

PUBLIC INSPECTION COPY
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Form **990**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC Doing Business As		D Employer identification number 13-4095845
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 WOODS ROAD, TAYLOR PAVILION		E Telephone number (914) 493-2957
	City or town, state or province, country, and ZIP or foreign postal code VALHALLA, NY 10595		
	F Name and address of principal officer: KARA BENNORTH 100 WOODS ROAD TAYLOR PAVILION VALHALLA, NY 10595		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ▶ WWW.WESTCHESTERMEDICALCENTER.COM H(c) Group exemption number ▶			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1999 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SUPPORT WESTCHESTER COUNTY HEALTH CARE CORPORATION (WCHCC) AND THE HEALTH AND WELFARE OF THE COMMUNITIES SERVED BY WCHCC.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	25.	
	4	24.	
	5	0.	
	6	185.	
	7a	0.	
7b	0.		
Revenue	8	1,838,598.	5,121,572.
	9	0.	0.
	10	3,913.	6,835.
	11	-674,971.	-851,138.
	12	1,167,540.	4,277,269.
	13	1,063,873.	2,395,681.
	14	0.	0.
	15	0.	0.
	16a	0.	0.
	b	886,931.	
Expenses	17	668,154.	1,278,024.
	18	1,732,027.	3,673,705.
	19	-564,487.	603,564.
	20	4,515,013.	17,090,982.
	21	214,985.	528,380.
Net Assets or Fund Balances	22	4,300,028.	16,562,602.

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____			
	Type or print name and title _____			
Paid Preparer Use Only	Print/Type preparer's name LAURA KIELCZEWSKI	Preparer's signature 	Date 8/15/16	Check <input type="checkbox"/> if self-employed PTIN P00740769
	Firm's name ▶ ERNST & YOUNG U.S. LLP		Firm's EIN ▶ 34-656596	
	Firm's address ▶ 5 TIMES SQUARE NEW YORK, NY 10036-6530		Phone no. 212-773-3000	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SUPPORT WESTCHESTER COUNTY HEALTH CARE CORPORATION (WCHCC) BY BEING RESPONSIVE TO THE NEEDS AND OBJECTIVES OF THE HOSPITAL AND RELATED FACILITIES OPERATED BY WCHCC AND THE HEALTH AND WELFARE OF THE COMMUNITY SERVED BY SUCH FACILITIES.

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

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

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 \$ 2,398,231. including grants of \$ 2,395,681.) (Revenue \$ 0.) ATTACHMENT 1

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,398,231.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>		X
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? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI.</i>		X
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
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>	X	
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (25), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: DEBORAH BRKICH 100 WOODS RD, TCC FIN DEPT RM M-222 VALHALLA, NY 10595 914-493-2816

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)MR. JOHN M. FLANNERY TRUSTEE	1.00 0.	X						0.	0.	0.
(2)MR. JON HALPERN TRUSTEE	1.00 0.	X						0.	0.	0.
(3)MR. JOHN N. TOGNINO TRUSTEE	1.00 0.	X						0.	0.	0.
(4)MR. MARK S. TULIS, ESQ. VOTING EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
(5)MS. LORETTA DAHNKE TRUSTEE	1.00 0.	X						0.	0.	0.
(6)MS. RUTH MAHONEY TRUSTEE	1.00 0.	X						0.	0.	0.
(7)MR. MARK RENTON TRUSTEE	1.00 0.	X						0.	0.	0.
(8)MR. MICHAEL D. ISRAEL VOTING EX-OFFICIO TRUSTEE	1.00 39.00	X						0.	2,175,973.	148,160.
(9)MR. ZUBEEN SHROFF CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(10)MR. STEPHEN J. JONES, ESQ. VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(11)MR. JOHN F. HEIMERDINGER SECRETARY	1.00 0.	X		X				0.	0.	0.
(12)MS. EVELYN CONSTANTINO TRUSTEE	1.00 0.	X						0.	0.	0.
(13)MS. BRENDA FARERI VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(14)MR. JOHN FARERI TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MR. MICHAEL FLEISCHER TRUSTEE	1.00 0.	X						0.	0.	0.
16) MS. ALICE MARIE HALES TRUSTEE	1.00 0.	X						0.	0.	0.
17) MR. MITCHELL HOCHBERG TRUSTEE	1.00 0.	X						0.	0.	0.
18) MR. STEPHEN LEBER TRUSTEE	1.00 0.	X						0.	0.	0.
19) MR. MICHAEL MCCORMACK VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
20) MR. VINCENT MILLER TRUSTEE	1.00 0.	X						0.	0.	0.
21) MS. KELLY REDL-HARDISTY TRUSTEE	1.00 0.	X						0.	0.	0.
22) MR. MICHAEL ZELDES TRUSTEE	1.00 0.	X						0.	0.	0.
23) MR. DENNIS B. KREMER TREASURER	1.00 0.	X		X				0.	0.	0.
24) DR. DAVID ASPRINIO TRUSTEE	1.00 0.	X						0.	0.	0.
25) MR. DOUGLAS BRENNAN TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	2,175,973.	148,160.
c Total from continuation sheets to Part VII, Section A								0.	580,604.	114,643.
d Total (add lines 1b and 1c)								0.	2,756,577.	262,803.

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 **0.**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MS. KARA BENNORTH ADMINISTRATIVE MANAGER	10.00 30.00			X				0.	399,170.	98,067.
(27) MS. LIANNE SHAW ASSISTANT SECRETARY	20.00 20.00			X				0.	181,434.	16,576.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **0**.

