

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
BROOKDALE HOSPITAL MEDICAL CENTER

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
BROOKLYN, NY 11212

D Employer identification number
11-1631746

E Telephone number
(718) 240-5000

F Name and address of principal officer:
DOMINICK STANZIONE
ONE BROOKDALE PLAZA
BROOKLYN, NY 11212

G Gross receipts \$ 591,842,299

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

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.BROOKDALEHOSPITAL.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1914 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE PROVIDE GREATER ACCESS TO HIGH QUALITY MEDICAL CARE AND KEEP OUR COMMUNITIES HEALTHY THROUGH AN INTEGRATED CARE SYSTEM THAT RESPECTS THE DIVERSITY OF OUR COMMUNITIES AND ADDRESSES BOTH THE HEALTH NEEDS AND UNIQUE FACTORS THAT SHAPE THEM.

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	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,749
6 Total number of volunteers (estimate if necessary)	6	319
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	146,807,912	154,923,087
9 Program service revenue (Part VIII, line 2g)	410,669,914	426,636,158
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,582,246	1,119,722
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,810,305	9,163,332
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	567,870,377	591,842,299
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)	359,967,195	379,882,923
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	229,060,309	216,488,261
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	589,027,504	596,371,184
19 Revenue less expenses. Subtract line 18 from line 12	-21,157,127	-4,528,885

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	214,408,699	234,701,592
21 Total liabilities (Part X, line 26)	469,055,399	497,136,248
22 Net assets or fund balances. Subtract line 21 from line 20	-254,646,700	-262,434,656

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-11-16

ROBERT PALERMO CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ COHNREZNICK LLP		2020-11-13		P01273422
Firm's address ▶ 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019			Firm's EIN ▶ 22-1478099	Phone no. (212) 297-0400

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE PROVIDE GREATER ACCESS TO HIGH QUALITY MEDICAL CARE AND KEEP OUR COMMUNITIES HEALTHY THROUGH AN INTEGRATED CARE SYSTEM THAT RESPECTS THE DIVERSITY OF OUR COMMUNITIES AND ADDRESSES BOTH THE HEALTH NEEDS AND UNIQUE FACTORS THAT SHAPE THEM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 532,429,133 including grants of \$) (Revenue \$ 434,285,332)
See Additional Data

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

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

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

4e Total program service expenses ▶ 532,429,133

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,749
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes
b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country:
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Yes
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (19), 1b (19), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 16 rows and 3 columns (10a-16a, 10b-16b, and Yes/No). Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ROBERT PALERMO CFO 101-01 AVENUE D BROOKLYN, NY 11236 (718) 240-5773

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							7,631,702	73,458	338,966	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 836

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VELOCITY 1887 W COOK ROAD MANSFIELD, OH 449063618	IT- SERVICES AND SUPPORT	5,001,542
PRN FINANCIAL SERVICES LLC 1373 BROAD STREET SUITE 305 CLIFTON, NJ 07013	FINANCE- PATIENT REVENUE PROFESSIONAL FE	2,769,465
LOGIC HEALTHCARE LLC 501 S CHERRY STREET SUITE 590 DENVER, CO 80246	IT- SERVICES AND SUPPORT	2,244,878
RADIOLOGY ADVANTAGE NEW JERSEY 7700 W SUNRISE BLVD PLANTATION, FL 33322	RADIOLOGY INTERPRETATION FEES	1,700,002
ABW MEDICAL LLC PO BOX 882141 PORT ST LUCIE, FL 349882141	PHYSICIAN BILLING SERVICES	942,171

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 90

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f for NET PATIENT REVENUE, OTHER PATIENT REVENUE, SVCS FOR RELATED ORGS, PHARMACY, TEACHING, and All other program service revenue.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,886,045	4,280,418	605,627	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	279,877,150	245,175,857	34,701,293	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,456,826	17,922,484	2,534,342	
9 Other employee benefits	48,199,695	42,278,747	5,920,948	
10 Payroll taxes	26,463,207	23,184,750	3,278,457	
11 Fees for services (non-employees):				
a Management	11,925,945	9,843,166	2,082,779	
b Legal	1,932,689	689,810	1,242,879	
c Accounting	543,231	543,231		
d Lobbying	104,022		104,022	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,506,902	36,305,959	6,200,943	
12 Advertising and promotion	111,014	14,604	96,410	
13 Office expenses	2,270,395	588,778	1,681,617	
14 Information technology	10,765,825	10,510,226	255,599	
15 Royalties				
16 Occupancy	5,133,063	5,000,968	132,095	
17 Travel	873,179	822,379	50,800	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	503,965	480,529	23,436	
20 Interest	1,888,170	1,888,170		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,286,718	10,286,718		
23 Insurance	12,357,767	12,357,767		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	68,413,897	68,413,897		
b BAD DEBT - RELATED ORGS	27,359,088	27,359,088		
c EQUIPMENT RENTAL & MAIN	13,634,789	9,514,192	4,120,597	
d FOOD	3,922,317	3,922,317		
e All other expenses	1,955,285	1,045,078	910,207	
25 Total functional expenses. Add lines 1 through 24e	596,371,184	532,429,133	63,942,051	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	18,030,258
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	15,251,703	3	6,650,307
	4 Accounts receivable, net	35,419,024	4	37,988,625
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,076,917	8	6,482,915
	9 Prepaid expenses and deferred charges	7,839,275	9	3,672,645
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 376,695,324		
	b Less: accumulated depreciation	10b 336,982,403	46,028,362	10c 39,712,921
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	103,793,418	15	122,163,921
16 Total assets. Add lines 1 through 15 (must equal line 34)	214,408,699	16	234,701,592	
Liabilities	17 Accounts payable and accrued expenses	77,467,187	17	95,675,567
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	133,015,600	23	132,235,878
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	258,572,612	25	269,224,803
	26 Total liabilities. Add lines 17 through 25	469,055,399	26	497,136,248
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-254,646,700	27	-262,434,656
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-254,646,700	32	-262,434,656	
33 Total liabilities and net assets/fund balances	214,408,699	33	234,701,592	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	591,842,299
2	Total expenses (must equal Part IX, column (A), line 25)	2	596,371,184
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,528,885
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-254,646,700
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,259,071
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-262,434,656

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 11-1631746

Name: BROOKDALE HOSPITAL MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

THE BROOKDALE HOSPITAL MEDICAL CENTER WAS CREATED FOR THE PURPOSE OF OPERATING A 530 BED HOSPITAL IN BROOKLYN, NEW YORK. IN 2018, BROOKDALE HOSPITAL MEDICAL CENTER LOGGED 14,577 ADMISSIONS, 14,599 PATIENT DISCHARGES, AND 54,422 OUTPATIENT EMERGENCY ROOM VISITS WHICH RESULTED IN 218,880 OTHER OUTPATIENT SERVICE VISITS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEX ROVT CHAIRMAN	0.05 0.95	X		X				0	0	0
ANTHONY CLEMENZA TRUSTEE	0.05 0.95	X						0	0	0
BISHOP HUGH NELSON TRUSTEE	0.05 0.95	X						0	0	0
DR JOSEPH CUIFFO TRUSTEE	0.05 0.95	X						0	0	0
DR K TORIAN EASTERLING TRUSTEE	0.05 0.95	X						0	0	0
DR SOFIA NOVAK TRUSTEE	0.05 0.95	X						0	0	0
EDNA WELLS-HANDY TRUSTEE	0.05 0.95	X						0	0	0
HENNA WHITE SECRETARY/TREASURER	0.05 0.95	X		X				0	0	0
HOPE MASON TRUSTEE	0.05 0.95	X						0	0	0
MARK SHELTON TRUSTEE	0.05 0.95	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAURICE A REID TRUSTEE	0.05 0.95	X						0	0	0
MICHAEL IRWIN TRUSTEE	0.05 0.95	X						0	0	0
MICHAEL L NAIRNE TRUSTEE	0.05 0.95	X						0	0	0
MICHAEL SCAGNELLI TRUSTEE	0.05 0.95	X						0	0	0
NUSIN SHTERN TRUSTEE	0.05 0.95	X						0	0	0
RABBI ARYEH KATZIN TRUSTEE	0.05 0.95	X						0	0	0
REV WATERMAN VICE-CHAIRPERSON	0.05 0.95	X		X				0	0	0
RICHARD E GREEN TRUSTEE	0.05 0.95	X						0	0	0
VICTOR AYALA TRUSTEE	0.05 0.95	X						0	0	0
DOMINICK STANZIONE PRESIDENT AND CEO	40.00 5.40			X				1,190,729	0	29,870

