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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ORANGE REGIONAL MEDICAL CENTER

Doing Business As

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

City or town, state or country, and ZIP + 4
MIDDLETOWN, NY 10940

D Employer identification number
14-1364536

E Telephone number
(845) 343-2424

G Gross receipts $ 352,458,182

F Name and address of principal officer
SCOTT BATULIS
60 PROSPECT AVENUE
MIDDLETOWN, NY 10940

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW ORMC ORG

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

L Year of formation 1937

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of Orange Regional Medical Center is to improve the health of the community by providing exceptional health care over a broad range of quality healthcare services

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of employees (Part V, line 2a)	**5**	2,780
6	Total number of volunteers (estimate if necessary)	**6**	567
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	509,561
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	137,810

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	42,951,884	3,135,970
9	Program service revenue (Part VIII, line 2g)	295,696,499	319,548,275
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,556,068	281,377
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,666,461	3,261,691
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	343,870,912	326,227,313
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	168,363,503	179,514,834
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	123,792,428	127,670,216
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	292,155,931	307,185,050
19	Revenue less expenses Subtract line 18 from line 12	51,714,981	19,042,263

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	475,073,518	498,560,606
21	Total liabilities (Part X, line 26)	358,930,615	365,552,290
22	Net assets or fund balances Subtract line 21 from line 20	116,142,903	133,008,316

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

****** | 2010-11-10
Signature of officer | Date

MITCH AMADO CFO/VP FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KPMG LLP	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 345 Park Avenue New York, NY 101540102			EIN ▶ Phone no ▶ (212) 758-9700

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Orange Regional Medical Center will improve the health of our community by providing exceptional healthcare over a broad range of quality healthcare services We will pursue excellence in all we do with a goal of becoming the provider of choice for our community, the employer of choice for our staff, and the workplace of choice for our doctors Orange Regional believes strongly that the fear of not being able to pay for healthcare should not be a deterrent in seeking healthcare services Therefore, we work hard to ensure that healthcare remains accessible and available for any member of the community in need

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 232,264,854 including grants of $) (Revenue $ 318,731,152)

Orange Regional Medical Center (ORMC) is currently licensed for 450 beds on its two campuses and provides a full range of adult medical/surgical, intensive care, pediatric, obstetrical, rehabilitation, and behavioral health services During 2009 ORMC had 22,091 inpatient discharges and performed 744,810 outpatient procedures In addition to providing inpatient care at its two campuses, ORMC also operates a network of off-site facilities which provide a full range of out-patient diagnostic therapeutic and community education services Throughout the year, ORMC also conducts and coordinates a broad range of community outreach programs These programs include health trade expositions, facility tours, speakers' bureau, educational seminars and lectures, school career days, community health screenings, and support programs

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** ▶ $ 232,264,854

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	210		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,780		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 18		
b	Enter the number of voting members that are independent . .	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MITCHELL AMADO VPCFO ORMC
60 PROSPECT AVE
MIDDLETOWN, NY 10940
(845) 343-2424

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	6,222,671	179,099	937,532

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 21

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

Section B Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HOSPITAL BUILDING AND EQUIPMENT CO 11330 OLIVE BLVD ST LOUIS, MO 63141	CONSTRUCTION SRVCS	75,050,182
RADIOLOGIC ASSOCIATES PC PO BOX 2103 MIDDLETOWN, NY 10940	RADIOLOGY SERVICES	1,238,166
HUDSON VALLEY HOSPITAL PHYSICIANS P PO BOX 429 MIDDLETOWN, NY 10940	PHYSICIAN SERVICES	1,627,242
ALLIANCE IMAGING PO BOX 96485 CHICAGO, IL 60693	IMAGING SERVICES	1,121,987
CRYSTAL RUN HEALTHCARE 155 CRYSTAL RUN ROAD MIDDLETOWN, NY 10941	PHYSICIAN SERVICES	978,786
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 ▶ 55		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,299,236			
	e	Government grants (contributions)	1e	836,734			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,135,970			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541,900	317,474,727	317,474,727		
	b	PHYSICIAN REVENUE	541,900	746,864	746,864		
	c	NON-PATIENT LAB SERVICES	621,500	509,561		509,561	
	d	MNGMT FEE INCOME FROM RELATED ORG	900,099	560,000	560,000		
	e	INCOME FROM JOINT VENTURES	900,099	257,123	257,123		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		319,548,275			
	3	Investment income (including dividends, interest and other similar amounts)		408,498			408,498
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,423,917				
	b	Less rental expenses					
	c	Rental income or (loss)	1,423,917				
	d	Net rental income or (loss)		1,423,917			1,423,917
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	25,956,274	147,474			
	b	Less cost or other basis and sales expenses	26,112,350	118,519			
	c	Gain or (loss)	-156,076	28,955			
	d	Net gain or (loss)		-127,121			-127,121
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	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				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA SALES	722,210	1,202,239			1,202,239
	b	ALL OTHER REVENUE		635,535	407,406		228,129
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,837,774			
	12	**Total revenue.** See Instructions		326,227,313	319,446,120	509,561	3,135,662

