

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

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

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

**C** Name of organization  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

% MICHAEL FAGAN  
Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code  
Brooklyn, NY 112153609

**D** Employer identification number  
11-1631796

**E** Telephone number  
(212) 297-5962

**G** Gross receipts \$ 937,154,075

**F** Name and address of principal officer  
MICHAEL FAGAN  
506 Sixth Street  
Brooklyn, NY 112153609

**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.nym.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1881 **M** State of legal domicile NY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
TO PROVIDE EXCELLENT HEALTH CARE SERVICES IN A COMPASSIONATE AND HUMANE MANNER TO THE PEOPLE WHO LIVE AND WORK IN BROOKLYN AND ITS SURROUNDING AREAS

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5,411
<b>6</b> Total number of volunteers (estimate if necessary)	995
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	4,107,716
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	3,826,404

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	14,173,638	10,197,925
<b>9</b> Program service revenue (Part VIII, line 2g)	853,338,464	875,379,860
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,769,928	31,749,281
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,919,448	18,914,651
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	919,201,478	936,241,717
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71,850	103,650
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	480,635,862	484,731,584
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 366,674		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	330,848,413	337,532,610
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	811,556,125	822,367,844
<b>19</b> Revenue less expenses Subtract line 18 from line 12	107,645,353	113,873,873
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,683,537,079	1,738,819,600
<b>21</b> Total liabilities (Part X, line 26)	842,142,169	837,976,918
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	841,394,910	900,842,682

## 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: 2019-11-13

MICHAEL FAGAN CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check  if self-employed PTIN P01683199

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ 5 TIMES SQUARE Phone no (212) 773-3000  
NEW YORK, NY 10036

**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

TO PROVIDE EXCELLENT HEALTHCARE SERVICES WITHOUT REGARD TO AGE, SEX, RACE, CREED, NATIONAL ORIGIN OR DISABILITY, TO SERVE AS AN EDUCATIONAL AND RESEARCH CENTER FOR PHYSICIANS, NURSES AND HEALTHCARE PROFESSIONALS, TO PROVIDE HEALTH EDUCATION TO COMMUNITY RESIDENTS

**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 \$ 726,746,600 including grants of \$ 103,650 ) (Revenue \$ 873,356,284 )  
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 ▶ 726,746,600

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

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

**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 . . . . .

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	573
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> 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 . . . . .	<b>2a</b>	5,411			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>	<b>3b</b>	Yes			
<b>4a</b> 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)? . . .	<b>4a</b>	Yes			
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> <u>CA, EI</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> 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? . . .	<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .	<b>7a</b>	Yes			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>				
<b>b</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 . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>	<b>14b</b>				
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>		No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (MICHAEL FAGAN 466 LEXINGTON AVENUE NEW YORK, NY 10017 (212) 297-5403).

**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

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

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

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

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>		13,519,477	2,749,935

**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 **▶ 1,468**

<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<b>3</b>	Yes	
<b>4</b> 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>	<b>4</b>	Yes	
<b>5</b> 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>	<b>5</b>		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION, 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	MEDICAL SYSTEM MAINT	19,211,366
lend lease US construction, 200 park ave 9th floor NEW YORK, NY 10166	construction	84,082,604
METRO SPORTSMED, 263 7TH AVENUE SUITE 2A BROOKLYN, NY 11215	PHYSICAL THERAPY	12,727,388
SPECIALTYCARE MISS SERVICES LLC, PO BOX 11407 BIRMINGHAM, AL 35246	STAFFING & MGMT	4,650,910
fresenius medical care, 362 4th Avenue BROOKLYN, NY 11215	Kidney care/dialysis	4,692,299

**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 **▶ 133**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,057,280		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	7,439,035		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	619,513		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,082,097		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		10,197,925		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> PATIENT CARE		622110	861,887,971	861,887,971		
<b>b</b> LABORATORY SERVICES		621511	7,077,773	5,054,197	2,023,576		
<b>c</b> 340B DRUGS		622110	3,411,281	3,411,281			
<b>d</b> RENTAL INCOME FROM AFFILIATES		531110	3,002,835	3,002,835			
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			875,379,860				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			27,290,765		2,084,140	25,206,625
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		5,682,866					
	<b>b</b> Less rental expenses	104,388					
	<b>c</b> Rental income or (loss)	5,578,478	0				
	<b>d</b> Net rental income or (loss) . . . . .			5,578,478			5,578,478
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		4,909,405	40,222				
	<b>b</b> Less cost or other basis and sales expenses	491,112					
	<b>c</b> Gain or (loss)	4,418,293	40,222				
	<b>d</b> Net gain or (loss) . . . . .			4,458,516			4,458,516
	<b>8a</b> Gross income from fundraising events (not including \$ 1,057,280 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	248,975				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	316,858				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-67,883			-67,883	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> REBATES		900099	1,600,106			1,600,106	
<b>b</b> MEDICAL PROFESSIONAL REIMBURSEMENT		900099	3,321,097			3,321,097	
<b>c</b> CAFETERIA INCOME		722514	1,301,678			1,301,678	
<b>d</b> All other revenue . . . . .			7,181,175			7,181,175	
<b>e Total.</b> Add lines 11a-11d . . . . .			13,404,056				
<b>12 Total revenue.</b> See Instructions . . . . .			936,241,717	873,356,284	4,107,716	48,579,792	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	103,650	103,650		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,216,090		6,216,090	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	357,848,292	319,169,651	38,510,539	168,102
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	29,874,938	26,645,855	3,215,049	14,034
<b>9</b> Other employee benefits.	60,553,281	54,008,277	6,516,559	28,445
<b>10</b> Payroll taxes.	30,238,983	26,970,551	3,254,227	14,205
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	1,361,809		1,361,809	
<b>b</b> Legal.	1,757,085		1,757,085	
<b>c</b> Accounting.	642,120		642,120	
<b>d</b> Lobbying.	232,460		232,460	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	409,146		409,146	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	72,701,713	64,877,777	7,823,936	
<b>12</b> Advertising and promotion.	48,948	43,680	5,268	
<b>13</b> Office expenses.	40,444,359	35,966,845	4,352,499	125,015
<b>14</b> Information technology.	1,689,596	1,498,494	181,829	9,273
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	22,175,567	20,854,413	1,321,154	
<b>17</b> Travel.	935,045		928,504	6,541
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	218,378		217,319	1,059
<b>20</b> Interest.	189,386	178,103	11,283	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	25,600,178	24,074,996	1,525,182	
<b>23</b> Insurance.	11,830,845	11,761,622	69,223	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	140,280,000	140,280,000		
<b>b</b> PERMIT, LICENSE AND TAXES	332,495	312,686	19,809	
<b>c</b> MEMBERSHIP/DUES/ACCREDITATION	15,858,523		15,858,523	
<b>d</b> UBI TAXES	824,957		824,957	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	822,367,844	726,746,600	95,254,570	366,674
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,450	<b>1</b>	12,032
	<b>2</b> Savings and temporary cash investments . . . . .	120,207,951	<b>2</b>	91,059,570
	<b>3</b> Pledges and grants receivable, net . . . . .	540,917	<b>3</b>	540,917
	<b>4</b> Accounts receivable, net . . . . .	57,756,725	<b>4</b>	79,096,119
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	709,545	<b>7</b>	709,545
	<b>8</b> Inventories for sale or use . . . . .	16,631,904	<b>8</b>	16,438,367
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,024,510	<b>9</b>	11,629,006
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 632,866,374		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 254,724,165	273,876,134	<b>10c</b> 378,142,209
	<b>11</b> Investments—publicly traded securities . . . . .	733,132,163	<b>11</b>	632,386,074
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	48,830,728	<b>12</b>	50,767,987
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	425,815,052	<b>15</b>	478,037,774
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,683,537,079	<b>16</b>	1,738,819,600	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	153,513,147	<b>17</b>	158,266,799
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	27,808,917	<b>20</b>	26,387,080
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	660,820,105	<b>25</b>	653,323,039
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	842,142,169	<b>26</b>	837,976,918
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	815,856,955	<b>27</b>	877,216,423
	<b>28</b> Temporarily restricted net assets . . . . .	18,950,718	<b>28</b>	17,038,992
	<b>29</b> Permanently restricted net assets	6,587,237	<b>29</b>	6,587,267
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	841,394,910	<b>33</b>	900,842,682	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,683,537,079	<b>34</b>	1,738,819,600	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	936,241,717
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	822,367,844
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	113,873,873
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	841,394,910
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-36,082,766
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-18,343,335
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	900,842,682