	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>		X
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,258,776.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	3,862,796.					
	g Noncash contributions included in lines 1a-1f: \$		74,926.					
	h Total. Add lines 1a-1f ▶			5,121,572.				
Program Service Revenue	2a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			6,835.			6,835.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss) ▶			0.			
	8a Gross income from fundraising events (not including \$ <u>1,258,776.</u> of contributions reported on line 1c). See Part IV, line 18 a			408,493.				
		b Less: direct expenses b		1,338,454.				
		c Net income or (loss) from fundraising events. ▶			-929,961.			-929,961.
9a Gross income from gaming activities. See Part IV, line 19 a								
	b Less: direct expenses b							
	c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a			434,196.					
	b Less: cost of goods sold b		355,373.					
	c Net income or (loss) from sales of inventory. ▶			78,823.			78,823.	
Miscellaneous Revenue		Business Code						
11a _____								
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d ▶			0.					
12 Total revenue. See instructions. ▶			4,277,269.				-844,303.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,395,681.	2,395,681.		
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, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	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	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	51,000.	2,550.	45,900.	2,550.
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.) <u>ATCH 3</u>	463,955.		43,663.	420,292.
12 Advertising and promotion	101,550.		6,242.	95,308.
13 Office expenses	69,014.		59,756.	9,258.
14 Information technology	10,895.		10,895.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	6,380.		1,563.	4,817.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	891.			891.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	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 <u>REIMBURSEMENT TO WCHCC</u>	571,078.		220,524.	350,554.
b <u>MEMBERSHIP DUES</u>	3,261.			3,261.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,673,705.	2,398,231.	388,543.	886,931.
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	3,676,844.	2	14,672,245.
	3 Pledges and grants receivable, net	825,237.	3	2,210,807.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	97,287.
	9 Prepaid expenses and deferred charges	12,932.	9	110,643.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b Less: accumulated depreciation	0.	10c	0.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,515,013.	16	17,090,982.	
Liabilities	17 Accounts payable and accrued expenses	204,885.	17	519,630.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	10,100.	19	8,750.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to 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	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	214,985.	26	528,380.
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	1,650,225.	27	8,181,523.
	28 Temporarily restricted net assets	2,649,803.	28	7,144,727.
	29 Permanently restricted net assets	0.	29	1,236,352.
	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	4,300,028.	33	16,562,602.
34 Total liabilities and net assets/fund balances	4,515,013.	34	17,090,982.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,277,269.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,673,705.
3	Revenue less expenses. Subtract line 2 from line 1	3	603,564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,300,028.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,659,010.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,562,602.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (89.92%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (92.48%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
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>		
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>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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?	11 a	
b A family member of a person described in (a) above?	11 b	
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>	11 c	

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (<i>see instructions</i>).			
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. **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):		
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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 1,000,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 588,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 207,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 197,397.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 164,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Employer identification number

13-4095845

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Employer identification number
13-4095845

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

WESTCHESTER MEDICAL CENTER FOUNDATION, INC

13-4095845

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions (1,236,352), c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance (1,236,352).

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 4,277,269.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,673,705.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

THE FOUNDATION'S ENDOWMENT, CREATED IN 2015, CONSISTS OF ONE FUND
ESTABLISHED TO ENDOW A PHYSICIAN-IN-CHIEF POSITION AT THE MARIA FARERI
CHILDREN'S HOSPITAL.

SCHEDULE D, PART XI, LINE 2D

SPECIAL EVENT EXPENSES - \$1,338,454

GIFT SHOP EXPENSE - \$355,373

SCHEDULE D, PART XI, LINE 4B

CONTRIBUTED GOODS-AUCTION - \$66,601

CONTRIBUTED GOODS-PROGRAMS - \$8,325

SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENT EXPENSE - \$1,338,454

GIFT SHOP EXPENSE - \$355,373

SCHEDULE D, PART XII, LINE 4B

CONTRIBUTED GOODS-AUCTION-\$66,601

CONTRIBUTED GOODS-PROGRAM - \$8,325

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Employer identification number

13-4095845

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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) Total events	
		ANNUAL GALA	GOLF	7.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	773,903.	463,217.	430,149.	1,667,269.
	2	Less: Contributions	669,703.	240,177.	348,896.	1,258,776.
	3	Gross income (line 1 minus line 2)	104,200.	223,040.	81,253.	408,493.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	32,791.		33,810.	66,601.
	6	Rent/facility costs	187,932.	297,612.	168,011.	653,555.
	7	Food and beverages	208,743.		6,554.	215,297.
	8	Entertainment	39,250.		5,750.	45,000.
	9	Other direct expenses	113,148.	41,520.	203,333.	358,001.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,338,454.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-929,961.

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: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Employer identification number

13-4095845

Part I General Information on Grants and Assistance

- 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
- 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.

1 (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
(1) WESTCHESTER COUNTY HEALTH CARE CORPORATION 100 WOODS ROAD VALHALLA, NY 10595	13-3964321	115	2,395,681.		FMV		CAPTIAL IMPROVEMENTS PROG SUPP, EQUIP
(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 1.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

THE ORGANIZATION FUNDS GRANTS TO ITS PARENT COMPANY, WCHCC. THE FUNDING IS DONE THROUGH INITIAL BUDGET APPROVAL BY THE BOARD OF TRUSTEES, AND THEN ON AN INDIVIDUAL PAYMENT VOUCHER APPROVAL BY THE SENIOR VICE PRESIDENT OF CORPORATE COMMUNICATIONS AND FUND DEVELOPMENT AND EITHER THE VICE PRESIDENT OR SENIOR VICE PRESIDENT OF THE ASSOCIATED DEPARTMENT. TO FUND THE GRANT AMOUNT, PROPER DOCUMENTATION IS SUBMITTED TO THE FOUNDATION TO AUTHORIZE THE GRANT AMOUNT TO MAKE PAYMENT. 100% IS PAID DIRECTLY TO WCHCC, SO THE FOUNDATION WORKS CLOSELY WITH WCHCC FINANCE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