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GENEVIEVE SORENSEN VICE PRESIDENT	40.00 5.40			X				325,214	0	15,168
REGINALD BULLOCK ASSISTANT SECRETARY	40.00 5.40			X				367,652	0	31,117
ROBERT PALERMO CHIEF FINANCIAL OFFICER	40.00 5.40			X				590,433	0	39,161
CHARLES SALVO SR. VICE PRESIDENT PHYSICIAN PRACTICE	40.00 5.40				X			338,714	0	960
DR DAVID ROSE CHIEF MEDICAL OFFICER	40.00 5.40				X			617,259	0	27,940
DR GARY STEVENS CHIEF OF ACADEMIC AFFAIRS	40.00 5.40				X			448,587	73,458	3,017
ELIEZER TARLOW VP AND CIO	40.00 5.40				X			273,974	0	26,700
JEANINE FRUMENTI CHIEF NURSING OFFICER	40.00 5.40				X			280,743	0	9,067
WILLIAM BIFULCO SR. VP CLINICAL ADMINISTRATION	40.00 5.40				X			234,405	0	37,163
ANTHONY TORTOLANI MD CHAIRPERSON, MD	40.00 5.40					X		596,102	0	21,981

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYRUS O MCCALLA DIRECTOR, OBS/GYN	40.00					X		646,017	0	30,830
LUCIO FLORIS MD CHIEF OF VASCULAR SURGERY	40.00					X		665,526	0	24,408
PAUL HASER PHYSICIAN	40.00					X		510,824	0	30,104
SAUL ARBER RADIOLOGY ONCOLOGIST	40.00					X		545,523	0	11,480

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BROOKDALE HOSPITAL MEDICAL CENTER

Employer identification number
11-1631746

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 11-1631746

Name: BROOKDALE HOSPITAL MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization BROOKDALE HOSPITAL MEDICAL CENTER	Employer identification number 11-1631746
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		104,022
j Total. Add lines 1c through 1i			104,022
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	BROOKDALE HOSPITAL MEDICAL CENTER IS A MEMBER OF THREE ASSOCIATIONS OF WHICH SOME OF THEIR DUES ARE ALLOCATED TO GRASS ROOTS LOBBYING IN REGARD TO THEIR NEEDS IN SERVICING AND PROVIDING HEALTHCARE TO THE PUBLIC. COST SPENT ON LOBBY ACTIVITIES FOR THE YEAR: HEALTHCARE ASSOCIATION OF NEW YORK STATE \$13,524 1199/GREATER NEW YORK HOSPITAL ASSOCIATION 90,768 TOTAL COST \$104,022

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization BROOKDALE HOSPITAL MEDICAL CENTER

Employer identification number 11-1631746

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes Yes/No checkboxes for questions 5 and 6.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure). Includes a table for 'Held at the End of the Year' with rows 2a-d. Includes questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b regarding reporting of art and treasures, with dollar amounts for revenue and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,068,657		1,068,657
b Buildings		96,510,817	76,656,527	19,854,290
c Leasehold improvements				
d Equipment		96,316,249	87,879,097	8,437,152
e Other		182,799,601	172,446,779	10,352,822
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				39,712,921

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM THIRD PARTY PAYORS	8,935,825
(2) INSURANCE RECEIVABLES	73,527,515
(3) ASSETS WHOSE USE IS LIMITED	30,845,862
(4) DUE FROM AFFILIATES	3,544,399
(5) SECURITY DEPOSITS	188,823
(6) OTHER RECEIVABLES	5,121,497
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	122,163,921

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	269,224,803

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 11-1631746

Name: BROOKDALE HOSPITAL MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES USING A THRESHOLD OF MORE LIKELY THAN NOT OF BEING SUSTAINED. IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL LIABILITIES THAT NEED TO BE RECORDED AS OF DECEMBER 31, 2019.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BROOKDALE HOSPITAL MEDICAL CENTER

Employer identification number
11-1631746

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		5,109,196
3a Sub-total	0	0			5,109,196
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			5,109,196

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

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

Name of the organization
 BROOKDALE HOSPITAL MEDICAL CENTER

Employer identification number
 11-1631746

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			22,197,920	13,729,480	8,468,440	1.420 %
b Medicaid (from Worksheet 3, column a)			247,115,195	140,802,423	106,312,772	17.830 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,930,434	750,180	1,180,254	0.200 %
d Total Financial Assistance and Means-Tested Government Programs			271,243,549	155,282,083	115,961,466	19.450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			6,233,581	4,274,301	1,959,280	0.330 %
f Health professions education (from Worksheet 5)			60,668,874	21,982,319	38,686,555	6.490 %
g Subsidized health services (from Worksheet 6)			56,997,943	30,108,153	26,889,790	4.510 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			123,900,398	56,364,773	67,535,625	11.330 %
k Total. Add lines 7d and 7j			395,143,947	211,646,856	183,497,091	30.780 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 3,187,507		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 2,017,138		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 45,609,671
6 Enter Medicare allowable costs of care relating to payments on line 5	6 34,501,413
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 11,108,258
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.BROOKDALEHOSPITAL.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.BROOKDALEHOSPITAL.ORG</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

BROOKDALE HOSPITAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.BROOKDALEHOSPITAL.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.BROOKDALEHOSPITAL.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.BROOKDALEHOSPITAL.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

BROOKDALE HOSPITAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input checked="" type="checkbox"/> Other similar actions (describe in Section C) f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

