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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
HUDSON VALLEY HOSPITAL CENTER

% SHARON MANDEL

Doing business as
newyork-presbhdudson valley hospital

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

1980 CROMPOND ROAD

City or town, state or province, country, and ZIP or foreign postal code
CORTLANDT MANOR, NY 10567

F Name and address of principal officer:
STACEY PETROWER
1980 CROMPOND ROAD
CORTLANDT MANOR, NY 10567

D Employer identification number
13-1740120

E Telephone number
(914) 734-3277

G Gross receipts \$ 239,643,452

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.nyp.org/hudsonvalley

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1911

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO SERVE THE HEALTHCARE NEEDS OF THE COMMUNITY AND TO PROVIDE QUALITY CARE IN A COMPASSIONATE, PROFESSIONAL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATURAL ORIGIN OR DISEASE.

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)	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	1,332
6	Total number of volunteers (estimate if necessary)	218
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 39	

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	507,403	143,100
9 Program service revenue (Part VIII, line 2g)	217,252,760	224,847,252
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,027,811	1,621,027
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,063,976	3,443,731
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	221,851,950	230,055,110

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	54,130	24,128
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)	113,501,696	125,343,727
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	113,640,393	111,450,808
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	227,196,219	236,818,663
19 Revenue less expenses. Subtract line 18 from line 12	-5,344,269	-6,763,553

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	258,857,817	311,316,024
21 Total liabilities (Part X, line 26)	116,912,167	172,248,706
22 Net assets or fund balances. Subtract line 21 from line 20	141,945,650	139,067,318

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

2020-11-05

Date

STACEY PETROWER PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01683199

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 5 TIMES SQUARE

NEW YORK, NY 10036

Phone no. (212) 773-3000

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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:

FOUNDED IN 1889 BY THE HELPING HAND ASSOCIATION, HUDSON VALLEY HOSPITAL CENTER DBA NEWYORK-PRESBYTERIAN HUDSON VALLEY HOSPITAL, LOCATED IN CORTLANDT MANOR, NEW YORK, SERVES RESIDENTS OF THE HUDSON VALLEY AND WESTCHESTER COUNTY. THE HOSPITAL SERVES THE HEALTH CARE NEEDS OF THE COMMUNITY AND TO PROVIDE QUALITY, COMPREHENSIVE MEDICAL CARE IN A COMPASSIONATE, PROFESSIONAL AND RESPECTFUL MANNER, WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN OR DISEASE.

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 \$ 183,092,835 including grants of \$ 24,125) (Revenue \$ 224,914,883)
	See Additional Data

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$ including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶	183,092,835
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
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 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	139
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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	7	
	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	4	
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	No
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	No
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-A 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:
SHARON MANDEL 466 LEXINGTON AVENUE NEW YORK, NY 10017 (212) 297-5525

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.

See instructions for the order in which to list the persons above.

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

☐ 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			
(1) Maxine Frank Director Eff. 2/2019	1.0 59.0	X						0	2,405,480	241,518
(2) Gary Zuar Former Officer	0.0 0.0						X	0	1,358,810	150,423
(3) Stacey Petrower Ex-Officio/President	57.5 2.5	X		X				0	841,865	51,425
(4) William Higgins PRESIDENT - MEDICAL GROUP	0.0 60.0					X		531,882	795	36,575
(5) Brian Regan Director	1.0 59.0	X						0	432,121	71,527
(6) Kathleen Burke Secretary Thru 9/2019	1.0 59.0			X				0	438,615	63,317
(7) Bobby Janda VP Medical Affairs & CMO	59.5 0.5				X			404,104	0	46,702
(8) S Angela Gonzalez-Per VP Operations	60.0 0.0				X			344,278	0	50,072
(9) Alice Corbett CNO & VP Pat. Serv THRU 7/2019	60.0 0.0				X			360,666	0	23,104
(10) Sharon Mandel CFO HVH & Corp Dir NYP	59.5 0.5				X			0	294,026	88,162
(11) Sedrick O'Connor VP Human Resources	60.0 0.0				X			287,993	0	47,311
(12) Mary Kincart Former Key Employee	0.0 0.0						X	12,959	281,599	34,923
(13) Ophelia Byers VP, CNO. EFF. 9/2019	22.0 38.0				X			81,896	146,449	62,693
(14) Karen D Erickson Director of Pharmacy	40.0 0.0					X		216,607	0	55,800
(15) Margi S Quail Director Finance	40.0 0.0					X		211,805	0	40,805
(16) Salvacion D Delacruz Registered Nurse	40.0 0.0					X		194,129	0	40,581
(17) Sabrina Nitkowski-Keev Director Med/Surg & Case Mgmt	40.0 0.0					X		200,687	0	11,961

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Mary Braunsdorf Secretary Eff. 9/2019	1.0 34.0			X				0	160,174	23,892
(19) Michael Delfino Chairman	1.0 2.0	X						0	0	0
(20) John Dare Director	1.0 0.0	X						0	0	0
(21) Edward MacDonald Jr Director	1.0 0.0	X						0	0	0
(22) Catherine E Pisani Director	1.0 0.0	X						0	0	0

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	2,847,006	6,359,934	1,140,791

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 ▶ 276

	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	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
cerner corporation, 2800 rockcreek parkway KANSAS CITY, MO 64117	it support services	1,059,857
AMH Healthcare Inc, 8840 Cypress Water Blvd Suite 300 DALLAS, TX 75019	staffing	1,866,083
pavarini north east construction i, 30 oak street STAMFORD, CT 060955313	construction	2,850,200
Cura Hospitality, 2970 corporate Ct 5 OREFIELD, PA 18069	food service	1,714,780
Batska Consulting Group LLC, 54 west 40th st NEW YORK, NY 10018	Consultant	701,148