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1631796

**Name:** NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Form 990 (2018)

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### Form 990, Part III, Line 4a:

The mission of NewYork-Presbyterian/Brooklyn Methodist Hospital, a member of the New York-Presbyterian Healthcare System, is to provide excellent health care services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas. The Hospital is a non-sectarian, voluntary institution with 651 beds, which includes an acute care general facility and an extensive array of ambulatory and outpatient sites and services. During 2018, 199,238 patient days of care were provided, 39,204 patients were discharged with an average length of stay of 5.4 days, excluding newborns. There were a total of 95,002 outpatient visits to our outpatient sites, and 106,234 visits to our Emergency Room. In serving its community, the Hospital works to achieve these primary objectives: The services are accessible to patients and physicians without regard to age, sex, race, creed, national origin or disability. The commitment to community service is evidenced by our uncompensated services provided to the poor in the broader community. Our services provided to the poor include persons who cannot afford health care because of inadequate financial resources and/or who are uninsured or under-insured. These persons are eligible for charity care and financial aid under the Hospital's financial aid policy. For the year ended December 31, 2018, uncompensated care amounted to approximately \$42.6 million. Provide patients with an environment that assures the continuous enhancement of patient safety, Assess periodically the healthcare needs of the community and to respond to these needs with healthcare services, including health education for patients and community residents. Our needs assessment is derived through public questionnaires, and an assortment of reports from professional agencies as well as outreach to and involvement in major community organizations, including the State and City Department of Health, NYC Department of Health and Mental Hygiene, Heights and Hills Services for Brooklyn's Older Adults, Good Neighbors of Park Slope, our local faith based organizations, Community Board 6, and Brooklyn Public Library. The Hospital meets quarterly with its community partners discuss free health programs and support services. Community residents are informed of the availability of the community service plan via our web site, or can obtain a copy of the community report by calling the Hospital's administrative office at (718)780-3301 or the Community Affairs office at (718) 780-5367. Serve as an educational and research center for the training and continuing education of physicians, nurses and healthcare professionals committed to the Brooklyn community. Provide an active ecumenical program of pastoral care and to conduct a clinical pastoral education program. NewYork-Presbyterian/Brooklyn Methodist Hospital has a historic relationship with the United Methodist Church. Offer an environment that is responsive to new and changing technologies and management principles that will stimulate creative solutions for our patients, physicians, and employees. Work with members of the New York-Presbyterian Healthcare System and other healthcare institutions, physicians and community groups in jointly pursuing the delivery of quality healthcare services, medical education and clinical research.

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**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			
James Perkins ..... Chairman	3 0 ..... 0 0	X						0	0	0
Sharon Greenberger ..... Vice Chairman	1 0 ..... 0 0	X						0	0	0
John E Carrington ..... Director	1 0 ..... 0 0	X						0	0	0
Robert Rodgers Jr ..... Director	1 0 ..... 0 0	X						0	0	0
Lawrence McGaughey ..... Director	1 0 ..... 0 0	X						0	0	0
Kevin J Mckay ..... Director	1 0 ..... 0 0	X						0	0	0
Charles K O'Neill ..... Director	1 0 ..... 0 0	X						0	0	0
Anthony Schlesinger ..... Director	1 0 ..... 0 0	X						0	0	0
Lark-Marie Anton Menchini ..... Director	1 0 ..... 0 0	X						0	0	0
Brian Regan ..... Director	1 0 ..... 59 0	X						0	422,450	68,593

**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			
Richard Liebowitz ..... Director/President Thru 09/18	29 0 ..... 31 0	X		X				0	1,014,458	40,874
Robert Guimento ..... Director/President Eff 09/18	19 0 ..... 41 0	X		X				0	901,765	54,589
Kathleen Burke ..... Secretary	1 0 ..... 59 0			X				0	411,262	61,282
Alan Lee ..... Chief Operating Officer	60 0 ..... 0 0			X				251,620	0	44,544
Laura Gaffney ..... Interm COO Thru 06/18	60 0 ..... 0 0			X				410,369	0	0
Michael Fagan ..... SVP Finance/CFO	60 0 ..... 0 0			X				536,388	0	127,115
Rebecca Flood ..... SVP Nursing	60 0 ..... 0 0				X			443,931	0	42,450
Steven Silber ..... Vice President Medical Affairs	60 0 ..... 0 0				X			632,502	0	94,777
Jennifer Donovan ..... VP Ambulatory	60 0 ..... 0 0				X			159,071	0	49,570
Richard Ortiz ..... VP Revenue Cycle	60 0 ..... 0 0				X			454,326	0	103,846

**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			
Traci S D'Auguste ..... VP clinical Services	60 0 ..... 0 0				X			351,330	0	57,032
Eileen Kang ..... VP Ancillary Services	60 0 ..... 0 0				X			317,843	0	62,743
Donald Pogue ..... Director Human Resources	60 0 ..... 0 0				X			235,368	0	17,191
Helen Kotchoubey ..... Chief of Staff Thru 09/18	60 0 ..... 0 0				X			484,140	0	12,659
Lisa A Mainieri ..... VP Support Services	60 0 ..... 0 0				X			258,914	0	30,901
Ernesto Perez-Mir ..... VP Nursing Adm	60 0 ..... 0 0				X			238,018	0	33,463
Terrence J Sacchi ..... Chief Cardiology Dept of Med	60 0 ..... 0 0					X		1,930,248	0	45,896
Hani Ashamalla ..... Chairman Radiation Oncology	60 0 ..... 0 0					X		1,241,728	0	47,162
Constantine Gorelick ..... Dir Robotic Surgery OB/GYN	60 0 ..... 0 0					X		1,133,953	0	33,089
Marcus D D'ayala ..... Chief Vascular Surgery	60 0 ..... 0 0					X		1,094,010	0	55,395



**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			
Natan Haratz ..... Medical Dir Dept of OBS/GYN	60 0 ..... 0 0					X		1,089,536	0	33,972
Mark Mundy ..... Former Officer	0 0 ..... 0 0						X	984,781	0	23,051
Lauren Yedvab ..... Former Officer	0 0 ..... 0 0						X	532,577	0	0
Colleen McManus ..... Former Key Employee	0 0 ..... 0 0						X	183,077	0	0
Lyn Hill ..... Former Key Employee	0 0 ..... 0 0						X	269,247	0	8,363
Dennis Buchanan ..... Former Key Employee	0 0 ..... 0 0						X	286,500	0	12,180

**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Employer identification number

11-1631796

**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		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1631796

**Name:** NEWYORK-PRESBYTERIANBROOKLYN METHODIST

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**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 NEWYORK-PRESBYTERIANBROOKLYN METHODIST	Employer identification number 11-1631796
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i	Yes		232,460
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	232,460
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 11	NEWYORK-PRESBYTERIAN/BROOKLYN METHODIST (NYP/BMH) HOSPITAL PAYS DUES TO THE GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), THE HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYS) and American Hospital Association(AHA) IN ACCORDANCE WITH CODE SECTION 6033(E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY GNYHA, HANYS and AHA, A PORTION OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES THE LOBBYING ACTIVITIES APPLICABLE TO 2018 GNYHA, HANYS and AHA ANNUAL DUES WAS \$108,395, \$23,262 and \$38,243, RESPECTIVELY 1199/SEIU IN CONNECTION WITH COLLECTIVE BARGAINING AGREEMENT BETWEEN NYP/BMH AND 1199/SEIU, CERTAIN EMPLOYER CONTRIBUTION AMOUNTS THAT WOULD BE OTHERWISE PAYABLE TO THE PENSION FUND ARE INSTEAD ALLOCATED TO THE LABOR MANAGEMENT INITIATIVE (LMI) THE LMI ALLOCATES A PORTION OF ITS FUNDS FOR LOBBING PURPOSES IN CONNECTION WITH NEW YORK STATE AND FEDERAL POLICY ISSUES THE NEW YORK METHODIST HOSPITAL'S PRO-RATED SHARE OF HEP LOBBYING EXPENSES FOR 2018 IS \$62,560