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S 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	4,634,738		4,634,738	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,765,256	1,765,256		
7	Other salaries and wages	126,086,408	88,073,653	38,012,755	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,882,090	8,317,463	3,564,627	
9	Other employee benefits	25,403,321	17,782,325	7,620,996	
10	Payroll taxes	9,743,021	6,820,115	2,922,906	
11	Fees for services (non-employees)				
a	Management	57,614		57,614	
b	Legal	858,862		858,862	
c	Accounting	495,182		495,182	
d	Lobbying	134,081	134,081		
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	135,001		135,001	
g	Other	18,764,473	15,262,107	3,502,366	
12	Advertising and promotion	790,638	790,638		
13	Office expenses	6,940,924	4,845,782	2,095,142	
14	Information technology	3,482,051	2,437,436	1,044,615	
15	Royalties	0			
16	Occupancy	8,694,831	5,216,899	3,477,932	
17	Travel	324,557	227,190	97,367	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	362,719	253,903	108,816	
20	Interest	534,295	534,295		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,835,015	5,901,009	3,934,006	
23	Insurance	4,035,759	3,732,799	302,960	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	50,707,869	50,707,869		
b	BAD DEBT EXPENSE	12,384,668	12,384,668		
c	FINANCING FEES	527,144	527,144		
d	NON-MEDICAL SUPPLIES	5,695,216	3,986,651	1,708,565	
e	OTHER EXPENSES - MISC	1,152,487	806,741	345,746	
f	All other expenses	1,756,830	1,756,830		
25	**Total functional expenses.** Add lines 1 through 24f	307,185,050	232,264,854	74,920,196	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,044,628	1	5,794,709
	2	Savings and temporary cash investments		37,716,525	2	53,446,910
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		35,457,994	4	37,879,230
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,230,473	8	5,432,506
	9	Prepaid expenses and deferred charges		1,106,449	9	1,532,744
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 329,499,951			
	b	Less accumulated depreciation	10b 126,892,351	114,165,025	10c	202,607,600
	11	Investments—publicly traded securities		258,322,291	11	176,556,466
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		7,656,442	13	6,734,156
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,373,691	15	8,576,285
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		475,073,518	16	498,560,606
Liabilities	17	Accounts payable and accrued expenses		49,680,411	17	49,847,011
	18	Grants payable			18	
	19	Deferred revenue		5,179,834	19	4,410,600
	20	Tax-exempt bond liabilities		260,146,112	20	260,207,622
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,882,365	23	7,670,297
	24	Unsecured notes and loans payable to unrelated third parties		2,128,274	24	1,324,305
	25	Other liabilities Complete Part X of Schedule D		37,913,619	25	42,092,455
	26	**Total liabilities.** Add lines 17 through 25		358,930,615	26	365,552,290
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		96,816,426	27	123,481,542
	28	Temporarily restricted net assets		17,332,713	28	7,533,010
	29	Permanently restricted net assets		1,993,764	29	1,993,764
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		116,142,903	33	133,008,316
	34	Total liabilities and net assets/fund balances		475,073,518	34	498,560,606

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORANGE REGIONAL MEDICAL CENTER

Employer identification number
14-1364536

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h 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 or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9, of, Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
ORANGE REGIONAL MEDICAL CENTER	14-1364536

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		91,200
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		42,881
j	Total lines 1c through 1i			134,081
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART II-B, line 1i		PERCENTAGE OF DUES PAID TO HANYS AND AHA ALLOCATED TO LOBBYING EXPENSES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORANGE REGIONAL MEDICAL CENTER

