7 **State filing of community benefit report.** If applıcable, ıdentıfy all states wıth whıch the organızatıon, or a related organızatıon, fıles a communıty benefıt report

Form and Lıne Reference	Explanatıon
1 Part I, lıne 7	The cost-to-charge ratıo methodology was utılızed to calculate the amount ıncluded ın the table The calculatıon of thıs ratıo was derıved from ratıo of patıent care cost-to-charge

Form and Line Reference	Explanation
1 Part III, Section A, Line 2	THE cost of bad debt expense is estimated based on the bad debt provision at charge, applied to the ratio of total patient care expenses to total charges for all services rendered Any payments or discounts are excluded from bad debt expense

Form and Line Reference	Explanation
1 Part III, Section A, Line 3	The estimated amount of the organization's bad debt expense (at cost) attributed to patients under the organization's charity care policy was based on the results of predictive analysis Bad debt should be included as a community benefit because the organization provides much needed health care service indiscriminately to the community-at-large without regard to whether or not the patient has insurance or if the bill will ever be paid

Form and Line Reference	Explanation
1 Part III, Section A, Line 4	As reported in WHITE PLAINS HOSPITAL CENTER & SUBSIDIARIES AUDITED FINANCIAL STATEMENTS, BAD DEBT EXPENSE IS DESCRIBED AS FOLLOWS "TO PROVIDE FOR ACCOUNTS RECEIVABLE THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE, THE HOSPITAL ESTABLISHES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS"

Form and Line Reference	Explanation
1 Part III, Section B, LINE 8	THE MEDICARE ALLOWABLE COST OF CARE REPORTED ON PART III SECTION B LINE 6 REFLECTS THE ACCUMULATED AGGREGATE COSTS OF TREATING MEDICARE PATIENTS UTILIZING THE CMS-2552 MEDICARE SETTLEMENT WORKSHEETS Any medicare shortfall from Part III, line 7 should be included as a community benefit, since the organization is rendering much needed health services to a mostly frail elderly populations that for the most part are poor and living on a fixed income

Form and Line Reference	Explanation
1 Part III, Section C, Line 9B	For patients who are known to qualify for financial assistance, all collection activity is halted and the patient is referred for Financial Aid If an account is in collection and the patient requests financial aid or if the agency determines that the patient is eligible for financial assistance, the account is referred back to the hospital where the patient is provided assistance with completing an application for assistance

Form and Line Reference	Explanation
2 Need Assessment	White Plains hospital medical center assesses community needs by working in partnership with our community, assessing our present initiatives, strategic plans and prevention agenda priorities Community health needs are identified through an ongoing dialogue with patients, community members, elected officials, organizations, area business leaders and our local Department of Health In addition to the efforts made in collecting information for the CHNA, White Plains Hospital also connects with people who have no particular credentials except that they're part of our greater WPH community, this method has played a vital role in better serving our community and has proven to be of great value It is especially important to get the perspective of those who often don't have a voice in community decisions and politics lower income individuals, immigrants, and others who are often kept out of these discussions This population is continually reached through free outreach programs, including both educational and physical screening events Evaluation forms are provided at the events in order to understand the constant shift in the needs of our community In 2016, the Hospital offered over 100 programs aimed at providing services to the most at-risk members of the community These outreach events and programs reached thousands of individuals, addressing health priorities such as cancer, heart disease, stroke, sleep issues, and nutrition

Form and Line Reference	Explanation
3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	All intake, registration, and collection agency staff is trained on the Medical Center's financial aid policy and how to provide patients with assistance When it is determined that a patient is having difficulty paying their bill, a referral is made to the Hospital's Financial aid office and a financial counselor will help the patient apply for financial aid

Form and Line Reference	Explanation
4 COMMUNITY INFORMATION	WHITE PLAINS HOSPITAL primary service area is central and lower Westchester County Westchester County is a large county located just North of New York City in the Hudson Valley Westchester covers an area of 450 square miles and consists of 48 municipalities The county includes urban, suburban and rural geographies The estimated population of Westchester County is made up of more than 976,000 residents The county seat of Westchester is the City of White Plains Other major cites include Yonkers, New Rochelle and Mount Vernon The median household income for Westchester was $86,108, the fourth highest in New york state, after Nassau, Putnam and Suffolk counties Westchester county is the fifth healthiest county in New York State, according to the County Health Ranking, produced by the Robert Wood Foundation and the University of Wisconsin Despite it overall high ranking, there is considerable room to both improve population health and reduce health disparities especially in minority populations