BROOKDALE HOSPITAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
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9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE MEDICAL CENTER ANALYZES ITS PAST COLLECTION HISTORY AND IDENTIFIES TRENDS BY EACH OF ITS MAJOR PAYOR SOURCES OF PATIENT SERVICE REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS, IF ANY. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THE MAJOR PAYOR SOURCES OF PATIENT SERVICE REVENUE IN EVALUATING THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE MEDICAL CENTER ANALYZES CONTRACTUAL AMOUNTS DUE FROM PATIENTS WHO HAVE THIRD-PARTY COVERAGE AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF ANY. FOR PATIENT ACCOUNTS RECEIVABLE ASSOCIATED WITH SELF-PAY PATIENTS, WHICH INCLUDES THOSE PATIENTS WITHOUT INSURANCE COVERAGE AND PATIENTS WITH DEDUCTIBLES AND COPAYMENT BALANCES FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR A PORTION OF THE BILL, THE MEDICAL CENTER RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS FOR PATIENTS THAT ARE UNABLE OR UNWILLING TO PAY FOR THE PORTION OF THE BILL REPRESENTING THEIR FINANCIAL RESPONSIBILITY IN ACCORDANCE WITH CHARITY CARE POLICY (NOTE 2(E)). ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER ALL MEANS OF COLLECTION HAVE BEEN EXHAUSTED. DURING 2015, THE PATCOM SYSTEM (THE PATIENT ACCOUNTING SYSTEM THAT WAS REPLACED IN 2014) BALANCE OF \$12.7 MILLION WAS WRITTEN OFF DUE TO THE AGE OF THE ACCOUNTS, AND ANOTHER \$7.2 MILLION WAS TRANSFERRED FROM BAD DEBT TO CHARITY CARE CAUSING A SIGNIFICANT REDUCTION IN ALLOWANCE FOR DOUBTFUL ACCOUNTS. ADDITIONALLY, DUE TO A CHANGE IN CHARITY CARE POLICY, NEW RESERVES ARE SET AT A MUCH LOWER LEVEL AND THE RESERVES WERE DECREASED BY AN ADDITIONAL \$6.8 MILLION.
PART III, LINE 8:	THE METHOD USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS ON LINE 5 WAS THE 2019 MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THERE IS NO ACCELERATOR OR SIMILAR CLAUSES UNDER WHICH A HIGHER RATE OF INTEREST IS TRIGGERED. WHEN A PATIENT FAILS TO MAKE A REGULAR MONTHLY SCHEDULED PAYMENT, THE HOSPITAL INCLUDES A WRITTEN NOTICE ON PATIENTS' BILLS AND STATEMENTS AT LEAST 30 DAYS PRIOR TO REFERRING THE ACCOUNT TO COLLECTION. THE HOSPITAL REQUIRES THAT ANY COLLECTION AGENCIES WITH WHICH THEY CONTRACT FOLLOW THE FINANCIAL ASSISTANCE POLICIES OF THE HOSPITAL. THE HOSPITAL DOES NOT FORCE THE SALE OR FORECLOSURE OF A PATIENT'S PRIMARY RESIDENCE TO COLLECT ON AN OUTSTANDING BILL. COLLECTION IS PROHIBITED AGAINST ANY PATIENT WHO WAS ELIGIBLE FOR MEDICAID AT THE TIME SERVICES WERE RENDERED. FINALLY, THE CONTRACTED COLLECTION AGENCIES MUST OBTAIN THE HOSPITAL'S WRITTEN CONSENT BEFORE COMMENCING ANY LEGAL ACTION.
PART VI, LINE 2:	THE CHNA THAT OBHS CONDUCTED IN 2019 WAS COMPREHENSIVE, AND PROVIDED IMPORTANT INPUT DIRECTLY FROM BROOKDALE'S SERVICE AREAS. BROOKDALE RECOGNIZES THAT AS A FINANCIALLY DISTRESSED NONPROFIT HOSPITAL, IT IS IMPERATIVE TO TRACK THE HEALTHCARE NEEDS OF ITS PATIENT POPULATION, TO ALLOCATE RESOURCES EFFICIENTLY AND STRATEGICALLY. IN ADDITION TO THE CHNA, HEALTHCARE NEEDS ARE TYPICALLY ASSESSED ON A PERIODIC BASIS BY MEDICAL STAFF FOR EVERY DEPARTMENT AND SENIOR LEADERSHIP. PATIENT HEALTHCARE DATA IS COLLECTED THROUGH EPIC, BROOKDALE'S ELECTRONIC MEDICAL RECORDS SYSTEM, ON AN ONGOING BASIS. DATA ANALYSES ARE SUPPLEMENTED BY THOSE CONDUCTED BY THE NEW YORK CITY DEPARTMENT OF HEALTH, THE NEW YORK STATE DEPARTMENT OF HEALTH, THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND OTHER EXTERNAL ORGANIZATIONS. FURTHER, STAFF PARTICIPATION IN POPULATION HEALTH DIALOGUES (BOTH GENERAL AND DISEASE-SPECIFIC) AT LOCAL AND NATIONAL FORUMS, AND OTHER COMMUNITY EVENTS HELD BY LOCAL CHURCHES AND LOCAL COMMUNITY-BASED ORGANIZATIONS, PROVIDES AN UNDERSTANDING OF THE CRITICAL NEEDS OF THE COMMUNITIES SERVED BY BROOKDALE. KINDLY REFERENCE THE CHNA ATTACHED TO THIS NARRATIVE, TO GET A FULL PICTURE OF HEALTHCARE NEEDS ASSESSMENT ACROSS OBHS SERVICE AREAS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	PER FAP POLICY.
PART VI, LINE 4:	<p>BASED ON THE RECOMMENDATIONS IN NORTHWELL HEALTH'S "THE BROOKLYN STUDY: RESHAPING THE FUTURE OF HEALTHCARE", IN 2016, BROOKDALE, INTERFAITH AND KINGSBROOK APPLIED FOR AND RECEIVED APPROVAL FROM THE NYS PUBLIC HEALTH AND PLANNING COUNCIL TO ESTABLISH ONE BROOKLYN HEALTH SYSTEM (OBHS), WHICH WILL SERVE AS AN INTEGRATED, CENTRAL HEALTH CARE DELIVERY SYSTEM THAT WILL PRESERVE AND ENHANCE HEALTH CARE SERVICES IN CENTRAL AND NORTHEAST BROOKLYN.1 OBHS MEMBER HOSPITALS HAVE COME TOGETHER TO CREATE THIS COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY SERVICE PLAN; THE COLLABORATING FACILITIES ARE ALL LOCATED IN KINGS COUNTY (BROOKLYN) AND HAVE DEFINED THEIR COMMUNITY ASSESSED AS CENTRAL AND NORTHEASTERN BROOKLYN, DEMARCATED BY SHARED PRIMARY AND SECONDARY NEIGHBORHOODS AND ZIP CODES.SERVICE AREA WAS DETERMINED BASED ON OBHS HOSPITALS' DISCHARGE DATA. PATIENT ORIGIN ZIP CODES WERE RANKED BY FREQUENCY; PRIMARY SERVICE AREA WAS DEFINED USING A CUTOFF OF 50%, I.E. 50% OF PATIENTS CAME FROM THE ZIP CODES COVERED BY THE PRIMARY SERVICE AREA. THE CUT OFFS FOR SECONDARY AND TERTIARY SERVICE AREA WERE 75% AND 85% RESPECTIVELY.THE DATA AND DISCUSSION FOR THE FOLLOWING SECTIONS HAVE BEEN COMPILED FROM THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYC DOHMH) COMMUNITY HEALTH PROFILES 2018.3 THE OBHS PRIMARY AND SECONDARY SERVICE AREA ZIP CODES ARE: 11212, 11207, 11208, 11233, 11236, 11203, 11213, 11216, 11238, 11225, 11226 AND 11221. THESE CORRESPOND TO BROOKLYN'S COMMUNITY DISTRICTS 3, 5, 8, 9, 14, 16, 17 AND 18. THE COMMUNITY HEALTH PROFILES FOR THESE COMMUNITY DISTRICTS WERE USED TO ASSESS THE COMMUNITY HEALTH STATUS AND COMPARE THEM TO BROOKLYN AND NEW YORK CITY OVERALL.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	OBHS HAS A ROBUST COMMUNITY OUTREACH AND ENGAGEMENT AGENDA ACROSS THE HOSPITAL SYSTEM TO ENSURE ACCOUNTABILITY AND PARTNERSHIP OPPORTUNITIES WITH THESE COMMUNITY HEALTH PARTNERS. FOR EXAMPLE, BROOKDALE'S COMMUNITY ADVISORY BOARD IS CHARGED WITH ENSURING THAT THE VOICE OF THE COMMUNITY IS REPRESENTED IN BROOKDALE'S DECISION MAKING PROCESS. STAFF WORK WITH DEPARTMENTS ACROSS BROOKDALE TO COORDINATE COMMUNITY MEETINGS, HEALTH EDUCATION FAIRS, DISEASE PREVENTION AND WELLNESS EVENTS, YOUTH INITIATIVES, AND OTHER ACTIVITIES DESIGNED TO SEEK COMMUNITY INPUT, DISSEMINATE HEALTH INFORMATION ABOUT HEALTH ISSUES AND INITIATIVES, AND INFORM THE COMMUNITY ABOUT TREATMENT AND CARE OPTIONS. SIMILARLY, THE COALITION TO TRANSFORM INTERFAITH CONVENES REGULARLY TO PROVIDE A COMMUNITY FORUM FOR UPDATES ON INTERFAITH'S ONGOING TRANSFORMATION AND SPONSOR OR PUBLICIZE COMMUNITY HEALTH INITIATIVES. AT THESE MONTHLY AND REGULAR MEETINGS, PREVENTION AGENDA PROGRESS AND SUCCESS WILL BE REPORTED ON TO ENABLE FURTHER COMMUNITY COLLABORATION AND ALSO IDENTIFYING MID-COURSE CORRECTIONS OR ENHANCEMENTS TO OBHS' COMMUNITY HEALTH WORK.
PART VI, LINE 6:	AS MENTIONED EARLIER (PART V QUESTION #5), IN 2018, AT THE RECOMMENDATION OF THE NEW YORK STATE DEPARTMENT OF HEALTH, BROOKDALE AND TWO OTHER AREA SAFETY-NET HOSPITALS (INTERFAITH MEDICAL CENTER (IMC) AND KINGSBROOK JEWISH MEDICAL CENTER (KHMC)) JOINED TOGETHER TO OPERATE UNDER A NEW PARENT ORGANIZATION ONE BROOKLYN HEALTH SYSTEM ("OBHS"). LEGALLY, IMC IS CONSIDERED AN "AFFILIATE" OF OBHS AND THE TWO OTHER HOSPITALS. THIS AFFILIATION IS INTENDED TO ENSURE THAT ALL THREE HOSPITALS GET BACK TO FISCAL STABILITY AND SUSTAINABILITY, TO CONTINUE PROVIDING HEALTHCARE TO THEIR PREDOMINANTLY LOW-INCOME PATIENT POPULATION. THE ESTABLISHMENT OF OBHS IS ALLOWING IMC TO PARTNER WITH ITS AFFILIATE HOSPITALS AND A BROADER ARRAY OF COMMUNITY STAKEHOLDERS TO LEVERAGE RESOURCES AND HEALTHCARE INNOVATIONS THAT WILL IMPROVE HEALTHCARE DELIVERY FOR THE UNDERSERVED COMMUNITIES THAT EACH HOSPITAL HAS BEEN SERVING FOR DECADES. IN 2018, OBHS RECEIVED A \$664 MILLION CAPITAL GRANT FROM NEW YORK STATE TO IMPROVE THE CAPITAL INFRASTRUCTURE OF BROOKDALE AND THE TWO OTHER AFFILIATE HOSPITALS. FUNDS WILL BE USED TO PURCHASE MORE TECHNOLOGICALLY ADVANCED EQUIPMENT, RENOVATE AND BUILD NEW FACILITIES THAT WILL SUPPORT BETTER HEALTHCARE DELIVERY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