Employer identification number
14-1364536

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,933,764	1,933,764			
b Contributions					
c Investment earnings or losses	79,083	146,745			
d Grants or scholarships					
e Other expenditures for facilities and programs	79,083	146,745			
f Administrative expenses					
g End of year balance	1,933,764	1,933,764			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	4,170,185		4,170,185
b Buildings	0	3,930,070	2,817,762	1,112,308
c Leasehold improvements	0	9,298,745	5,135,754	4,162,991
d Equipment	0	139,498,621	118,938,835	20,559,786
e Other	0	172,602,330		172,602,330
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				202,607,600

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
THIRD PARTY PAYABLES	6,023,007
PENSION LIABILITY	32,202,898
LONG TERM LIAB-WC& MALPRACTICE	3,653,548
OTHER LIABILITIES	213,002
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	42,092,455

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	326,227,313
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	307,185,050
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,042,263
4	Net unrealized gains (losses) on investments	4	-1,450,018
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-726,832
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-2,176,850
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	16,865,413

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

1	Total revenue, gains, and other support per audited financial statements			1	325,219,648
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,450,018		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	577,354		
e	Add lines **2a** through **2d**			2e	-872,664
3	Subtract line **2e** from line **1**			3	326,092,312
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	135,001		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	135,001
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	326,227,313

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	308,354,235
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,304,186		
e	Add lines **2a** through **2d**			2e	1,304,186
3	Subtract line **2e** from line **1**			3	307,050,049
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	135,001		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	135,001
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	307,185,050

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	PENSION RELATED CHANGES 577,354 POST RETIREMENT CHANGES -714,676 INTEREST IN FOUNDATION -589,510 TOTAL -726,832
RECONCILATION OF REVENUE	SCHEDULE D, PART XII, LINE 2D	PENSION RELATED CHANGES 577,353
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D	POST RETIREMENT CHANGES -714,676 INTEREST IN FOUNDATION -589,510
USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS (PERMANENTLY RESTRICTED) ARE INVESTED IN ACCOUNTS IN ORMC'S NAME THE PRINCIPAL BALANCES ARE TO BE HELD AND ALL EARNINGS ARE TO BE USED FOR THE BENEFIT AND SUPPORT OF THE ORGANIZATION'S PROGRAMS AND SERVICES
FIN 48		ORMC IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED "UNRELATED BUSINESS INCOME" AND WOULD RESULT IN A TAX LIABILITY MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORANGE REGIONAL MEDICAL CENTER

Employer identification number
14-1364536

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		1,625	1,366,274		1,366,274	0 450 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		3,312	18,638,743	13,263,488	5,375,255	1 750 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		3,780	21,275,368	12,982,391	8,292,977	2 700 %
d **Total** Charity Care and Means-Tested Government Programs		8,717	41,280,385	26,245,879	15,034,506	4 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	33		235,995	37,747	198,248	
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	1		6,500		6,500	
j **Total** Other Benefits	34		242,495	37,747	204,748	
k **Total.** Add lines 7d and 7j	34	8,717	41,522,880	26,283,626	15,239,254	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	12,384,668		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	129,680,091
6	Enter Medicare allowable costs of care relating to payments on line 5	6	140,488,867
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-10,808,776
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	Crystal Run				
2	Ambulatory Surgery				
3	Center of				
4	Middletown LLC	ambulatory surgery center	40 000 %		
5	Hudson Valley				
6	Ambulatory				
7	Surgery LLC	ambulatory surgery center	30 890 %		69 110 %
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ORANGE REGIONAL MEDICAL CNTR ARDEN CAMPU 4 HARRIMAN DRIVE GOSHEN, NY 10924	X								
ORANGE REGIONAL MEDICAL CNTR HORTON CAMP 60 PROSPECT AVE MIDDLETOWN, NY 10940	X								
HUDSON VALLEY AMBULATORY SURGERY LLC 75 CRYSTAL RUN RD BLDG B SUITE 225 MIDDLETOWN, NY 10941									JOINT VENTURE AMBULATORY SURGERY CENTER
ORANGE REGIONAL DIAGNOSTIC IMAGING CENTE 30 Hatfield Lane Goshen, NY 10924									Diagnostic imaging center
Goshen Patient Service Center 70 Hatfield Lane Goshen, NY 10924									Outpatient ancillary service center
Orange Regional Family Program for Alcoh 420 East Main Street Middletown, NY 10940									Substance abuse counseling center
Goshen Infusion Center Hatfield Lane Goshen, NY 10924									Infusion treatment center
Goshen Radiation Oncology Center Hatfield Lane Goshen, NY 10924									Radiation oncology treatment center
Outpatient Rehabilitation Center 110 Crystal Run Road Middletown, NY 10941									Rehab services center
Orange Regional Medical Pavilion 75 Crystal Run Road Middletown, NY 10941									Outpatient services center
Stanley S Dunkelman Diabetes Treatment C 110 Crystal Run Road Middletown, NY 10941									Diabetes treatment support center