Form and Line Reference	Explanation
5 Promotion of Community Health	White Plains hospital has a longstanding commitment to the community and is at the forefront of medicine White Plains' continuum of care extends beyond its inpatient and outpatient programs and impacts people in its surrounding communities In 2016, the Hospital offered over 100 programs aimed at providing services to the most at-risk members of the community These outreach events and programs reached thousands of individuals, addressing health priorities such as cancer, heart disease, stroke, sleep issues, and nutrition Highlights are as follows - The 2nd annual Community Health and Wellness Fair in partnership with the Refuge of Hope Church in New Rochelle with over 400 attendees Services included breast cancer screening and information on other cancers, blood pressure screening, diabetes risk assessments and nutrition information, and vision exams - The Ted E Bear Hospital, run by WPH Emergency Department volunteers was onsite to help children understand the importance of well checkups and doctor visits - The 39th annual Neighborhood Health Fair in partnership with Calvary Baptist Church, The Thomas H Slater Center and El Centro Hispano, Inc was held with free health screenings including breast exams, prostate exams, blood pressure, podiatry, diabetes risk assessments, sleep apnea, dental exams, and lab/blood work for cholesterol and sickle cell anemia A variety of health information was also distributed to over 275 health fair attendees - The 6th annual Go Red for Women heart health fair, over 100 community members and partners participated - In partnership with Montefiore Medical Center, the 5th annual breast cancer awareness event at Bloomingdales in White Plains, focusing on genetics with Dr Randy Stevens and Dr Susan Klugman Over 75 people in attendance - Mall Walkers Program A free, supervised walking program that meets three times per week at the local Galleria mall, and includes informative presentations plus free blood pressure screenings Approximately 50 walkers participate in the program each week - White Plains Wellness Week For the 3rd year in a row, WPH was the grand sponsor of the City Of White Plains Wellness Week in partnership with the White Plains Cares Coalition/Coalition for Living Wellness - Free yoga and zumba classes The Hospital provides free classes for employees, volunteers, cancer survivors and caregivers, and weight loss surgery patients - Well Aware Lecture Series An invitation-only conversation and dinner series offering access to local healthcare experts at the frontline of medical care in your community Its an opportunity to learn and ask questions so that participants can take charge of their health Topics covered in 2016 included breast, lung, and thyroid health Over 50 attendees in total

Form and Line Reference	Explanation
6 Affiliated Health Care Systems	White Plains Hospital Medical Center is an affiliate of Montefiore Health System, Inc The Health System is a leader in community health and has a long history of developing innovative approaches to care and creating program to best serve the changing needs of its community

Form and Line Reference	Explanation
7 State Filing of Community Benefit Report	White Plains Hospital Medical Center files a Community Service Plan with the State of New York

