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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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.

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

WHITE PLAINS HOSPITAL MEDICAL CENTER

% FRED BERARDINONE

Doing business as

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

41 EAST POST RD AND DAVIS AVE

City or town, state or province, country, and ZIP or foreign postal code

WHITE PLAINS, NY 106014607

F Name and address of principal officer

SUSAN FOX

41 EAST POST RD AND DAVIS AVE

WHITE PLAINS, NY 106014607

H(a) Is this a group return for subordinates?

Yes

No

H(b) Are all subordinates included?

Yes

No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

501(c)(3)

501(c) ()

(insert no)

4947(a)(1) or

527

J Website: WWW WPHOSPITAL ORG

K Form of organization

Corporation

Trust

Association

Other

L Year of formation 1893

M State of legal domicile NY

Part I

Summary

Activities & Governance

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

TO offer high quality, acute health care and preventive medical care to all people who live in, work in, or visit Westchester County and its surrounding areas

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

JOSEPH GUARRACINO SVP - CFO

Type or print name and title

2019-11-07

Date

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

Phone no (212) 773-3000

NEW YORK, NY 10036

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 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WHITE PLAINS IS A VOLUNTARY, NOT-FOR-PROFIT HEALTH CARE ORGANIZATION WITH THE PRIMARY MISSION OF OFFERING HIGH QUALITY, ACUTE HEALTH CARE AND PREVENTIVE MEDICAL CARE TO ALL PEOPLE WHO LIVE IN, WORK IN, OR VISIT WESTCHESTER COUNTY AND ITS SURROUNDING AREAS. THESE EXCEPTIONAL SERVICES WILL BE DELIVERED IN A CARING AND COMPASSIONATE MANNER, FOCUSING ON MEETING THE NEEDS OF THE COMMUNITY. WHITE PLAINS HOSPITAL'S MISSION EXTENDS BEYOND INPATIENT AND OUTPATIENT CARE TO INCLUDE ASSESSING AND IMPROVING THE HEALTH STATUS OF THE LOCAL COMMUNITY, THE PROFESSIONAL COMMUNITY AND THE BUSINESS SECTOR. THE HOSPITAL WILL STRIVE TO ENHANCE ITS CAPABILITIES AND TO DELIVER HEALTH CARE SERVICES, WITHIN THE SCOPE OF ITS RESOURCES, IN A COST-EFFECTIVE MANNER. WHITE PLAINS HOSPITAL BELIEVES SUCCESS IS ASSURED BY THE DEDICATION OF THE PEOPLE WHO MAKE UP THE SUPPORTING CONSTITUENCIES: EMPLOYEES, PHYSICIANS, LICENSED HEALTH CARE PROFESSIONALS, VOLUNTEERS, INDIVIDUAL SUPPORTERS, BUSINESSES AND CIVIC ORGANIZATIONS.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 566,635,029	including grants of \$ 193,755)	(Revenue \$ 676,729,559)
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 ▶	566,635,029
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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	
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 525	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,914			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16	Yes	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 44		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 37		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
►FRED BERARDINONE 41 EAST POST RD DAVIS AVE White Plains, NY 106014607 (914) 681-2645

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 ☐

□

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

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

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

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	14,563,535	16,692,765	2,120,856

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 ▶ 774

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Gilbane Building Company, 2 Rector Street 24th Floor NEW YORK, NY 10006	Construction	10,114,922
Perkins Eastman Architects PC, 115 Fifth Avenue NEW YORK, NY 100031004	Architectural Design	5,180,932
POSEN CONSTRUCTION SERVICES LLC, 222 MAMARONECK AVENUE WHITE PLAINS, NY 10605	CONSTRUCTION	3,671,885
WP RADIOLOGY ASSOCIATES PC, DAVIS AVE EAST POST ROAD WHITE PLAINS, NY 10601	PROFESSIONAL SERV	3,275,320
EMPIRE GENERAL CONTRACTING CORP, 115 MAIN STREET TUCKAHOE, NY 10707	CONTRACTING SERVICES	2,878,634

<p>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 ► 124</p>	
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Form 990 (2018)

Page 9

Part VIII

Statement of Revenue

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

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			(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	2,098,975				
	d	Related organizations	1d	25,000				
	e	Government grants (contributions)	1e	9,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,541,926				
	g	Noncash contributions included in lines 1a - 1f \$	162,566					
	h	Total. Add lines 1a-1f	8,674,901					
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	622110	673,643,342	669,576,381	4,066,961	0	
	b	OTHER HEALTHCARE RELATED SERVICES	621999	3,086,217	2,636,396	449,821	0	
	c							
	d							
	e							
	f	All other program service revenue						
	9	Total. Add lines 2a-2f	676,729,559					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	2,792,523	0	0	2,792,523	
	4		Income from investment of tax-exempt bond proceeds	0				
	5		Royalties	0				
	6a	(i) Real		(ii) Personal				
		Gross rents						
		748,295						
		b Less rental expenses		774,299				
	c		Rental income or (loss)	-26,004	0			
	d		Net rental income or (loss)	-26,004	0	0	-26,004	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		638,781	2,000			
		b Less cost or other basis and sales expenses		0	6,259			
		c Gain or (loss)		638,781	-4,259			
	d		Net gain or (loss)	634,522	0	0	634,522	
	8a	Gross income from fundraising events (not including \$ 2,098,975 of contributions reported on line 1c) See Part IV, line 18		a	191,836			
		b Less direct expenses		b	1,107,666			
		c Net income or (loss) from fundraising events			-915,830		0	-915,830
	9a	Gross income from gaming activities See Part IV, line 19		a	0			
		b Less direct expenses		b	0			
		c Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances		a	172,856				
	b Less cost of goods sold		b	94,508				
	c Net income or (loss) from sales of inventory			78,348	0	0	78,348	
Miscellaneous Revenue		Business Code						
11a	DISTRIBUTION FROM DEMUTUALIZATION		524298	25,087,043	0	0	25,087,043	
b	PARKING INCOME		812930	1,172,173	0	0	1,172,173	
c	CAFETERIA AND VENDING INCOME		722514	1,166,455	0	0	1,166,455	
d	All other revenue			1,168,944	0	0	1,168,944	
e	Total. Add lines 11a-11d			28,594,615				
12	Total revenue. See Instructions			716,562,634	672,212,777	4,516,782	31,158,174	

Form 990 (2018)

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.	193,755	193,755		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	7,087,134	0	7,087,134	0
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.	306,693,434	277,788,115	28,017,783	887,536
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,549,792	9,366,786	1,151,009	31,997
9 Other employee benefits.	29,935,407	27,351,334	2,498,753	85,320
10 Payroll taxes.	21,739,278	19,299,498	2,378,118	61,662
11 Fees for services (non-employees):				
a Management.	1,199,133	1,199,133	0	0
b Legal.	2,979,576	11,220	2,968,356	0
c Accounting.	576,615	0	576,615	0
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	21,180,523	15,405,687	5,578,956	195,880
12 Advertising and promotion.	2,284,572	181,829	2,102,743	0
13 Office expenses.	28,921,949	26,010,970	2,673,362	237,617
14 Information technology.	9,239,700	745,238	8,494,462	0
15 Royalties.	0			
16 Occupancy.	13,705,766	13,532,048	124,053	49,665
17 Travel.	225,330	200,696	23,280	1,354
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	704,696	637,205	66,122	1,369
20 Interest.	384,418	359,051	25,367	0
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	36,066,716	32,795,464	3,101,738	169,514
23 Insurance.	14,392,325	13,816,559	575,766	0
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	117,426,826	117,426,826	0	0
b BILLING AND COLLECTION	11,256,299	0	11,256,299	0
c PHYSICIAN OWED PRACTICE LOSS	2,000,000	2,000,000	0	0
d LAUNDRY SERVICES	1,772,612	1,772,612	0	0
e All other expenses	6,789,307	6,541,003	203,082	45,222
25 Total functional expenses. Add lines 1 through 24e.	647,305,163	566,635,029	78,902,998	1,767,136
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 <input type="checkbox"/> 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	2,000	1	2,000
	2 Savings and temporary cash investments	45,084,302	2	83,804,102
	3 Pledges and grants receivable, net	5,165,839	3	4,557,286
	4 Accounts receivable, net	72,292,801	4	76,825,572
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	37,539	7	37,539
	8 Inventories for sale or use	8,154,227	8	10,978,266
	9 Prepaid expenses and deferred charges	2,435,764	9	2,677,977
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 502,286,631		
	b Less: accumulated depreciation	10b 114,171,618		
	11 Investments—publicly traded securities	365,629,452	10c	388,115,013
	12 Investments—other securities. See Part IV, line 11	94,325,971	11	89,198,486
	13 Investments—program-related. See Part IV, line 11	0	12	0
	14 Intangible assets	2,879,368	13	3,446,645
	15 Other assets. See Part IV, line 11	38,030,961	14	38,030,961
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,787,279	15	41,113,963	
	682,825,503	16	738,787,810	
Liabilities	17 Accounts payable and accrued expenses	99,555,484	17	124,675,517
	18 Grants payable	0	18	0
	19 Deferred revenue	38,505	19	0
	20 Tax-exempt bond liabilities	27,816,595	20	13,170,352
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	29,309,368	23	24,133,528
	24 Unsecured notes and loans payable to unrelated third parties	0	24	7,226,832
	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	125,857,706	25	104,972,208
	26 Total liabilities. Add lines 17 through 25	282,577,658	26	274,178,437
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	379,254,128	27	447,843,113
	28 Temporarily restricted net assets	17,685,332	28	13,437,625
	29 Permanently restricted net assets	3,308,385	29	3,328,635
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	400,247,845	33	464,609,373
	34 Total liabilities and net assets/fund balances	682,825,503	34	738,787,810