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 ▶ 49

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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											
	d Related organizations	1d											
	e Government grants (contributions)	1e	93,541										
	f All other contributions, gifts, grants, and similar amounts not included above	1f	49,559										
	g Noncash contributions included in lines 1a - 1f:\$	1g											
	h Total. Add lines 1a-1f ▶	143,100											
Program Service Revenue			Business Code										
	2a NET PATIENT SERVICE REVENUE	622110		223,651,459		223,651,459							
	b MALPRACTICE INSURANCE REFUND	990009		1,195,793		1,195,793							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶	224,847,252											
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			985,912						985,912			
	4 Income from investment of tax-exempt bond proceeds ▶			0									
	5 Royalties ▶			0									
			(i) Real	(ii) Personal									
	6a Gross rents	6a	1,216,956										
	b Less: rental expenses	6b											
	c Rental income or (loss)	6c	1,216,956		0								
	d Net rental income or (loss) ▶			1,216,956						1,216,956			
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory	7a	10,223,457										
	b Less: cost or other basis and sales expenses	7b	9,588,342										
	c Gain or (loss)	7c	635,115										
	d Net gain or (loss) ▶			635,115						635,115			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	0									
	b Less: direct expenses		8b	0									
	c Net income or (loss) from fundraising events . . . ▶			0									
	9a Gross income from gaming activities. See Part IV, line 19		9a	0									
	b Less: direct expenses		9b	0									
	c Net income or (loss) from gaming activities . . . ▶			0									
	10a Gross sales of inventory, less returns and allowances . . .		10a	0									
	b Less: cost of goods sold . . .		10b	0									
	c Net income or (loss) from sales of inventory . . . ▶			0									
Miscellaneous Revenue			Business Code										
11a CAFETERIA			900099		500,852				500,852				
b PARAMEDIC REIMBURSEMENT			900099		943,325				943,325				
c REBATES			900099		443,467				443,467				
d All other revenue					339,131		67,631		271,500				
e Total. Add lines 11a-11d ▶					2,226,775								
12 Total revenue. See instructions ▶					230,055,110		224,914,883		4,997,127				

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,500	20,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,628	3,628		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,006,713		3,006,713	
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	93,307,779	70,643,246	22,664,533	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,361,047	3,301,745	1,059,302	
9 Other employee benefits	18,234,067	13,804,998	4,429,069	
10 Payroll taxes	6,434,121	4,871,268	1,562,853	
11 Fees for services (non-employees):				
a Management	0			
b Legal	508,968		508,968	
c Accounting	396,023		396,023	
d Lobbying	31,154		31,154	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	3,852		3,852	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,485,491	10,310,136	7,175,355	
12 Advertising and promotion	891,334	674,828	216,506	
13 Office expenses	6,528,308	4,942,577	1,585,731	
14 Information technology	6,198,178	4,692,636	1,505,542	
15 Royalties	0			
16 Occupancy	5,410,439	4,546,570	863,869	
17 Travel	9,953		9,953	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	134,823		134,823	
20 Interest	2,160,514	1,635,723	524,791	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,210,274	8,580,029	1,630,245	
23 Insurance	1,337,392	1,241,985	95,407	
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	38,511,262	38,511,262		
b DUES/MEMBERSHIPS/AWARD	374,454	283,499	90,955	
c OTHER EXPENSES	20,921,796	14,773,371	6,148,425	
d LICENSE/PERMITS	336,593	254,834	81,759	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	236,818,663	183,092,835	53,725,828	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		14,368,380	1	17,697,837	
	2	Savings and temporary cash investments		17,350,624	2	2,400,377	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		26,514,047	4	30,668,339	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		1,715,778	7	1,620,241	
	8	Inventories for sale or use		3,609,647	8	4,371,616	
	9	Prepaid expenses and deferred charges		3,310,884	9	4,716,990	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	176,743,562			
	b	Less: accumulated depreciation	10b	39,391,810	127,810,480	10c	137,351,752
	11	Investments—publicly traded securities		28,180,716	11	32,676,212	
	12	Investments—other securities. See Part IV, line 11		26,864	12	633,476	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		35,970,397	15	79,179,184	
16	Total assets. Add lines 1 through 15 (must equal line 34)		258,857,817	16	311,316,024		
Liabilities	17	Accounts payable and accrued expenses		33,137,080	17	34,036,336	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		83,775,087	25	138,212,370	
	26	Total liabilities. Add lines 17 through 25		116,912,167	26	172,248,706	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		138,513,617	27	135,530,093	
	28	Net assets with donor restrictions		3,432,033	28	3,537,225	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		141,945,650	32	139,067,318	
33	Total liabilities and net assets/fund balances		258,857,817	33	311,316,024		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	230,055,110
2	Total expenses (must equal Part IX, column (A), line 25)	2	236,818,663
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,763,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	141,945,650
5	Net unrealized gains (losses) on investments	5	696,756
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,188,465
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	139,067,318

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

Hudson Valley Hospital center DBA NewYork-Presbyterian/Hudson Valley Hospital, part of the Newyork-Presbyterian regional hospital network, has a long history of providing high quality care to residents of Westchester, Putnam and Lower dutchess Counties. As a fully accredited general, not for profit 128-bed hospital, we offer a wide range of inpatient and ambulatory services, with hundreds of practitioners on staff in more than 60 specialties. The hospital is home to the regions only 24-hour no wait emergency department. The hospitals comprehensive Cancer Center combines chemotherapy, radiation therapy, and support services under one roof. NewYork-Presbyterian Hudson Valley Hospital has received national recognition for excellence in nursing from the American Nurses Credentialing Centers (ANCC) Magnet Recognition Program three consecutive times. The hospital had 8,517 discharges 163,287 other outpatient visits and provided 33,304 outpatient emergency room visits plus 7,565 ambulatory surgery procedures.

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

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

The organization is not a private foundation because it is: (For lines 1 through 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, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization HUDSON VALLEY HOSPITAL CENTER	Employer identification number 13-1740120
---	--

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		31,154
j	Total. Add lines 1c through 1i			31,154
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-b, Line 1:	membership dues paid to independent third party associations used to educate policymakers and state and federal legislators on the complexities and constraints hospitals face in delivering care.