Additional Data

Software ID:
Software Version:
EIN: 13-1740130
Name: WHITE PLAINS HOSPITAL MEDICAL 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** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	White Plains Hospital Center 41 East Post Road Davis Avenue WHITE PLAINS, NY 10601 www wphospital org 5902001H	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
Schedule H, Part V, Section B, Line 5	
Schedule H, Part V, Section B, Line 7a	The direct website where the White Plains Hospital Medical Center CHNA report can be accessed http //www wphospital org/WPHRedesign/media/Emerge_WPHRedesign/Documents/C SP-2016-2018 pdf
Schedule H, Part V, Section B, Line 10A	The hospital Facility's most recently adopted implementation strategy is posted on the direct website http //www wphospital org/WPHRedesign/media/Emerge_WPHRedesign/Documents/C SP-2016-2018 pdf
Schedule H, Part V, Section B, Line 11	When analyzing the CHNA data, three prevention agenda items were identified for our Community Service Plan (CSP) 1 Quality Chronic Care and Management Promote use of evidence-based care to manage chronic diseases a Implementation of evidence-based Medicine Guidelines for Asthma Management 2 Increase screening rates for cardiovascular diseases, diabetes, and breast, cervical and colorectal cancers, especially among disparate populations a Increase the percentage of adults (50-75 years) who receive colorectal cancer screenings based on the most recent guidelines (blood stool test in the past year or a sigmoidoscopy in the past 5 years and a blood stool test in the past 3 years or a colonoscopy in the past 10 years) 3 Promote Healthy Women, Infants and Children Increase the proportion of babies who are breastfed in New York State In reference to number two listed above, White Plains Hospital has chosen to focus specifically on colorectal cancer prevention in this years report, which aligns with a bigger American Cancer Society (ACS) initiative to screen 80% of the eligible population for colon cancer by 2018 The selected priorities are fully compatible with White Plains Hospitals community health initiatives They are supported by existing programs and staff, as well as the addition of new and modified programs Activities in support of the priorities are carried out with the input and support of our community partners In order to carry out the priority agenda items, White Plains Hospital focuses on several constituencies, including staff (more than 2,300 employees), patients, and the local community In all, more than 10,000 individuals participate in Hospital-related health events each year Please see below for specific initiatives concerning WPHs CSP prevention agenda items 1 Quality Chronic Care and Management Promote use of evidence-based care to manage chronic diseases a Implementation of evidence-based Medicine Guidelines for Asthma Management The Hospital will implement evidence-based care and treatment recommendations for better patient outcomes, including controlled asthma through enhanced collaboration between the patient and their provider, as well as the community 7 4 million adults ages 18 and older currently have asthma, according to the Centers for Disease Control and Prevention (CDC) In Westchester County, visits to the Emergency Department for asthma-related causes have increased from 60 9 per 1,000 visits in 2008 to 63 3 per 1,000 in 2014 Also according to the CDC, asthma prevalence was higher among children, females, the poor, persons of multiple races, and Hispanics One of the objectives of this initiative is to work to ensure each patient has better access to a Primary Care Provider (PCP) By doing so, the expectation is that Emergency Department visits will decrease, and therefore there will be fewer hospitalizations for preventable, asthma related issues White Plains Hospital has implemented a series of ongoing education pieces for providers and health care professionals on the use of recommended evidence-based guidelines by the National Heart, Lung, and Blood Institute In addition, the use of an Asthma Action plan is now part of the Hospitals Electronic Medical Record (EMR) An Asthma Action plan is set and updated by the clinical team for every asthmatic patient in the Hospitals Family Health Center (FHC) The Family Health Center treats a predominantly minority population, 60% of the patients are on Medicaid, 30% are undocumented and 75% are native Spanish speakers, many with limited English proficiency The majority of these patients are over the age of 18 (approximately 70%) and most reside in White Plains and surrounding areas (zip codes 10601, 10603, 10605, and 10607) Asthma action plans for every patient were implemented at the Family Health Center in August 2016, with data collection and monitoring of all asthmatic patients through the electronic medical record (EMR) ongoing Baseline data will be collected through 2017 Patient and family education through the FHC and community education through the Hospitals many outreach events are ongoing In addition to our own medical staff, all health care providers in the Montefiore Lower Hudson Valley Coalition are aware of this effort WPH has begun to engage local community organizations including El Centro Hispano, Inc , an organization located in White Plains whose mission focuses on assisting and supporting the Spanish-speaking community, the Thomas H Slater Center, an outreach and community services center in White Plains, and the White Plains Youth Bureau, which provides a variety of educational and other support services to more than 2,000 youth in the City of White Plains each day All three of these organizations have a large number of participants with a majority of their membership in Hispanic, Black, and/or low income demographics These organizations encourage many of their constituents to utilize White Plains Hospitals Family Health Center In addition, the Hospital has engaged with the Iglesia De Refugio Esperanza (Refuge of Hope Church) in 2015 and 2016 for a community health fair which provides health education materials on asthma management, blood pressure control, stroke awareness, breast and colorectal screening and smoking cessation to more than 400 members of the largely Hispanic and underserved community in New Rochelle, NY In 2016, registrants received information on asthma management and how to understand their personalized asthma action plan Sari Maenza, FNP, Nurse Manager of the Family Health Center and head of the Asthma DSRIP Initiative, and Guy Singer, Respiratory Therapy Clinical Educator were present to speak with all attendees identified as asthmatic or a relative of someone affected In addition to educational literature, peak flow meters were utilized as well as MDI spacers to instruct their proper use Translators were present at the fair to assist those whose native language was not English The NYS Prevention Agenda Dashboard and the Statewide Planning and Research Cooperative System (SPARCS) both show high incidences of asthma ED visits for New Rochelle zip codes The highest rate of prevalence is in 10801, specific to the community of the Refuge of Hope Church 2 Increase screening rates for cardiovascular diseases, diabetes, and breast, cervical and colorectal cancers, especially among disparate populations a Increase the percentage of adults (50-75 years) who receive colorectal cancer screenings based on the most recent guidelines (blood stool test in the past year or a sigmoidoscopy in the past 5 years and a blood stool test in the past 3 years or a colonoscopy in the past 10 years) Colon Cancer is one of the most preventable forms of cancer, according to the American Cancer Society The percentage of adults ages 50-75 in Westchester County who received a colorectal cancer screening has decreased from 70 6% in 2009 to 69 3% in 2014 Because early detection of colorectal cancer leads to a greater than 90% survival rate according to the American Cancer Society, White Plains Hospital has assumed the mission of ensuring that 80% of those over the age of 50 receive the recommended screenings based on the guidelines for colorectal cancer using one of the following three methods fecal immunochemical test (FIT), fecal occult blood test (FOBT), or colonoscopy by the year 2018 This program is aligned with the 80% by 2018 initiative, a national movement spearheaded by the American Cancer Society and the Colon Cancer Challenge Foundation White Plains Hospital focused its efforts around the 80% by 2018 initiative in 2016 on internal stakeholders, working to encourage its own employees be screened The initiative has been rolled out as a pilot program for staff with several communications sent encouraging them to be screened Communication tactics encouraging screening for those who meet the guidelines have included the employee newsletter, E-Blasts, weekly Human Resources notices, and a targeted letter from the medical leadership to all affiliated physicians promoting the cause The Hospitals 80% by 2018 Task Force meets monthly to strategize around physician engagement and expand access for employees to screening In all, 945 employees have been identified as fitting the criteria for recommended screenings for colorectal cancer, and formal data measurement began in September 2016, to be followed with annual assessments More surveys will be conducted in the fall of 2016 for those 945 individuals to determine how many have been screened Employees and physicians are also being asked to serve as ambassadors in the community to promote the importance of colorectal cancer screening Following on the initial efforts for the 80% by 2018 campaign, plans to implement the 80% by 2018 initiative in the greater Westchester community have a targeted launch date in March, 2017 Actions will target the follo
Schedule H, Part V, Section B, Lines 16a-16c	The hospital's FAP is posted on the website http //www wphospital org/patients-and-visitors/patients/financial-and-insurance-information