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	716,562,634
2	Total expenses (must equal Part IX, column (A), line 25)	2	647,305,163
3	Revenue less expenses Subtract line 2 from line 1	3	69,257,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	400,247,845
5	Net unrealized gains (losses) on investments	5	-3,706,922
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	-1,189,021
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	464,609,373

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

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

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

Form 990 (2018)

Form 990, Part III, Line 4a:

WHITE PLAINS HOSPITAL CENTER (THE "HOSPITAL") IS A 292 BED ACUTE CARE NOT-FOR PROFIT HOSPITAL SERVING THE HEALTH CARE NEEDS OF PEOPLE WHO LIVE IN, WORK IN OR VISIT WESTCHESTER COUNTY, NEW YORK AND ITS SURROUNDING AREAS. ALL CARE AND SERVICES ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, CREED, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION OR ABILITY TO PAY. THE HOSPITAL HAS A TRADITION OF EXCELLENCE THAT HAS EARNED IT AN OUTSTANDING REPUTATION FOR HIGH-QUALITY, PATIENT CARE WITH DIRECT COMMUNITY INVOLVEMENT THROUGHOUT ITS 126 YEARS HISTORY. THE HOSPITAL CONTINUES TO RAISE THE BAR FOR MODERN SOPHISTICATED HEALTH CARE, DELIVERING SERVICE IN A WARM COMMUNITY HOSPITAL SETTING AND REDEFINING WHAT IT MEANS TO BE A COMMUNITY HOSPITAL PROVIDING INNOVATIVE, CUTTING EDGE THERAPIES AND SUPERB PHYSICIANS AND CLINICIANS CARE. OUR NEARLY 1,100 MEDICAL STAFF MEMBERS PRIDE THEMSELVES ON PROVIDING COMPASSIONATE CARE EVERY DAY TO THE PATIENT THEY SERVE. OUR PARTNERSHIP WITH MONTEFIORE HAS HELPED TO ACCELERATE OUR GROWTH AND ABILITY TO PROVIDE OUR COMMUNITY WITH ADVANCED CARE, CLOSE TO HOME WITH ACCESS TO EXPANDED RESEARCH STUDIES AND CLINICAL TRIALS FOR OUR ONCOLOGY PATIENTS, A GROWING NUMBER OF CONTINUING MEDICAL EDUCATION OPPORTUNITIES FOR OUR PHYSICIANS AND OTHER PROVIDERS, AND SEAMLESS COLLABORATIVE WORK AMONG CLINICIANS. THE PARTNERSHIP HAS NOT ONLY MADE US STRONGER TOGETHER, BUT HAS INSPIRED US TO RAISE THE BAR FOR PATIENT CARE EVEN HIGHER. THE HOSPITAL PROVIDES ACUTE INPATIENT CARE, EMERGENCY, AS WELL AS A COMPREHENSIVE ARRAY OF OUTPATIENT SERVICES. KEY CLINICAL SERVICES INCLUDE MATERNITY, A LEVEL III INTENSIVE NEONATAL CARE UNIT, CARDIAC CATHETERIZATION LABORATORIES PERFORMING LIFESAVING EMERGENCY AND ELECTIVE ANGIOPLASTY, AS WELL AS CARDIAC ABLATION AND OTHER INNOVATIVE ELECTROPHYSIOLOGY PROCEDURES, ONCOLOGY, ORTHOPEDICS, STROKE CARE, AND SPECIALIZED SURGICAL SERVICES INCLUDING ROBOTIC, VASCULAR AND BARIATRIC, A SEIZURE DIAGNOSTIC CENTER AND A WOUND CARE CENTER. THE HOSPITAL'S EMERGENCY ROOM IS THE BUSIEST IN WESTCHESTER COUNTY TREATING MORE THAN 60,000 PATIENTS ANNUALLY. THE HOSPITAL'S EMERGENCY DEPARTMENT OFFERS ACCESS TO THE LATEST TECHNOLOGY AND UTILIZES A TEAM-BASED APPROACH TO EFFECTIVELY AND EFFICIENTLY PROVIDE EMERGENCY CARE FOR BOTH PEDIATRIC AND ADULT PATIENTS. THE EMERGENCY ROOM IS A VITAL SERVICE TO THOSE LIVING, WORKING AND VISITING WESTCHESTER COUNTY AND PROVIDES NEEDED EMERGENT CRITICAL CARE 24 HOURS A DAY, 365 DAYS OF THE YEAR. DESPITE THE PRIMARY CARE AND OUTREACH PROGRAMS AVAILABLE THROUGH THE HOSPITAL AND OTHERS SERVING THE COMMUNITY, FOR MANY UNINSURED AND UNDERINSURED, THE HOSPITAL'S EMERGENCY ROOM IS THEIR PRIMARY SOURCE OF ACCESSING HEALTHCARE SERVICES. WHITE PLAINS HOSPITAL WAS ONCE AGAIN RECOGNIZED BY VARIOUS AWARDS AND ACCREDITATIONS, INCLUDING - REPEATED RECOGNITION OF THE HOSPITAL'S CANCER PROGRAM BY THE AMERICAN COLLEGE OF SURGEON'S COMMISSION ON CANCER FOR OUTSTANDING ACHIEVEMENT IN CANCER CARE, - ACCREDITED FOR THE THIRD TIME AS A NATIONAL BREAST CENTER BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS, FOR QUALITY CARE AND OUTCOMES FOR BREAST PATIENTS, - TWELVE TIME WINNER OF THE CONSUMER'S CHOICE AWARD FROM THE NATIONAL RESEARCH CORPORATION, - NAMED AMONG THE TOP 15% IN THE NATION FOR OUTSTANDING PATIENT EXPERIENCE BY HEALTHGRADES, A LEADING ONLINE RESOURCE FOR COMPREHENSIVE INFORMATION ABOUT PHYSICIANS AND HOSPITALS, - RECEIVED THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES BEACON AWARD FOR EXCELLENCE THAT RECOGNIZES AND ACCLAIMS ACUTE AND CRITICAL CARE NURSING UNITS THAT ACHIEVE THE HIGHEST QUALITY OUTCOMES, - RECEIVED THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES - STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD FOR THE NINTH CONSECUTIVE YEAR, IN RECOGNITION OF ITS COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE FOR STROKE PATIENTS, - GRANTED A THREE-YEAR TERM OF ACCREDITATION IN ECHOCARDIOGRAPHY IN THE AREA OF ADULT TRANS-THORACIC, ADULT TRANS-ESOPHAGEAL, AND ADULT STRESS BY THE INTER-SOCIETAL ACCREDITATION COMMISSION (IAC), AND - ONE OF 8% OF HOSPITALS NATIONALLY TO BE GRANTED A THREE-YEAR TERM OF ACCREDITATION AS A DIAGNOSTIC IMAGING CENTER OF EXCELLENCE (DICOE) AND BREAST IMAGING CENTER OF EXCELLENCE (BICOE) BY THE AMERICAN COLLEGE OF RADIOLOGY. RECENTLY, WHITE PLAINS HOSPITAL WAS RE-DESIGNATED AS A MAGNET ORGANIZATION, A REFLECTION OF ITS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. MAGNET RECOGNITION IS DETERMINED BY THE AMERICAN NURSES CREDENTIALING CENTER'S (ANCC) MAGNET RECOGNITION PROGRAM, WHICH ENSURES THAT RIGOROUS STANDARDS FOR NURSING EXCELLENCE ARE MET. WITH THIS CREDENTIAL, THE HOSPITAL JOINS A SELECT GROUP OF HEALTHCARE ORGANIZATIONS IN THE UNITED STATES. MAGNET DESIGNATION IS WIDELY CONSIDERED TO BE THE GOLD STANDARD OF EXCELLENCE IN NURSING CARE. THE HOSPITAL ALSO PROMOTES THE WELLNESS OF THE COMMUNITY THROUGH CONDUCTING A VARIETY OF COMMUNITY FOCUSED EDUCATION AND PREVENTION MEASURES SUCH AS LECTURES, SCREENINGS AND OUTREACH INCLUDING CO-SPONSOR AND LEAD PARTICIPANT OF THE ANNUAL NEIGHBORHOOD HEALTH FAIR WHICH EMPHASIZES REACHING OUT TO THE UNINSURED AND UNDERINSURED POPULATION. AT THESE EVENTS, WE PROVIDE MANY SCREENINGS AND INFORMATION TO OUR ATTENDEES. EXPERTS ARE ON HAND TO PASS OUT INFORMATION AND ANSWER QUESTIONS ON VARIOUS HEALTH TOPICS SUCH AS ASTHMA AND STROKE. IN 2018, WE LAUNCHED THE HEALTHY COMMUNITY INITIATIVE, A COLLABORATIVE EFFORT WITH THE CITY OF WHITE PLAINS, THE MINISTERS FELLOWSHIP COUNCIL, THE WHITE PLAINS HOUSING AUTHORITY AND THE WHITE PLAINS SCHOOL DISTRICT. THE MISSION OF THE TASKFORCE IS TO POSITIVELY IMPACT THE OVERALL HEALTH OF OUR COMMUNITY IN A HOLISTIC WAY, WORKING WITH THE MUNICIPAL, COMMUNITY AND PRIVATE PARTNERS TO CREATE PROGRAMS THAT FOCUS ON PREVENTION AND OVERALL WELLBEING. EXCEPTIONAL CARE WITHOUT COMPROMISE - THAT IS OUR COMMITMENT TO THE COMMUNITY.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J MICHAEL DIVNEY IMMEDIATE PAST CHAIR	3 0 2 0	X						0	0	0
Paul M Weissman BOARD MEMBER	1 0 2 0	X						0	0	0
Jennifer Gruenberg Vice Chairman	3 0 0 0	X						0	0	0
Ann Edwards Vice Chairman	3 0 0 0	X						0	0	0
NORMAN ALPERT Board Member	1 0 0 0	X						0	0	0
Carl Austin Board Member	1 0 0 0	X						0	0	0
Steven Baruch Vice Chairman	3 0 0 0	X						0	0	0
Howard Berk Board Member	1 0 0 0	X						0	0	0
NANCY Clarvit Board Member	1 0 0 0	X						0	0	0
Peter M Fishbein Secretary	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
Alaida M Frederico Board Member	1 0 0 0	X						0	0	0
John Jureller Board Member	1 0 0 0	X						0	0	0
CAROL LOWENTHAL Board Member	1 0 0 0	X						0	0	0
WILLIAM NULL Vice Chairman	3 0 0 0	X						0	0	0
MICHAEL J PALUMBO MD Board Member/EVP-Chief Med Off	48 0 2 0	X		X				1,002,720	0	146,288
Lucy Schmolka Board Member	1 0 0 0	X						0	0	0
MEGAN H Shapiro Board Member	1 0 0 0	X						0	0	0
Steven M Silver Board Member	1 0 0 0	X						0	0	0
Laurence R Smith Chairman	3 0 2 0	X						0	0	0
Robert Stone Vice Chairman	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Susan Z Yubas Vice Chairwoman	3 0 1 0	X						0	0	0
Susan Fox President & CEO	49 0 1 0	X		X				2,000,358	0	285,874
Nettie Webb EdD Board Member	1 0 0 0	X						0	0	0
Jonathan Spitalny Board Member	1 0 2 0	X						0	0	0
Robert Tucker Board Member	1 0 1 0	X						0	0	0
DENNIS GILBERT BOARD MEMBER	1 0 0 0	X						0	0	0
ANDREW HERZ BOARD MEMBER	1 0 0 0	X						0	0	0
BENJAMIN MARANO MD BOARD MEMBER (Resigned 1/2018)	1 0 0 0	X						0	0	0
STEPHANIE MILLER BOARD MEMBER	1 0 0 0	X						0	0	0
PHILIP O OZUAH MDPHD BOARD MEMBER	1 0 59 0	X						0	13,316,550	45,068