STAFF TO TRANSFER THE FUNDS, AND WCHCC FINANCE STAFF ASSURES THAT THE

FUNDS ARE PROPERLY USED FOR THEIR INTENDED PURPOSE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

13-4095845

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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 section 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" to 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 non-fixed payments not described on 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MS. KARA BENNORTH ADMINISTRATIVE MANAGER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	358,370.	40,800.	0.	18,000.	80,067.	497,237.	0.
2 MS. LIANNE SHAW ASSISTANT SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	181,434.	0.	0.	7,111.	9,465.	198,010.	0.
3 MR. MICHAEL D. ISRAEL VOTING EX-OFFICIO TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,257,829.	918,144.	0.	24,000.	124,160.	2,324,133.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Employer identification number

13-4095845

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				
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 ▶ (ATCH 1)		211 .	74,926 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2015)

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PAGE 41

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
BLUE STUD EARRINGS	X	1.	29.	COST/SELLING PRICE
LOLITA LINEAR EARRINGS	X	1.	35.	COST/SELLING PRICE
BLUE BACKPACK	X	1.	84.	COST/SELLING PRICE
CUSHION STUD EARRINGS	X	1.	35.	COST/SELLING PRICE
LEGGINGS & SWEATSHIRT	X	1.	108.	COST/SELLING PRICE
LOVE LEANN BAG	X	1.	98.	COST/SELLING PRICE
ZIPPER CLUTCH	X	1.	235.	COST/SELLING PRICE
LONGCHAMP HANDBAG	X	1.	429.	COST/SELLING PRICE
GOLD & PEARL NECKLACE	X	1.	125.	COST/SELLING PRICE
VERA BRADLEY ORGANIZER	X	1.	48.	COST/SELLING PRICE
VERA BRADLEY LUNCH TOTE	X	1.	34.	COST/SELLING PRICE
WATERSNAKE CLUTCH	X	1.	160.	COST/SELLING PRICE
HOME BLEACHING PROCEDURE	X	1.	600.	COST/SELLING PRICE
MACY'S FRAGRANCE BASKET	X	1.	79.	COST/SELLING PRICE
ROYAL NAILS GIFT CARD	X	1.	30.	COST/SELLING PRICE
SKIN CARE GIFT CARD	X	1.	100.	COST/SELLING PRICE
4 FUNFUZION PASSES	X	1.	132.	COST/SELLING PRICE
RACE TICKETS	X	1.	150.	COST/SELLING PRICE
NEW YORK METS TICKETS	X	1.	146.	COST/SELLING PRICE
USTA TICKETS	X	1.	2,200.	COST/SELLING PRICE
WESTCHESTER KNICKS TICKET	X	1.	80.	COST/SELLING PRICE
WINE & FOOD PASSES	X	1.	160.	COST/SELLING PRICE
NEW YORK YANKEES TICKETS	X	1.	160.	COST/SELLING PRICE
LEGOLAND PASSES	X	1.	68.	COST/SELLING PRICE

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1 (CONT'D)

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF</u>
BELLA PANCAKE MAKER	X	1.	20.	COST/SELLING PRICE
CHAMPAGNE & SHIMMER	X	1.	100.	COST/SELLING PRICE
WINE BASKET	X	1.	80.	COST/SELLING PRICE
3 MONTHS OF ROSES	X	1.	90.	COST/SELLING PRICE
MAYA RIVIERA GIFT CARD	X	1.	100.	COST/SELLING PRICE
CLUB FIT GIFT BASKET	X	1.	180.	COST/SELLING PRICE
EMS EQUIPMENT RENTAL	X	1.	200.	COST/SELLING PRICE
BELMARS GIFT CARD	X	1.	145.	COST/SELLING PRICE
LIFETIME FITNESS PASSES	X	1.	80.	COST/SELLING PRICE
THE BAR METHOD GIFT CARD	X	1.	100.	COST/SELLING PRICE
VALUE DRUGS GIFT CARD	X	1.	50.	COST/SELLING PRICE
WORKOUT OUTFIT	X	1.	300.	COST/SELLING PRICE
7 PIECE TRAVEL SET	X	1.	329.	COST/SELLING PRICE
PAWFECTIION GROOMING BASKE	X	1.	100.	COST/SELLING PRICE
BRIDGEVIEW TAVERN DINNER	X	1.	50.	COST/SELLING PRICE
CRABTREE'S KITTLE HOUSE	X	1.	200.	COST/SELLING PRICE
SUNSET COVE BRUNCH	X	1.	58.	COST/SELLING PRICE
THE RED HAT DINNER	X	1.	200.	COST/SELLING PRICE
SILVER BRACELET	X	1.	50.	COST/SELLING PRICE
DIAMOND PENDANT	X	1.	300.	COST/SELLING PRICE
WOMAN'S GOLD WATCH	X	1.	110.	COST/SELLING PRICE
OUTFITS FROM BUFFALO JEAN	X	1.	100.	COST/SELLING PRICE
KATE SPADE HANDBAG	X	1.	120.	COST/SELLING PRICE
MARK POSNER BAG	X	1.	500.	COST/SELLING PRICE

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1 (CONT'D)