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

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

	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 7/25/06, 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

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,674,619	1,674,619	1,674,619	1,674,619	1,674,619
b Contributions					
c Net investment earnings, gains, and losses	4,000	4,000	4,000	4,000	4,000
d Grants or scholarships					
e Other expenditures for facilities and programs	4,000	4,000	4,000	4,000	4,000
f Administrative expenses					
g End of year balance	1,674,619	1,674,619	1,674,619	1,674,619	1,674,619

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

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		6,363,000		6,363,000
b Buildings		118,670,553	18,591,752	100,078,801
c Leasehold improvements		0		
d Equipment		43,595,784	20,800,058	22,795,726
e Other		8,114,225		8,114,225
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				137,351,752

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	398,618
(2) INSURANCE CLAIMS RECEIVABLE	12,576,651
(3) DUE FROM RELATED ORGANIZATIONS	19,429,705
(4) SECURITY DEPOSITS	14,383
(5) GOODWILL	6,388,714
(6) OPERATING LEASE ASSET	29,864,774
(7) INVESTMENT IN HERS, LLC	10,506,339
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	79,179,184

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	138,212,370

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	THE ENDOWMENT FUNDS appropriation for expenditure is USED FOR THE FUNDING OF HEALTH CARE SERVICES AND CAPITAL ACQUISITIONS RELATING TO HUDSON VALLEY HOSPITAL CENTER'S MISSION STATEMENT.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes	
		3b	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		2,741	1,446,937	220,429	1,226,508	0.520 %
b Medicaid (from Worksheet 3, column a)		18,929	30,522,549	17,933,930	12,588,619	5.340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		21,670	31,969,486	18,154,359	13,815,127	5.860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	406	24,905	1,044,669		1,044,669	0.450 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	406	24,905	1,044,669		1,044,669	0.450 %
k Total. Add lines 7d and 7j	406	46,575	33,014,155	18,154,359	14,859,796	6.310 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	4,494,761	
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	522,509	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	53,458,779	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	77,131,825	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-23,673,046	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
hudson valley hospital center**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): 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)	3	Yes
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): a ☒ Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u> b ☐ Other website (list url): _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>see supplemental information</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

hudson valley hospital center

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100% and FPG family income limit for eligibility for discounted care of 400% b ☐ Income level other than FPG (describe in Section C) c ☐ Asset level d ☒ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☒ Residency h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a ☒ The FAP was widely available on a website (list url): see supplemental information b ☒ The FAP application form was widely available on a website (list url): see supplemental information c ☒ A plain language summary of the FAP was widely available on a website (list url): see supplemental information d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☒ Other (describe in Section C)			

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

hudson valley hospital center

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)*

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

hudson valley hospital center

Name of hospital facility or letter of facility reporting group _____

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

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 HUDSON VALLEY HOSPITAL CTR INFUSION CTR 1978 CROMPOND ROAD CORTLANDT MANOR, NY 10567	INFUSION CENTER
2 NYPHUDSON VALLEY DIAGNOSTIC RADIOLOGY 35 SOUTH RIVERSIDE AVENUE CROTONONHUDSON, NY 10520	RADIOLOGY
3 NYPHUDSON VALLEY HOSPITAL COLD SPRING 1756 ROUTE 9D1ST FLOOR COLD SPRING, NY 10516	RADIOLOGY/PHYSICAL THERAPY
4 NYPHUDSON VALLEY HOSPITAL PHYS THERAPY 420 SOUTH RIVERSIDE AVENUE CROTONONHUDSON, NY 10520	PHYSICAL THERAPY
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	Part I, Line 3: N/A Part I, Line 6a: N/A PART I, LINE 7, COLUMN (F) Bad debt price concessions are offset against revenue and not included in expenses. PART I, LINE 7 the following is a detail of the sources used for determining the amounts reported on schedule H: Line 7A - Adjusted Ratio of Patient Care Costs to Charges Line 7B - Cost accounting system Line 7E - Actual Expenses PART III, LINE 2 - BAD DEBT price concession EXPLANATION: For patients who were determined by the Hospital to have the ability to pay but did not, the uncollectible amounts are bad debt price concessions. PART III, LINE 3: The amount at cost included represents patients who qualify for charity care/financial assistance and have a bad debt write-off. Bad debt expense (price concessions) associated with patients that received charity care/financial assistance is represented in this \$522,509 figure. These patients went through our charity care/financial assistance process and were determined to have financial need. As a result, we provided them with a discount based on our sliding scale charity care policy. If they were unable to pay the reduced balances, they were written off as bad debt and included as a community benefit. PART III, LINE 4 - FOOTNOTE TO FINANCIAL STATEMENTS: Audited Financial Statements page 21. PART III, LINE 8: THE HOSPITAL UTILIZED THE AMOUNTS REPORTED ON THE MEDICARE COST REPORT TO DETERMINE THE MEDICARE ALLOWABLE COSTS. TOTAL INPATIENT AND OUTPATIENT COSTS. THESE DO NOT INCLUDE CERTAIN MEDICARE PROGRAM REVENUE AND COSTS AND THUS DO NOT REFLECT ALL OF THE ORGANIZATIONS REVENUES AND COSTS WITH THE PARTICIPATION IN MEDICARE PROGRAMS. THE REVENUE AND COSTS EXCLUDES MEDICARE MANAGED CARE ACTIVITY. IF ALL THESE REVENUE AND COSTS WERE INCLUDED THE MEDICARE SHORTFALL OF (\$23,673,056) WOULD RESULT IN A GREATER MEDICARE shortfall OF (\$34,170,533). MEDICARE NET SURPLUS PER SCHEDULE H (23,673,056) MEDICARE MANAGED CARE NET COSTS (10,497,487) TOTAL NET COSTS ASSOCIATED WITH THE MEDICARE PROGRAM (34,170,533) "Net is defined as revenue net of costs" PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION: POLICY AND PURPOSE: The purpose of the Collection Policy (Policy) is to promote patient access to quality health care while minimizing bad debt at New York -Presbyterian Hudson Valley Hospital (Hospital). This Policy places requirements upon Hospital and those agencies and attorneys undertaking debt collection activities that are consistent with the core mission, values, and principles of Hospital including, but not limited to, Hospitals Charity Care Policy (hereafter Charity Care Policy). This Policy applies to Hospital and any Agency, lawyer, or law firm assisting Hospital in the collection of an outstanding patient account debt. PROCEDURE: General guidelines 1. Hospital, collection agencies (Agency), and lawyers and law firms (Outside Counsel) will comply with all applicable federal and state laws and accrediting agency requirements governing the collection of debts including, but not limited to, the Fair Debt Collection Practices Act (FDCPA), the Fair Credit Billing Act, the Consumer Credit Protection Acts, Public Health Law Section 2807-k-9-a, Internal Revenue Service Code 501(r), Article 52 of the New York Civil Practice Law and Rules, and the Health Insurance Portability and Accountability Act (HIPAA). Hospital, Agency and Outside Counsel will also comply with Hospitals Charity Care Policy. To the extent that there are any inconsistencies between Hospitals Collection Policy and Charity Care Policy, the Charity Care Policy shall supersede and control. 2. Hospital shall enter legally binding written agreements with any parties (including Agency or Outside Counsel) to which it refers an individuals debt related to care that are reasonably designed to prevent Extraordinary Collection Actions (ECAs) from being taken to obtain payment for the care, until reasonable efforts have been made to determine whether the individual is eligible for Charity Care. PART VI, LINE 2 - NEEDS ASSESSMENT: The NewYork-Presbyterian Hudson Valley Hospital (NYP-HVH), is a regional hospital of NewYork-Presbyterian. NYP-HVH completed a Community Health Needs Assessment (CHNA) to identify the need of our community and develop a Community Service Plan (CSP) and detailed implementation plan. NYP-HVH is deeply committed to the communities residing in Westchester County, Putnam County, and the surrounding areas. NYP HVH delivers a range of innovative programs and services intended to educate and provide resources to prevent illness, maintain health, and improve the overall well-being of the community. This summary outlines the data driven processes and priorities, partnership and collaborations, and community improvement initiatives for 2019-2021. Our priorities are aligned with the 2019-2024 New York State Prevention Agenda (NYS PA) to promote health equity with a focus on physical, mental, and social determinants of health. Utilizing a network approach,