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

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

**Employer identification number**  
11-1631796

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	21,982,936	20,141,744	20,421,944	22,385,584	22,279,757
<b>b</b> Contributions . . . . .					13,089
<b>c</b> Net investment earnings, gains, and losses	-851,252	3,554,295	1,246,295	101,836	664,675
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	1,535,560	1,713,103	1,526,495	2,065,476	571,937
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	19,596,124	21,982,936	20,141,744	20,421,944	22,385,584

- 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 ▶ 33 620 %
  - c** Temporarily restricted endowment ▶ 66 380 %
- 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . . | Yes | No |
| <b>(ii)</b> related organizations . . . . .  | Yes | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		6,556,373		6,556,373
<b>b</b> Buildings . . . . .		270,279,919	179,008,220	91,271,699
<b>c</b> Leasehold improvements		237,022,967	8,953,916	228,069,051
<b>d</b> Equipment . . . . .		119,007,115	66,762,029	52,245,086
<b>e</b> Other . . . . .		0	0	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				378,142,209

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1) OTHER ASSETS	8,347,171
(2) DEPOSITS ON EQUIPMENT	3,354,411
(3) DUE FROM RELATED PROF CORPS	243,306,511
(4) INVESTS HELD BY CAPTIVE INS	214,448,447
(5) PARTNERSHIP JV INVESTMENT	783,044
(6) PROF LIABILITY INS RECOVERIES	7,798,190
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	478,037,774

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
PROF INSURANCE LIABILITY	210,102,091
THIRD PARTY PAYABLE	115,718,534
DUE TO RELATED ORGANIZATIONS	1,375,558
DUE TO NEWYORK-PRESBYTERIAN HOSPITAL	324,122,582
CAPITAL LEASES PAYABLE	2,004,274
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	653,323,039

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.

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

**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.

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

**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:** 11-1631796

**Name:** NEWYORK-PRESBYTERIANBROOKLYN METHODIST

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	THE NEWYORK-PRESBYTERIAN/BROOKLYN METHODIST HOSPITAL FOLLOWS "NYPMIFA" New York Prudent Management of Institutional Funds Act AS IT RELATES TO ITS PERMANENTLY RESTRICTED ENDOWMENT CONTRIBUTIONS PERMANENTLY RESTRICTED ENDOWMENT NET ASSETS HAVE BEEN RESTRICTED BY THE DONOR TO BE MAINTAINED IN PERPETUITY The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until the amounts are appropriated for expenditure in accordance with a standard of prudence prescribed by NYPMIFA, as applicable

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

**Employer identification number**  
11-1631796

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total					217,222,001
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					217,222,001

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1)								
( 2)								
( 3)								
( 4)								

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" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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 I - ADDITIONAL SUPPLEMENTAL INFORMATION	PART I, LINE 3 (1), COLUMN F (ACCOUNTING METHOD) - THE HOSPITAL IS A PARTIAL OWNER OF CAPTIVE FOREIGN INSURANCE COMPANIES THE HOSPITAL'S INVESTMENTS IN THE FOREIGN INSURANCE COMPANIES ARE REPORTED AT FAIR MARKET VALUE PART I, LINE 3 (2), COLUMN F (ACCOUNTING METHOD) - THE HOSPITAL INVESTS ITS ENDOWMENT FUND IN FOREIGN BANK AND FINANCIAL INSTITUTES THE HOSPITAL'S INVESTMENTS IN THE FOREIGN ACCOUNTS ARE REPORTED AT FAIR MARKET VALUE

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1631796

**Name:** NEWYORK-PRESBYTERIANBROOKLYN METHODIST

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	CAPTIVE INSURANCE CO	216,073,481
Europe (Including Iceland and Greenland)			Investments	ENDOWMENT	1,148,520



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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Employer identification number  
11-1631796

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>Golf Outing</b> (event type)	<b>Gala</b> (event type)	<b>1</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	483,790	754,540	67,925	1,306,255
	<b>2</b> Less Contributions . . . . .	419,515	581,640	56,125	1,057,280
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	64,275	172,900	11,800	248,975
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	7,332	1,545	2,788	11,665
	<b>6</b> Rent/facility costs . . . . .	70,688	69,782	1,475	141,945
	<b>7</b> Food and beverages . . . . .	542	104,737	2,495	107,774
	<b>8</b> Entertainment . . . . .		24,550	450	25,000
	<b>9</b> Other direct expenses . . . . .	2,133	24,118	4,223	30,474
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				316,858
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-67,883

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

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

Name ▶ .....  
 Address ▶ .....

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

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

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

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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**SCHEDULE H  
(Form 990)**  
  
Department of the  
Treasury  
Internal Revenue Service  
**Name of the organization**  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

**Hospitals**

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

**Employer identification number**  
11-1631796

OMB No 1545-0047  
**2018**  
**Open to Public  
Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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		
<b>a</b> 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 _____ %	<b>3a</b> Yes	
<b>b</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 type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	
<b>c</b> 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?	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> 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**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)		9,027	11,009,746	481,092	10,528,654	1 280 %
<b>b</b> Medicaid (from Worksheet 3, column a)		121,557	204,834,602	152,403,503	52,431,099	6 380 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		130,584	215,844,348	152,884,595	62,959,753	7 660 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	380	20,599	864,171		864,171	0 110 %
<b>f</b> Health professions education (from Worksheet 5)			92,018,989	28,612,399	63,406,590	7 710 %
<b>g</b> Subsidized health services (from Worksheet 6)		61,192	37,831,435	20,591,568	17,239,867	2 100 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits	380	81,791	130,714,595	49,203,967	81,510,628	9 920 %
<b>k Total.</b> Add lines 7d and 7j	380	212,375	346,558,943	202,088,562	144,470,381	17 580 %

**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						
<b>10 Total</b>						

**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	5,296,425
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	255,385
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	160,110,625
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	142,926,983
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	17,183,642
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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

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

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

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

**1**

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

	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)  
 NYPBROOKLYN METHODIST

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	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 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	
<b>6 a</b>	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>b</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
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

NYPBROOKLYN METHODIST

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			
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See SUPPLEMENTAL INFORMATION</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See SUPPLEMENTAL INFORMATION</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>see SUPPLEMENTAL information</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



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

NYPBROOKLYN METHODIST

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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	
<b>18</b>	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			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
	<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

NYPBROOKLYN METHODIST

**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
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

**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? 3

Name and address	Type of Facility (describe)
<b>1</b> NYPBMH CARDIO-VASCULAR SERVICES 8721 FIFTH AVENUE BROOKLYN, NY 11209	CARDIOLOGY PULMONARY MEDICINE
<b>2</b> NYPBMH INFUSION SERVICES 343 4TH AVENUE BROOKLYN, NY 11215	CHEMO CLINIC
<b>3</b> NYPBMH REHAB CTRWOMEN&CHILDREN CLINIC 263 7TH AVENUE 2ND 3RD FL BROOKLYN, NY 11215	PHYSICAL & OCCUPATIONAL THERAPY CLINIC PEDIATRIC
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 I, Line 3c	N/A Part I, Line 6A N/A Part I, Line 7 The following is a detail of the sources used for determining the amounts reported on schedule H Line 7a - adjusted ratio of patient care cost to charges Line 7b - Cost accounting system Line 7e - Actual expenses Line 7f - Institutional cost report- worksheet B, part 1 Line 7g - Cost accounting system