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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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 I, LINE 1A	Tax return preparation fees incurred by one officer were paid by the organization The amounts were included as taxable income
PART I, LINE 4B & PART II - COLUMNS (B)(I), (II) AND (III)	Trustees employed by Montefiore Medicine Academic Health System, Inc participated in a supplemental nonqualified retirement plan IN A MANNER DESIGNED TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" THE COMPENSATION COMMITTEE OF THE MONTEFIORE BOARD OF TRUSTEES EXPRESSLY REVIEWED AND APPROVED THESE RETIREMENT BENEFIT ARRANGEMENTS FOR SENIOR EXECUTIVES IN A MANNER THAT QUALIFIED UNDER THE INTERMEDIATE SANCTIONS RULES OF THE FEDERAL TAX LAW, AND IN RECOGNITION OF (A) THE EXECUTIVES' YEARS OF SERVICE TO THE ORGANIZATION AND (B) THE SIGNIFICANT CONTRIBUTIONS TO ENHANCING THE ABILITY OF THE ORGANIZATION TO ACHIEVE ITS CHARITABLE MISSION IN A MANNER CONSISTENT WITH FINANCIAL SOLVENCY ACCORDINGLY, THIS BENEFIT SHOULD BE VIEWED AS APPLYING TO YEARS OF SERVICE FOR THE ORGANIZATION Supplemental Executive retirement plan accrued and unpaid service costs PHILIP O OZUAH, M D , PH D - $486,897 CHRISTOPHER PANCZNER - $170,726 LYNN RICHMOND - $370,008
PART I, LINE 7	BONUS COMPENSATION WAS PAID BY WHITE PLAINS HOSPITAL CENTER TO CERTAIN OFFICERS AND key employees STAFF IN 2016 SUCH COMPENSATION WAS AWARDED TO THOSE INDIVIDUALS BASED ON THE INDIVIDUAL'S RESPECTIVE JOB PERFORMANCE AND ACCOMPLISHMENTS ACHIEVED AS DETERMINED BY EITHER THE MANAGEMENT COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IN THE CASE OF THE OFFICERS OR BY EXECUTIVE LEADERSHIP IN THE CASE OF SENIOR STAFF