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF</u>
MEN'S GOLD WATCH	X	1.	130.	COST/SELLING PRICE
SILVER DIAMOND NECKLACE	X	1.	375.	COST/SELLING PRICE
GOOD MORNING AMERICA TICK	X	1.	300.	COST/SELLING PRICE
LIVE WITH KELLY TICKETS	X	1.	450.	COST/SELLING PRICE
DINNER THEATER TICKETS	X	1.	172.	COST/SELLING PRICE
SIGNED DEREK JETER JERSEY	X	1.	0.	COST/SELLING PRICE
CAFE OF LOVE DINNER	X	1.	150.	COST/SELLING PRICE
SUNBURST MIRROR	X	1.	279.	COST/SELLING PRICE
CORAL BOWL	X	1.	229.	COST/SELLING PRICE
RESTAURANT GIFT CARD	X	1.	400.	COST/SELLING PRICE
BEST OF WESTCHESTER TICK	X	1.	220.	COST/SELLING PRICE
GLIMMERGLASS FEST TICKETS	X	1.	52.	COST/SELLING PRICE
BACKSTAGE SALON GIFT CARD	X	1.	115.	COST/SELLING PRICE
LION KING TICKETS	X	1.	1,362.	COST/SELLING PRICE
RICHARDS OF GREENWICH	X	1.	250.	COST/SELLING PRICE
JACKET, JEANS, & TOP	X	1.	500.	COST/SELLING PRICE
JEAN JACQUES GIFT CARD	X	1.	100.	COST/SELLING PRICE
BUON AMICI LUNCH FOR TWO	X	1.	50.	COST/SELLING PRICE
GREAT PLAY BIRTHDAY PARTY	X	1.	50.	COST/SELLING PRICE
STAMFORD MUSEUM & NATURE	X	1.	40.	COST/SELLING PRICE
TABLE 104 OSTERIA	X	1.	100.	COST/SELLING PRICE
COCO NAIL SALON GIFT CARD	X	1.	40.	COST/SELLING PRICE
CROWN PLAZA HOTEL	X	1.	225.	COST/SELLING PRICE
FORTINA GIFT CERTIFICATE	X	1.	200.	COST/SELLING PRICE

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1 (CONT'D)

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF</u>
FAMILY PORTRAIT	X	1.	5,500.	COST/SELLING PRICE
LE PETITE PORTRAIT	X	1.	3,500.	COST/SELLING PRICE
6 BOTTLES OF WINE	X	1.	600.	COST/SELLING PRICE
JEWELRY GIFT CERTIFICATE	X	1.	500.	COST/SELLING PRICE
QUAKER HILL TAVERN	X	1.	50.	COST/SELLING PRICE
3 BIKE HELMETS	X	1.	135.	COST/SELLING PRICE
LANDSCAPE LIGHTING	X	1.	3,000.	COST/SELLING PRICE
WESTCHESTER BROADWAY TICK	X	1.	400.	COST/SELLING PRICE
CONNECTICUT ZOO PASSES	X	1.	100.	COST/SELLING PRICE
CANDLE LIGHT INN	X	1.	50.	COST/SELLING PRICE
RUDY'S GIFT CARD	X	1.	100.	COST/SELLING PRICE
BROTHER JIMMY'S GIFT CARD	X	1.	50.	COST/SELLING PRICE
TEQUILA SUNRISE GIFT CARD	X	1.	50.	COST/SELLING PRICE
MOREFAR GOLF COURSE PASS	X	1.	1,500.	COST/SELLING PRICE
UNDER DESK BIKE	X	1.	200.	COST/SELLING PRICE
MOON STONE EARRINGS	X	1.	250.	COST/SELLING PRICE
HUDSON VALLEY RENEGADES	X	1.	240.	COST/SELLING PRICE
RED HAT GIFT CARD	X	1.	50.	COST/SELLING PRICE
MOVADO WATCH	X	1.	795.	COST/SELLING PRICE
YANKEE EXPERIENCE TICKETS	X	1.	1,000.	COST/SELLING PRICE
HAIR GIFT BASKET	X	1.	225.	COST/SELLING PRICE
LE JARDIN DU ROI GIFT	X	1.	100.	COST/SELLING PRICE
BEAR MOUNTAIN INN BRUNCH	X	1.	75.	COST/SELLING PRICE
MIKE TROUT BASEBALL	X	1.	500.	COST/SELLING PRICE

Part II Supplemental Information. Complete this part to 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.

ATTACHMENT 1 (CONT'D)

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF</u>
PERRIER-PAUL JERSEY	X	1.	200.	COST/SELLING PRICE
HAIR PRODUCTS BASKET	X	1.	185.	COST/SELLING PRICE
SUMMER TOTE	X	1.	200.	COST/SELLING PRICE
MUSICAL INSTRUMENT RENTAL	X	1.	125.	COST/SELLING PRICE
HALF MOON THEATER TICKETS	X	1.	600.	COST/SELLING PRICE
PADDLE BOARD	X	1.	1,199.	COST/SELLING PRICE
ELECTRIC BIKE	X	1.	1,700.	COST/SELLING PRICE
CHAMPAGNE	X	1.	190.	COST/SELLING PRICE
MOHEGAN SUN TICKETS	X	1.	1,200.	COST/SELLING PRICE
STYLE ME PRETTY GIFT CARD	X	1.	100.	COST/SELLING PRICE
MACY'S FRAGRANCE BASKET	X	1.	300.	COST/SELLING PRICE
PAMPER YOURSELF BASKET	X	1.	200.	COST/SELLING PRICE
TABLE & CHAIRS	X	1.	415.	COST/SELLING PRICE
HIBISCUS BOWL	X	1.	110.	COST/SELLING PRICE
MEDFORD MANTLE CLOCK	X	1.	458.	COST/SELLING PRICE
MID-HUDSON BRIDGE LIGHT	X	1.	400.	COST/SELLING PRICE
DANCING GIFT CERTIFICATE	X	1.	650.	COST/SELLING PRICE
LEARN TO SKATE GIFT CARD	X	1.	250.	COST/SELLING PRICE
1 MONTH UNLIMITED DANCE	X	1.	250.	COST/SELLING PRICE
ROMBOUT HUNT CLUB PASS	X	1.	250.	COST/SELLING PRICE
INTERLAKEN INN GIFT CARD	X	1.	300.	COST/SELLING PRICE
DAY OF GOLF	X	1.	160.	COST/SELLING PRICE
ROMANTIC GETAWAY	X	1.	450.	COST/SELLING PRICE
BARDAVON 1 YEAR MEMBER	X	1.	225.	COST/SELLING PRICE

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1 (CONT'D)