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER S PANCZNER BOARD MEMBER	1 0 59 0	X						0	1,284,291	627,752
PAUL PECHMAN MD BOARD MEMBER	1 0 40 0	X						0	390,966	1,767
LYNN RICHMOND BOARD MEMBER	1 0 59 0	X						0	1,700,958	335,589
FENTON SOLIZ BOARD MEMBER	1 0 0 0	X						0	0	0
Victoria Bruni Board Member	1 0 0 0	X						0	0	0
Wendy Berk Board Member	1 0 1 0	X						0	0	0
Peter Post Board Member	1 0 1 0	X						0	0	0
Kathleen Winterroll Board Member	1 0 1 0	X						0	0	0
Joshua Caspi Board Member	1 0 0 0	X						0	0	0
Keith Kennerly Board Member	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
Peter Lehrer Board Member	1 0 0 0	X						0	0	0
Richard Mast Board Member	1 0 0 0	X						0	0	0
John Sganga Board Member	1 0 0 0	X						0	0	0
Scott Eichel Board Member (elected 4/23/18)	1 0 0 0	X						0	0	0
Richard Weinstein MD Board Member (elected 1/1/18)	50 0 0 0	X						1,345,991	0	45,532
JEFFREY A TIESI SVP - COO	50 0 0 0			X				796,646	0	122,078
Joseph Guarracino SVP - CFO	49 0 1 0			X				948,154	0	138,679
FRANCES P BORDONI SVP - Business Development	50 0 0 0				X			698,412	0	48,622
Leigh Anne McMahon SVP-Patient Care Services	50 0 0 0				X			780,238	0	119,065
Stuart M Zweibel MD Physician-West Dermatology	40 0 0 0					X		1,666,840	0	47,342

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Andrew M Casden MD Physician-Orthopaedic	40 0 0 0					X		1,864,799	0	48,782
Michael A Gott MD Physician	40 0 0 0					X		1,220,006	0	34,617
Michael Elia MD Physician	40 0 0 0					X		1,149,389	0	22,609
Nabil Khoury-Yacoub MD Physician-OB/GYN	40 0 0 0					X		1,089,982	0	51,192

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number

13-1740130

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. 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 ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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 ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 <input type="checkbox"/> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 13-1740130
Name: WHITE PLAINS HOSPITAL MEDICAL 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)	Political Campaign and Lobbying Activities	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2018
▶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.		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 WHITE PLAINS HOSPITAL MEDICAL CENTER	Employer identification number 13-1740130
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		50,167
j	Total. Add lines 1c through 1i			50,167
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, line 1	The other activities includes indirect lobbying for the organization's pro-rata share of Healthcare Education Project (HEP) lobbying expenses and a percentage of membership dues paid to the Greater New York Hospital Association, The American Hospital Association and Healthcare Association of New York State that were used by these organization for lobbying efforts

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317003179	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ 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 the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization WHITE PLAINS HOSPITAL MEDICAL CENTER				Employer identification number 13-1740130	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

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	20,993,717	22,522,444	14,717,338	8,285,660	10,079,256
b Contributions	5,546,490	4,528,090	9,463,811	7,221,839	2,180,704
c Net investment earnings, gains, and losses	84,444	143,685	164,682	84,582	163,142
d Grants or scholarships					
e Other expenditures for facilities and programs	9,858,391	6,200,502	1,823,387	874,743	4,137,442
f Administrative expenses					
g End of year balance	16,766,260	20,993,717	22,522,444	14,717,338	8,285,660

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

19 850 %

c

Temporarily restricted endowment

80 150 %

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

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,525,263		36,525,263
b Buildings		250,272,949	14,498,916	235,774,033
c Leasehold improvements		7,726,077	1,572,441	6,153,636
d Equipment		109,889,888	36,683,628	73,206,260
e Other		97,872,454	61,416,633	36,455,821
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				388,115,013

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) EST INSURANCE CLAIM RECOVERIES	31,415,000
(2) DUE FROM RELATED PARTIES	9,211,217
(3) SECURITY AND OTHER DEPOSITS	487,746
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	41,113,963

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
PENSION LIABILITIES	28,459,452	
EST MALPRACTICE CLAIMS LIABILITIES	46,400,000	
DUE TO THIRD PARTIES PAYORS	10,141,202	
DEFERRED COMPENSATION LIABILITIES	7,146,239	
WORKER'S COMPENSATION LIABILITIES	9,270,278	
SELF-INSURED MEDICAL CLAIMS LIAB	1,887,000	
OTHER LIABILITIES	1,668,037	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	104,972,208	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Sharpe Group	Planned Giving		No			
Steiner Sports	Event Fundraising		No			
JP Sports Entertainment LLC	event fundraising		No			
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		fall gala (event type)	Golf outing (event type)	3 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,602,575	533,185	155,051	2,290,811
	2 Less Contributions	1,469,575	493,145	136,255	2,098,975
	3 Gross income (line 1 minus line 2)	133,000	40,040	18,796	191,836
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			7,210	7,210
	6 Rent/facility costs	3,000	228,051	4,976	236,027
	7 Food and beverages	186,657	13,838	9,158	209,653
	8 Entertainment	11,690	900	1,050	13,640
	9 Other direct expenses	408,937	190,264	41,935	641,136
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				1,107,666
	11 Net income summary Subtract line 10 from line 3, column (d) ►				-915,830