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

Form and Line Reference	Explanation
BROOKDALE HOSPITAL MEDICAL CENTER	<p>PART V, SECTION B, LINE 5: IN 2018, AT THE RECOMMENDATION OF THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH), THE BROOKDALE HOSPITAL MEDICAL CENTER ("BROOKDALE") AND TWO OTHER ARE A SAFETY-NET HOSPITALS (THE INTERFAITH MEDICAL CENTER (IMC) AND KINGSBROOK JEWISH MEDICAL CENTER (KHMC)) FORMALLY JOINED TOGETHER TO OPERATE UNDER A NEW PARENT ORGANIZATION ONE BRO OKLYN HEALTH SYSTEM ("OBHS"). LEGALLY, BROOKDALE IS CONSIDERED AN "AFFILIATE" OF OBHS AND THE TWO OTHER HOSPITALS. THIS AFFILIATION IS INTENDED TO ENSURE THAT ALL THREE HOSPITALS GET BACK TO FISCAL STABILITY AND SUSTAINABILITY, TO CONTINUE PROVIDING HEALTHCARE FOR THE T HOUSANDS OF RESIDENTS IN THE PREDOMINANTLY LOW INCOME COMMUNITIES OF CENTRAL AND EAST BROO KLYN. IN 2019, ALL THREE OBHS MEMBER HOSPITALS WORKED TOGETHER TO DEVELOP ONE COMPREHENSIV E COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), CONDUCTING A BROAD SURVEY OF THE HEALTHCARE NE EDS OF RESIDENTS IN ALL THE ZIP CODES SERVED BY EACH HOSPITAL IN BOTH PRIMARY, SECONDARY A ND TERTIARY SERVICE AREAS, AS LISTED IN CHART THAT FOLLOWS. NOTE THAT SERVICE AREAS WERE D EFINED BASED ON OBHS HOSPITALS' DISCHARGE DATA. PATIENT ORIGIN ZIP CODES WERE RANKED BY FR EQUENCY; PRIMARY SERVICE AREA WAS DEFINED USING A CUTOFF OF 50%, I.E. 50% OF PATIENTS CAME FROM THE ZIP CODES COVERED BY THE PRIMARY SERVICE AREA. THE CUT OFFS FOR SECONDARY AND TE RTIARY SERVICE AREA WERE 75% AND 85% RESPECTIVELY.YES, IN CONDUCTING THE 2019 CHNA, OBHS T OOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF A BROAD CROSS-SECTION OF THE COMMUNITIES SE RVED, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH. THE PROCESS OF DEVELOPING A CHNA, A ND A COMMUNITY SERVICE PLAN (CSP) (REQUIRED BY THE NYS DEPARTMENT OF HEALTH (NYS DOH)), IS AN INTEGRAL PART OF OBHS' ONGOING STRATEGIC PLANNING DISCUSSIONS, AND INVOLVES OBHS AND B ROOKDALE'S ONGOING LEADERSHIP, MEDICAL STAFF, COMMUNITY RESIDENTS, PUBLIC HEALTH OFFICIALS, ELECTED OFFICIALS, AND MANY OTHER KEY COMMUNITY STAKEHOLDERS. THE 2019 CHNA CONDUCTED AGG REGATED AND ANALYZED FINDINGS FROM A VARIETY OF PRIMARY AND SECONDARY DATA SOURCES AS FOLL OWS:(I) ANALYSES OF CLINICAL DIAGNOSIS AND TREATMENT DATA FOR OBHS' PATIENT POPULATION.(II) PAR RESEARCH STUDIES CONDUCTED BY OBHS IN COLLABORATION WITH COMMUNITY PARTNERS IN 2016- 2018. (III) "THE BROOKLYN STUDY: RESHAPING THE FUTURE OF HEALTHCARE," A COMPREHENSIVE ASSE SSMENT OF EAST BROOKLYN'S HEALTHCARE NEEDS, THE VIABILITY OF AREA HOSPITALS (INCLUDING BRO OKDALE), AND SYSTEM-WIDE TRANSFORMATION RECOMMENDATIONS. THIS ASSESSMENT, CONDUCTED BY NOR THWELL HEALTH IN 2016, WAS COMMISSIONED BY NYS DOH, AND RESULTED IN THE FORMATION OF OBHS IN 2018. (IV) THE NYC DOH COMMUNITY PROFILES FOR INDIVIDUAL COMMUNITY DISTRICTS PUBLISHED IN 2018. FOLLOWING IS LIST OF SOME OF THE INDIVIDUALS AND ENTITIES WITH WHICH OBHS COORDIN ATED, TO DEVELOP THE 2019-2021 CHNA:- NEW YORK CITY DEPARTMENT OF HEALTH CENTER FOR HEALTH EQUITY IN EAST NY DR. TORIAN EASTERLING- NYS DEPARTMENT OF HEALTH SYLVIA PIRANI, DIRECTOR OF PUBLIC HEALTH PRACTICE- TH</p>