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF</u>
CULINARY INSTUTE DINNER	X	1.	175.	COST/SELLING PRICE
SHOWTIME AT CARAMOOR	X	1.	200.	COST/SELLING PRICE
39 STEPS TICKETS	X	1.	170.	COST/SELLING PRICE
MY SON THE WAITER TICKETS	X	1.	200.	COST/SELLING PRICE
DRUNK SHAKESPEARE TICKETS	X	1.	150.	COST/SELLING PRICE
CLEVER LITTLE LIES TICKET	X	1.	180.	COST/SELLING PRICE
STOMP TICKETS	X	1.	160.	COST/SELLING PRICE
QUEEN OF THE NIGHT TICKET	X	1.	500.	COST/SELLING PRICE
VINEYARD TOUR & TASTING	X	1.	150.	COST/SELLING PRICE
TASTE OF 12 WITH TOUR	X	1.	285.	COST/SELLING PRICE
WINE BASKET	X	1.	165.	COST/SELLING PRICE
SATURDAY NIGHT TASTE	X	1.	130.	COST/SELLING PRICE
WINE GIFT BOX	X	1.	200.	COST/SELLING PRICE
BOTTLE OF MALBEC	X	1.	50.	COST/SELLING PRICE
THREE WINES ASSORTMENT	X	1.	120.	COST/SELLING PRICE
3L FELSINA CHIANTI WINE	X	1.	294.	COST/SELLING PRICE
CHATEAU D'YQUEM WINE	X	1.	300.	COST/SELLING PRICE
ANAPERENNA SHIRAZ	X	1.	200.	COST/SELLING PRICE
SMITH WOODHOUSE PORT	X	1.	225.	COST/SELLING PRICE
CUNE RIOJA RESERVA	X	1.	99.	COST/SELLING PRICE
DISTILLERY TOUR & TASTING	X	1.	65.	COST/SELLING PRICE
5 LITER BARON DE LEY WINE	X	1.	150.	COST/SELLING PRICE
MONTSANT DIDO VENUS	X	1.	105.	COST/SELLING PRICE
DHRON HOFBERG RIESLING	X	1.	101.	COST/SELLING PRICE

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1 (CONT'D)

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF</u>
DUCKHORN WINE	X	1.	208.	COST/SELLING PRICE
DROUHIN COTE DE BEAUNE	X	1.	70.	COST/SELLING PRICE
RODNEY STRONG WINES	X	1.	300.	COST/SELLING PRICE
TWO HANDS BELLA'S GARDEN	X	1.	480.	COST/SELLING PRICE
ROEDERER BRRUT CHAMPAGNE	X	1.	225.	COST/SELLING PRICE
TAYLOR FLADGATE 100 YEARS	X	1.	275.	COST/SELLING PRICE
SPIRITS & CORDIALS BASKET	X	1.	184.	COST/SELLING PRICE
LUKE DONALD VIOGNIER	X	1.	180.	COST/SELLING PRICE
SMITH-MADRONE WINE	X	1.	114.	COST/SELLING PRICE
PICO MACCARIO LAVIGNON	X	1.	114.	COST/SELLING PRICE
DOM ZIND HUMBRECHT	X	1.	200.	COST/SELLING PRICE
FAUSTION WINES	X	1.	530.	COST/SELLING PRICE
SMITH & HOOK CABERNET	X	1.	100.	COST/SELLING PRICE
WINE BASKET	X	1.	150.	COST/SELLING PRICE
TRINCHERO NAPAVALLEY WINE	X	1.	300.	COST/SELLING PRICE
SEVEN OAKS CABERNET	X	1.	125.	COST/SELLING PRICE
ARROWOOD 2010	X	1.	100.	COST/SELLING PRICE
PIERRE JOUET CHAMPAGNE	X	1.	175.	COST/SELLING PRICE
THREE PACK WINE	X	1.	200.	COST/SELLING PRICE
GASO AMARONE DE LA VALPOL	X	1.	125.	COST/SELLING PRICE
DOMAINE RAYMOND WINE	X	1.	100.	COST/SELLING PRICE
PARDUCCI TRUE GRIT WINE	X	1.	125.	COST/SELLING PRICE
TASTE OF THE TASTE	X	1.	3,146.	COST/SELLING PRICE
HUMMING BIRD WATERCOLOR	X	1.	250.	COST/SELLING PRICE

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1 (CONT'D)

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF</u>
JHOUSE GIFT CARD	X	1.	375.	COST/SELLING PRICE
WOBBLE CAFE GIFT CARD	X	1.	20.	COST/SELLING PRICE
GOODY BAGS/CANDY	X	1.	450.	COST/SELLING PRICE
TEDDY BEARS	X	1.	1,250.	COST/SELLING PRICE
CHOCOLATE ADVENT CALENDAR	X	1.	36.	COST/SELLING PRICE
TOYS & BOOKS	X	1.	100.	COST/SELLING PRICE
TOYS, GAMES, & CRAFTS	X	1.	300.	COST/SELLING PRICE
BAGS OF TOYS	X	1.	250.	COST/SELLING PRICE
BAGS OF HALLOWEEN CANDY	X	1.	60.	COST/SELLING PRICE
TOYS	X	1.	490.	COST/SELLING PRICE
ACTIVITY KITS	X	1.	325.	COST/SELLING PRICE
TOYS/GAMES	X	1.	200.	COST/SELLING PRICE
TOYS/BABY STUFF	X	1.	175.	COST/SELLING PRICE
PUZZLE & FINGERPUPPETS	X	1.	20.	COST/SELLING PRICE
DOLLS & TRUCKS	X	1.	120.	COST/SELLING PRICE
TOYS	X	1.	100.	COST/SELLING PRICE
GAMES	X	1.	25.	COST/SELLING PRICE
SHOPPING CARD	X	1.	20.	COST/SELLING PRICE
TOYS, GAMES, & ETC.	X	1.	500.	COST/SELLING PRICE
TOYS	X	1.	100.	COST/SELLING PRICE
TOYS	X	1.	230.	COST/SELLING PRICE
TOYS, GAMES, & CLOTHES	X	1.	450.	COST/SELLING PRICE
BIRTHDAY/HOLIDAY GIFTS	X	1.	100.	COST/SELLING PRICE
GIFTS FOR TEENS	X	1.	500.	COST/SELLING PRICE