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference

Explanation

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

2018

Open to Public Inspection

Name of the organization

WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number

13-1740130

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,887,578	1,373,754	7,513,824	1 160 %
b Medicaid (from Worksheet 3, column a)			71,153,684	30,441,897	40,711,787	6 290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			80,041,262	31,815,651	48,225,611	7 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			231,457	0	231,457	0 040 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			36,650	20,000	16,650	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			10,352	0	10,352	0 %
j Total. Other Benefits			278,459	20,000	258,459	0 040 %
k Total. Add lines 7d and 7j			80,319,721	31,835,651	48,484,070	7 490 %

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		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	12,677,704		
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		
	1,384,848		
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	133,921,715
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	162,657,286
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-28,735,571
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

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

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

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

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

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

1

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

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

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V - Section C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>See Part V - Section C</u>		
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)**

White Plains 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Part V - Section C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V - Section C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V - Section C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

White Plains 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

White Plains 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, 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? 6

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

Part VI Supplemental Information

Provide the following 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
1 Part I, line 7	The cost-to-charge ratio methodology was utilized to calculate the amount included in the table The calculation of this ratio was derived from ratio of patient care cost-to-charge
1 Part III, Section A, Line 2	THE cost of bad debt expense is estimated based on the bad debt provision at charge, applied to the ratio of total patient care expenses to total charges for all services rendered Any payments or discounts are excluded from bad debt expense

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
1 Part III, Section A, Line 3	The estimated amount of the organization's bad debt expense (at cost) attributed to patients under the organization's charity care policy was based on the results of predictive analysis. Bad debt should be included as a community benefit because the organization provides much needed health care service indiscriminately to the community-at-large without regard to whether or not the patient has insurance or if the bill will ever be paid.
1 Part III, Section A, Line 4	As reported in WHITE PLAINS HOSPITAL CENTER & SUBSIDIARIES AUDITED Financial STATEMENTS, BAD DEBT EXPENSE IS DESCRIBED AS FOLLOWS: "Subsequent changes to the estimate of the transaction price (determined on a portfolio basis when applicable) are generally recorded as adjustments to patient service revenue in the period of the change. For the year ended December 31, 2018, changes in the Hospital's estimates of expected payments for performance obligations satisfied in prior years were not significant. Portfolio collection estimates are updated based on collection trends. Subsequent changes that are determined to be the result of an adverse change in the patients ability to pay (determined on a portfolio basis when applicable) are recorded as bad debt expense. Bad debt expense for the year ended December 31, 2018 was not significant."

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
1 Part III, Section B, LINE 8	THE MEDICARE ALLOWABLE COST OF CARE REPORTED ON PART III SECTION B LINE 6 REFLECTS THE ACCUMULATED AGGREGATE COSTS OF TREATING MEDICARE PATIENTS UTILIZING THE CMS-2552 MEDICARE SETTLEMENT WORKSHEETS Any medicare shortfall from Part III, line 7 should be included as a community benefit, since the organization is rendering much needed health services to a mostly frail elderly populations that for the most part are poor and living on a fixed income
1 Part III, Section C, Line 9B	For patients who are known to qualify for financial assistance, all collection activity is halted and the patient is referred for Financial Aid If an account is in collection and the patient requests financial aid or if the agency determines that the patient is eligible for financial assistance, the account is referred back to the hospital where the patient is provided assistance with completing an application for assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
2 Needs Assessment	WHITE PLAINS HOSPITAL MEDICAL CENTER ASSESSES COMMUNITY NEEDS BY WORKING in PARTNERSHIP WITH OUR COMMUNITY, ASSESSING OUR PRESENT INITIATIVES, strategic PLANS AND PREVENTION AGENDA PRIORITIES COMMUNITY HEALTH NEEDS are IDENTIFIED THROUGH AN ONGOING DIALOGUE WITH PATIENTS, COMMUNITY members, ELECTED OFFICIALS, ORGANIZATIONS, AREA BUSINESS LEADERS AND OUR local department of health In addition to the efforts made in collecting information for the CHNA, White Plains Hospital also connects with people who have no particular credentials except that they're part of our greater WPH community, this method has played a vital role in better serving our community and has proven to be of great value It is especially important to get the prespective of those who often don't have a voice in community decisions and politics lower income individuals, immigrants, and others who are often kept out of these discussions This population is continually reached through free outreach programs, including both educational and physical screening events Evaluation forms are provided at the events in order to understand the constant shift in the needs of our community In 2018, the Hospital offered numerous programs aimed at providing services to the most at-risk members of the community These outreach events and programs reached thousands of individuals, addressing health priorities such as cancer, heart disease, stroke, sleep issues, and nutrition
3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	All intake, registration, and collection agency staff is trained on the Medical Center's financial aid policy and how to provide patients with assistance When it is determined that a patient is having difficulty paying their bill, a referral is made to the Hospital's Financial aid office and a financial counselor will help the patient apply for financial aid

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
4 COMMUNITY INFORMATION	<p>WHITE PLAINS HOSPITAL primary service area is central and lower Westchester County Westchester County is a large county located just North of New York City in the Hudson Valley Westchester covers an area of 450 square miles and consists of 48 municipalities The county includes urban, suburban and rural geographies The estimated population of Westchester County is made up of more than 980,244 residents The county seat of Westchester is the City of White Plains Other major cities include Yonkers, New Rochelle and Mount Vernon The median household income for Westchester was \$90,578, the fourth highest in New York state, after Nassau, Putnam and Suffolk counties Westchester county is the fifth healthiest county in New York State, according to the County Health Ranking, produced by the Robert Wood Foundation and the University of Wisconsin Despite its overall high ranking, there is considerable room to both improve population health and reduce health disparities especially in minority populations</p>
5 Promotion of Community Health	<p>White Plains Hospital (WPH) has a longstanding commitment to the community and is at the forefront of medicine WPHs continuum of care extend beyond its inpatient and outpatient programs, impacting people in its surrounding communities WPH takes pride in connected with the community it serves Throughout the year, the Hospital hosts and/or collaborates with various community organizations to educate and inform the public on best health practices, provide health screenings, information on diseases prevention, and provides resources and support groups to both patients and the community While these programs are open to patients and the general public, there is a strong emphasis on outreach to our at-risk members of the community Ensuring healthy equity across Westchester is key to WPHs mission In 2018, the Hospital participated in over 100 events, highlights of community outreach efforts are as follows Healthy Community Initiative (HCI) - In late 2017, the Hospital coordinated a Steering Committee focused on advancing the health of underserved community members In collaboration with the City of White Plains, The Ministers Fellowship Council, and the White Plains School District, a task force was developed to bring free programming and resources to enhance the health of the community This steering committee formed a collaborative task force, named the Healthy Community Initiative - Throughout 2018, the Task Force launched numerous programs address varied health topics that are prevalent in our primary and secondary service areas</p> <ul style="list-style-type: none"> o 12 Weeks to Wellness 12 week program focused on nutrition and physical activity o Fresh Market food distribution in partnership with Feeding Westchester o Resilience Documentary Screening & Conversation, exploring the treatment and prevention of toxic stress in children o Change the Conversation A Panel Discussion of Opioids in Our Community, supporting the Westchester County Department of Healths mission to combat the opioid crisis occurring not only in our neighborhoods, but nationwide o Free flu vaccinations provided at El Centro Hispano, Inc (49 adults immunized) <p>Community Health Fairs - The 41st annual Neighborhood Health Fair in partnership with Calvary Baptist Church, The Thomas H Slater Center and El Centro Hispano, Inc was held with free health screenings including breast exams, prostate exams, blood pressure, podiatry, diabetes risk assessments, sleep apnea, dental exams, and lab/blood work for cholesterol and sickle cell anemia A variety of health information was also distributed to over 220 health fair attendees</p> <ul style="list-style-type: none"> - The 4th annual Community Health and Wellness Fair in partnership with the Refuge of Hope Church in New Rochelle with over 400 attendees <p>Services included breast exams and information on other cancers, blood pressure screening, diabetes risk assessments and nutrition information, and vision exams The Ted E Bear Hospital, run by WPH Emergency Department volunteers was onsite to help children understand the importance of well checkups and doctor visits</p> <p>Health Screenings - Blood pressure screenings continue to be held throughout the community and educational pamphlets are provided in both English and Spanish In 2018, WPH provided over 1,000 blood pressure screenings to individuals in the community Additionally, the Friends of WPH sponsor monthly blood pressure screenings in the hospital lobby/elevator alcove for community members</p> <ul style="list-style-type: none"> - Cancer Screenings are continuously held throughout the year, aligning with health awareness months In April, the Hospital hosts the Head & Neck Cancer Screening, May focuses on sun awareness and provides free skin checks to the community In November, a lung cancer screening is held in conjunction with the Great American Smoke Out to provide valuable information on smoking cessation and lung cancer prevention <p>Speaking Engagements - Physician education lectures at corporate companies, community based organizations, faith-based organizations, and more, creating awareness on disease prevention and encourage health education</p> <ul style="list-style-type: none"> - Well Aware Lecture Series An invitation-only conversation and dinner series offering access to local healthcare experts at the frontline of medical care in your community Its an opportunity to learn and ask questions so that participants can take charge of their health Some featured topics include stress reduction and allergy & asthma management <p>Support Groups & Education Classes - Support Groups WPH provides support services and resources to patients, caregivers and community members Support groups include those for Alzheimers, bereavement, epilepsy, Huntingtons disease, ostomy, bariatric surgery, overeaters anonymous, parenting, perinatal bereavement, phobia, stroke, head and neck cancer, breast cancer, and caregiver programs</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
6 Affiliated Health Care Systems	<p>White Plains Hospital Medical Center is an affiliate of Montefiore Health System, Inc. The Health System is a leader in community health and has a long history of developing innovative approaches to care and creating programs to best serve the changing needs of its community. These include, but are not limited to the following: Community service plan, community service strategy, accountable care organization, patient-centered medical home, disease management programs and community outreach. The integration of these innovative approaches supports the health system well in its provision of service to the community.</p>
7 State Filing of Community Benefit Report	<p>White Plains Hospital (WPH) is required to prepare a 3-year Community Service Plan (CSP) and submit its findings and action plans to the New York State Department of Health (NYSDOH). WPH submits an update to the CSP annually. White Plains Hospital's CSP is distributed to many internal and external audiences. Internal audiences are comprised of the Hospital's Board of Directors, employees, volunteers, WPH Friends (formerly the Auxiliary of WPH), and our medical staff, which is currently over 1,000 clinicians. External audiences include community based organizations, elected officials and government agencies, Healthcare Association of New York State (HANY), and religious leaders. The CSP is distributed in the community at various events such as health screenings, health fairs, wellness seminars, and in public areas throughout the Hospital. It is also required to be posted online, and can be found in a PDF version on the Hospital's web site: wphospital.org. An announcement of the CSP's availability appears in several hospital newsletters, including those for the general community and for the hospital's employees and volunteers. The largest printing of this notification is in our wellness magazine, Health Matters, which is distributed to every household in Westchester County (329,000 households).</p>