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

Form and Line Reference	Explanation
BROOKDALE HOSPITAL MEDICAL CENTER	E GREATER NEW YORK HOSPITAL ASSOCIATION AMY OSARIO- NORTHWELL VENTURES, INC.- DR. DAVID ROSE, CHIEF MEDICAL OFFICER AT BROOKDALE - KHARI EDWARDS VP OF EXTERNAL AFFAIRS- LOCAL CHURCHES AND CBOS - COMMUNITY ADVISORY BOARDS- ELECTED OFFICIALS SANDRA PERSAUD AND LATRICE WALKER- OBHS BOARD STRATEGIC PLANNING COMMITTEE

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

Form and Line Reference	Explanation
BROOKDALE HOSPITAL MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: THE ESTABLISHMENT OF OBHS IS INTENDED TO HELP BROOKDALE AND ITS AFFILIATES WORK TOGETHER TO SECURE MORE FUNDING AND OTHER RESOURCES THAT ARE DESPERATELY NEEDED TO MEET THE HIGH DEMAND FOR HEALTHCARE SERVICES AND TO ADDRESS ANY NEEDS IDENTIFIED, WHICH ARE NOT CURRENTLY BEING ADDRESSED. MOVING FORWARD AS A PART OF OBHS, BROOKDALE NOW HAS THE ADDED CAPACITY TO PARTNER WITH ITS AFFILIATE HOSPITALS AND A BROADER ARRAY OF COMMUNITY STAKEHOLDERS, TO LEVERAGE RESOURCES AND HEALTHCARE INNOVATIONS THAT WILL IMPROVE HEALTHCARE DELIVERY ACROSS THE OBHS HEALTHCARE SERVICES CONTINUUM. BROOKDALE CONTINUES TO BRING A FULL COMPLEMENT OF HEALTHCARE SERVICES TO ITS PATIENT POPULATION, MAKING AVAILABLE A VARIETY OF SPECIALTY AND SUB-SPECIALTY CLINICS/SERVICES TO ADDRESS A WIDE RANGE OF DISEASES THAT DISPROPORTIONATELY IMPACT ITS PATIENT POPULATION (HEART DISEASE, CANCER, ASTHMA, HIV/AIDS, DIABETES, OBESITY). BROOKDALE'S HEALTHCARE DELIVERY MODEL INCLUDES INPATIENT CARE, AMBULATORY CARE, LONG-TERM CARE, SENIOR LIVING AND EMERGENCY MEDICINE. CORE ASSETS THAT SUPPORT THE DELIVERY OF CARE INCLUDE: - APPROXIMATELY 50 SURGICAL AND SUBSPECIALTY CARE CLINICS/SERVICES;- 530 CERTIFIED ACUTE-CARE BEDS;- AN EMERGENCY DEPARTMENT, WHICH IS A NYS- DESIGNATED LEVEL-1TRAUMA CENTER, AND ONE OF THE BUSIEST IN THE REGION; - A 448-BED SKILLED -NURSING FACILITY, AND AN 86-UNIT ASSISTED-LIVING AND INDEPENDENT-LIVING FACILITY, WHICH BOTH OPERATE AT A 95% OR HIGHER OCCUPANCY RATE; - SIX PRIMARY CARE FACILITIES;- A COMPREHENSIVE ADULT DAY CARE CENTER;- A LEVEL-3 PERINATAL CENTER;- A MENTAL AND BEHAVIORAL HEALTH CENTER;- AN AMBULATORY SURGERY CENTER;- A 16-CHAIR DENTAL SUITE THAT SUPPORTS DENTAL AND ORAL SERVICES;- AN HIV CENTER; AND- AN URGENT CARE CENTER.(1) ADDRESSING THE PREVALENT DISEASES IDENTIFIED IN 2019 CHNA: FOLLOWING ARE SUMMARIES OF HOW BROOKDALE IS ADDRESSING SOME OF THE PREVALENT DISEASES:- HIV/AIDS BROOKDALE FORMED A PARTNERSHIP WITH SUNY DOWNSTATE TO OPERATE THE TREATMENT FOR LIFE CENTER HIV SERVICES AT BROOKDALE. THIS PARTNERSHIP HAS EXPANDED THE RESOURCE AND EXPERTISE POOL, RESULTING IN SIGNIFICANT ENHANCEMENTS IN HIV DIAGNOSIS AND PATIENT TREATMENT. THE COMMUNITIES WE SERVE STILL LEAD IN THE NUMBER OF HIV CASES DIAGNOSED AND PEOPLE LIVING WITH HIV.- HEART DISEASE AND HYPERTENSION - BROOKDALE HAS A CARDIOLOGY DEPARTMENT THAT IS FOCUSED ON TREATING CARDIAC DISEASE IN ADULTS AND CHILDREN. A HYPERTENSION CLINIC TREATS PATIENTS WHO HAVE BEEN DIAGNOSED WITH HYPERTENSION. IN ADDITION, ALL CLINICIANS IN OUR PRIMARY CARE NETWORK ARE TRAINED TO TREAT PATIENTS WITH HYPERTENSION AT POINT OF SERVICE. - CANCER BROOKDALE HAS AN ONCOLOGY DEPARTMENT THAT IS FOCUSED ON DIAGNOSING AND TREATING CANCER IN ADULTS AND CHILDREN, WITH LIMITED RESOURCES TO OPTIMIZE CARE AT THE MOMENT. ONLY ABOUT 30% OF PATIENTS DIAGNOSED WITH CANCER AT BROOKDALE STAY FOR TREATMENT. MOST PATIENTS ARE REFERRED TO OR OPT TO SEEK TREATMENT AT OTHER FACILITIES WITH MORE ADVANCED TREATMENT PROTOCOLS.</p>