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	NYP-HVH collaborated with NewYork-Presbyterian, Westchester County Health Planning Coalition (WCHPC), the Westchester County Department of Health (WCDOH), Citizens Committee for Children of New York (CCC), Columbia University Irving Medical Center (CUIMC), Greater New York Hospital Association (GNYHA), local Community Based Organizations (CBOs), the New York Academy of Medicine (NYAM), and Weill Cornell Medical College (WCMC) to adopt a community focused process of collecting and analyzing measurable data (quantitative) and views voiced by the community (qualitative) from a variety of sources. The collaborative process ensured significant input from the key stakeholders and local community through questionnaires and focus groups conducted in several languages. This allowed the system to develop a focused implementation plan to meet the needs of those we serve. NYP-HVH compiled measurable data and input from the community from numerous sources in order to analyze the health and challenges of our community. The analysis utilized county and ZIP code data for metrics and included data related to demographics, socioeconomic status, insurance status, social determinants of health, health status, health service utilization, and the New York State Prevention Agenda. Community input sources included focus groups and community questionnaires and allowed involvement from a diverse group with respect to culture, race, language, age, gender identity, and sexual orientation. Data resources utilized include the Behavioral Risk Factor Surveillance System (BRFSS) New York State, CARES Engagement Network, Claritas, New York State Community Health Indicator Reports (CHIRs), Robert Wood Johnson County Health Rankings, State Cancer Profiles, and the United Hospital Fund. The collected data was ranked to provide detailed insight into the communities with high disparities and was then prioritized to determine the highest health priorities for the identified communities. The prioritized process utilized both quantitative health metrics and the qualitative community input data; the results of the prioritization process provided detailed insight into the health needs and challenges of the community and allowed NYP-HVH to determine which focus areas and goals, as outlined in the New York State Prevention Agenda, to focus on to address the identified needs. NYP-HVH is committed to the successful implementation of each initiative and will utilize quality process improvement efforts to report on process and outcome measures in order to adapt each program to meet the annual expectations outlined as well as meet the needs of our community. Based on the completed data process, NYP-HVH, in partnership with local community-based organizations, will target the City of Peekskill for the Community Service Plan. The community has been identified as having high disparities, both health and social determinants of health, through the CHNA process. Additionally, Peekskill has been identified as an opportunity zone by the Tax Cuts and Jobs Act to incentivize private investment into economically distressed communities. The analyzed and prioritized data allowed for the identification of a community of focus as well as priority areas to impact the health of the most vulnerable populations. NYP-HVH will target efforts in Peekskill related to the prevention of (1) chronic disease, (2) promotion of healthy women, infants, and children, and (3) promotion of well-being to prevent mental health and substance abuse. To align with the constantly changing dynamics of the community, NYP-HVH has revised the focus and initiatives as compared to the 2013-2016 community service plan which included the prevention of chronic disease through the Healthy Heart program and reduction in obesity through improved breastfeeding rates at discharge. PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: Written materials, including the application, full Policy, and plain language summary

Additional Data

Software ID:

Software Version:

EIN: 13-1740120

Name: HUDSON VALLEY HOSPITAL CENTER

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Hudson Valley Hospital Center 1980 crompond road cortlandt manor, NY 10567 www.nyp.org/hudsonvalley 5901000H	X	X					X			

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

Form and Line Reference	Explanation
Part v, Line 5	The NewYork-Presbyterian Hudson Valley Hospital (NYP-HVH), is a regional hospital of NewYork-Presbyterian. NYP-HVH completed a Community Health Needs Assessment (CHNA) to identify the needs of our community and develop a Community Service Plan (CSP) and detailed implementation plan. NYP-HVH is deeply committed to the communities residing in Westchester County, Putnam County, and the surrounding areas. NYP-HVH delivers a range of innovative programs and services intended to educate and provide resources to prevent illness, maintain health, and improve the overall well-being of the community. Utilizing a network approach, NYP-HVH collaborated with NewYork-Presbyterian, Westchester County Health Planning Coalition (WCHPC), the Westchester County Department of Health (WCDOH), Citizens Committee for Children of New York (CCC), Columbia University Irving Medical Center (CUIMC), Greater New York Hospital Association (GNYHA), local Community Based Organizations (CBOs), the New York Academy of Medicine (NYAM), and Weill Cornell Medical College (WCMC) to adopt a community focused process of collecting and analyzing measurable data (quantitative) and views voiced by the community (qualitative) from a variety of sources. The collaborative process ensured significant input from the key stakeholders and local community through questionnaires and focus groups conducted in several languages. This allowed the system to develop a focused implementation plan to meet the needs of those we serve. As a result of this collaboration, survey results, and internal planning based on our hospitals strengths, resources and local community needs, NewYork-Presbyterian Hudson Valley Hospital developed its 2019-2021 Community Service Plan. List of CBOs in Westchester include: 1 Caring for the Hungry and Homeless of Peekskill (CHHOP) 2 Hudson Valley Gateway Chamber of Commerce 3 HRHCare Community Health 4 The Field Library in Peekskill 5 Yorktown Chamber of Commerce 6 Yorktown Seniors Advisory Committee In our efforts to meet the Agendas requirements, the Westchester County Health & Hospital Planning Team (WCHHPT), including NewYork-Presbyterian Hudson Valley Hospital, conducted a Community Health Needs Assessment Survey to sample residents and providers in the County and each hospitals or agencies service areas to determine which Prevention Agenda initiative(s) it plans to address during this three-year period. Surveys yielded 1,318 responses and 326 were from within the subset of NewYork-Presbyterian Hudson Valley Hospitals primary and secondary service areas. Significant socioeconomic gaps exist among the communities served by NewYork-Presbyterian Hudson Valley Hospital. NYP-HVH compiled measurable data and input from the community from numerous sources in order to analyze the health and challenges of our community. The analysis utilized county and ZIP code data for metrics and included data related to demographics, socioeconomic status, insurance status, social determinants of