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	White Plains Hospital MEDICAL Center 41 East Post Road Davis Avenue WHITE PLAINS, NY 10601 www.wphospital.org 5902001H	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
Schedule H, Part V, Section B, Line 5	<p>TO ASSESS THE NEEDS OF THE COMMUNITY, WHITE PLAINS HOSPITAL WORKED IN PARTNERSHIP WITH OUR COMMUNITY, ASSESSING OUR PRESENT INITIATIVES, STRATEGIC PLANS AND PREVENTION AGENDA PRIOR ITIES COMMUNITY HEALTH NEEDS WERE IDENTIFIED THROUGH AN ONGOING DIALOGUE WITH PATIENTS, C OMMUNITY MEMBERS, ELECTED OFFICIALS, ORGANIZATIONS, AREA BUSINESS LEADERS AND OUR LOCAL DE PARTMENT OF HEALTH WHO BROUGHT TOGETHER A VARIETY OF HEALTH CARE FACILITIES TO COLLABORATE ON THE PRIORITY AGENDA ITEMS In late spring and early summer of 2016, White Plains Hospi tal completed a Community Health Assessment in partnership with the Westchester County Dep artment of Health and other Westchester County Health Care providers which INCLUDED WEB AN D PAPER BASED SURVEYS WHICH WERE DISTRIBUTED TO COMMUNITY AND LOCAL COMMUNITY BASED ORGANI ZATIONS THROUGH THE COMBINED EFFORTS OF THE MENTIONED ORGANIZATION, 1,318 surveys were CO MPLETED RESPONDENTS WERE ASKED TO IDENTIFY THE THREE MOST important COMMUNITY HEALTH ISSU ES, PERSONAL HEALTH ISSUES, and approaches to improve health CONCERNS ABOUT CANCER FELL I NTO THE TOP FIVE CONCERNS as a community health priority and was determined to be one of t he areas of focus for the 2016-2018 prevention agenda priorities Before and during the co mpletion of the most recent CHNA, WPH engaged with community organizations, groups, and in dividuals to best understand the broad interests and needs of our community These include the following but are not limited to - Westchester County Department of Health - Mayor T homas Roach, White Plains, NY and the Office of The Mayor - Bhavana Pahwa - MA, LCSW-R, Ph D, Deputy Director, Youth Bureau, City of White Plains - El Centro Hispano, Inc - White P lains YMCA - Thomas H Slater Community Center Meeting with those mentioned above, WPH was better able to understand the broad and varying needs and interests within our community These collaborative partners are continually asked the following questions 1 What can w e do to assist you & the communities you serve to achieve your wellness goals? 2 Are ther e any unmet health-related needs? 3 Explaining the current Department of Health preventio n agenda items Do you have populations in your organization/community that would benefit from any or all of these items? Additionally, these individuals and organizations are invo lved in many committees chaired by WPH (i e Neighborhood Health Fair Committee, ExSTEPtio nal Committee, etc), so they present ongoing support and new perspectives on the progress of our initiatives and any new health issues that arise in our catchment areas Schedule H, Part V, Section B, Line 6a The Westchester County Department of Health (WCDOH) has brou ght together a variety of health care facilities to collaborate on the priority agenda ite ms as well as the Community Health Needs Assessment (CHNA) The CHNA was a joint effort by the WCDOH and numerous hospitals in Westchester County and the surrounding areas Since 2 013, this Health Planning Team</p>

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
Schedule H, Part V, Section B, Line 5	<p>has worked collaboratively to analyze respective data, determine the effectiveness of existing programs, and compare best practices across the communities we serve. The following Hospitals were actively involved in 2017: Blythedale Childrens Hospital, Montefiore Medical Center, Burke Rehabilitation Hospital, Montefiore Mount Vernon Hospital, Montefiore New Rochelle Hospital, White Plains Hospital, NewYork-Presbyterian, NewYork-Presbyterian Hudson Valley Hospital, NewYork-Presbyterian Lawrence Hospital, Northwell Health, Northern Westchester Hospital, Phelps Memorial Hospital Center, Saint Josephs Medical Center, St. Johns Riverside Hospital, Westchester Medical Center. The team met on the following dates in 2017: April 7 and December 8. This CHNA (conducted in 2016 for 2017 initiatives) included web and paper based surveys, which were distributed to the community and local community based organizations. Through the combined efforts of the mentioned organizations, 1,318 surveys were completed, 1,125 specifically among Westchester residents. Respondents were asked to identify the three most important community health issues, personal health issues, and approaches to improve health (from a fixed list provided to them). There was an additional provider survey that was distributed to medical doctors in the area to gain insight to health concerns they believe are most prevalent within their communities. Opening a dialogue and discussing our prevention agenda items helps to improve disparities, create actionable programs, and provide prevention screening and services to further invest in our community's health.</p>

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
Schedule H, Part V, Section B, Line 7a	The direct website where the White Plains Hospital Medical Center CHNA report can be accessed http //www wphospital org/WPHRedesign/media/Emerge_WPHRedesign/Documents/C SP-2016-2018 pdf

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
Schedule H, Part V, Section B, Line 10A	The hospital Facility's most recently adopted implementation strategy is posted on the direct website http //www wphospital org/WPHRedesign/media/Emerge_WPHRedesign/Documents/C SP-2016-2018 pdf

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
Schedule H, Part V, Section B, Line 11	<p>When analyzing the CHNA data, three prevention agenda items were identified for our Community Service Plan (CSP) and remained unchanged through 2018</p> <p>1 Quality Chronic Care and Management Promote use of evidence-based care to manage chronic diseases a Implementation of evidence-based Medicine Guidelines for Asthma Management 2 Increase screening rates for cardiovascular diseases, diabetes, and breast, cervical and colorectal cancers, especially among disparate populations a Increase the percentage of adults (50-75 years) who receive colorectal cancer screenings based on the most recent guidelines (blood stool test in the past year or a sigmoidoscopy in the past 5 years and a blood stool test in the past 3 years or a colonoscopy in the past 10 years) 3 Promote Healthy Women, Infants and Children Increase the proportion of babies who are breastfed in New York State</p> <p>In reference to number two listed above, White Plains Hospital has chosen to focus specifically on colorectal cancer prevention in this years report, which aligns with a bigger American Cancer Society (ACS) initiative to screen 80% of the eligible population for colon cancer by 2018 The selected priorities are fully compatible with White Plains Hospitals community health initiatives They are supported by existing programs and staff, as well as the addition of new and modified programs Activities in support of the priorities are carried out with the input and support of our community partners In order to carry out the priority agenda items, White Plains Hospital focuses on several constituencies, including staff (more than 2,300 employees), patients, and the local community In all, more than 10,000 individuals participate in Hospital-related health events each year Please see below for specific initiatives concerning WPHs CSP prevention agenda items</p> <p>1 Quality Chronic Care and Management Promote use of evidence-based care to manage chronic diseases a Implementation of evidence-based Medicine Guidelines for Asthma Management The Hospital will implement evidence-based care and treatment recommendations for better patient outcomes, including controlled asthma through enhanced collaboration between the patient and their provider, as well as the community</p> <p>7 4 million adults ages 18 and older currently have asthma, according to the Centers for Disease Control and Prevention (CDC) In Westchester County, visits to the Emergency Department for asthma-related causes have increased from 60.9 per 1,000 visits in 2008 to 63.3 per 1,000 in 2014 Also according to the CDC, asthma prevalence was higher among children, females, the poor, persons of multiple races, and Hispanics One of the objectives of this initiative is to work to ensure each patient has better access to a Primary Care Provider (PCP) By doing so, the expectation is that Emergency Department visits will decrease and therefore there will be fewer hospitalizations for preventable, asthma related issues</p> <p>White Plains Hospital</p>