Part II **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1 (CONT'D)

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF</u>
COMFORT BAGS & BLANKETS	X	1.	450.	COST/SELLING PRICE
TOYS	X	1.	300.	COST/SELLING PRICE
ACTIVITY BOOKS & CRAYONS	X	1.	5.	COST/SELLING PRICE
TOYS & GAMES	X	1.	120.	COST/SELLING PRICE
SCRAPBOOKING SUPPLIES	X	1.	300.	COST/SELLING PRICE
CRAYONS, MARKERS, & COLOR	X	1.	50.	COST/SELLING PRICE
GIFT BAGS & TOYS	X	1.	499.	COST/SELLING PRICE
TOYS/BOOKS	X	1.	400.	COST/SELLING PRICE
JAWBONE SPEAKERS	X	1.	400.	COST/SELLING PRICE
NEW YORK METS TICKETS	X	1.	400.	COST/SELLING PRICE
NEW YORK YANKEES TICKETS	X	1.	200.	COST/SELLING PRICE
NEW YORK YANKEES TICKETS	X	1.	200.	COST/SELLING PRICE
NEW YORK YANKEES TICKETS	X	1.	315.	COST/SELLING PRICE
NEW YORK YANKEES TICKETS	X	1.	800.	COST/SELLING PRICE
NEW YORK YANKEES TICKETS	X	1.	1,200.	COST/SELLING PRICE
3 MONTHS OF ROSES	X	1.	120.	COST/SELLING PRICE
BUON AMICI LUNCH	X	1.	58.	COST/SELLING PRICE
FAMILY PORTRAIT	X	1.	3,500.	COST/SELLING PRICE
LE PETITE PORTRAIT	X	1.	3,500.	COST/SELLING PRICE
TOTALS		<u>211.</u>	<u>74,926.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Employer identification number

13-4095845

FORM 990, PART III, LINE 2

SEE PART III, LINE 4A.

FORM 990, PART VI, LINE 1A

AS A RESULT OF THE MERGER OF THE FOUNDATION WITH THE CHILDREN'S HOSPITAL
FOUNDATION AT WMC, INC., THE VOTING BOARD MEMBERS INCREASED FROM SIXTEEN
TO TWENTY FIVE MEMBERS WITH FOUR EX-OFFICIO, NON-VOTING MEMBERS.

FORM 990, PART VI, LINE 4

THE BOARD APPROVED REVISED BYLAWS ATTRIBUTABLE TO THE MERGER OF THE TWO
FOUNDATIONS, WMC'S TAKEOVER OF SAINT FRANCIS HOSPITAL AND OTHER NEW
PROPOSED CHANGES TO THE BYLAWS.

THE SIGNIFICANT CHANGES TO THE FOUNDATION'S BYLAWS ARE AS FOLLOWS: A)
INCREASING THE MAXIMUM NUMBER OF VOTING TRUSTEES FROM THIRTY TO FIFTY, B)
MAKING LIFE TRUSTEES NON-VOTING, C) ELIMINATING TERMS FOR LIFE TRUSTEES,
D) ABILITY TO FORM AD-HOC COMMITTEES, AND E) INCLUSION OF THE MOST RECENT
NON-PROFIT LAWS GOVERNING NON-PROFITS.

FORM 990, PART VI, LINE 6

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

THE SOLE MEMBER OF THE FOUNDATION IS WESTCHESTER COUNTY HEALTH CARE
CORPORATION (WCHCC).

Name of the organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
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FORM 990, PART VI, LINE 7A

ELECTION OF THE GOVERNING BODY

THE MEMBER (WCHCC) SHALL ELECT THE TRUSTEES FROM AMONG THOSE PERSONS NOMINATED BY THE NONINATING COMMITTEE AND APPROVED BY THE THE BOARD OF TRUSTEES (FROM ARTICLE III SECTION 3.3 OF THE BYLAWS).

FORM 990, PART VI, LINE 7B

DECISIONS OF THE GOVERNING BOARD

THE MEMBER (WCHCC) HAS THE FOLLOWING RESERVED POWERS (SECTION 2.2 OF THE BYLAWS: A) APPROVE POLICIES, B) ELECT AND REMOVE TRUSTEES OF THE FOUNDATION, C) AUTHORIZE AMENDMENTS TO CERTIFICATE OF INCORPORATION AND BYLAWS OF THE FOUNDATION, D) APPROVE AFFILIATION AGREEMENTS, E) APPROVE STRATEGIC AND BUSINESS PLANS, F) APPROVE BUDGETS, G) APPROVE FOUNDATION INVESTMENT POLICIES, H) AUTHORIZE THE FOUNDATION'S PARTICIPATION IN OTHER BUSINESS VENTURES, I) AUTHORIZE THE FOUNDATION'S ORGANIZATION OR FORMATION OF A NEW SUBSIDIARY OR JOINT VENTURE, J) AUTHORIZE THE INCURRENCE OF DEBT, K) APPROVE FOUNDATION'S FRINGE BENEFIT PLANS, L) APPROVE ACCOUNTING POLICIES AND APPOINT OUTSIDE AUDITOR, M) AUTHORIZE ANY VOTE BY THE FOUNDATION IN ITS SUBSIDIARIES OR AFFILIATES, AND N) THE POWER TO APPROVE THE FOUNDATION'S DONOR RECOGNITION LEVELS AND NAMING OF ANY PART OF THE MEMBER'S FACILITIES.