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

Form and Line Reference	Explanation
Part v, Line 5	f health, health status, health service utilization, and the New York State Prevention Agenda. Community input sources included focus groups and community questionnaires and allowed involvement from a diverse group with respect to culture, race, language, age, gender identity, and sexual orientation. Data resources utilized include the Behavioral Risk Factor Surveillance System (BRFSS) New York State, CARES Engagement Network, Claritas, New York State Community Health Indicator Reports (CHIRs), Robert Wood Johnson County Health Rankings, State Cancer Profiles, and the United Hospital Fund. The collected data was ranked to provide detailed insight into the communities with high disparities and was then prioritized to determine the highest health priorities for the identified communities. The prioritized process utilized both quantitative health metrics and the qualitative community input data; the results of the prioritization process provided detailed insight into the health needs and challenges of the community and allowed NYP HVH to determine which focus areas and goals, as outlined in the New York State Prevention Agenda, to focus on to address the identified needs. NYP-HVH used additional data collected and prepared by the Westchester County Health Department, specifically for the Westchester County community, to assess community health needs, to identify health disparities, to utilize in prioritizing the implementation strategies and to support health intervention planning. Part V, Line 7a: https://www.nyp.org/pdf/community-service/NYP-Hudson-Valley-CHNA-2019-2021.pdf Part V, Line 10a: https://www.nyp.org/pdf/community-service/NYP-Hudson-Valley-CHNA-2019-2021.pdf

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

Form and Line Reference	Explanation
Part V, Line 11	NYP-HVH is committed to the successful implementation of each initiative and will utilize quality process improvement efforts to report on process and outcome measures in order to adapt each program to meet the annual expectations outlined as well as meet the needs of o ur community. Community of Focus Based on the completed data process, NYP-HVH, in partners hip with local community-based organizations, will target the City of Peekskill for the Co mmunity Service Plan. The community has been identified as having high disparities, both h ealth and social determinants of health, through the CHNA process. Additionally, Peekskill has been identified as an opportunity zone by the Tax Cuts and Jobs Act to incentivize pr ivate investment into economically distressed communities. The analyzed and prioritized da ta allowed for the identification of a community of focus as well as priority areas to imp act the health of the most vulnerable populations. NYP HVH will target efforts in Peekskil l related to the prevention of (1) chronic disease, (2) promotion of healthy women, infant s, and children, and (3) promotion of well-being to prevent mental health and substance ab use. To align with the constantly changing dynamics of the community, NYP-HVH has revised the focus and initiatives as compared to the 2013 2016 community service plan which includ ed the prevention of chronic disease through the Healthy Heart program and reduction in ob esity through improved breastfeeding rates at discharge. Community of Focus Based on the d ata process of analytics and prioritization, NYP-HVH will target efforts in Peekskill, Wes tchester County, to allow our teams to concentrate efforts and directly impact a high need community within the three-years of the service plan. Priority Areas of Focus The 2016-20 18 Community Service Plan focused on addressing obesity in children and adults through bre astfeeding at discharge. NYP-HVH increased the breastfeeding rate at discharge to 94% thro ugh education and support within 1 hour of birth. Our plan also addressed heart disease. T hrough our Healthy Heart program, participants experienced positive improvements in blood pressure and weight loss. NYP-HVH remains committed to serving the community by providing health care services and activities that benefit our community members. The hospital is co ntinuing breastfeeding promotion and the Healthy Heart program, along with numerous other outreach activities, which are listed in the appendix. To respond to New York States call to identify two priorities and address disparities, we are additionally committing to the following two new initiatives which will be monitored and evaluated over the next 3 years. The initiatives below respond to the following Prevention Agenda Priorities: a) Prevent C hronic Disease Focus Area 1: Reduce Obesity & the Risk of Chronic Disease b) Goal 1.2 Redu ce maternal mortality and morbidity. 2019-2021 Community Service Plan Initiatives Include: Focus Area 1: Reduce Obesity

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

Form and Line Reference	Explanation
Part V, Line 11	& the Risk of Chronic Disease Goal 1.1 - Increase access to healthy and affordable foods and beverages Objective Utilize a culturally sensitive process to empower organizations to focus on nutrition and physical activity, Promote wellness through community-based partnerships, and address food insecurities. INTERVENTION EXPLAINED: Choosing healthy & active lifestyles for kids (CHALK) is New York-Presbyterian's obesity prevention program. CHALK aims to address obesity using a socio-ecological model as its theoretical framework. The program will drive system and environmental changes that produce long lasting improvements around wellness in the targeted community of Peekskill. Focus Area 2: Maternal & Women's Health Goal 1.2 Reduce Maternal Mortality And Morbidity. Objective: This program aims to reduce racial, ethnic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations. INTERVENTION EXPLAINED: Our overarching goal is to develop a two-generation approach for improving maternal-child health in primary care and community settings by providing integrated mental health services to low-income and uninsured pregnant women and the newborn child, and establishing co-management strategies with partner community agencies. We will implement an enhanced healthy steps model using telehealth to meet mothers in their home environment and integrate community health workers to ensure that families can successfully navigate the medical and social service system. Healthy steps is an evidence-based national primary care model that aims to improve the health and well-being of mothers and their newborns. In the area surrounding the targeted community of Peekskill, we will participate in an existing community agency consortium whose focus is on maternal-child health in order to implement prevention strategies at a population level.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Line 15E	Hudson Valley Hospital has two financial Counselors who work with patients to provide information regarding Medicaid, Charity Care and to assist those patients who need help to apply.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V Line 16a, b and c:	www.nyp.org/hudsonvalley/charitycare

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

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

Form and Line Reference	Explanation
Part V, Line 16J	The Hospital follows two basic approaches to publicizing the availability of Financial Aid. First, it makes the Financial Aid Policy itself, a plain language summary, and the Financial Aid application available at various Hospital patient access points, posts signs conspicuously in public areas of the Hospital, includes information on billing statements, posts information (including how to obtain the policy, summary and application) on the website, and responds to inquiries from patients and members of the community on financial aid. Secondly, the Hospital provides updates and information (including the policy, the summary and/or the application) on a regular basis to leaders of local community base organizations, elected officials, the City Health Department and Westchester County Department of Health.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Employer identification number
13-1740120

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) support connection inc 40 triangle center suite 100 yorktown heights, NY 10598	13-3900612	501(c)(3)	7,000				healthcare
(2) ST CHRISTOPHER'S INN 21 FRANCISCAN WAY GARRISON, NY 10524	13-3668321	501(C)(3)	8,500				Healthcare

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2019

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

Part III can be duplicated if additional space is needed.