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
Schedule H, Part V, Section B, Line 11	tal has implemented a series of ongoing education pieces for providers and health care professionals on the use of recommended evidence-based guidelines by the National Heart, Lung , and Blood Institute. In addition, the use of an Asthma Action plan is now part of the Hospitals Electronic Medical Record (EMR). An Asthma Action plan is set and updated by the clinical team for every asthmatic patient in the Hospitals Family Health Center (FHC). The Family Health Center treats a predominantly minority population, 60% of the patients are on Medicaid, 30% are undocumented and 75% are native Spanish speakers, many with limited English proficiency. The majority of these patients are over the age of 18 (approximately 70 %) and most reside in White Plains and surrounding areas (zip codes 10601, 10603, 10605, and 10607). Asthma action plans for every patient were implemented at the Family Health Center, with data collection and monitoring of all asthmatic patients through the electronic medical record (EMR) ongoing. Patient and family education through the FHC and community education through the Hospital's many outreach events are ongoing. In addition, the Friends of White Plains Hospital sponsored the purchase of asthma spacers, which are distributed at no cost to pediatric patients who are unable to purchase their own. In addition to our own medical staff, all health care providers in the Montefiore Lower Hudson Valley Coalition are aware of this effort. WPH has engaged local community organizations including El Centro Hispano, Inc , an organization located in White Plains whose mission focuses on assisting and supporting the Spanish-speaking community, the Thomas H Slater Center, an outreach and community services center in White Plains, and the White Plains Youth Bureau, which provides a variety of educational and other support services to more than 2,000 youth in the City of White Plains each day. All three of these organizations have a large number of participants with a majority of their membership in Hispanic, Black, and/or low income demographics. These organizations encourage many of their constituents to utilize White Plains Hospitals Family Health Center. In addition, the Hospital has engaged with the Iglesia De Refugio Esperanza (Refuge of Hope Church) for a community health fair which provides health education materials on asthma management, blood pressure control, stroke awareness, breast and colorectal screening and smoking cessation to more than 400 members of the largely Hispanic and underserved community in New Rochelle, NY. In 2018, registrants received information on asthma management and how to understand their personalized asthma action plan. Sari Maenza, FNP, Nurse Manager of the Family Health Center and head of the Asthma DSRIP Initiative, and Guy Singer, Respiratory Therapy Clinical Educator were present to speak with all attendees identified as asthmatic or a relative of someone affected. In addition to educational literature, peak

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
Schedule H, Part V, Section B, Line 11	<p>flow meters were utilized as well as MDI spacers to instruct their proper use Interpret rs were present at the fair to assist those whose native language was not English The NYS Prevention Agenda Dashboard and the Statewide Planning and Research Cooperative System (S PARCS) both show high incidences of asthma ED visits for New Rochelle zip codes The high st rate of prevalence is in 10801, specific to the community of the Refuge of Hope Church 2 Increase screening rates for cardiovascular diseases, diabetes, and breast, cervical a nd colorectal cancers, especially among disparate populations a Increase the percentage of adults (50-75 years) who receive colorectal cancer screenings based on the most recent guidelines (blood stool test in the past year or a sigmoidoscopy in the past 5 years and a blood stool test in the past 3 years or a colonoscopy in the past 10 years) Colon Cancer is one of the most preventable forms of cancer, according to the American Cancer Society The percentage of adults ages 50-75 in Westchester County who received a colorectal cancer screening has decreased from 70 6% in 2009 to 69 3% in 2014 Because early detection of c olorectal cancer leads to a greater than 90% survival rate according to the American Cance r Society, White Plains Hospital has assumed the mission of ensuring that 80% of those ove r the age of 50 receive the recommended screenings based on the guidelines for colorectal cancer using one of the following three methods fecal immunochemical test (FIT), fecal oc cult blood test (FOBT), or colonoscopy by the year 2018 This program is aligned with the 80% by 2018 initiative, a national movement spearheaded by the American Cancer Society and the Colon Cancer Challenge Foundation The Hospitals 80% by 2018 Task Force meets monthly to strategize around physician engagement and expand access to screening Education targe ted the following five populations (there is overlap between each group) at community heal th events and screenings Newly insured, financially challenged, insured, procrastinators/ rationalizers, African Americans, Hispanics 3 Promote Healthy Women, Infants and Childre n Increase the proportion of babies who are breastfed in New York State The third prevent ion agenda item chosen continues efforts from the 2013 Community Service Plan White Plain s Hospital and the Hospitals Maternal Child Health Team understand the importance of suppo rting breastfeeding for the health of infants and their mothers Hospitals are in a unique position to support breastfeeding immediately, from the first moments following birth Br eastfeeding, especially exclusive breastfeeding, is shown to reduce the risk of asthma, ob esity, respiratory issues and other chronic conditions in children For mothers, breastfee ding has been shown to reduce the risk of breast cancer, ovarian cancer, type 2 diabetes, heart disease and a multitude of other conditions Promoting the health of the mother lead s to better outcomes for a hea</p>

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
Schedule H, Part V, Section B, Lines 16a-16c	<p>The hospital's FAP is posted on the website https://www.wphospital.org/WPHRedesign/media/Emerge_WPHRedesign/Documents/WPHC-Financial-Assistance-Policy.pdf</p> <p>The FAP application form is widely available on the website https://www.wphospital.org/WPHRedesign/media/Emerge_WPHRedesign/Documents/Financial-assistance-application.pdf</p> <p>A plain language summary of the FAP is available on the website https://www.wphospital.org/WPHRedesign/media/Emerge_WPHRedesign/Documents/WPHC-Plain-Language-Financial-Assistance-Summary.pdf</p>

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

Schedule I
(Form 990)

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

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number

13-1740130

Part I 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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

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

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
Schedule I, Part I, Line 2	White Plains Hospital Medical Center provides support to various organizations as part of its many local community health program endeavors. Sponsorship grants are monitored by the Public Relations Department of the hospital and are awarded to local charitable organizations to support White Plains mission of improving the health of the community that it serves.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	30,000				Sponsorship
Leagueside Inc 2401 Walnut Street Philadelphia, PA 19103	47-3667505		27,000				sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Winifred Masterson Burke Rehab Hospital 785 Mamaroneck Ave White Plains, NY 10605	13-1739937	501(c)(3)	10,500				Sponsorship
UGC Foundation 60 Willow Drive New Rochelle, NY 10805	13-3930505	501(C)(3)	10,000				sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Friends of the WP Youth Bureau 11 Amherst Place White Plains, NY 10601	45-3735007	501(c)(3)	7,500				Sponsorship
March of Dimes 1275 Mamaroneck Ave White Plains, NY 10605	13-1846366	501(c)(3)	7,500				Sponsorship

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

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
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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?

b Any related organization?

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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

No

Yes

No

No

No

No

No

Yes

No

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.

See Additional Data Table**Schedule J (Form 990) 2018**

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
Schedule J, Part I, Line 4B	<p>The Officers and a Key Employee employed by the organization participated in a supplemental retirement plan initiated by the organization in 2017. Contributions to the Supplemental executive retirement plan funded by the organization during 2018: Susan Fox - \$240,000; Michael J. Palumbo, MD - \$115,500; Joseph Guarracino - \$107,250; Jeffrey A. Tiesi - \$90,000; Leigh Anne McMahon - \$90,000. Trustees employed by Montefiore Medicine Academic Health System, Inc. participated in a supplemental nonqualified retirement plan provided by the Health System. IN A MANNER DESIGNED TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" THE COMPENSATION COMMITTEE OF THE MONTEFIORE BOARD OF TRUSTEES EXPRESSLY REVIEWED AND APPROVED THESE RETIREMENT BENEFIT ARRANGEMENTS FOR SENIOR EXECUTIVES IN A MANNER THAT QUALIFIED UNDER THE INTERMEDIATE SANCTIONS RULES OF THE FEDERAL TAX LAW, AND IN RECOGNITION OF (A) THE EXECUTIVES' YEARS OF SERVICE TO THE ORGANIZATION AND (B) THE SIGNIFICANT CONTRIBUTIONS TO ENHANCING THE ABILITY OF THE ORGANIZATION TO ACHIEVE ITS CHARITABLE MISSION IN A MANNER CONSISTENT WITH FINANCIAL SOLVENCY. ACCORDINGLY, THIS BENEFIT SHOULD BE VIEWED AS APPLYING TO YEARS OF SERVICE FOR THE ORGANIZATION. Pooled supplemental executive retirement distribution based on multiple years of service: Philip Ozuah, M.D., Ph.D. - \$8,741,113 (of this amount \$5,573,098 was reported on prior 990's as accrued service costs). Supplemental Executive retirement plan accrued and unpaid service costs provided by a related organization: CHRISTOPHER PANCZNER - \$604,174; LYNN RICHMOND - \$291,475.</p>