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

The Medicare shortfall of $10,808,776 could be considered a community benefit expense to the extent that it is in effect a subsidy of a governmental healthcare plan which enables the recipients of these benefits to receive healthcare The amount indicated on line 6 as Medicare allowable costs related to Medicare payments has been calculated by applying the ratio of patient care cost to charges to gross charges for Medicare and Medicare Advantage plans less payments This ratio is consistent with that used for Medicaid and other providers

ORMC's collection policy indicates that if a patient is not able to pay, they will be referred for Medicaid eligibility or financial aid Also, charity care eligibility is extended to 350% of the Federal Poverty Guidelines (FPG) for those patients who are indigent but have some income and do not qualify for a 100% write-off

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

PART IV, LINE 2 On May 19, 2009, in accordance with the New York State Prevention Agenda and in partnership with the Orange County Department of Health and the Middletown Community Health Center, Orange Regional Medical Center hosted the Orange County Region 2 Town Hall Health Meeting to solicit public input from local community healthcare agencies and stakeholders regarding healthcare needs Region 2 encompasses the north central portion of Orange County Participants discussed the following prevention agenda priorities as they related to Orange County Region 2 * Access to quality healthcare * Healthy mothers/healthy babies/healthy children * Chronic disease * Physical activity/nutrition * Unintentional injury, healthy environment * Tobacco use * Infectious disease * Community preparedness * Mental health/substance abuse In addition, the Orange County Department of Health (OCDOH) has collaborated with a variety of educational, community, voluntary and government agencies, healthcare facilities and providers including Orange Regional Medical Center, and consumer groups to collectively identify priorities for improving community-wide health status In conducting the 2005-2010 Orange County Community Health Assessment, several strategies were used to facilitate and invite community input in establishing community health priorities One strategy was to encourage ongoing communication with and consultation from the community collaborators Orange County DOH representatives meet with these groups regularly to discuss community-based health initiatives and emerging health and service delivery needs In addition, two versions of a local health needs survey were developed to solicit input from community-based health services, community agencies, and residents The Community Agency version of the local health needs survey was designed to provide input regarding needs both from the agency/healthcare facility's perspective and that of the target population served by each agency The other survey, completed by more than 750 Orange County residents, was made available in both English and Spanish on the County's Web site A total of 40 surveys were completed by healthcare facilities and agencies including Orange Regional Medical Center The following findings identified by the Orange County Department of Health's survey and the Orange County Region 2 Town Hall Health meeting directly fall in line with the New York State Department of Health Prevention Agenda Orange Regional Medical Center currently offers services that address these issues * Behavioral Health (Prevention Agenda item) There was unanimous agreement that significant need for behavioral health services exists in Region 2 and county-wide, particularly regarding pediatric and adolescent behavioral health Barriers include lack of transportation/access and insufficient methods of communication regarding the services available * Obesity Obesity is an increasing problem for Orange County residents It is of special concern in children and teens because it not only increases the risk of chronic diseases later in life, but can result in psychological and social difficulties at a developmentally sensitive stage * Chronic Disease (Prevention Agenda item) Findings suggest that there is a need to better address the underlying causes of chronic diseases such as obesity, poor nutrition, and lack of physical activity in the County This may be achieved by expanding the Health Education and Primary Prevention service capacity in the Orange County Health Department and throughout community agencies * Access to Care (Prevention Agenda item) It was felt there is significant need to expand access to heart disease, cancer, COPD/CLRD, asthma, and diabetes prevention and education including smoking cessation and nutrition assessment and counseling services, especially for high risk minority and low income residents Significant need also exists to ?expand access to breast, prostate, and colorectal screening, especially for high risk minority and low income residents Early Detection It was also determined that accessibility and use of early detection and screening services were lacking for chronic diseases, especially by low-income, minority populations Presently Orange Regional Medical Center offers several programs to address the issues above These programs will be supplemented by input and support from the local Department of Health and from community partners