Additional Data

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

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MICHAEL J PALUMBO MD Executive VP/Medical	(i)	617,841	210,000	7,200	15,900	13,369	864,310	0
	(ii)	0	0	0	0	0	0	0
1 Susan Fox President & CEO	(i)	942,476	567,500	3,293	13,250	29,223	1,555,742	0
	(ii)	0	0	0	0	0	0	0
2 NABIL KHOURY-YACOUB MD Physician	(i)	973,275	500	0	13,250	29,623	1,016,648	0
	(ii)	0	0	0	0	0	0	0
3 SARA SADAN MD Physician	(i)	961,507	37,868	0	10,600	22,228	1,032,203	0
	(ii)	0	0	0	0	0	0	0
4 JARED BRANDOFF MD Physician	(i)	887,595	151,893	0	13,250	33,323	1,086,061	0
	(ii)	0	0	0	0	0	0	0
5 JEFF TIESIS VP - COO	(i)	499,106	105,550	7,200	10,600	9,044	631,500	0
	(ii)	0	0	0	0	0	0	0
6 FRANCES BORDONI SVP - Business Development	(i)	411,050	93,750	7,200	10,600	25,213	547,813	0
	(ii)	0	0	0	0	0	0	0
7 JACQUELIN MONACO-BAVARO MD PHYSICIAN	(i)	905,992	500	0	13,250	17,094	936,836	0
	(ii)	0	0	0	0	0	0	0
8 PHILIP O OZUAH MDPHD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,549,814	806,800	136,022	503,897	34,195	3,030,728	0
9 CHRISTOPHER S PANCZNER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	700,000	320,100	21,554	187,726	0	1,229,380	0
10 LYNN RICHMOND BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	884,855	486,600	21,554	387,008	33,060	1,813,077	0
11 SETH GENDLER MD PHYSICIAN	(i)	517,285	208,657	0	10,600	30,613	767,155	0
	(ii)	0	0	0	0	0	0	0
12 Joseph Guarracino SVP - CFO	(i)	574,766	60,000	6,900	10,600	13,416	665,682	0
	(ii)	0	0	0	0	0	0	0
13 Leigh Anne McMahon RN SVP - Patient Care	(i)	452,341	100,000	7,722	21,200	5,447	586,710	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	Dormitory Authority of the State of New York	14-6000693	64983TTS2	06-23-2004	32,330,000	See Schedule K, Part VI		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000693	000000000	12-20-2013	1,996,769	EQUIPMENT PURCHASE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	17,300,000	1,042,427		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	32,340,437	1,996,769		
4	Gross proceeds in reserve funds	1,786,000	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	604,543	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	785,123	1,996,769		
11	Other spent proceeds	29,164,771	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2004	2013		

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?			X					
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b	Name of provider	BAYERISCHE		0					
c	Term of GIC	1140 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?	X			X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part 1, A(F)	Proceeds of borrowing used to current refund NYSMCFFA FHA-Insured mortgage project revenue bonds, 1994 Series B issued 10/20/1994, as well as a small amount of capital expenditures Part IV, Line 2C, bond A The five and ten year installment rebate computations were performed in October 2017 There are no positive arbitrage rebate earnings The next calculation is scheduled for May 31, 2019

Return Reference	Explanation
PART IV, LINE 6, A	Certain amounts comprising a "minor portion" (and therefore not subject to yield restrictions) were held beyond an available temporary period