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

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

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

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization HUDSON VALLEY HOSPITAL CENTER		Employer identification number 13-1740120

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed 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?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Part VII and Schedule J:	Certain individuals of the New York and Presbyterian Hospital identified in part VII as a Director & Former Officer of the Hudson Valley Hospital DBA NYP/Hudson Valley Hospital are responsible for executing the mission and management of the New York and Presbyterian Hospital (NYP) and its affiliated entities. Compensation for 2019 of these upper level executives includes the payout of an annual incentive plan and a long-term incentive plan. This performance-oriented program conditions payments upon the achievement of multiple individual and group performance measures. Measures to monitor performance include: operational and financial strength, patient quality and safety, patient satisfaction, advancement of patient care, and people development and partnership. Incentive awards may only be granted if the organization achieves a financial surplus. Even if all relevant performance measurements are achieved, the NYP Board of Trustees retains full discretion to make or not make any incentive awards, or to reduce the amount of any incentive award. This initiative is critical to assuring that NYP has the requisite leadership to create and manage a highly motivated and engaged workforce, to drive superior performance throughout the organization and to achieve top tier medical center status. As a separate matter, due to restrictions imposed by the Internal Revenue Code, upper level executives are limited in the amount of benefits received under a tax-qualified retirement plan. Like many employers, NYP supplements these executives' pension benefits through a supplemental ("nonqualified") retirement plan. The supplemental executive retirement plan (SERP) is subject to a multi-year vesting requirement (commencing after five years of participation in the SERP, in prorated amounts through age 65) which places an executive's supplemental retirement benefit at risk of forfeiture if the vesting requirements are not satisfied. Once vested, however, provisions of the Internal Revenue Code require that the vested executive include in current income the value of his or her vested supplemental retirement benefit. Notwithstanding the legal requirement to recognize the vested value of the supplemental retirement benefit as current income, the supplemental retirement benefit will not be distributed to the executive until the executive actually retires from NYP (although, as permitted by the Internal Revenue Code, the supplemental retirement plan will effect a distribution of an amount necessary to satisfy the executive's tax liability resulting from the income recognition upon vesting). As noted, this supplemental retirement benefit will not be distributed to the executive until the executive actually retires from NYP. There are constantly changing legal, tax, accounting, and public disclosure rules for a SERP (supplemental executive retirement plan) in not-for-profit organizations. The executive Compensation Committee continuously monitors these changes and incorporates any changes into the overall SERP plan design. As in past years, the executive Compensation Committee of NYP requires a third party complete a review of the organization's compensation program to ensure its effectiveness in terms of government regulations, market conditions and the need to continually elevate organizational performance. The report also serves to meet the regulatory obligations to ensure that all elements of the executive compensation programs are reasonable. The individuals listed in part VII that are compensated by New York Presbyterian Hospital devote an average of sixty hours per week to perform their responsibilities for the New York Presbyterian Hospital and other related organizations in the aggregate.
Schedule J, Line 3:	Compensation decisions for the President was determined by a related organization following that organization's compensation policy.
Part I, Line 4A:	Received a severance payment: Alice Corbett: \$112,904 Part I, Line 4b: Participated in a Supplemental Nonqualified retirement plan: Maxine Frank: 174,142 Gary Zuar : 81,226 Supplemental Nonqualified retirement plan as reported on W2: Maxine Frank: 157,577 Gary Zuar : 123,050
PART I, LINE 7 - NON-FIXED PAYMENTS:	See Schedule o Line 15 - for non-fixed payments.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Brian Regan Director	(i)	0	0	0	0	0	0	0
	(ii)	290,508	103,261	38,352	30,034	41,493	503,648	0
1Maxine Frank Director Eff. 2/2019	(i)	0	0	0	0	0	0	0
	(ii)	973,517	1,100,120	331,843	208,407	33,111	2,646,998	12,652
2Stacey Petrower Ex-Officio/President	(i)	0	0	0	0	0	0	0
	(ii)	507,304	264,458	70,103	30,279	21,146	893,290	0
3Kathleen Burke Secretary Thru 9/2019	(i)	0	0	0	0	0	0	0
	(ii)	318,373	98,760	21,482	40,311	23,006	501,932	0
4Mary Braunsdorf Secretary Eff. 9/2019	(i)	0	0	0	0	0	0	0
	(ii)	149,926	1,700	8,548	8,177	15,715	184,066	0
5Bobby Janda VP Medical Affairs & CMO	(i)	336,432	58,550	9,122	11,000	35,702	450,806	0
	(ii)	0	0	0	0	0	0	0
6Alice Corbett CNO & VP Pat. Serv THRU 7/2019	(i)	189,269	49,523	121,874	11,000	12,104	383,770	0
	(ii)	0	0	0	0	0	0	0
7Ophelia Byers VP, CNO. EFF. 9/2019	(i)	71,690	5,000	5,206	0	11,490	93,386	0
	(ii)	128,594	6,825	11,030	9,675	41,528	197,652	0
8S Angela Gonzalez-Perez VP Operations	(i)	273,966	60,727	9,585	11,000	39,072	394,350	0
	(ii)	0	0	0	0	0	0	0
9Sedrick O'Connor VP Human Resources	(i)	228,224	50,348	9,421	11,000	36,311	335,304	0
	(ii)	0	0	0	0	0	0	0
10Sharon Mandel CFO HVH & Corp Dir NYP	(i)	0	0	0	0	0	0	0
	(ii)	285,768	4,000	4,258	39,965	48,197	382,188	0
11William Higgins PRESIDENT - MEDICAL GROUP	(i)	409,644	88,530	33,708	11,000	25,575	568,457	0
	(ii)	0	795	0	0	0	795	0
12Karen D Erickson Director of Pharmacy	(i)	213,797	2,500	310	13,345	42,455	272,407	0
	(ii)	0	0	0	0	0	0	0
13Margi S Quail Director Finance	(i)	200,376	9,960	1,469	13,799	27,006	252,610	0
	(ii)	0	0	0	0	0	0	0
14Sabrina Nitkowski-Keever Director Med/Surg & Case Mgmt	(i)	192,189	8,198	300	11,554	407	212,648	0
	(ii)	0	0	0	0	0	0	0
15Salvacion D Delacruz Registered Nurse	(i)	190,018	3,569	542	16,556	24,025	234,710	0
	(ii)	0	0	0	0	0	0	0
16Gary Zuar Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	692,924	431,125	234,761	111,590	38,833	1,509,233	2,844
17Mary Kincart Former Key Employee	(i)	12,910	0	49	10,990	536	24,485	0
	(ii)	222,519	46,373	12,707	11,298	12,099	304,996	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