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

PART VI, LINE 3 Orange Regional believes strongly that the fear of not being able to pay for healthcare should not be a deterrent and is working to ensure that healthcare remains accessible and available for any member of the community in need Patient financial advocates and pre-registration representatives are available to assist patients with financial aspects of their medical care and pre-register patients prior to their visit Insurance benefits are verified and discussed with patients, financial obligations of co-payments and deductibles are verified and communicated and, if the patient does not have insurance, charity care and financial assistance opportunities are examined Patients are educated about, and given assistance with, applications for New York State insurance programs such as Medicaid, Child Health Plus and Family Health Plus Information is given about crime victim assistance, financial resources and alternative payment options In the event an insurance claim is denied, patient financial advocates partner with the patient to determine grounds for denial and if subsequent corrective action can be taken Orange Regional has adopted an assertive approach to providing patients who are uninsured with information about the availability of financial assistance, including the Charity Care Fund Specifically, Orange Regional has undertaken the following efforts 1) Posted visible and easily understood signs throughout Patient Registration areas and the Emergency Departments about Orange Regional's financial assistance program 2) Simplified the language describing the availability of financial assistance through the Charity Care Fund in the Patient's Guide 3) Provided financial advocates and pre-registration representatives to discuss with patients financial aspects of their care If the patient is uninsured, assistance is given with applications for the Charity Care Fund 4) Imprinted all bills sent to patients with information about the availability of the Charity Care Fund and a telephone number to contact for more information 5) Identified a specific staff position as a Financial Advocate who is the point-of-contact for all individuals calling with questions about or requesting assistance with completing the applications for the Charity Care Fund 6) Implemented a "discounting" system that enables the institution to bill uninsured individuals at a government-established rate of reimbursement, e g Medicare rates

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORANGE REGIONAL MEDICAL CENTER

Employer identification number
14-1364536

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE PAYMENTS	SCHEDULE J, PART I, LINE 4	SEVERANCE NONQUALIFIED PAYMENT RETIREMENT PLAN John Carleo 136,783 - Mark Tuckfelt 25,731 - Robert Wollenben 48,375 - Mitchell Amado - 20,089 Joseph M Anesi - 12,952 Scott Batulis - 70,592 Wayne Becker - 27,952 Deborah Carr - 10,970 Gerald Dunlavey - 10,002 Rosemary Frado - 30,206 Kathleen J Guido - 26,603 Susan M Hodgson - 27,223 Sandra M Iberger - 12,647 Christine P Maraia - 8,892 James Oxley, MD - 17,047 Syed S Rab - 10,503 Jonathan Schiller - 11,253 Timothy P Selz - 19,353 Stephen Sugrue - 7,297
FORM 990, SCHEDULE J, LINE 1A		The Hospital pays the dues and assessments for the CEO's membership in a local country club for business related purposes The executive is responsible for all expenses associated with his personal club usage

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 14-1364536
Name: ORANGE REGIONAL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
James Oxley MD	(i)	290,077	29,856	24,064	28,166	13,320	385,483	0
	(ii)	0					0	
Mitchell Amado	(i)	361,994	39,220	17,062	49,989	20,944	489,209	0
	(ii)	0					0	
Joseph M Anesi	(i)	226,161	24,448	9,876	27,248	17,905	305,638	0
	(ii)	0					0	
Scott Batulis	(i)	576,634	132,617	23,242	87,742	17,905	838,140	0
	(ii)	0					0	
Wayne Becker	(i)	169,177	22,357	39,304	69,082	13,320	313,240	0
	(ii)	0					0	
John Carleo	(i)	0	0	135,209	18,532	2,102	155,843	0
	(ii)	0					0	
Deborah Carr	(i)	181,962	21,408	16,766	38,041	18,444	276,621	0
	(ii)	0					0	
Gerald Dunlavey	(i)	167,428	19,097	14,662	29,637	17,905	248,729	0
	(ii)	0					0	
Rosemary Frado	(i)	215,976	25,930	39,523	49,054	20,477	350,960	0
	(ii)	0					0	
Kathleen J Guido	(i)	152,527	12,040	38,891	15,433	13,320	232,211	0
	(ii)	0					0	
Susan M Hodgson	(i)	150,079	26,883	39,210	22,589	13,320	252,081	0
	(ii)	0					0	
Sandra M Iberger	(i)	219,278	23,849	16,722	20,058	19,144	299,051	
	(ii)	0					0	
Christine P Maraia	(i)	0					0	0
	(ii)	159,278	13,163	6,658	14,108	370	193,577	0
Syed S Rab	(i)	188,419	14,799	8,112	16,965	17,905	246,200	0
	(ii)	0					0	
Jonathan Schiller	(i)	193,053	20,008	13,168	31,475	17,905	275,609	0
	(ii)	0					0	
Quazi Al-Tariq	(i)	495,530	0	10,120	33,649	0	539,299	0
	(ii)	0					0	
Susan M Beatty	(i)	403,000	0	23,935	9,235	17,905	454,075	0
	(ii)	0					0	
Fernando Villegas	(i)	214,334	0	20,542	6,955	0	241,831	0
	(ii)	0					0	
Timothy P Selz	(i)	294,122	0	10,897	15,231	876	321,126	0
	(ii)	0					0	
Stephen Sugrue	(i)	130,972	9,905	6,601	16,022	22,905	186,405	0
	(ii)	0					0	
Joseph F Yacovone	(i)	403,000	0	23,935	6,329	17,905	451,169	0
	(ii)	0					0	
Hai Luo	(i)	206,494	0	22,446	29,671	18,444	277,055	0
	(ii)	0					0	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORANGE REGIONAL MEDICAL CENTER