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column F	Bad debt expense(price concessions) is offset against revenue and not included in expense Part I, Line 7g Included in subsidized services is Clinic and Psych

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	For patients who were determined by the Hospital to have the ability to pay but did not, the uncollectable amounts are bad debt expense (Price Concessions)

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 3	The amount included represents patients who qualify for charity care/financial assistance and have a bad debt write-off. Bad debt expense (price concessions) associated with patients that received charity care/financial assistance is represented in this \$255,385 figure. These patients went through our charity care/financial assistance process and were determined to have financial need. As a result, we provided them with a discount based on our sliding scale charity care policy. If they were unable to pay the reduced balances, they were written off as bad debt (price concessions) and included as a community benefit.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 4	<p>Please refer to audited financial statements page 19 Part III, Line 8 THE HOSPITAL UTILIZED THE AMOUNTS REPORTED ON THE MEDICARE COST REPORT TO DETERMINE THE MEDICARE ALLOWABLE COSTS TOTAL INPATIENT AND OUTPATIENT COSTS THESE DO NOT INCLUDE certain medicare program revenue and costs and thus do not reflect all of the organizations revenues and costs with the participation in Medicare programs The revenue and costs excludes professional health education, subsidized health services, and medicare managed care activity If all these revenue and costs were included the medicare surplus of \$17,183,642 would be a medicare Loss of (\$32,710,852) Medicare net surplus per Schedule H 17,183,642 Medicare GME net cost (16,484,027) Medicare net costs of subsidized services (7,921,059) Medicare managed care net costs (25,489,408) Total net costs associated with the Medicare Program (32,710,852) Net is defined as revenue net of costs</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 9b	<p><b>POLICY AND PURPOSE</b> The purpose of the Collection Policy (Policy) is to promote patient access to quality health care while minimizing bad debt at NYP/BMH. This Policy places requirements upon Hospital and those agencies and attorneys undertaking debt collection activities that are consistent with the core mission, values, and principles of Hospital including, but not limited to, Hospitals Charity Care Policy. This policy applies to hospital and any agency, lawyer, or law firm assisting hospital in the collection of an outstanding patient account debt.</p> <p><b>PROCEDURE</b> A General guidelines 1 Hospital, collection agencies (Agency), and lawyers and law firms (Outside Counsel) will comply with all applicable federal and state laws and accrediting agency requirements governing the collection of debts including, but not limited to, the Fair Debt Collection Practices Act (FDCPA), the Fair Credit Billing Act, the Consumer Credit Protection Acts, Public Health Law Section 2807-k-9-a, Internal Revenue Service Code 501(r), Article 52 of the New York Civil Practice Law and Rules, and the Health Insurance Portability and Accountability Act (HIPAA). Hospital, Agency and Outside Counsel will also comply with Hospitals Charity Care Policy. To the extent that there are any inconsistencies between Hospitals Collection Policy and Charity Care Policy, the Charity Care Policy shall supersede and control.</p> <p>2 Hospital shall enter legally binding written agreements with any parties (including Agency or Outside Counsel) to which it refers an individuals debt related to care that are reasonably designed to prevent Extraordinary Collection Actions (ECAs) from being taken to obtain payment for the care, until reasonable efforts have been made to determine whether the individual is eligible for Charity Care.</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>Needs Assessment Based on results from the Community Health Survey, discussions with key informants in the community, and review of New York States Prevention Area Priorities, NYP /BMH has selected the following prevention priorities 1) Prevent Chronic Disease, focus on diabetes 2) Prevent Chronic Disease, focus on childhood obesity/ (overlaps with) Promote Healthy Women, Infants and Children, focus on maternal and infant health 3) Promote a Healthy and Safe Environment, reducing fall risk among most vulnerable populations The Brooklyn community helped to select the interventions via key informant meetings and a Community Health Survey, which appeared on NewYork-Presbyterian/Brooklyn Methodist Hospitals website homepage, www.nym.org The survey also appeared on NYP/BMHs social media channels and in the spring/summer 2016 edition of NYP/BMHs community health magazine, Thrive, which is mailed to 250,000 households in Brooklyn In addition to the input sought from the community, the programs and strategies developed by NYP/BMH as part of its Community Service Plan will be targeted to at-risk populations as identified in the Hospitals Community Health Needs Assessment The interventions and strategies were determined by reviewing results from NYP/BMHs Community Health Survey, along with the input derived from key informant meetings State, county and zip code level statistical data were also reviewed Finally, recommendations from the New York State Prevention Agenda Dashboard 2013-2017 were taken into consideration The goal of the intervention for the Prevent Chronic Disease, focus on diabetes is to increase access to high-quality chronic disease preventive care and management in clinical and community settings by offering diabetes self-management education (DSME) classes for community residents in both English and Spanish, and educating Hospital staff members to become trainers and lead additional DSMEs NYP/BMH anticipates that those who attend classes will gain confidence and better control in the management of their diabetes Once our own staff is trained to lead these Stanford-modeled classes, the Hospital will have the capability to offer additional classes and impact even more members of the community who are living with diabetes The first intervention for the Prevent Chronic Disease, focus on childhood obesity priority, which also falls under the prevention area of Promoting Healthy Women Infants and Children, is to adopt policies and practices designed to implement standards that will support breastfeeding, quality nutrition, increased physical activity and reduced screen time in early child care settings and to increase staff training, community support and reinforcement of these regulations and policies The Hospital has joined New York Citys Breastfeeding Hospital Collaborative (NYC BHC) Cohort 3 As is the case for hospitals in the current NYC BHC, Cohort 3 will include in-person learning sessions, monthly action period webinars, semi-monthly coaching calls (participation as needed), mock assessments and site visits, access to a repository of free tools and resources to support pursuit of a Baby friendly designation, and more A second intervention for the Prevent Chronic Disease, focus on childhood obesity priority is to create a program to help incorporate dance/exercise classes and nutrition education into the lives of pre-teens and their parents Classes will be offered at the Brooklyn Childrens Museum in Crown Heights NYP/BMH will use strategies derived from New York State Obesity Prevention Center for Excellence The goal of the intervention for Promote a Healthy and Safe Environment, reducing fall risk among most vulnerable populations priority is to improve the design and maintenance of home environments to promote health and reduce related illness, by creating a Fall Prevention Program and disseminating Fall Prevention Kits, with tools to help seniors safeguard their homes NYP/BMH will reference the CDCs Guide for EBPs to Prevent Falls A second intervention is intended to reduce factors that increase the risk of falls, particularly among the elderly and young children by promoting community-based programs for fall prevention NYP/BMH will reference the CDCs Guide for EBPs to Prevent Falls The process measures used to track and evaluate the impact of the Prevent Chronic Disease, focus on diabetes priority include information retention quizzes, tracking attendance and attendee goal setting and monitoring achievements during and after each six-week Diabetes Self-Management Education session The process measures used to track and evaluate the Prevent Chronic Disease, focus on childhood obesity priority include pre and post class surveys, weight and waist measurements recorded throughout the duration of classes, and attendance tracking Results will be monitored during and after each dance/education series The process measures used to track and evaluate the Promote a Healthy and Safe</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>Environment, reducing fall risk among most vulnerable populations priority include polling senior citizens on regarding home safety measures in place and giving them kits to safeguard their homes They will also be offered the opportunity to share stories on how theyve implemented the safety information that has been provided To attempt a reduction in the number of admissions due to falls, the Hospital will administer surveys administered to treat and release patients who come to the Emergency Room for falls</p> <p>2018 Year-2 Update Summary Since the 2016 Community Health Needs Assessment, NewYork-Presbyterian Brooklyn Methodist Hospital (NYP/BMH) has undertaken several key initiatives to improve the health needs of the communities we serve In 2018, we shifted one of our priorities from Prevent Chronic Disease focus on childhood obesity/promoting healthy women infants and children to Prevent Chronic Disease focus on increasing access to high-quality chronic disease preventive care and management in clinical and community settings We had set out to provide exercise classes as an intervention with our original priority area, but space in a high-need neighborhood became hard to secure, so we shifted to an area where we could achieve measurable outcomes while still addressing chronic diseases in vulnerable communities</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 3	Patient Education of eligibility for assistance Written materials, including the application, full Policy, and plain language summary (Summary), shall be available to patients in NYP/BMH's primary languages, upon request and without charge, from Admitting and Emergency Departments at NYP/BMH during the intake and registration process, at discharge and/or by mail Additionally, those materials shall be available on NYP/BMH's website ( <a href="http://www.nyp.org/brooklyn">www.nyp.org/brooklyn</a> ) Also, notification to patients regarding this Policy shall be made through conspicuous posting of language appropriate information in Emergency Rooms and Admitting Departments of NYP/BMH, and inclusion of information on bills and statements sent to patients explaining that financial aid may be available to qualified patients and how to obtain further information