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

Form and Line Reference	Explanation
BROOKDALE HOSPITAL MEDICAL CENTER	<p>OLS. - ASTHMA BROOKDALE'S PULMONARY DEPARTMENT TREATS PATIENTS WITH ASTHMA. SINCE ASTHMA IS THE MOST FREQUENTLY OCCURRING EMERGENCY DIAGNOSIS, BROOKDALE'S HAS A DEDICATED SPACE IN THE EMERGENCY DEPARTMENT THAT IS FULLY-EQUIPPED TO TREAT ASTHMA PATIENTS IN A TIMELY MANNER. - DIABETES BROOKDALE'S OUTPATIENT CLINICS PROVIDE CARE FOR PATIENTS THAT HAVE BEEN DIAGNOSED WITH DIABETES, SUPPORTED BY A CUTTING-EDGE ELECTRONIC HEALTH RECORDS SYSTEM THAT IS EQUIPPED TO PROMPT PRIMARY CARE DOCTORS TO REFER PATIENTS TO THE CRITICAL CONTINUUM OF SPECIALTY CARE TYPICALLY RECOMMENDED FOR DIABETIC PATIENTS (OPHTHALMOLOGY, PODIATRY, ETC.). - ALCOHOLISM AND DRUG ADDICTION BROOKDALE DOES NOT HAVE AN OASAS LICENSE TO PROVIDE SERVICES DIRECTLY TO THE ADDICTED POPULATION. HOWEVER, THE HOSPITAL PROVIDES CARE AND TREATMENT FOR ADDICTIONS UNDER ITS ARTICLE 28 LICENSE (INPATIENT) AND ITS NYS OFFICE OF MENTAL HEALTH (OMH)-ISSUED LICENSE FOR OUTPATIENTS WITH MENTAL ILLNESS AND SUBSTANCE PROBLEMS. IN ADDITION, SEVERAL OASAS LICENSED CLINICS IN THE AREA ADD TO THE CARE CONTINUUM. (II) ADDRESSING THE BARRIERS TO CARE IDENTIFIED IN THE CHNA: AS PART OF OBHS, BROOKDALE IS ADAPTING ITS SERVICE DELIVERY MODEL AND ACTIVELY SEEKING OUT THE COMMUNITY COLLABORATIONS AND RESOURCES THAT WILL HELP ADDRESS SOME OF THE BARRIERS TO CARE IDENTIFIED. IN 2018, OBHS RECEIVED A \$66.4 MILLION CAPITAL GRANT FROM NEW YORK STATE TO IMPROVE THE CAPITAL INFRASTRUCTURE OF BROOKDALE AND THE TWO OTHER AFFILIATE HOSPITALS. FUNDING IS BEING USED TO PURCHASE MORE TECHNOLOGICALLY ADVANCED EQUIPMENT, AND TO RENOVATE AND BUILD NEW FACILITIES THAT WILL SUPPORT BETTER HEALTHCARE DELIVERY. FOLLOWING IS A DESCRIPTION OF HOW BROOKDALE IS CURRENTLY ADDRESSING THE BARRIERS TO CARE THAT WERE IDENTIFIED IN OUR 2019 CHNA: - DISPROPORTIONATE IMPACT OF SOCIAL DETERMINANTS OF HEALTH THE COMMUNITIES THAT WE SERVE ARE DISPROPORTIONATELY IMPACTED BY CRIME, A LACK OF ADEQUATE HOUSING AND HOMELESSNESS, MENTAL HEALTH, LACK OF ACCESS TO HEALTHY FOODS, AND A NUMBER OF SOCIAL FACTORS THAT HAVE BEEN IDENTIFIED AS HAVING AN IMPACT ON HEALTH OUTCOMES. OBHS IS WORKING WITH COMMUNITY-BASED ORGANIZATIONS AND OTHER KEY STAKEHOLDERS IN OUR SERVICE AREAS TO HIGHLIGHT THE CONNECTION BETWEEN THESE SOCIAL FACTORS AND HEALTH, AND DO FACILITATE THE COMMUNITY DIALOGUE THAT WILL RESULT IN POSITIVE CHANGE. - LACK OF PRIMARY CARE/ACCESS TO CARE BROOKDALE HAS A NETWORK OF SIX SEPARATE PRIMARY CARE FACILITIES AND OTHER AMBULATORY CARE SITES THAT ARE STRATEGICALLY LOCATED TO ENSURE THAT THOUSANDS OF PATIENTS FROM ALL SOCIO-ECONOMIC AND ETHNIC BACKGROUNDS HAVE ACCESS TO PRIMARY CARE. BROOKDALE'S URGENT CARE CENTER OFFERS PATIENTS GREATER FLEXIBILITY IN ACCESSING CARE. DESIGNED TO SERVE AS AN ALTERNATIVE TO THE EMERGENCY ROOM FOR PATIENTS WHO NEED CARE FOR NON-LIFE-THREATENING CONDITIONS, THE CENTER IS OPEN TO THE COMMUNITY EVERY DAY FOR LONGER HOURS THAN MOST PRIMARY CARE SERVICES, TO ACCOMMODATE WORKING FAMILIES. IN ADDITION, BROOKDALE IS CHANGING THE SERVI</p>

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

Form and Line Reference	Explanation
<p>BROOKDALE HOSPITAL MEDICAL CENTER</p>	<p>CE DELIVERY MODEL OF ITS SIX PRIMARY CARE SITES, TO OFFER PATIENTS MORE FLEXIBILITY IN CARE. - NEED FOR DISEASE PREVENTION MODELS THROUGH THE NEW YORK STATE-FUNDED DELIVERY SYSTEM REFORM INCENTIVE PAYMENT ("DSRIP") PROGRAM, BROOKDALE HAS LAUNCHED PREVENTION MODELS THAT FOCUS ON DISEASES LIKE HYPERTENSION AND HEART DISEASE. - A LACK OF SPECIALTY CARE WHILE BR OOKDALE'S CAPACITY IN NOT ADEQUATE TO MEET THE SPECIALTY CARE DEMAND IN ITS SERVICE AREAS, AND WE ARE WORKING CLOSELY WITH AFFILIATE HOSPITALS TO RECONFIGURE AND CONSOLIDATE AREAS OF SPECIALTY, FOR OPTIMAL PATIENT CARE AND ECONOMIES OF SCALE. CURRENTLY, BROOKDALE PROVID ES AN ARRAY OF MEDICAL AND SURGICAL SPECIALTY AND SUBSPECIALTY CARE FOR ITS PATIENT POPULA TION. THE SUBSPECIALTY CLINICS PROVIDE CARE FOR PATIENTS WITH COMPLICATED DISEASES THAT RE QUIRE HIGHLY TRAINED SPECIALIST, AND WORK IN CLOSE COLLABORATION WITH PRIMARY CARE PROVIDE RS. AREAS OF MEDICAL AND SURGICAL CARE INCLUDE: - BARIATRIC SURGERY;- OPHTHALMOLOGY;- NEUR OLOGICAL SURGERY;- HAND SURGERY;- BREAST SURGERY;- ORTHOPEDIC SURGERY;- PEDIATRIC SURGERY; - VASCULAR SURGERY;- EAR, NOSE AND THROAT SURGERY;- UROLOGICAL SURGERY FOR MEN, WOMEN AND CHILDREN;- COMPREHENSIVE WOMEN'S SPECIALTY HEALTH CARE, INCLUDING GYNECOLOGY FOR ADULTS AN D ADOLESCENTS, MATERNAL-FETAL MEDICINE, GYNECOLOGICAL ONCOLOGY, PRENATAL CARE, HIGH RISK P REGNANCY CARE AND POSTPARTUM CARE;- MEDICAL SUBSPECIALTY CARE INCLUDES: ALLERGY; DERMATOLO GY; NEPHROLOGY; HEMATOLOGY/ONCOLOGY; NEUROLOGY; PULMONARY; CARDIOLOGY; AND ENDOCRINOLOGY, TO NAME A FEW; AND - MEDICATION MANAGEMENT SERVICES FOR PATIENTS WITH COMPLICATED CONDITIO NS THAT REQUIRE MULTIPLE MEDICATIONS. - LINGUISTIC ISOLATION GIVEN THE DIVERSITY OF THE CO MMUNITIES THAT WE SERVE, WITH IMMIGRANTS FROM MANY AREAS OF THE WORLD, LINGUISTIC ISOLATIO N CAN BE A SOCIAL DETERMINANT OF HEALTH THAT CONTRIBUTES TO POOR HEALTH OUTCOMES. BROOKDAL E OFFERS A VARIETY OF LANGUAGE ASSISTANCE SERVICES TO NON-ENGLISH AND LIMITED ENGLISH PROF ICIENT (LEP) PATIENTS AND THEIR FAMILIES TO FACILITATE CARE. LANGUAGE SERVICES INCLUDE: - SIGNAGE AND FORMS SIGNAGE AND DOCUMENTS THAT ARE STANDARD TO CARE ARE AVAILABLE IN SEVERAL LANGUAGES THROUGHOUT THE HOSPITAL;- LANGUAGE BANK EMPLOYEES HAVE ACCESS TO A LANGUAGE BAN K WHICH IS COMPRISED OF MORE THAN 150 INTERPRETERS WHO ARE SKILLED IN INTERPRETING IN A WI DE VARIETY OF LANGUAGES;- MANUALS - A VARIETY OF MANUALS WHICH CONTAIN COMMUNICATION POLIC IES AND PROCEDURES, A LISTING OF ALL HOSPITAL QUALIFIED MEDICAL AND NON-MEDICAL INTERPRETE RS, AND TOOLS FOR THE HEARING AND VISUALLY IMPAIRED ARE AVAILABLE TO STAFF.</p>