Employer identification number
14-1364536

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Dormitory Authority of the State of New York	14-6000293	649903A27	05-07-2008	260,106,200	Construct a Replacement Hospital		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	260,106,200				
2	Gross proceeds in reserve funds	20,230,063				
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	137,399,157				
5	Issuance costs from proceeds	3,397,126				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	99,079,854				
8	Year of substantial completion					

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

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Name of the organization
ORANGE REGIONAL MEDICAL CENTER

Employer identification number
14-1364536

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Additional Data

Software ID:
Software Version:
EIN: 14-1364536
Name: ORANGE REGIONAL MEDICAL CENTER

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
ORANGE PATHOLOGY ASSOCIATES	OWNERSHIP INTEREST HELD	620,581	PATHOLOGY SERVICES		No
-	BY BOARD MEMBER SCHUYLER				No
-	NEWMAN				No
ORANGE COUNTY LITHOTRIPSY LLC	OWNERSHIP INTEREST HELD	126,733	LITHOTRIPS SERVICES		No
-	BY BOARD MEMBER RONALD				No
-	Gerard galarneau				No
HUDSON VALLEY HOSPITAL PHYSICIANS P	OWNERSHIP INTEREST HELD	1,627,248	PHYSICIAN SERVICES		No
-	BY SISTER OF BOARD				No
-	MEMBER KATHY FROMMER				No
CARMELLA PISTONE-HALPERN	SPOUSE OF BOARD MEMBER	138,008	WAGES		No
-	PAUL HALPERN				No
HISTOPATHOLOGY SERVICES LLC	OWNERSHIP INTEREST	97,197	PATHOLOGY SERVICES		No
-	HELD BY BOARD MEMBER				No
-	SCHUYLER NEWMAN				No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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Name of the organization
ORANGE REGIONAL MEDICAL CENTER