13-1740120

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 6:	NYP Community Programs, Inc, a New York not-for-profit corporation, is the sole member of the hudson valley hospital center dba NewYork-Presbyterian/Hudson Valley Hospital (CORPORATION).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 7A & 7B:	THE MEMBER HAS THE RIGHT TO APPOINT THE BOARD OF DIRECTORS PURSUANT TO THE CORPORATIONS BY LAWS. THE MEMBER HAS OTHER RIGHTS, POWERS AND AUTHORITY VESTED IN IT BY THE BYLAWS OF THE CORPORATION, BY NON PROFIT CORPORATE LAW (NPCL) AND OTHER APPLICABLE LAW, AND BY VIRTUE OF ITS CAPACITY AS THE ESTABLISHED CO-OPERATOR OF THE CORPORATION LICENSED UNDER ARTICLE 28 OF THE NEW YORK STATE PUBLIC HEALTH LAW. ITS POWERS SO DELINEATED INCLUDE DECISIONS SUCH A S ADOPTING, AMENDING OR REPEALING BYLAWS, ELECTING OFFICERS OF THE CORPORATION, AND MAKING STRATEGIC PLANNING DECISIONS FOR THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 11A & B:	MEMBERS OF THE NEWYORK-PRESBYTERIAN HOSPITAL (NYPH) FINANCE DEPARTMENT (FINANCE) COORDINATED AND COMPLETED ALL OF THE INFORMATION REQUIRED FOR FORM 990, ACCESSING VARIOUS RESOURCES INCLUDING, LEGAL, HUMAN RESOURCES, CORPORATE COMPLIANCE, DEVELOPMENT, AND OTHER DEPARTMENTS AS NEEDED. THE FOLLOWING IS THE PROCESS FOR REVIEW: SENIOR FINANCE EXECUTIVES REVIEW THE RETURN IN CONJUNCTION WITH ERNST & YOUNG U.S. LLP, PAID PREPARER, PRIOR TO SUBMISSION TO THE CHAIR OF THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE OF THE NYPH BOARD (NYPH AUDIT COMMITTEE) OR HIS/HER DESIGNEE. PURSUANT TO THE CORPORATIONS BYLAWS, IT IS THE NYPH AUDIT COMMITTEE THAT REVIEWS THE CORPORATIONS FORM 990. THE CHAIR OF THE NYPH AUDIT COMMITTEE OR HIS/HER DESIGNEE CONDUCTS A DETAILED REVIEW AND MEETS WITH FINANCE TO ADDRESS ANY QUESTIONS. A COPY OF THE 990 IS SENT TO THE OTHER COMMITTEE MEMBERS FOR REVIEW, AND A REPORT IS GIVEN ON THE 990 BY MANAGEMENT AT THE COMMITTEES MEETING IMMEDIATELY PRECEDING THE FILING. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS, CORPORATION, PRIOR TO ITS FILING. THE CORPORATION FILES THE 990 UPON FINAL REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 12C:	Hudson Valley Hospital center DBA NewYork-Presbyterian/Hudson Valley Hospital adheres to a conflict of interest (coi) policy that was approved by the audit and corporate compliance committee of the board of trustees. The policy states in part: "Each Board Member, Officer or Key Person of a New York-Presbyterian Organization shall complete a conflict of interest questionnaire prior to becoming a Board Member, Officer or Key Person of the New York-Presbyterian Organization and annually thereafter." The policy also states that "each Board Member, Officer, or Key Person shall promptly advise the Chief Executive Officer of the New York and Presbyterian Hospital, or his or her designee, of any changes to the information provided in that individual's last completed conflict of interest questionnaire." The Chief Executive Officer of the New York and Presbyterian Hospital, or his or her designee, shall review all completed questionnaires and all subsequent advice of changes and shall take such action as is deemed appropriate to eliminate potentials for conflicts of interest, including such steps as reassignment of responsibilities or establishment of protective arrangements. All disclosures of interests in completed questionnaires or subsequent advice, unless clearly irrelevant or immaterial, shall be compiled and reported by management to the Audit and Corporate Compliance Committee, together, in each case, with response or recommendation of management. The Audit and Corporate Compliance Committee shall determine whether the reported resolution of issues raised by the disclosures is satisfactory and, if not, shall require such further action as it deems appropriate.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 15:	Compensation decisions for the President and other Officers not paid by the organization w as determined by a related organization following that organization's compensation policy. The organizations president & Officers have no influence over the compensation process pe rformed by the related organization Compensation decisions for the key employees was revie wed and approved by the Board of Directors of NYP Community Programs, Inc. (board). The bo ard members are independent of the hospital and its management team and there are no confl icts of interest. The board is responsible for overseeing executive compensation policies and practices, and for setting and approving compensation for the hospitals senior managem ent. The board members have engaged an independent third-party expert to provide objective advice and relevant industry and marketplace benchmarks for compensation. The board asses ses total compensation for senior management. All senior management compensation is approv ed by the board without input or voting participation by persons whose compensation is bei ng approved or by any other individual with a conflict of interest.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section C, Line 19:	External requests for our governing documents, conflict of interest policy, and financial statements are reviewed for validity. These requests are then granted if deemed appropriate.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part XI, Line 9:	Change in Interest of the foundation of NYP/Hudson Valley = 105,192 Transfer of a building to Hudson Valley Hospital = 2,576,934 Change in Investment in Hudson East River Systems, LLC = 506,339 Total Other Changes = 2,188,465