Return Reference	Explanation
Schedule J, Part I, Line 7	Part of the incentive payments paid by the organization to individuals reported in Part VII, Section A was based on the INDIVIDUAL'S JOB PERFORMANCE AND ACCOMPLISHMENTS AS DETERMINED BY EITHER THE COMPENSATION Board OR management discretion



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
MICHAEL J PALUMBO MD Board Member/EVP-Chief Med Off	(i)	744,230	250,000	8,490	132,000	14,288	1,149,008	0
	(ii)	0	0	0	0	0	0	0
Susan Fox President & CEO	(i)	1,193,420	800,000	6,938	253,750	32,124	2,286,232	0
	(ii)	0	0	0	0	0	0	0
Stuart M Zweibel MD Physician-West Dermatology	(i)	1,039,292	622,188	5,360	11,000	36,342	1,714,182	0
	(ii)	0	0	0	0	0	0	0
JEFFREY A TIESI SVP - COO	(i)	596,256	192,500	7,890	101,000	21,078	918,724	0
	(ii)	0	0	0	0	0	0	0
FRANCES P BORDONI SVP - Business Development	(i)	540,762	150,000	7,650	13,750	34,872	747,034	0
	(ii)	0	0	0	0	0	0	0
PHILIP O OZUAH MDPHD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	2,809,306	1,588,300	8,918,944	17,000	28,068	13,361,618	5,573,098
CHRISTOPHER S PANCZNER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	856,837	405,900	21,554	621,174	6,578	1,912,043	0
PAUL PECHMAN MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	381,566	0	9,400	767	1,000	392,733	0
LYNN RICHMOND BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,049,204	630,200	21,554	308,475	27,114	2,036,547	0
Joseph Guarracino SVP - CFO	(i)	709,264	231,000	7,890	118,250	20,429	1,086,833	0
	(ii)	0	0	0	0	0	0	0
Leigh Anne McMahon SVP-Patient Care Services	(i)	597,286	173,250	9,702	112,000	7,065	899,303	0
	(ii)	0	0	0	0	0	0	0
Richard Weinstein MD Board Member (elected 1/1/18)	(i)	1,241,102	103,572	1,317	11,000	34,532	1,391,523	0
	(ii)	0	0	0	0	0	0	0
Andrew M Casden MD Physician-Orthopaedic	(i)	1,737,852	125,000	1,947	11,000	37,782	1,913,581	0
	(ii)	0	0	0	0	0	0	0
Michael A Gott MD Physician	(i)	793,780	425,456	770	11,000	23,617	1,254,623	0
	(ii)	0	0	0	0	0	0	0
Michael Elia MD Physician	(i)	1,146,909	0	2,480	11,000	11,609	1,171,998	0
	(ii)	0	0	0	0	0	0	0
Nabil Khoury-Yacoub MD Physician-OB/GYN	(i)	1,068,192	20,000	1,790	13,750	37,442	1,141,174	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

- ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dormitory Authority of the State of New York	14-6000293	000000000	07-27-2017	18,170,692	Equipment Purchase		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	5,000,340							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	18,170,692							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	114,410							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	18,056,282							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion	2018							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
------------------	-------------

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I

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

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

2

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

3

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

Part II

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

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	(D) The business transactions reported in Part IV were business activities conducted between the organization and the substantial contributor in the ordinary course of business

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CONTRIBUTOR 151	Substantial Contributor	785,570	Business transaction		No
Contributor 202	Substantial Contributor	2,878,634	Business transaction		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Contributor 18	Substantial Contributor	1,712,295	Business transaction		No
Contributor 187	Substantial Contributor	254,770	Business transaction		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Contributor 160	Substantial Contributor	367,638	Business transaction		No
Contributor 74	Substantial Contributor	372,286	Business transaction		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Contributor 126	Substantial Contributor	148,933	Business transaction		No
Contributor 50	Substantial Contributor	5,180,932	Business transaction		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Contributor 196	Substantial Contributor	481,908	Business transaction		No
Contributor 56	Substantial Contributor	1,160,000	Business transaction		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Contributor 111	Substantial Contributor	852,232	Business transaction		No
Contributor 48	Substantial Contributor	206,117	Business transaction		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Contributor 23	Substantial Contributor	3,275,320	Business transaction		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	8	162,566	Current market value
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

No

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

WHITE PLAINS HOSPITAL MEDICAL 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

2018**Open to Public
Inspection****Employer identification number**

13-1740130

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	Board members Howard Berk and Wendy Berk have a family relationship

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	Montefiore Health System, Inc (MHS), the sole member of White Plains Hospital Medical Center, has the right to approve the appointment of the members of the White Plains Board who have been nominated and approved by the White Plains Board and the power to appoint three White Plains Board members specifically appointed as MHS' representatives

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	<p>The Form 990 was prepared by the Montefiore's tax department working closely with White Plains' Finance team and assisted by various departments throughout the Health System. The Form 990 was reviewed and approved by Montefiore Vice President-Finance and THE WHITE PLAINS HOSPITAL Senior Leadership including the Chief Financial Officer. In addition, an independent accounting firm was engaged to review the Form 990. Upon completion of the various reviews, the Form 990 was presented to the White Plains Finance and executive Committee of the Board of Trustees for review and approval. Once approved by the finance committee of the Board of Trustees, the Form 990 was provided to all members of White Plains' governing body prior to filing.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINEs 15A & 15B	THE WHITE PLAINS HOSPITAL MEDICAL CENTER UNDERTAKES A RIGOROUS PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS REASONABLE. THE BOARD OF DIRECTORS HAS ESTABLISHED A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION ARRANGEMENT in making all decisions related to compensation FOR officers and key employees. THE MANAGEMENT COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS USES COMPARABLE PUBLICLY AVAILABLE BENCHMARKING DATA THAT DOCUMENTS THE COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. THE MANAGEMENT COMPENSATION COMMITTEE ESTABLISHES COMPENSATION LEVELS WITHOUT INPUT OR VOTING PARTICIPATION BY THE PERSON WHOSE COMPENSATION IS BEING APPROVED OR BY OTHER INDIVIDUALS WITH A CONFLICT OF INTEREST. THE FINAL DETERMINATION BY THE COMMITTEE IS DOCUMENTED IN MEMORANDUM that CONTAINS THE TERMS OF THE PROPOSED COMPENSATION AS SET FORTH BY THE COMMITTEE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, LINE 11A	THE DISTRIBUTION FROM DEMUTULIZATION FOR \$25.1 MILLION WAS DUE TO CASH CONSIDERATION THAT WAS PAID OUT TO ELIGIBLE POLICYHOLDERS FROM THE CONVERSION OF MLMIC INSURANCE COMPANY FROM A CUSTOMER OWNED MUTUAL ORGANIZATION TO A JOINT-STOCK COMPANY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	The other change in net asset decrease of \$1,189,021 was due to the following - increase in defined pension & other postretirement plans liabilities to be recognized in future periods (\$6,040,379) - Transfers from affiliate \$3,204,705 - Gain on extinguishment of Debt \$1,212,723 - Net Assets transfer from dissolution of subsidiary \$433,930

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WHITE PLAINS HOSPITAL MEDICAL CENTER

Employer identification number
13-1740130

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 11 East Post Road LLC 41 East Post Road White Plains, NY 10601 83-2161712	Real estate	NY	0	1,029,607	WPHMC