Return Reference	Explanation
PART IV, LINE 6, A	For tax exempt leasing equipment issues, the financing does not generate any investment income, therefore no calculation was performed and no rebate is due

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
See Additional Data Table					

Part V **Supplemental Information**

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

Return Reference	**Explanation**
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(D) The business transactions reported in Part IV were all ordinary business activities conducted between the organization and the substantial contributor

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CONTRIBUTOR 23	Substantial Contributor	15,607,733	Business transaction		No
(2) CONTRIBUTOR 61	Substantial Contributor	11,267,339	Business transaction		No
(3) Contributor 47	Substantial Contributor	2,782,650	Business transaction		No
(4) Contributor 72	Substantial Contributor	2,082,005	Business transaction		No
(5) Contributor 138	Substantial Contributor	1,785,447	Business transaction		No
(6) Contributor 60	Substantial Contributor	1,718,600	Business transaction		No
(7) Contributor 155	Substantial Contributor	1,518,721	Business transaction		No
(8) Contributor 27	Substantial Contributor	1,084,407	Business transaction		No
(9) Contributor 124	Substantial Contributor	1,013,311	Business transaction		No
(10) Contributor 68	Substantial Contributor	954,007	Business transaction		No
(11) Contributor 73	Substantial Contributor	322,071	Business transaction		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	14	115,889	Current market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS ROBERT FEDER AND WILLIAM NULL HAVE A BUSINESS RELATIONSHIP Victoria Bruni became a board member in April 2016 She had a family relationship with Frank Bruni, another Board Member

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	Montefiore Health System has the sole right to approve the appointment of the members of t he White Plains Board who have been nominated and approved by the White Plains Board MHS can appoint three White Plains Board members specifically appointed as MHS' representative s, each of whom shall be a MHS board member, officer or member of MHS senior executive man agement, except as otherwise agreed by the Parties MHS shall have the right to designate one of the MHS representatives on the White Plains Board, to serve on the White Plains Boa rd's executive committee, finance committee and such other committees as MHS may request f rom time to time MHS may reject a proposed nominee to the White Plains Board for Good Cau se

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PURSUANT TO THE WHITE PLAINS HOSPITAL MEDICAL CENTER'S AND MONTEFIORE MEDICAL CENTERSS ORG ANIZING DOCUMENTS (BYLAWS), CERTAIN DECISIONS OF THE GOVERNING BOARD WERE REQUIRED TO BE A PPROVED BY THE MONTEFIORE HEALTH SYSTEMS BOARD OF DIRECTORS SUCH DECISIONS INCLUDED MANAG ED CARE CONTRACTING, EXPANSION/SUBTRACTION OF THE MEDICAL CENTER'S OPERATIONS, CERTAIN ADM INISTRATIVE PROCEDURES, ETC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	The Form 990 was prepared by the Montefiore's tax department working closely with White Pl ains' Finance team and assisted by various departments throughout the Health System The F orm 990 was reviewed and approved by Montefiore Vice President-Finance and THE WHITE PLAIN S HOSPITAL Senior Leadership including the Chief Financial Officer In addition, an indepe ndent accounting firm was engaged to review the Form 990 Upon completion of the various r eviews, the Form 990 was presented to the White Plains Finance and executive Committee of the Board of Trustees for review and approval Once approved by the finance committee of t he Board of Trustees, the Form 990 was provided to all members of White Plains' governing body prior to filing

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	The other change in net asset increase of $34,514,200 was due to the following - Contributed Capital from affiliate $39,592,700 - Increase in defined pension & other postretirement plans liabilities to be recognized in future periods ($5,078,500) TOTAL $34,514,200