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As Filed Data -

DLN: 93493317081980

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HUDSON VALLEY HOSPITAL CENTER

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

13-1740120

Part I

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

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

Part II

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

Yes

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-1740120

Name: HUDSON VALLEY HOSPITAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-4153668	SUPPORT ORG.	NY	501(C)(3)	12 TYPE I	NA		No
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3957095	HEALTH CARE	NY	501(C)(3)	3	NYP FDN	Yes	
535 E 70TH ST NEW YORK, NY 10021 13-1624135	HEALTH CARE	NY	501(C)(3)	3	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3158502	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3158496	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3160354	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3792361	SPONSOR	NY	501(C)(3)	TYPE III-fi	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3160356	FUNDRAISING	NY	501(C)(3)	7	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 46-3951535	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3344692	HLTH INFO SVS	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
55 PALMER AVENUE BRONXVILLE, NY 10708 26-4076297	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-2773085	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 47-2126668	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
55 PALMER AVENUE BRONXVILLE, NY 10708 13-3415158	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
69 MAIN STREET TUCKAHOE, NY 10707 13-1740022	HEALTH CARE	NY	501(C)(3)	10	LAWRENCE CAR	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 46-2486539	HEALTH CARE	NY	501(C)(3)	12 TYPE II	NYP SYS INC	Yes	
420 E 76TH STREET NEW YORK, NY 10021 13-3746997	HEALTH CARE	NY	501(C)(3)	3	NYP SYS INC	Yes	
505 E 70TH STREET NEW YORK, NY 10021 13-3184198	HEALTH CARE	NY	501(C)(3)	4	NYP SYS INC	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-2964432	INACTIVE	NY	501(C)(3)	12 TYPE I	NYP SYS INC	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3160901	COLLECTION	NY	501(C)(3)	TYPE III-fi	NYP SYS INC	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
144-45 87TH AVENUE JAMAICA, NY 11435 11-2925535	HEALTH CARE	NY	501(C)(3)	10	NYP SYS INC	Yes	
144-45 87TH AVENUE BRIARWOOD, NY 11435 26-2894911	HOUSING	NY	501(C)(3)	10	SILVERCREST	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 82-2253311	INVESTMENT	NY	501(C)(3)	7	NYP FUND IN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3614596	FUND/SUPPORT	NY	501(C)(3)	12 TYPE I	NYP FUND IN	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3307781	SUPPORT	NY	501(C)(3)	12 TYPE I	NYPHVH HOS	Yes	
50 DAYTON LANE SUITE 202 PEEKSKILL, NY 10566 56-2662502	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPHVH HOS	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3420263	SUPPORT	NY	501(C)(3)	12 TYPE I	NYP COMM PRO	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 45-4644781	SUPPORT	NY	501(C)(3)	12 TYPE II	WPHMS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-1839362	HEALTH CARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 45-4795032	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 27-4719998	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-2226870	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-2848858	EDUC&RESEARCH	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-1631796	HEALTH CARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 43-2015903	DENTAL SERVIC	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3441502	INACTIVE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3423162	RADIOLOGY	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 46-2333282	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYNMETHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 06-1160280	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 42-1591811	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	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
506 SIXTH STREET BROOKLYN, NY 11215 11-3564621	INACTIVE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-2843882	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3362663	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3124294	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-2843879	PATHOLOGY	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3303499	PEDIATRICS	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3231685	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	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
NYP PROGRAMS INC 525 EAST 68TH STREET NEW YORK, NY 10065 47-5351503	HEALTHCARE	NY	NYP Foundation	C. CORP				Yes	
NYP SERVICES INC 525 EAST 68TH STREET NEW YORK, NY 10065 06-1830524	INACTIVE	NY	NYP Foundation	C. CORP				Yes	
NEW YORK-PRESBYTERIAN GLOBAL INC 525 EAST 68TH STREET NEW YORK, NY 10065 80-0336716	INACTIVE	NY	NYP Foundation	C. CORP				Yes	
HARKNESS HALL CLUB INC 525 EAST 68TH STREET NEW YORK, NY 10065 13-3170488	INACTIVE	NY	NYP HOSPITAL	C. CORP				Yes	
VERNON HILLS MEDICAL PRACTICE PC 55 PALMER AVENUE BRONXVILLE, NY 10708 82-1988737	INACTIVE	NY	NYP HOSPITAL	C. CORP				Yes	
NETWORK INSURANCE COMPANY LTD PO BOX HM 1760 HAMILTON BD	REINSURANCE	BD	NYP SYSTEMS INC	FOREIGN C CORP					No
NYP GLOBAL SERVICES INC 525 EAST 68TH STREET NEW YORK, NY 10065 13-3845935	INACTIVE	NY	NYP FUND INC	C. CORP				Yes	
HUDSON VALLEY VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 11-3611982	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
AC VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 13-3758209	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
KNOWA VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 13-3845922	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
MSO OF KINGS COUNTY LLC 506 SIXTH STREET BROOKLYN, NY 11215 12-2387333	EMPLOY/STAFFING	NY	BKLYN METHODIST	C. CORP				Yes	
LC SERVICES CORPORATION 55 PALMER AVENUE BRONXVILLE, NY 10708 13-3448332	MEDICAL EQUIP	NY	LAWRENCE CARE	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
HUDSON VALLEY VENTURES	K	98,826	COST
WESTCHESTER PUTNAM	K	304,992	COST
HUDSON VALLEY VENTURES	J	82,688	COST
THE NEW YORK AND PRESBYTERIAN HOSPITAL	M	41,815,278	COST
NEW YORK PRESBYTERIAN HEALTHCARE SYSTEM INC	M	114,804	COST
NETWORK RECOVERY SERVICES INC	M	81,038	COST
LAWRENCE MEDICAL ASSOCIATES PC	O	284,229	COST
WESTCHESTER MEDICAL PRACTICE PC	O	284,229	COST
NEW YORK PRESBYHUDSON VALLEY HOSPITAL FDN	O	173,028	COST
WESTCHESTER MEDICAL PRACTICE	R	19,513,125	COST
THE NEW YORK AND PRESBYTERIAN HOSPITAL	R	5,137,329	COST
HUDSON EAST RIVER SYSTEMS LLC	R	10,000,000	COST
HUDSON VALLEY VENTURES	R	2,576,934	FMV
WESTCHESTER MEDICAL PRACTICE	M	4,949,999	COST