Employer identification number
14-1364536

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	form 990, Part VI, section A, line 6	GREATER HUDSON VALLEY HEALTH SYSTEM, INC, AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3) IS THE SOLE MEMBER OF ORANGE REGIONAL MEDICAL CENTER
ELECTION OF MEMBERS	form 990, part VI, section a, line 7a and b	GREATER HUDSON VALLEY HEALTH SYSTEM'S BOARD OF DIRECTORS APPROVES THE DIRECTOR NOMINEES OF THE BOARD OF DIRECTORS FOR ORANGE REGIONAL MEDICAL CENTER UNDER LIMITED CIRCUMSTANCES, GREATER HUDSON VALLEY HEALTH SYSTEM'S BOARD OF DIRECTORS APPROVES DECISIONS OF ORANGE REGIONAL MEDICAL CENTER'S BOARD OF DIRECTORS
BOARD REVIEW OF FORM 990	form 990, part VI, section B, line 11	THE FORM 990 IS REVIEWED BY THE FINANCE DEPARTMENT, MEMBERS OF EXECUTIVE MANAGEMENT, THE CORPORATE COMPLIANCE OFFICER, AND THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS A COPY IS PROVIDED TO ALL OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS BEFORE FILING THE RETURN WITH THE IRS
CONFLICT OF INTEREST POLICY	form 990, part VI, section b, line 12c	ORANGE REGIONAL MEDICAL CENTER'S CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS, COMMITTEE MEMBERS AND ALL EMPLOYEES WHO ARE IN A POSITION TO INFLUENCE ANY SUBSTANTIVE BUSINESS DECISION BY THE HOSPITAL OR ANY ENTITY CONTROLLED BY THE HOSPITAL THE HOSPITAL HAS INSTITUTED A CORPORATE COMPLIANCE PROGRAM TO ENSURE THAT ALL OF ITS BUSINESS PRACTICES ARE IN COMPLIANCE WITH APPLICABLE CIVIL AND CRIMINAL LAWS, RULES AND REGULATIONS THE CONFLICTS POLICY REQUIRES ALL DIRECTORS AND COVERED EMPLOYEES TO READ AND UNDERSTAND THE POLICY AND REVIEW IT AT LEAST ANNUALLY IN ORDER TO BE ALERT TO SITUATIONS THAT COULD CREATE A CONFLICT OF INTEREST OR OTHERWISE BE CONTRARY TO HOSPITAL POLICY THEY ARE ALSO REQUIRED ANNUALLY TO SIGN A CONFLICTS POLICY DISCLOSURE FORM THE COMPLIANCE OFFICER MONITORS THE COI DISCLOSURES, AND IS PRESENT AT ALL BOARD MEETINGS TO ASSIST WITH ANY POTENTIAL CONFLICT ISSUES AND PROVIDE ADVICE ON ABSTENTION, RECUSAL, ETC A SUMMARY OF THE COI DISCLOSURES IS PRODUCED FOR THE BOARD, AS IS ANNUAL UPDATES TO THE COI POLICY
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A AND 15B	IN DETERMINING COMPENSATION FOR OFFICERS, ORMC UTILIZES ONE OR MORE OF THE FOLLOWING - A COMPENSATION COMMITTEE MADE UP OF INDEPENDENT MEMBERS OF THE BOARD, AN INDEPENDENT COMPENSATION CONSULTANT, AND COMPENSATION SURVEYS OR STUDIES THESE SURVEYS INCLUDE HEALTHCARE PROVIDERS WITH COMPARABLE NET REVENUE AND IN COMPARABLE GEOGRAPHIC REGIONS FOLLOWING THE RECOMMENDATIONS OF THE BOARD OF DIRECTORS, ORMC LOOKS TO HIRE AT APPROXIMATELY THE 50TH PERCENTILE OF THE MARKET THIS IS DETERMINED BY USING THE PREVIOUSLY MENTIONED DATA RESOURCES A FULL REVIEW OF EXECUTIVE TEAM SALARIES WAS PERFORMED IN 2008 BASED ON THESE PARAMETERS IN ADDITION, THE CHIEF EXECUTIVE OFFICER HAS A WRITTEN EMPLOYMENT CONTRACT, AND HIS COMPENSATION MUST BE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE REVIEW PROCESS IS DOCUMENTED COMTEMPORANEOUSLY
AUDITED FINANCIAL STATEMENTS	FORM 990, PART IV, LINE 12	AUDITED FINANCIAL STATEMENTS FOR THE HOSPITAL HAVE BEEN PREPARED ON A CONSOLIDATED BASIS AND INCLUDE THE ACTIVITIES OF THE HOSPITAL AND EAST MAIN STREET MANAGEMENT CORPORATION, THE ALPHA NETWORK, INC, AND SYNERA CORPORATION HOWEVER, BECAUSE ALL OF THESE ENTITIES ARE DORMANT CORPORATIONS, THE FINANCIAL STATEMENTS REFLECT THE STAND ALONE OPERATIONS OF ORMC
PUBLIC DISCLOSURE	FROM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY IS AVAILABLE AS PART OF THE ORGANIZATION'S COMPLIANCE POLICY WHICH IS POSTED ON THE HOSPITAL'S WEBSITE THIS POLICY AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON REQUEST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ORANGE REGIONAL MEDICAL CENTER