FORM 990, PART VI, LINES 8A & 8B

GOVERNANCE/NOMINATING COMMITTEE SHALL NOMINATE PERSONS FOR ELECTION AS TRUSTEES OF THE FOUNDATION BY THE MEMBER AND FOR ELECTION OF OFFICERS OF THE FOUNDATION BY THE BOARD OF TRUSTEES. THE COMMITTEE SHALL ALSO PERFORM

Name of the organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
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THE FOLLOWING DUTIES: (ARTICLE IV, SECTION 4.2, PART B OF THE BYLAWS): A) REVIEW, ASSESS AND REPORT TO THE BOARD OF TRUSTEES ON THE GOVERNANCE OF THE FOUNDATION, INCLUDING BUT NOT LIMITED TO, MATTERS RELATED TO THE PERFORMANCE, AND COMPOSITION OF THE BOARD OF TRUSTEES AND ITS STANDING AND SPECIAL COMMITTEES, B) ESTABLISH GOALS AND OBJECTIVES FOR THE BOARD OF TRUSTEES FOR EACH YEAR AND CONDUCT A REVIEW AND ASSESSMENT, C) REVIEW AND REPORT, AT LEAST ANNUALLY, ON THE ACTUAL FUNCTIONING OF THE BOARD OF TRUSTEES, AND D) DEVELOP, IN CONJUNCTION WITH MANAGEMENT, AN ORIENTATION CURRICULUM FOR NEW MEMBERS AND A CONTINUING EDUCATION PROGRAM FOR EXISTING BOARD OF TRUSTEES. THE GOVERNANCE/NOMINATING COMMITTEE SHALL MEET AT LEAST TWICE EACH YEAR AT THE CALL OF THE CHAIR.

FINANCE COMMITTEE SHALL REVIEW AND RECOMMEND ANNUAL OPERATING BUDGET TO THE BOARD OF TRUSTEES FOR APPROVAL. THE COMMITTEE CHAIRMAN SHALL REVIEW THE FOUNDATION'S FISCAL STATEMENTS MONTHLY AND REPORT THEM TO THE BOARD. IT SHALL CONSIDER ALL INVESTMENTS AND MATTERS PERTAINING THERETO AND MAKE RECOMMENDATIONS TO THE BOARD OF TRUSTEES, INCLUDING RECOMMENDATIONS FOR THE ADOPTION AND ANNUAL REVIEW OF AN INVESTMENT POLICY. THE FINANCE COMMITTEE MAY MAKE RECOMMENDATIONS TO THE BOARD OF TRUSTEES REGARDING DELEGATION OF THE MANAGEMENT OF FOUNDATION ASSETS TO A DISCRETIONARY REGISTERED INVESTMENT ADVISOR(S). THE FINANCE COMMITTEE SHALL REVIEW, AS APPROPRIATE, THE FINANCIAL IMPLICATIONS AND FEASIBILITY OF ANY RECOMMENDATIONS OF THE VARIOUS COMMITTEES OF THE BOARD PRIOR TO THEIR PRESENTATION TO THE BOARD. (ARTICLE IV SECTION 4.2 PART C OF THE BYLAWS). THE FINANCE COMMITTEE SHALL MEET AT LEAST QUARTERLY AT THE CALL OF THE

Name of the organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
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CHAIR OF THE COMMITTEE.

THE AUDIT COMMITTEE SHALL PERFORM SUCH DUTIES CONSISTENT WITH THE CUSTOMARY AND USUAL ACTIVITIES OF SUCH COMMITTEES IN ENTITIES OF A SIMILAR SIZE AND CHARACTER, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING (ARTICLE IV SECTION 4.2 PART D OF THE BYLAWS): A) INQUIRE INTO THE EXISTENCE AND USE OF INTERNAL POLICIES, PROCEDURES AND CONTROLS WITH RESPECT TO BOTH CASH AND NON-CASH ASSETS OF THE FOUNDATION, B) ASSESS WHETHER SIGNIFICANT RISKS OR EXPOSURES EXIST, WHICH COULD RESULT IN LOSS OR LIABILITY TO THE FOUNDATION, C) REVIEW ANY PUBLIC OFFERING STATEMENT, FINANCIAL STATEMENT, TAX RETURN OR OTHER PUBLISHED REPRESENTATION OR PUBLIC FILING OR REPORT, D) RECOMMEND TO THE BOARD OF TRUSTEES THE SELECTION OF A FIRM TO SERVE AS THE FOUNDATION'S EXTERNAL AUDITORS, E) MEET WITH THE EXTERNAL AUDITORS ENGAGED BY THE BOARD OF TRUSTEES AT THE COMMENCEMENT OF THE ANNUAL AUDIT TO DISCUSS THE SCOPE AND CONDUCT OF SUCH AUDIT AND AGAIN AT THE COMPLETION OF THE ANNUAL AUDIT TO DISCUSS THE FINDINGS, RESULTS AND MANAGEMENT LETTER, AND F) PERFORM SUCH OTHER FUNCTIONS, POWERS AND DUTIES AS MAY, FROM TIME TO TIME, BE REFERRED TO THE AUDIT COMMITTEE BY THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE SHALL MEET AT LEAST QUARTERLY UPON THE CALL OF THE CHAIR.

FORM 990, PART VI, LINE 11B

DESCRIBE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 THE 990 IS REVIEWED BY THE FOLLOWING EMPLOYEES OF WCHCC, THE PARENT ENTITY, CONCURRENTLY: THE VP OF FINANCE, THE SVP OF FINANCIAL OPERATIONS, THE CORPORATE COMPLIANCE OFFICER, THE CORPORATION'S INTERNAL GENERAL

Name of the organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
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COUNSEL AND EXECUTIVE VP AND THE OFFICERS WHO SIGN THE FORM 990.

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
IN 2008, A CORPORATE-WIDE CONFLICT OF INTEREST POLICY WAS ADOPTED AND
INCLUDES ALL RELATED ORGANIZATIONS. THIS POLICY IS MONITORED AND ENFORCED
THROUGH REVIEW OF THE DISCLOSURES TO IDENTIFY ANY POTENTIAL OR ACTUAL
CONFLICTS. DEPENDING ON THE REVIEW, A COMMITTEE MEETS TO DISCUSS IF THE
CONFLICT CAN BE MANAGED OR IF THE MEMBERS NEED TO MAKE A CHOICE IN ORDER
TO ELIMINATE THE CONFLICT. THE POLICY IS INCLUDED IN OUR ONLINE POLICIES
AND PROCEDURES SYSTEM CALLED ELLUCID.