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	<p>Community Information This assessment and plan covers Kings County, New York, also known as the borough of Brooklyn Although NYP/BMH is located in Park Slope and is an important healthcare, community service and economic anchor in the Park Slope neighborhood, it serves the entire borough of Brooklyn (Kings County) Brooklyn is the largest of the five boroughs that make up New York City Indeed, if it were a separate city, Brooklyn would be the fourth largest in the United States In 2014, Brooklyn had a total population of over 2.6 million people from a wide variety of ethnic and socioeconomic backgrounds Of the total number of people in Brooklyn in 2014, 926,640 were white, 826,500 were black, 332,160 were Asian, Native American and Pacific Islanders and 526,110 were Latino (Those reporting as Latino or Hispanic are of Spanish origin but may be of any race.) While the white and black populations have remained relatively stable, increasing only slightly as the Brooklyn population increased, the Latino population has increased by 13 percent (consistent with Brooklyns overall population increase) and the Asian, Native American and Pacific Island population has increased by 184 percent, far exceeding the overall Brooklyn increase The demography of Brooklyn has changed radically since 1990, which is reflected in the ethnic breakdown of Hospital discharges over the past 25 years At the turn of the 21st century, we were in a period of the largest influx of immigration to New York City since the early 1900s According to the 2010 US census data, 37 percent of Brooklyns residents were born outside of the United States and 46 percent of the boroughs residents speak a language other than English in the home What has made this wave of immigration to New York City especially unique is that the patterns of immigration are extremely diverse, of the various countries represented by Brooklyn residents, except for China (13 percent), no single one accounts for more than 10 percent of all first generation immigrants New Yorks largest Afro-Caribbean community can be found in the Central Brooklyn neighborhoods of Crown Heights and Flatbush Southwest Brooklyn (Bensonhurst and Bay Ridge), where Pakistani, Bangladeshi and Southeast Asian immigrants have merged with Russian and Chinese populations, houses the most diverse immigrant community The number of Brooklyn men and women is fairly equal, at 47 percent and 53 percent respectively Nearly 30 percent of Brookynites have earned a bachelors degree or higher and 78 percent hold a high school diploma Twenty-two percent of the Brooklyn population lives below the poverty line It is well known that the population, in general, is aging and, in Brooklyn, the highest increases in the population are in the baby boomer groups (23 percent among those between the ages of 35 and 54, 61 percent among those between the ages of 55 and 59 and 21 percent among those between the ages of 60 and 74) During the years since 1990, NYP/BMH which has seen an increase in its census of over 100 percent, (from 20,696 to 41,582 patients annually), has also increased its service to patients in every one of Brooklyns communities In some cases, the increase within neighborhoods is truly remarkable, for example, while the increase in the population of patients from NYP/BMHs surrounding areas of Brooklyn Heights, Downtown Brooklyn and Park Slope, is noticeable, it shows a 431 percent increase in patients from the Bedford Stuyvesant and Crown Heights communities, a 363 percent increase from Flatbush/East Flatbush, a 210 percent increase in patients from Canarsie/Flatlands and an 88 percent increase in patients from Sheepshead Bay/Coney Island In addition, very large increases are evident (although the total numbers are smaller) in the Greenpoint/Williamsburg and East New York neighborhoods</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>Promotion of Community Health NewYork-Presbyterian/Brooklyn Methodist Hospital will maintain an engagement with local partners to track progress and make mid-course corrections This will be done in the following ways Prevent Chronic Disease, focus on diabetes At the end of each six-week diabetes self-management education (DSME) session data will be reviewed and assessed by IPRO and NYP/BMH This will provide the opportunity to make mid-course corrections before a new DSME session is offered For each new DSME session, NYP/BMH will utilize NYC DOHMHs Patient Referral Portal to list the classes With this format, partners will be engaged at each new six 6-week session 2017 update to Prevent Chronic Disease, focus on diabetes IPRO Everyone with Diabetes Counts-NY provided certified group facilitators At the end of 2017 46 people completed (one of two) Diabetes Self-Management Education (DSME) class sessions and the majority reported more confidence in managing their diabetes The organization has encountered a few challenges, the Spanish class did not get enough participants we have not yet been able to train our staff 2018 update to Prevent Chronic Disease, focus on diabetes In terms of our progress to date with our focus on diabetes, we have successfully hosted two evidence-based Diabetes Self-Management Education (DSME) work shops, with our partners at IPROs Everyone with Diabetes Counts initiative To date, 46 people have completed the (DSME) class sessions and the majority reported more confidence in managing their diabetes We encountered some challenges in offering a Spanish-language class, we didnt have enough interest, so we were unable to host the Spanish class In November of 2018, two hospital staff members received Master-Level training in Chronic Disease Self-Management (CDSM) and Diabetes Self-Management Education (DSME) These employees will be training approximately 20 NYP hospital staff members in January 2019, as well as offering classes to community members With the newly trained staff, we anticipate that we will be able to offer DSME classes to many of the vast and diverse populations that NYPs hospitals serve Prevent Chronic Disease, focus on childhood obesity/Promote Healthy Women Infants &amp; Children, focus on maternal and infant health Dance &amp; Nutrition Education Classes For each session of dance classes, data will be reviewed and assessed by NYP/BMH The data will be shared with the Brooklyn Childrens Museum (BCM), Investors Bank and DanceWave NYM will also poll BCM and Dancewave to learn whether there are areas for improvement This will apply to the next session of classes, and the cycle will continue throughout the course of the three-year CSP 2017 update to Prevent Chronic Disease focus on childhood obesity /promoting healthy women infants and children Due to struggles finding partners and locations for classes, we have refocused our attention on a new priority area Instead of focusing on Childhood Obesity, we will shift to address Hypertension in Adults through a new opportunity to implement the NYP HealthSmarts program at Bed Stuy churches 2018 Update Prevent Chronic Disease focus on childhood obesity/promoting healthy women infants and children Considering the many challenges we encountered with this intervention, we changed our focus to increasing access to high-quality chronic disease preventive care and management in clinical and community settings Prevent Chronic Disease focus on increasing access to high-quality chronic disease preventive care and management in clinical and community settings Through a connection made with NYP Columbias evidence-based HeartSmarts program, we were able to recruit two of our partner churches for the training Members from St George s Episcopal Church in Crown Heights and Pleasant Grove Tabernacle, in Bedford Stuyvesant were trained to offer HeartSmarts faith-based curriculum to teach their congregation members how to reduce hypertension and adopt healthier habits Both churches hosted classes in Q4 of 2018, and both sustained steady class attendance Pleasant Grove had 35 graduates and St Georges is on track to graduate 25 participants in Q1 of 2019 Prevent Chronic Disease, focus on childhood obesity/Promote Healthy Women Infants &amp; Children, focus on maternal and infant health Focus on increased exclusive breastfeeding rates Baby Friendly Status The New York City Breastfeeding Hospital Collaborative has its own set of regulations and guidelines for progress tracking and reporting, to which NYP/BMH will adhere 2017 Update to Prevent Chronic Disease, focus on childhood obesity/Promote Healthy Women Infants &amp; Children, focus on maternal and infant health Focus on increased exclusive breastfeeding rates We have entered Dissemination Stage (Stage 3 of 4) of Baby-Friendly USA Journey Almost 100 MCH staff members completed 15-hour (nursing) or 3-hour (MD) breastfeeding educational training NYP/BMH has increased EBF rates by 0</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>ver 13% since 2013 We have a new opportunity for our program with Brooklyns Children Muse um who has agreed to host an NYP/BMH-run Breastfeeding Support Group in Crown Heights 201 8 Update Promote Healthy Women, Infants and Children focus on increasing exclusive breast feeding rates NYP/BMH has increased exclusive breastfeeding rates, however our rates hove r between 37-40% Our goal is to get our exclusive breastfeeding rates above 39 7% upon di scharge WIC representatives are ready to come educate in clinics and hospital, but our ma jor referring WIC office is a Brooklyn Hospital affiliate, which poses an issue with crede ntialing in our hospital Promote a Healthy and Safe Environment, reducing fall risk among most vulnerable populations Fall Surveys in ER The surveys will be conducted for every treat and release ER patient over 65 years of age Survey data will be reviewed and shared with the environmental gerontologist and Emergency Medicine Department on a quarterly bas is Analysis of survey results will help to present if any mid-course corrections should b e made The Fall Prevention Program Progress will be reviewed and shared with partners on a bi-annual basis, at which time it will be decided whether mid-course corrections should be made 2017 update to promote a Healthy and Safe Environment, reducing fall risk among the most vulnerable populations The program has progressed and at the end of 2017 376 Su rvey of Adult Falls Evaluation (SAFE) were collected, 100 senior home safety kits were sen t out and 4 NYP/BMH staff members trained in EBP for reducing falls We had some challenge s with data collection due to QTAC SUNY Albany (program created for data collection) was u nable to process any intake forms in 2017 NYS DOH has offered to collect data in 2018 20 18 Updates Promote a Healthy and Safe Environment, reducing fall risk among the most vulne rable populations We have been successful in conducting the SAFE (Survey of Adult Falls E valuation) questionnaire in the Emergency Department To date, we have collected 967 surve y responses and have given out 200 Senior Home Safety kits One Stepping On class was host ed in the fall of 2018, for which 8 seniors were trained by physical therapists and other health professionals in fall prevention All participants had better mobility and increase d self-confidence While the course curriculum was well-received, the format was not condu cive to being repeated by staff members whose roles are not dedicated to this type of work We will revisit other evidence-based interventions for fall prevention in 2019, such as Tai Chi for Arthritis</p>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	Affiliated Healthcare System NewYork-Presbyterian/Brooklyn Methodist Hospital is a NewYork-Presbyterian Regional Hospital NewYork-Presbyterian Hospital assists its regional hospitals identify available resources and coordinate efforts to promote community health in the community the regional hospital services