Employer identification number
14-1364536

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

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

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

(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
GREATER HUDSON VALLEY HEALTH SYS (GHVHS) CO ORMC 60 PROSPECT AVENUE MIDDLETOWN, NY 10940 06-1488219	HEALTHCARE	NY	501(C)(3)	11 TYPE 1	NA
CATSKILL REGIONAL MEDICAL CENTER PO BOX 800 HARRIS, NY 12742 14-1742176	HOSPITAL	NY	501(C)(3)	3	GHVHS
SYNERA CORPORATION CO ORMC 60 PROSPECT AVENUE MIDDLETOWN, NY 10940 74-3070072	TITLE HOLDING	NY	501(C)(2)		NA
ORANGE REGIONAL MEDICAL CENTER FND 4 HARRIMAN DRIVE GOSHEN, NY 10924 13-3020568	HEALTHCARE	NY	501(C)(3)	11 TYPE 1	NA

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

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

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

(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
THE ALPHA NETWORK INC 60 PROSPECT AVE MIDDLETOWN, NY10940 06-1509147	MGD CARE	NY	NA	C CORP	50	50	50 000 %
east main street management co 60 prospect avenue middletown, NY10940 20-3168346	admin svcs	NY	na	c corp	100	100	100 000 %

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

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

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

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part IV 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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Software ID:
Software Version:
EIN: 14-1364536
Name: ORANGE REGIONAL MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
virginia rizzo chairman	1 0	X						0	0	0
louis heimbach vice chairman	1 0	X						0	0	0
william bassett edd secretary	1 0	X						0	0	0
john galanti treasurer	1 0	X						0	0	0
patricia claiborne board member	1 0	X						0	0	0
kathy frommer board member	1 0	X						0	0	0
Paul Halpern board member	1 0	X						0	0	0
Robert Douglas MD board member	1 0	X						5,750	0	0
Arthur D Kowaloff board member	1 0	X						0	0	0
Sherwood H Levitan Treasurer	1 0	X						0	0	0
Rolland Peacock III board member	1 0	X						0	0	0
Howard Mills board member	1 0	X						0	0	0
Schuyler Newman MD board member	1 0	X						0	0	0
Gerard Galarneau MD board member	1 0	X						0	0	0
Richard Shapiro Esq board member	1 0	X						0	0	0
Patricia Simmons board member	1 0	X						0	0	0
Alanna Smith board member	1 0	X						0	0	0
John Szefc board member	1 0	X						0	0	0
James Oxley MD VP Med Affairs	40 0			X				343,997	0	41,486
Mitchell Amado vp finance/cfo	40 0			X				418,276	0	70,933
Joseph M Anesi vp/general counsel	40 0			X				260,485	0	45,153
Scott Batulis president/ceo	40 0			X				732,493	0	105,647
Wayne Becker vp new projects	40 0			X				230,838	0	82,402
Deborah Carr vp human resources	40 0			X				220,136	0	56,485
Gerald Dunlavey vp business development	40 0			X				201,187	0	47,542

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Rosemary Frado vp planning/marketing	40.0			X				281,429	0	69,531
Kathleen J Guido vp patient care svcs/cno	40.0			X				203,458	0	28,753
Susan M Hodgson vp quality	40.0			X				216,172	0	35,909
Sandra M Iberger vp operations	40.0			X				259,849	0	39,202
Christine P Maraia president-foundation	40.0			X				0	179,099	14,478
Syed S Rab vp/cio	40.0			X				211,330	0	34,870
Jonathan Schiller vp/arden hill campus	40.0			X				226,229	0	49,380
Timothy P Selz VP/COO	40.0			X				305,019	0	16,107
Stephen Sugrue Corporate Compliance Officer	40.0			X				147,478	0	38,927
Quazi Al-Tariq psychiatrist	40.0					X		505,650	0	33,649
Susan M Beatty physician	40.0					X		426,935	0	27,140
Fernando Villegas registered nurse	40.0					X		234,876	0	6,955
Joseph F Yacovone Physician	40.0					X		426,935	0	24,234
Hai Luo Physicist	40.0					X		228,940	0	48,115
John Carleo vp outpatient services	40.0						X	135,209	0	20,634

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE REVENUE	541,900	317,474,727	317,474,727		
PHYSICIAN REVENUE	541,900	746,864	746,864		
NON-PATIENT LAB SERVICES	621,500	509,561		509,561	
MNGMT FEE INCOME FROM RELATED ORG	900,099	560,000	560,000		
INCOME FROM JOINT VENTURES	900,099	257,123	257,123		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	50,707,869	50,707,869		
BAD DEBT EXPENSE	12,384,668	12,384,668		
FINANCING FEES	527,144	527,144		
NON-MEDICAL SUPPLIES	5,695,216	3,986,651	1,708,565	
OTHER EXPENSES - MISC	1,152,487	806,741	345,746	