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

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

Form and Line Reference	Explanation
BROOKDALE HOSPITAL MEDICAL CENTER	PART V, SECTION B, LINE 18E: UTILIZED TRANSUNION TO PROVIDE DATA ON PATIENTS CREDIT HISTORY AND PROPENSITY TO PAY DATA TO ASSIST BROOKDALE HOSPITAL IN DETERMINING FINANCIAL AID.

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

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

Form and Line Reference	Explanation
BROOKDALE HOSPITAL MEDICAL CENTER	PART V, SECTION B, LINE 20E: UTILIZED TRANSUNION TO PROVIDE DATA ON PATIENTS CREDIT HISTORY AND PROPENSITY TO PAY DATA TO ASSIST BROOKDALE HOSPITAL IN DETERMINING FINANCIAL AID.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11, CONTINUATION:	III THREE-YEAR IMPLEMENTATION STRATEGY: BROOKDALE'S 2019 CHNA THREE-YEAR IMPLEMENTATION STRATEGY INCLUDED IN THE 2019 CHNA IS STRUCTURED TO ADVANCE THREE NYS DOH PREVENTION AGENDA PRIORITIES AS FOLLOWS: (1) PREVENT CHRONIC DISEASES: - INCREASE CANCER SCREENINGS- INCREASE EARLY DETECTION OF CARDIOVASCULAR DISEASE, DIABETES, PREDIABETES AND OBESITY.- PROMOTE EVIDENCE-BASED CARE TO PREVENT AND MANAGE CHRONIC DISEASES INCLUDING ASTHMA, ARTHRITIS, CARDIOVASCULAR DISEASE, DIABETES AND PREDIABETES AND OBESITY. (2) PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE DISORDERS:- REDUCE THE PREVALENCE OF MAJOR DEPRESSIVE DISORDERS; (3) PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN:- INCREASE USE OF PRIMARY AND PREVENTIVE HEALTHCARE SERVICES BY WOMEN, WITH A FOCUS ON WOMEN OF REPRODUCTIVE AGE- REDUCE MATERNAL MORTALITY AND MORBIDITY BROOKDALE ESTABLISHED GOALS AND OBJECTIVES FOR EACH OF THE PRIORITY FOCUS AREAS TO OPTIMIZE THE USE OF SUCCESSFUL MODELS NOW IN PLACE AT BROOKDALE AND ACROSS OBHS, COMMUNITY COLLABORATIONS, AND OTHER RELEVANT RESOURCES OUTSIDE OF OUR SERVICE AREA.

Schedule J (Form 990) Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization BROOKDALE HOSPITAL MEDICAL CENTER

Employer identification number 11-1631746

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation reporting, including travel, housing, and severance payments.

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 11-1631746
Name: BROOKDALE HOSPITAL MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DOMINICK STANZIONE PRESIDENT AND CEO	(i)	1,186,919	0	3,810	0	29,870	1,220,599	0
	(ii)	0	0	0	0	0	0	0
1GENEVIEVE SORENSEN VICE PRESIDENT	(i)	321,650	0	3,564	0	15,168	340,382	0
	(ii)	0	0	0	0	0	0	0
2REGINALD BULLOCK ASSISTANT SECRETARY	(i)	365,970	0	1,682	0	31,117	398,769	0
	(ii)	0	0	0	0	0	0	0
3ROBERT PALERMO CHIEF FINANCIAL OFFICER	(i)	589,191	0	1,242	0	39,161	629,594	0
	(ii)	0	0	0	0	0	0	0
4CHARLES SALVO SR. VICE PRESIDENT PHYSICIAN PRACTIC	(i)	337,904	0	810	0	960	339,674	0
	(ii)	0	0	0	0	0	0	0
5DR DAVID ROSE CHIEF MEDICAL OFFICER	(i)	611,079	0	6,180	0	27,940	645,199	0
	(ii)	0	0	0	0	0	0	0
6DR GARY STEVENS CHIEF OF ACADEMIC AFFAIRS	(i)	446,614	0	1,973	0	2,882	451,469	0
	(ii)	72,942	0	516	0	135	73,593	0
7ELIEZER TARLOW VP AND CIO	(i)	273,562	0	412	0	26,700	300,674	0
	(ii)	0	0	0	0	0	0	0
8JEANINE FRUMENTI CHIEF NURSING OFFICER	(i)	278,486	0	2,257	0	9,067	289,810	0
	(ii)	0	0	0	0	0	0	0
9WILLIAM BIFULCO SR. VP CLINICAL ADMINISTRATION	(i)	234,165	0	240	0	37,163	271,568	0
	(ii)	0	0	0	0	0	0	0
10 ANTHONY TORTOLANI MD CHAIRPERSON, MD	(i)	593,739	0	2,363	0	21,981	618,083	0
	(ii)	0	0	0	0	0	0	0
11CYRUS O MCCALLA DIRECTOR, OBS/GYN	(i)	642,453	0	3,564	0	30,830	676,847	0
	(ii)	0	0	0	0	0	0	0
12LUCIO FLORIS MD CHIEF OF VASCULAR SURGERY	(i)	660,582	0	4,944	0	24,408	689,934	0
	(ii)	0	0	0	0	0	0	0
13PAUL HASER PHYSICIAN	(i)	510,824	0	0	0	30,104	540,928	0
	(ii)	0	0	0	0	0	0	0
14SAUL ARBER RADIOLOGY ONCOLOGIST	(i)	545,523	0	0	0	11,480	557,003	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