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7	New York

**Additional Data****Software ID:****Software Version:****EIN:** 11-1631796**Name:** NEWYORK-PRESBYTERIANBROOKLYN METHODIST**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	NYPBROOKLYN METHODIST 506 SIXTH STREET BROOKLYN, NY 11215 WWW.NYP.ORG/BROOKLYN 7001021H	X	X		X			X			

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

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

Form and Line Reference	Explanation
PART V LINE 5	<p>NewYork-Presbyterian/Brooklyn Methodist Hospital (NYP/BMH) conducted a community needs assessment. Community input that was solicited and taken into account was sought from the public in a number of ways. Several meetings with key informants from local organizations were held, during which there was discussion of the community's needs. A list of the organizations with whom we worked follows: Senior Umbrella Network of Brooklyn (SUN-B), St. Georges Episcopal Church in Crown Heights, Brooklyn Investors Bank Foundation Heights and Hills Senior Services, New York City's Department of Health and Mental Diabetes Prevention Program Liaison, Primary Care Information Project, Environmental Gerontologist, Parsons School of Design, United Federation of Teachers, Good Neighbors of Park Slope (GNPS), Everyone with Diabetes Counts New York/IPRO/Improvement Healthcare for the Common Good NYC DOHMH Center for Health Equity, Office of the First Deputy Commissioner, Minister of New Creation Community Health Empowerment, Inc. (NCCHE), Brooklyn Public Library (BPL), Brooklyn Children's Museum.</p> <p>A Community Health Needs Survey was created and made available on Survey Monkey, called for submission and survey completion to appear on the homepage of NYP/BMH's public website, <a href="http://www.nyp/brooklyn.org">www.nyp/brooklyn.org</a>, and via social media platforms like Facebook and Twitter. The survey also appeared in the spring/summer 2016 issue of our community health magazine Thrive (circulation 250,000 Brooklyn residents), readers were encouraged to fill it out and mail it back or respond online. Hard copies of the survey were distributed at health fairs and community lectures. Respondents included people of all ages, races, and education levels. Over 50 percent of respondents represented minority groups and those who are medically underserved.</p> <p>Line 7a &amp; 10a The CHNA/CSP report is available at <a href="http://www.nyp.org/documents/brooklyn/community-service-plan/2016-community-health-needs-assessment.pdf">http://www.nyp.org/documents/brooklyn/community-service-plan/2016-community-health-needs-assessment.pdf</a></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
PART V LINE 11	<p>OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT REVEALED THAT SOME OF BROOKLYNITES' MAJOR HEALTH NEEDS ARE IN THE AREAS OF DIABETES, OBESITY, AND PREVENTING FALLS AND INJURIES THEREFORE, NYP/BMH AIMED TO INCREASE ALREADY EXISTING PROGRAMMING IN THESE AREAS BY PARTNERING WITH LOCAL COALITIONS, CHURCHES, SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS, AS WELL AS BY CREATING NEW PROGRAMMING AS PART OF OUR STATE-MANDATED COMMUNITY SERVICE PLAN, WE CHOSE TO FOCUS ON PREVENTING CHRONIC DISEASE, WITH A SPECIAL FOCUS ON DIABETES, PREVENTING CHRONIC DISEASE WITH A FOCUS ON CHILDHOOD OBESITY, AND PROMOTING A HEALTHY AND SAFE ENVIRONMENT BY REDUCING FALL RISK AMONGST OUR MOST VULNERABLE POPULATIONS WE REGULARLY ADDRESS COMMUNITY CONCERNS REGARDING CHRONIC DISEASES BY PROVIDING FREE SCREENINGS AND HEALTH LECTURES BOTH ON AND OFF THE HOSPITALS MAIN CAMPUS WE ARE ADDRESSING DIABETES PREVENTION AND TREATMENT IN A NUMBER OF WAYS WE OFFER A FREE MONTHLY DIABETES SUPPORT GROUP THAT IS OPEN TO THE COMMUNITY IN ADDITION, IN CONJUNCTION WITH IPRO, NYP/BMH NOW HOSTS SIX-SESSION DIABETES MANAGEMENT EDUCATION SEMINARS, OFFERED SEVERAL TIMES A YEAR CLINICALLY, NYP/BMH ALSO OFFERS A COMPREHENSIVE WEIGHT MANAGEMENT PROGRAM In 2018, we shifted priorities from Childhood obesity/promoting healthy women infants and children to increasing access to high-quality chronic disease preventive care and management in clinical and community settings We had set out to provide exercise classes as an intervention with our original priority area, but space in a high-need neighborhood became hard to secure, so we shifted to a focus area where we could achieve measurable outcomes while still addressing chronic diseases in vulnerable communities AS A RESULT OF THE FINDINGS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, NYP/BMH HAS ALSO DEVELOPED A FALL PREVENTION PROGRAM, WHICH SEEKS TO GIVE OLDER ADULTS THE CONFIDENCE AND TOOLS THEY NEED TO HELP THEM AGE SAFELY THE PROGRAM INCLUDES SEMINARS ON HOME SAFETY, HEALTHY LIVING, AND AVOIDING FALLS, GIVEN BY EXPERTS IN TRAUMA AND INJURY PREVENTION, ENVIRONMENTAL GERONTOLOGY, AND PUBLIC HEALTH THESE SEMINARS ARE OFFERED AT NYP/BMH, AS WELL AS AT VARIOUS SITES THROUGHOUT BROOKLYN IN ADDITION, TWO STAFF MEMBERS HAVE BEEN TRAINED IN STEPPING ON AND TWO HAVE BEEN TRAINED IN MATTER OF BALANCE THESE ARE BOTH EVIDENCE-BASED PROGRAMS THAT PROMOTE BALANCE AND BEHAVIORAL CHANGE AMONG SENIORS WHO HAVE AN INCREASED FEAR OF, OR RISK OF FALLING IN 2017, THE HOSPITAL EXPERIENCED SOME DIFFICULTIES WITH OUR COLLABORATING PARTNER, IN THAT WE WERE NOT ABLE TO USE THEIR DATA TRACKING SOFTWARE AND THEREFORE COULD NOT IMPLEMENT ANY CLASSES IN 2017 THE HOSPITAL HAS NOW DECIDED TO COLLECT THE DATA MANUALLY One Stepping On class was hosted in the fall of 2018, for which 8 seniors were trained by physical therapists and other health professionals in fall prevention All participants had better mobility and increased self-confidence While the course curriculum was well-rece</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