FORM 990, PART VI, LINE 19

EXPLANATION OF HOW ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF
INTEREST STATEMENTS AVAILABLE TO THE PUBLIC
ORGANIZATION PROVIDES INFORMATION AT OWN WEBSITE AND UPON REQUEST.

FORM 990, PART VII, SECTION A

THE FOLLOWING INDIVIDUALS SERVE AS EX-OFFICIO MEMBERS OF THE BOARD OF
TRUSTEES. SINCE THE MEMBER SERVES EX-OFFICIO, WITHOUT VOTE, THE MEMBER IS
NOT LISTED AS A TRUSTEE IN PART VII: EDWARD LEBOVICS MD, RENEE GARRICK
MD, MICHAEL GEWITZ MD AND PAUL HOCHENBERG.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

NET ASSET TRANSFER FROM CHILDREN'S HOSPITAL FOUNDATION - \$11,659,010

Name of the organization WESTCHESTER MEDICAL CENTER FOUNDATION, INC	Employer identification number 13-4095845
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ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ASSISTED IN THE SUPPORT OF VARIOUS PROGRAMS THROUGHOUT WESTCHESTER COUNTY HEALTH CARE CORPORATION (WCHCC) INCLUDING 1) ACUTE FORENSIC EXAMINER PROGRAM, 2) ART PROGRAM, 3) BEHAVIORIAL HEALTH, 4) CANCER RESOURCE & REFERRAL CENTER, 5) CARDIAC BIPLANE EQUIPMENT, 6) CAREGIVER FUND, 7) CENTER FOR MOTHERS & NEWBORNS, 8) CHAPLAINCY PROGRAM, 9) CHILDREN'S HOSPITAL LOBBY, 10) CHILDREN'S LIBRARY EXPENSE, 11) CHILD LIFE, 12) GENERAL PEDIATRIC/TRAUMA INJURY PREVENTION, 13) FAMILY RESOURCE CENTER, 14) HEART CENTER-GENERAL & MINIMALLY INVASIVE, 15) MINIMALLY INVASIVE, 16) MUSIC THERAPY, 17) NEUROSCIENCE, 18) NICU-GENERAL, 19) NICU-MOD, 20) ORTHOPEDIC-DIABETES, 20) PATIENT EXPERIENCE, 21) PEDIATRIC HEMATOLOGICAL MALIGNANCIES, 22) PEDIATRIC NEUROSURGERY, 23) PEDIATRIC ONCOLOGY & ONCOLOGY POINP, 24) PICU GENERAL, 25) SURGERY CHAIRMAN EXPENSE, 26) THIRD FLOOR COURTYARD, 27) TREASURE TREE, 28) VOLUNTEERS, AND 29) WOMEN'S CANCER CENTER.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
STEPHEN STARR EVENTS 2900 SOUTHERN BVD BRONX, NY 10458	GALA EVENT CATERING	208,743.
COMMUNITY COUNSELLING SERVICE CO LLC PO BOX 824885 PHILADELPHIA, PA 19182-4885	CONSULTING SERVICES	293,000.

Name of the organization

WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Employer identification number

13-4095845

ATTACHMENT 3FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONSULTING FEES	463,955.		43,663.	420,292.
TOTALS	<u>463,955.</u>		<u>43,663.</u>	<u>420,292.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

WESTCHESTER MEDICAL CENTER FOUNDATION, INC

Employer identification number

13-4095845

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WESTCHESTER COUNTY HEALTH CORP 100 WOODS ROAD VALHALLA, NY 10595 13-3964321	HLTHCRE SRVCS	NY	115		N/A		X
(2) CHILDREN'S HOSPITAL FOUNDATION AT WMC 100 WOODS ROAD VALHALLA, NY 10595 13-3940462	FUNDRAISING	NY	501(C)(3)	7	WCHCC	X	
(3) WMC NEW YORK INC. 100 WOODS ROAD VALHALLA, NY 10595 13-4107864	FUNDRAISING	NY	501(C)(3)	11A	WCHCC	X	
(4) NORTH ROAD LHCSA, INC. 241 NORTH ROAD POUGHKEEPSIE, NY 12601 46-5293268	HEMOCARE SVCS	NY	501(C)(3)	9	WCHCC	X	
(5) MID-HUDSON VALLEY EARLY EDUCATION CENTER 241 NORTH ROAD POUGHKEEPSIE, NY 12601 46-5534882	PRESCHOOL	NY	501(C)(3)	2	WCHCC	X	
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NORTHEAST PROVIDER SOLUTIONS INC. 13-3991673 100 WOODS ROAD VALHALLA, NY 10595	MSO & HEARING AID	NY	N/A	C CORP					
(2) WMC ADVANCED PHYSICIAN SERVICES P.C. 26-4709927 19 BRADHURST AVENUE HAWTHORNE, NY 10532	PHYSICIAN OFFICES	NY	N/A	C CORP					
(3) WESTCHESTER MEDICAL REGIONAL PHYS SVCS 46-5522536 241 NORTH ROAD POUGHKEEPSIE, NY 12601	PHYSICIAN OFFICES	NY	N/A	C CORP					
(4)									
(5)									
(6)									
(7)									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WCHCC	B	2,395,681.	FMV
(2) WCHCC	P	571,078.	FMV
(3) WMC NEW YORK	O	5,304,297.	FMV
(4) CHILDREN'S HOSPITAL FOUNDATION	Q	171,692.	FMV
(5) CHILDREN'S HOSPITAL FOUNDATION	S	11,659,010.	FMV
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