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

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

Yes

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

Schedule R (Form 990) 2018

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: 13-1740130
Name: WHITE PLAINS HOSPITAL MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
111 East 210th street BRONX, NY 10467 13-3430322	real estate	NY	501(C)(3)	12A TYPE I	MMC	Yes	
3411 Wayne Avenue BRONX, NY 10467 91-1943271	staff housing	NY	501(C)(2)		MMC	Yes	
3450 wayne avenue BRONX, NY 10467 23-7160641	staff housing	NY	501(C)(2)		MMC	Yes	
3400 reservoir oval East BRONX, NY 10467 13-3109387	Community Ser	NY	501(C)(3)	12A TYPE I	MMC	Yes	
200 East Gunhill Road BRONX, NY 10467 13-3734486	diag services	NY	501(C)(3)	12A TYPE I	MMC	Yes	
555 South Broadway BLDG A FL 1 Tarrytown, NY 10591 20-1615393	Parent	NY	501(C)(3)	12B TYPE II	MMAHS	Yes	
16 Guion Place New Rochelle, NY 10801 46-2931956	Hospital	NY	501(C)(3)	3	MHS	Yes	
12 North Seventh Avenue Mount Vernon, NY 10550 46-2916938	Hospital	NY	501(C)(3)	3	MHS	Yes	
16 Guion Place New Rochelle, NY 10801 46-2929888	Nursing Home	NY	501(C)(3)	3	MHS	Yes	
111 EAST 210TH STREET BRONX, NY 10467 47-1600439	INACTIVE	NY	501(C)(3)	7	MMAHS	Yes	
1300 Morris Park Avenue BRONX, NY 10461 47-2209056	Med COLLEGE	NY	501(C)(3)	2	MMAHS	Yes	
555 SOUTH BROADWAY BLDG A FL 1 TARRYTOWN, NY 10591 47-1582973	Sys Parent	NY	501(C)(3)	12B TYPE II	NA	Yes	
160 NORTH MIDLAND AVENUE NYACK, NY 10960 13-1740119	HOSPITAL	NY	501(C)(3)	3	MHS	Yes	
111 EAST 210TH STREET BRONX, NY 10467 13-1740114	ACAD MED CTR	NY	501(C)(3)	3	MHS	Yes	
1300 Morris Park Avenue BRONX, NY 10461 23-7075620	Student Hous	NY	501(C)(2)		AECOM	Yes	
111 East 210th Street BRONX, NY 10467 47-4853506	Rehab Center	NY	501(c)(3)	3	MMC	Yes	
41 East Post Road Davis Ave White Plains, NY 10601 13-3281507	FUNDRAISING	NY	501(C)(3)	12A TYPE I	WPHMC	Yes	
160 North Midland Avenue NYACK, NY 10960 13-3245804	FUNDRAISING	NY	501(C)(3)	7	Nyack Hosp	Yes	
785 MAMARONECK AVENUE WHITE PLAINS, NY 10605 13-1739937	REHAB HOSP	NY	501(C)(3)	3	MHS	Yes	
70 DUBOIS STREET NEWBURGH, NY 12550 14-1340054	HOSPITAL	NY	501(C)(3)	3	MHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
70 DUBOIS STREET NEWBURGH, NY 12550 45-2526738	HEALTHCARE	NY	501(C)(3)	12A Type I	SLCH	Yes	
70 DUBOIS STREET NEWBURGH, NY 12550 27-2020746	HEALTHCARE	NY	501(C)(3)	12A Type I	SLCH	Yes	
70 DUBOIS STREET NEWBURGH, NY 12550 22-3026261	HOLDING COMP	NY	501(C)(3)	12A Type I	MHS	Yes	
70 DUBOIS STREET NEWBURGH, NY 12550 22-3026263	FUNDRAISING	NY	501(C)(3)	7	SLCHS	Yes	
70 DUBOIS STREET NEWBURGH, NY 12550 14-1365995	ASST LIVING	NY	501(C)(3)	PF	SLCHS	Yes	
70 DUBOIS STREET NEWBURGH, NY 12550 14-1364666	HOME FOR AGED	NY	501(C)(3)	10	SLCHS	Yes	
555 SOUTH BROADWAY TARRYTOWN, NY 105916301 82-4019223	INS TRUST	NY	501(c)(3)	12A TYPE I	MMAHS	Yes	
1300 MORRIS PARK AVENUE BRONX, NY 104611975 83-0621846	MED COLLEGE	NY	501(C)(3)	2	MMAHS	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
(1) The Montefiore IPA Inc 111 East 210th street bronx, NY 10467 13-4114915	Integ Provr Assoc	NY	NA	C CORP				Yes	
(1) MMC GI Holdings East Inc 111 East 210th street bronx, NY 10467 72-1610013	holding company	NY	NA	C CORP				Yes	
(2) MMC GI Holdings West Inc 111 East 210th street bronx, NY 10467 72-1610015	holding company	NY	NA	C CORP				Yes	
(3) BRONX ACCOUNTABLE CARE NETWORK IPA INC 111 EAST 210TH STREET BRONX, NY 10467 30-0689571	Inter Provr Assoc	NY	NA	C CORP				Yes	
(4) MONTEFIORE CONSOLIDATED VENTURES INC 111 EAST 210TH STREET BRONX, NY 10467 61-1728539	holding company	NY	NA	C CORP				Yes	
(5) MONTEFIORE INSURANCE COMPANY INC 111 EAST 210TH STREET BRONX, NY 10467 32-0436594	Inactive	NY	NA	C CORP				Yes	
(6) HUDSON VALLEY IPA INC 111 EAST 210TH STREET BRONX, NY 10467 38-3978087	Integ Provr Assoc	NY	NA	C CORP				Yes	
(7) MONTEFIORE INNOVATIONS INC 111 EAST 210TH STREET BRONX, NY 10467 47-5106910	holding company	NY	NA	C CORP				Yes	
(8) HIGHLAND MEDICAL PC 160 NORTH MIDLAND Avenue NYACK, NY 10960 13-4034481	Healthcare Serv	NY	NA	C CORP				Yes	
(9) 8 LONGVIEW DEVELOPMENT CORP DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 26-3321278	HOUSING	NY	WPHMC	C CORP	0	342	100 000 %	Yes	
(10) WHITE PLAINS MEDICAL DIAGNOSTIC SERV PC 41 EAST POST ROAD WHITE PLAINS, NY 10601 45-3164626	Healthcare Serv	NY	WPHMC	C CORP	1,058,147	11,328	100 000 %	Yes	
(11) CANCER AND BLOOD MEDICAL SERVICES OF NY 41 EAST POST ROAD WHITE PLAINS, NY 10601 46-2021804	Healthcare Serv	NY	WPHMC	C CORP	1,951,025	10,545	100 000 %	Yes	
(12) DAVIS AVENUE CORP DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 13-3331643	Inactive	NY	WPHMC	C CORP	0	0	100 000 %	Yes	
(13) WHITE PLAINS MANAGEMENT CO INC 41 EAST POST ROAD WHITE PLAINS, NY 10601 13-3331641	Inactive	NY	WPHMC	C CORP	0	0	100 000 %	Yes	
(14) WPHC BUILDING CORP 41 EAST POST ROAD WHITE PLAINS, NY 10601 13-3676932	inactive	NY	WPHMC	C CORP	0	0	100 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) UNIVERSITY BEHAVIORAL ASSOCIATES INC 111 EAST 210TH STREET BRONX, NY 10467 13-3877781	MGMT SERVICES	NY	NA	C CORP				Yes	
(1) White Plains Medical Services PC Davis Avenue at East Post Road White Plains, NY 10601 81-5369152	Healthcare Serv	NY	WPHMC	c Corp	39,210,479	7,139,767	100 000 %	Yes	
(2) White Plains Physician Services PC Davis Avenue at East Post Road White Plains, NY 10601 81-5309615	Inactive	NY	WPHMC	C Corp	0	0	100 000 %	Yes	
(3) Charitble Remainder Trust (5)	Charit Remr Trust	NY	NA	Trust				Yes	
(4) MONTEFIORE BEHAVIORAL CARE IPA NO 1 INC 111 EAST 210TH STREET BRONX, NY 10467 13-3952750	INTEG PROVR ASSOC	NY	NA	C CORP				Yes	
(5) CRHT ACQUISITION INC 555 SOUTH BROADWAY BLDG A FL 1 TARRYTOWN, NJ 10591 81-5220651	HOLDING COMPANY	NY	NA	C CORP				Yes	
(6) QUANTUM BIOTHERAPEUTICS LLC 111 EAST 210TH STREET BRONX, NY 10467 61-1793667	INACTIVE	NY	NA	C CORP				Yes	
(7) WHITE PLAINS PHYSICIAN MEDICAL SERV PC DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-0519787	INACTIVE	NY	WPHMC	C CORP	0	0	100 000 %	Yes	
(8) EAST POST ROAD MEDICAL SERVICES PC DAVIS AVENUE AT EAST POST ROAD WHITE PALINS, NY 10601 83-0535258	INACTIVE	NY	WPHMC	C CORP	0	0	100 000 %	Yes	
(9) EAST POST ROAD PHYSICIAN SERVICES PC DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-0563325	INACTIVE	NY	WPHMC	C CORP	0	0	100 000 %	Yes	
(10) DAVIS AVENUE MEDICAL SERVICES PC DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-0579310	INACTIVE	NY	WPHMC	C CORP	0	0	100 000 %	Yes	
(11) WPH HOLDING COMPANY DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-3893119	HOLDING COMPANY	NY	WPHMC	C CORP	46,127	6,202,702	100 000 %	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MONTEFIORE Health Service Inc	M	6,029,631	COST
(1)	MONTEFIORE MEDICAL CENTER	C	3,217,206	Cash value
(2)	The Montefiore IPA Inc	L	4,568,693	COST
(3)	The Winifred Masterson Burke Rehab Hospital	L	1,071,575	cost
(4)	Montefiore Nyack Hospital	L	366,667	cost
(5)	Cancer and Blood Medical Services of NY PC	Q	736,969	cost
(6)	The Winifred Masterson Burke Rehab Hospital	M	191,401	cost
(7)	White Plains Medical Services PC	R	2,000,000	cash value