PART V LINE 11	<p>ived, the format was not conducive to being repeated by staff members whose roles are not dedicated to this type of work We will revisit other evidence-based interventions for fall prevention in 2019, such as Tai Chi for Arthritis or Matter of Balance NYP/BMH ALSO PROVIDES ALL PARTICIPANTS IN ANY FALL PREVENTION ACTIVITIES WITH A FALL PREVENTION KIT, EQUIPED WITH A VARIETY OF EFFECTIVE ITEMS (EG , NIGHTLIGHT, GLOWTAPE, NON-SKID SOCKS, ETC ) TO HELP SENIORS SAFEGUARD THEMSELVES WITHIN THEIR HOMES IN 2017, THE HOSPITAL ADDED PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN WITH A FOCUS ON MATERNAL AND INFANT HEALTH, AS AN ADDITIONAL PRIORITY TO THEIR EXISTING INTERVENTIONS NYP/BMH IS ON THE JOURNEY TO BECOMING A BABY-FRIENDLY USA HOSPITAL IN COLLABORATION WITH OTHER BROOKLYN HOSPITALS AND THE DOHMH, WHICH PROMOTES BEST PRACTICES IN INFANT-FEEDING AND CARE OUR GOAL IS TO INCREASE EXCLUSIVE BREASTFEEDING RATES AT DISCHARGE THE HOSPITAL IS ALSO SEEKING TO ADDRESS DISPARITIES BY OFFERING ADDITIONAL SUPPORT GROUP CLASSES IN UNDERSERVED NEIGHBORHOODS WHERE BREASTFEEDING RATES ARE STATISTICALLY LOWER SEVERAL MAJOR STUDIES HAVE INDICATED THAT, ALONG WITH OTHER BENEFITS OF BREASTFEEDING, BABIES WHO ARE BREASTFED FACE A LOWER RISK OF CHILDHOOD OBESITY In 2018, we have kept a strong following at our weekly Breastfeeding Support Group We continue to participate in community events centered on breastfeeding and womens health We have also recruited some former patients as volunteer breastfeeding champions who help with the community education piece at outreach events We hope to continue to provide education to expectant parents and expand our reach to neighborhoods where we have a large number of newborn discharges We are also currently looking at ways to operationalize offering an additional support group in a high-need neighborhood IN ADDITION TO THE SPECIFIC NEED AREAS IDENTIFIED IN THE CHNA, WE CONTINUE TO PROVIDE A GENERAL COMMUNITY OUTREACH PROGRAM WHICH HOSTS ROUGHLY 350 ANNUAL EVENTS, FEATURING HEALTH LECTURES AND SUPPORT GROUPS TACKLING VARIOUS HEALTH CONCERNS, INCLUDING CANCER, HEPATITIS C, STROKE, AND PULMONARY HYPERTENSION Line 16A, B, C <a href="http://www.nyp.org/brooklyn/paying-for-care">http //www nyp org/brooklyn/paying-for-care</a></p>

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

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Employer identification number  
11-1631796

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Schedule I Part I Line 2	PRIOR TO AWARDING ASSISTANCE TO ORGANIZATIONS, AN ASSESSMENT IS MADE ON THE USE OF THE FUNDS FINAL DETERMINATION IS BASED ON WHETHER FUNDS WILL BE USED TO FURTHER OUR MISSION



## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 11-1631796  
**Name:** NEWYORK-PRESBYTERIANBROOKLYN METHODIST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Prospect Park Alliance Inc 95 Prospect Park West Brooklyn, NY 11215	11-2843763	501(C)(3)	25,000		N/A		Support
CAMBA Inc 1720 Church Ave Brooklyn, NY 11226	11-2480339	501(C)(3)	13,500		N/A		Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Chinese American Medical Society 265 Canal St Ste 615 New York, NY 10013	13-3418133	501(C)(3)	10,000		N/A		Support
Atlantic Avenue LDC 494 Atlantic Ave Brooklyn, NY 11217	11-2786225	501(C)(3)	6,000		N/A		Support

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PS 107 PTA 1301 8th Avenue Brooklyn, NY 11215	20-2333293	501(C)(3)	5,500		N/A		Support
Brooklyn Chamber of Commerce 335 Adams St Ste 2700 Brooklyn, NY 11201	11-0577070	501(C)(6)	10,000		N/A		Support

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

OMB No 1545-0047

- 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](http://www.irs.gov/Form990) for instructions and the latest information.**

# 2018

**Open to Public Inspection**

Name of the organization  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Employer identification number

11-1631796

### Part I Questions Regarding Compensation

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

**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.

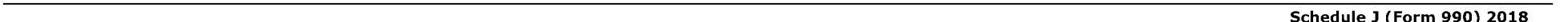
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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
Additional Information	<p>Part I, Line 3 Compensation decisions for the President was determined by a related organization following that organization's compensation policy Part I, Line 4A - Severance Pay Mark Mundy received 983,971 in severance pay Lauren Yedvab received 532,577 in severance pay Colleen McManus received 183,077 in severance pay Lyn Hill received 270,692 in severance pay Dennis Buchanan received 286,500 in severance pay Rebecca Flood received 370,008 in severance pay effective 12/31/2018 Richard Ortiz received 30,038 in severance pay effective 12/31/2018 Helen Kotchoubey received 131,539 in severance pay effective 08/11/2018 Part I, Line 4B Supplemental nonqualified retirement Plan NewYork-Presbyterian/Brooklyn Methodist supplements their executives pension benefits through a supplemental ("nonqualified") retirement plan The supplemental executive retirement plan (SERP) is subject to a multi-year vesting requirement (commencing after three years of participation in the SERP, in prorated amounts through age 65) which places an executive's supplemental retirement benefit at risk of forfeiture if the vesting requirements are not satisfied If the participant performs continuous, uninterrupted substantial service for the hospital through each applicable vesting date, the balance then credited to the participants account and in which the participant shall become vested on such vesting date shall be paid to the participant in a single sum within sixty (60) days following the vesting date Part I, Line 4B Participated in Supplemental nonqualified retirement Plan Michael Fagan 48,208 Steven Silber 35,364 Richard Ortiz 43,069 Part I, Line 4B Supplemental Nonqualified retirement plan as reported on W2 Steven Silber 31,456 Richard Ortiz 37,226 PART I, LINE 7 - NON-FIXED PAYMENTS SEE SCHEDULE O, Line 15 for non fixed payments</p>