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

(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

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		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1740130
Name: WHITE PLAINS HOSPITAL MEDICAL 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) 111 East 210th street BRONX, NY 10467 13-3430322	real estate	NY	501(C)(3)	12A TYPE I	MMC	Yes	
(1) 3411 Wayne Avenue BRONX, NY 10467 91-1943271	staff housing	NY	501(C)(2)		MMC	Yes	
(2) 3450 wayne avenue BRONX, NY 10467 23-7160641	staff housing	NY	501(C)(2)		MMC	Yes	
(3) 3400 reservoir oval East BRONX, NY 10467 13-3109387	Community Ser	NY	501(C)(3)	12B TYPE II	MMC	Yes	
(4) 200 East Gunhill Road BRONX, NY 10467 13-3734486	diag services	NY	501(C)(3)	12A TYPE I	MMC	Yes	
(5) 555 South Broadway Tarrytown, NY 10591 20-1615393	SUPPORT SERV	NY	501(C)(3)	12B TYPE II	MMAHS	Yes	
(6) 4134 Bronx Blvd BRONX, NY 10466 01-0796859	amb services	NY	501(C)(3)	3	MHS	Yes	
(7) 16 Guion Place New Rochelle, NY 10801 46-2931956	Hospital	NY	501(C)(3)	3	MHS	Yes	
(8) 12 North Seventh Avenue Mount Vernon, NY 10550 46-2916938	Hospital	NY	501(C)(3)	3	MHS	Yes	
(9) 16 Guion Place New Rochelle, NY 10801 46-2929888	Nursing Home	NY	501(C)(3)	3	MHS	Yes	
(10) 111 EAST 210TH STREET BRONX, NY 10467 47-1600439	INACTIVE	NY	501(C)(3)	7	MHS	Yes	
(11) 1300 Morris Park Avenue BRONX, NY 10461 47-2209056	Med COLLEGE	NY	501(C)(3)	2	MMAHS	Yes	
(12) 555 SOUTH BROADWAY TARRYTOWN, NY 10591 47-1582973	Sys Parent	NY	501(C)(3)	12B TYPE II	NA	Yes	
(13) 160 NORTH MIDLAND AVENUE NYACK, NY 10960 13-1740119	HOSPITAL	NY	501(C)(3)	3	MHS	Yes	
(14) 111 EAST 210TH STREET BRONX, NY 10467 13-1740114	ACAD MED CTR	NY	501(C)(3)	3	MHS	Yes	
(15) 1300 Morris Park Avenue BRONX, NY 10461 23-7075620	Staff Housing	NY	501(C)(2)		AECOM	Yes	
(16) 111 East 210th Street BRONX, NY 10467 47-4853506	Rehab Center	NY	501(c)(3)	3	MMC	Yes	
(17) 41 East Post Road Davis Ave White Plains, NY 10601 13-3281507	FUNDRAISING	NY	501(C)(3)	12A TYPE I	WPHMC	Yes	
(18) 160 North Midland Avenue NYACK, NY 10960 13-3245804	FUNDRAISING	NY	501(C)(3)	7	Nyack Hosp	Yes	
(19) 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605 13-1739937	REHAB HOSP	NY	501(C)(3)	3	MHS	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) 70 DUBOIS STREET NEWBURGH, NY 125504851 14-1340054	HOSPITAL	NY	501(C)(3)	3	MHS	Yes	
(1) 70 DUBOIS STREET NEWBURGH, NY 125504851 45-2526738	HEALTHCARE	NY	501(C)(3)	12A Type I	SLCH	Yes	
(2) 70 DUBOIS STREET NEWBURGH, NY 125504851 27-2020746	HEALTHCARE	NY	501(C)(3)	12A Type I	SLCH	Yes	
(3) 70 DUBOIS STREET NEWBURGH, NY 125504851 22-3026261	HOLDING COMP	NY	501(C)(3)	12A Type I	MHS	Yes	
(4) 70 DUBOIS STREET NEWBURGH, NY 125504851 22-3026263	FUNDRAISING	NY	501(C)(3)	7	SLCHS	Yes	
(5) 70 DUBOIS STREET NEWBURGH, NY 125504851 14-1365995	ASST LIVING	NY	501(C)(3)	PF	SLCHS	Yes	
(6) 70 DUBOIS STREET NEWBURGH, NY 125504851 14-1364666	HOME FOR AGED	NY	501(C)(3)	10	SLCHS	Yes	