BROOKDALE HOSPITAL MEDICAL CENTER

Employer identification number

11-1631746

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ONE BROOKLYN HEALTH SYSTEM, INC., A NEW YORK NOT-FOR-PROFIT ORGANIZATION, IS THE SOLE MEMBER OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ONE BROOKLYN HEALTH SYSTEM, INC., AS SOLE MEMBER OF THE ORGANIZATION, HAS THE AUTHORITY TO APPOINT AND REMOVE THE TRUSTEES OF THE ORGANIZATION, AND OTHER AUTHORITIES AS DEFINED IN THE BYLAWS OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 AND APPROPRIATE SCHEDULES, AS REQUIRED, IS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED INTERNALLY BY MANAGEMENT AND COUNSEL, AT WHICH TIME IT IS CONSIDERED THE FINAL DRAFT. THE FINAL DRAFT OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD PRIOR TO IT BEING FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DISCLOSURE IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY BY EMPLOYEES AND BOARD MEMBERS THAT SATISFY THE CRITERIA TO BE CONSIDERED "INTERESTED PERSONS" IS SUBMITTED UPON HIRING AND ANNUALLY THEREAFTER. THE AUDIT AND COMPLIANCE COMMITTEE REVIEWS THE SUBMISSIONS FOR CONFLICTS AND THE OFFICE OF THE COMPLIANCE OFFICER MANAGES THE PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE HOSPITAL'S BYLAWS PROHIBIT TRUSTEES FROM RECEIVING ANY COMPENSATION FOR SERVICES PERFORMED IN THEIR CAPACITY AS A TRUSTEE. ALSO PURSUANT TO THE HOSPITAL'S BYLAWS A TRUSTEE SERVING IN ANOTHER CAPACITY MAY RECEIVE REASONABLE COMPENSATION, THEREFORE, AS AUTHORIZED BY THE BOARD OF TRUSTEES. IT IS THE HOSPITAL'S PRACTICE TO TARGET TOTAL EXECUTIVE COMPENSATION (BASE SALARY, INCENTIVE COMPENSATION AND BENEFITS) AS THE MEDIAN OF THE RELEVANT MARKETPLACE FOR SIMILARLY SITUATED EXECUTIVES, WITH APPROPRIATE ADJUSTMENTS FOR SPECIAL SKILL, EXPERIENCE, COMPETENCE, AND PERFORMANCE. THE BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWED THE COMPENSATION OF CERTAIN OFFICERS IN 2017.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -1,556,576. TRANSFER FROM AFFILIATE -11,125. COMPONENT OF PENSION COST -1,691,370.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A:	IN 2019, THERE WAS A TRANSITION OF THIS OUTSOURCED CHIEF FINANCIAL MANAGEMENT POSITION FROM TONEYKORF TO A HIRED EMPLOYED CHIEF FINANCIAL OFFICER. ALL COMPENSATION PAID IN CONNECTION WITH THE ABOVE SERVICES WERE PAID DIRECTLY TO TONEYKORF PARTNERS, LLC, RESPECTIVELY, BY THE BROOKDALE HOSPITAL MEDICAL CENTER, A RELATED ENTITY OF THE ORGANIZATION.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BROOKDALE HOSPITAL MEDICAL CENTER

Employer identification number

11-1631746

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NHP HOLDINGS LLC 521 FIFTH AVE NEW YORK, NY 10175 20-3418837	HOLDING COMPANY	NY	N/A									

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-1631746
Name: BROOKDALE HOSPITAL MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
101-01 AVENUE D BROOKLYN, NY 11236 11-2814707	PARKING GARAGE	NY	501(C)(3)	LINE 12A, I	ONE BROOKLYN HEALTH SYSTEM INC		No
101-01 AVENUE D BROOKLYN, NY 11236 11-3237483	HEALTHCARE	NY	501(C)(3)	LINE 3	ONE BROOKLYN HEALTH SYSTEM INC		No
101-01 AVENUE D BROOKLYN, NY 11236 11-2814765	SUPPORT ORG	NY	501(C)(3)	LINE 12A, I	ONE BROOKLYN HEALTH SYSTEM INC		No
101-01 AVENUE D BROOKLYN, NY 11236 11-2814705	SUPPORT ORG	NY	501(C)(3)	LINE 12A, I	ONE BROOKLYN HEALTH SYSTEM INC		No
101-01 AVENUE D BROOKLYN, NY 11236 23-7270262	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	THE SCHULMAN AND SCHACHNE INSTITUTE FOR NURSING AND REHABILITATIONINC		No
101-01 AVENUE D BROOKLYN, NY 11236 11-3324040	HOUSING	NY	501(C)(3)	LINE 10	ONE BROOKLYN HEALTH SYSTEM INC		No
101-01 AVENUE D BROOKLYN, NY 11236 23-7085986	HEALTHCARE	NY	501(C)(3)	LINE 3	ONE BROOKLYN HEALTH SYSTEM INC		No
101-01 AVENUE D BROOKLYN, NY 11236 11-3237480	HEALTHCARE	NY	501(C)(3)	LINE 3	ONE BROOKLYN HEALTH SYSTEM INC		No
ONE BROOKDALE PLAZA BROOKLYN, NY 11212 46-0797064	SUPPORT ORG	NY	501(C)(3)	LINE 3	N/A		No
585 SCHENECTADY AVENUE BROOKLYN, NY 11203 11-1631759	HEALTHCARE	NY	501(C)(3)	LINE 3	ONE BROOKLYN HEALTH SYSTEM INC		No
585 SCHENECTADY AVENUE BROOKLYN, NY 11203 11-2164674	HEALTHCARE	NY	501(C)(3)	LINE 10	ONE BROOKLYN HEALTH SYSTEM INC		No
1545 ATLANTIC AVENUE BROOKLYN, NY 11213 11-2626155	HEALTHCARE	NY	501(C)(3)	LINE 3	ONE BROOKLYN HEALTH SYSTEM INC		No
ONE BROOKDALE PLAZA BROOKLYN, NY 11212 81-5323275	SUPPORT ORG	NY	501(C)(3)	LINE 7	N/A		No
585 SCHENECTADY AVENUE BROOKLYN, NY 11203 11-3016121	SUPPORT ORG	NY	501(C)(3)	LINE 12A, I	ONE BROOKLYN HEALTH SYSTEM INC		No
585 SCHENECTADY AVENUE BROOKLYN, NY 11203 03-0464734	SUPPORT ORG	NY	501(C)(3)	LINE 12A, I	ONE BROOKLYN HEALTH SYSTEM INC		No
585 SCHENECTADY AVENUE BROOKLYN, NY 11203 11-2845058	SUPPORT ORG	NY	501(C)(3)	LINE 12A, I	ONE BROOKLYN HEALTH SYSTEM INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BHMC ENTERPRISES 101-01 AVENUE D BROOKLYN, NY 11236 11-2855200	LEASEHOLDER OF MEDICAL OFFICE BUILDING (INACTIVE)	NY	N/A	C					No
BROOKDALE RX 101-01 AVENUE D BROOKLYN, NY 11236 20-2041821	RETAIL PHARMACY	NY	N/A	C					No
LCSC HOLDINGS 101-01 AVENUE D BROOKLYN, NY 11236 11-3357198	HOLDING COMPANY	NY	N/A	C					No
INTERFAITH EMERGENCY MEDICINE PC 1545 ATLANTIC AVENUE BROOKLYN, NY 11213 45-2480633	PHYSICIAN BILLING	NY	N/A	C					No
INTERFAITH PROFESSIONAL PHYSICIAN SVC PC 1545 ATLANTIC AVENUE BROOKLYN, NY 11213 45-1861648	PHYSICIAN BILLING	NY	N/A	C					No
INTERFAITH PSYCHIATRY SERVICES PC 1545 ATLANTIC AVENUE BROOKLYN, NY 11213 27-4297404	PHYSICIAN BILLING	NY	N/A	C					No
SMILE BROOKLYN DENTAL PC 1545 ATLANTIC AVENUE BROOKLYN, NY 11213 47-4320438	PHYSICIAN BILLING	NY	N/A	C					No
KSI INC 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 56-2327654	INACTIVE	NY	N/A	C					No
SINGULAB INC 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 56-2327669	INACTIVE	DE	N/A	C					No
ATM NURSE REGISTRY 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 56-2327649	INACTIVE	NY	N/A	C					No
KINGSBROOK LTACH INC 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 80-0712226	INACTIVE	NY	N/A	C					No
KINGSBROOK MEDICAL ASSOCIATES PC 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 45-2351859	BILLING & COLLECTION	NY	N/A	C					No