(7) 135 Bedford Road Armonk, NY 10504 13-3911773	Former Parent	NY	501(C)(3)	12C TypeIII	NA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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) The Montefiore IPA Inc 111 East 210th street bronx, NY 10467 13-4114915	Integ Provr Assoc	NY	NA	C CORP				Yes	
(1) MMC GI Holdings East Inc 111 East 210th street bronx, NY 10467 72-1610013	holding company	NY	NA	C CORP				Yes	
(2) MMC GI Holdings West Inc 111 East 210th street bronx, NY 10467 72-1610015	holding company	NY	NA	C CORP				Yes	
(3) BRONX ACCOUNTABLE CARE NETWORK IPA INC 111 EAST 210TH STREET BRONX, NY 10467 30-0689571	Inter Provr Assoc	NY	NA	C CORP				Yes	
(4) MONTEFIORE CONSOLIDATED VENTURES INC 111 EAST 210TH STREET BRONX, NY 10467 61-1728539	holding company	NY	NA	C CORP				Yes	
(5) MONTEFIORE INSURANCE COMPANY INC 111 EAST 210TH STREET BRONX, NY 10467 32-0436594	Inactive	NY	NA	C CORP				Yes	
(6) HUDSON VALLEY IPA INC 111 EAST 210TH STREET BRONX, NY 10467 38-3978087	Inactive	NY	NA	C CORP				Yes	
(7) MONTEFIORE INNOVATIONS INC 111 EAST 210TH STREET BRONX, NY 10467 47-5106910	Inactive	NY	NA	C CORP				Yes	
(8) HIGHLAND MEDICAL PC 160 NORTH MIDLAND Avenue NYACK, NY 10960 13-4034481	Healthcare Serv	NY	NA	C CORP				Yes	
(9) 8 LONGVIEW DEVELOPMENT CORP DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 26-3321278	hOUSING	NY	WPHMC	C CORP	-20,270	2,294,152	100 000 %	Yes	
(10) WHITE PLAINS MEDICAL DIAGNOSTIC SERV PC 41 EAST POST ROAD WHITE PLAINS, NY 10601 45-3164626	Healthcare Serv	NY	WPHMC	C CORP	-56,855	0	100 000 %	Yes	
(11) CANCER AND BLOOD MEDICAL SERVICES OF NY 41 EAST POST ROAD WHITE PLAINS, NY 10601 46-2021804	Healthcare Serv	NY	WPHMC	C CORP	-448,708	100,000	100 000 %	Yes	
(12) DAVIS AVENUE CORP DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 13-3331643	Inactive	NY	WPHMC	C CORP	0	0	100 000 %	Yes	
(13) WHITE PLAINS MANAGEMENT CO INC 41 EAST POST ROAD WHITE PLAINS, NY 10601 13-3331641	Inactive	NY	WPHMC	C CORP	0	0	100 000 %	Yes	
(14) WPHC BUILDING CORP 41 EAST POST ROAD WHITE PLAINS, NY 10601 13-3676932	inactive	NY	WPHMC	C CORP	0	0	100 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(16) UNIVERSITY BEHAVIORAL ASSOCIATES INC 111 EAST 210TH STREET BRONX, NY 10467 13-3877781	MGMT SERVICES	NY	NA	C CORP				Yes	
(1) White Plains Medical Services Davis Avenue at East Post Road White Plains, NY 10601 81-5369152	Healthcare Serv	NY	WPHMC	c Corp	0	0	100 000 %	Yes	
(2) White Plains Physician Services Davis Avenue at East Post Road White Plains, NY 10601 81-5309615	Healthcare Serv	NY	WPHMC	C Corp	0	0	100 000 %	Yes	
(3) Charitble Remainder Trust (5)	Charit Remr Trust	NY	NA	Trust				Yes	
(4) SLCH Corporation 70 Dubois Street Newburgh, NY 122504851 14-1765661	inactive	NY	NA	c corp				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)	MONTEFIORE Health Service Inc	M	2,584,982	COST
(1)	MONTEFIORE MEDICAL CENTER	C	39,592,700	COST
(2)	The Montefiore IPA Inc	L	2,798,606	COST
(3)	The Winifred Masterson Burke Rehab Hospital	L	715,959	cost
(4)	The Nyack Hospital	Q	864,977	cost
(5)	Cancer and Blood Medical Services of NY PC	Q	1,595,839	cost
(6)	STELLARIS HEALTH NETWORK	P	4,748,628	COST