<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
Marcus D D'ayala Chief Vascular Surgery	(i)	592,078	500,000	1,932	22,454	32,941	1,149,405	0
	(ii)	0	0	0	0	0	0	0
Natan Haratz Medical Dir Dept of OBS/GYN	(i)	188,343	889,870	11,323	14,610	19,362	1,123,508	0
	(ii)	0	0	0	0	0	0	0
Mark Mundy Former Officer	(i)	0	0	984,781	0	23,051	1,007,832	0
	(ii)	0	0	0	0	0	0	0
Lauren Yedvab Former Officer	(i)	0	0	532,577	0	0	532,577	0
	(ii)	0	0	0	0	0	0	0
Colleen McManus Former Key Employee	(i)	0	0	183,077	0	0	183,077	0
	(ii)	0	0	0	0	0	0	0
Lyn Hill Former Key Employee	(i)	0	0	269,247	0	8,363	277,610	0
	(ii)	0	0	0	0	0	0	0
Dennis Buchanan Former Key Employee	(i)	0	0	286,500	0	12,180	298,680	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Employer identification number

11-1631796

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Row 1: BUILD NYC RESOURCE CORP 2014 BONDS, 45-4040561, 12008eem4, 10-15-2014, 33,565,776, REVENUE BONDS SERIES 2014 REFUNDIN.

Part II Proceeds

Table with columns 1-17 and sub-columns A, B, C, D. Rows include: 1 Amount of bonds retired (5,280,000), 2 Amount of bonds legally defeased (0), 3 Total proceeds of issue (33,565,776), 4-10 Various proceeds breakdowns, 11 Other spent proceeds (32,921,772), 12 Other unspent proceeds (0), 13 Year of substantial completion (2014), 14-17 Issuance details.

Part III Private Business Use

Table with columns 1-2 and sub-columns A, B, C, D. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? (Yes/No). Row 2: Are there any lease arrangements that may result in private business use of bond-financed property? (Yes/No).

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 100 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0 100 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

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Employer identification number 11-1631796

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Todd MUNDY	FAMILY MEMBER OF MARK MUNDY, FORMER OFFICER	325,824	COMPENSATION		No
(2) JULIANNE MELENDEZ	FAMILY MEMBER OF STEVEN SILBER, KEY EMPLOYEE	76,417	COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**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](http://www.irs.gov/Form990) for the latest information.

**2018**  
**Open to Public Inspection**

Department of the Treasury

Name of the organization

NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Employer identification number

11-1631796

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NYP community programs, inc , a new york not for profit corporation, is the sole member of the Newyork-presbyterian/brooklyn methodist hospital

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A & 7B	THE MEMBER HAS THE RIGHT TO APPOINT THE BOARD OF Directors, PURSUANT TO THE bylaws IN ADDITION TO THOSE RIGHTS POWERS AND AUTHORITY VESTED IN THE MEMBER, IN ITS CAPACITY AS THE SOLE MEMBER OF THE CORPORATION, BY THE BYLAWS OF THE CORPORATION AND BY NON PROFIT CORPORATE LAW (NPCL) AND OTHER APPLICABLE LAW, THE MEMBER IN ITS CAPACITY AS THE ESTABLISHED CO-OPERATOR OF THE CORPORATION LICENSED UNDER ARTICLE 28 OF THE NEW YORK STATE PUBLIC HEALTH LAW , SHALL HAVE THE FOLLOWING RIGHTS, POWERS AND AUTHORITY RELATIVE TO THE CORPORATION SUCH POWERS INCLUDE ADAPTION/APPROVAL OF, OPERATING BUDGET, OPERATING POLICIES, INDEBTEDNESS, CONTRACTS, ETC



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11A & B	<p>Finance coordinated and completed all of the information required for Form 990, accessing various resources including, legal, human resources, development, and other departments as needed Senior Finance executives complete a review of the return in conjunction with, Ernst &amp; Young U S LLP, paid preparer, prior to submission to the Chairman or his/her designee of the NYPH Audit and Corporate Compliance Committee of the Board THE CHAIRMAN or his/her designee CONDUCTS A DETAILED REVIEW A copy of the 990 is sent to the Committee for review and approval at the audit and corporate compliance committee meeting preceding the filing The Audit and Corporate Compliance Committee recommends to the Executive Committee and/or the Full Board of Trustees for their approval A copy of the Form 990 was made available to the governing body preceding the filing NewYork-Presbyterian/Brooklyn Methodist Hospital files the 990 upon final approval</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>NewYork-Presbyterian/Brooklyn Methodist adheres to a conflict of interest (coi) policy that was approved by the audit and corporate compliance committee of the board of trustees. The policy states in part "Each Board Member, Officer or Key Person of a New York-Presbyterian Organization shall complete a conflict of interest questionnaire prior to becoming a Board Member, Officer or Key Person of the New York-Presbyterian Organization and annually thereafter." The policy also states that "each Board Member, Officer, or Key Person shall promptly advise the Chief Executive Officer of the New York and Presbyterian Hospital, or his or her designee, of any changes to the information provided in that individual's last completed conflict of interest questionnaire." The Chief Executive Officer of the New York and Presbyterian Hospital, or his or her designee, shall review all completed questionnaires and all subsequent advice of changes and shall take such action as is deemed appropriate to eliminate potentials for conflicts of interest, including such steps as reassignment of responsibilities or establishment of protective arrangements. All disclosures of interests in completed questionnaires or subsequent advice, unless clearly irrelevant or immaterial, shall be compiled and reported by management to the Audit and Corporate Compliance Committee, together, in each case, with response or recommendation of management. The Audit and Corporate Compliance Committee shall determine whether the reported resolution of issues raised by the disclosures is satisfactory and, if not, shall require such further action as it deems appropriate.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>Compensation decisions for the President and officer not paid by the organization was determined by a related organization following that organization's compensation policy. The organizations President and officer have no influence over the compensation process performed by the related organization. Compensation decisions for the Key employees and officers compensated by the organization was reviewed and approved by the Board of Directors of NYP Community Programs, Inc (board). The board members are independent of the hospital and its management team and there are no conflicts of interest. The board is responsible for overseeing executive compensation policies and practices, and for setting and approving compensation for the hospitals senior management. The board members have engaged an independent third-party expert to provide objective advice and relevant industry and marketplace benchmarks for compensation. The board assesses total compensation for senior management. All senior management compensation is approved by the board without input or voting participation by persons whose compensation is being approved or by any other individual with a conflict of interest.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	External requests for our governing documents, conflict of interest policy, and financial statements are reviewed for validity. These requests are then granted if deemed appropriate.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY \$(12,685,378) EQUITY IN INCOME ON ALTERNATIVE INVESTMENT \$(1,787,489) INVESTMENT RETURN OF CAPTIVE INSURANCE COMPANIES \$(3,870,468) TOTAL = \$(18,343,335)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

**Employer identification number**

11-1631796

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

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

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

See Additional Data Table

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

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

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

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

(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
<b>(1)</b> NETWORK INSURANCE COMPANY LTD PO BOX HM 1760 HAMILTON, BERMUDA HM HX BD	REINSURANCE	BD	NYP SYSTEMS INC	FOREIGN C CORP					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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	Yes
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	Yes
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

See Additional Data Table

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





**Part VII**   **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 11-1631796  
**Name:** NEWYORK-PRESBYTERIANBROOKLYN METHODIST

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-4153668	SUPPORT ORG	NY	501(C)(3)	12 TYPE I	NA		No
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3957095	HEALTH CARE	NY	501(C)(3)	3	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3792361	SPONSOR	NY	501(C)(3)	12 TYPE III	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3160356	FUNDRAISING	NY	501(C)(3)	7	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3158502	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3158496	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3160354	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
535 E 70TH ST NEW YORK, NY 10021 13-1624135	HEALTH CARE	NY	501(C)(3)	3	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 47-2126668	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 46-3951535	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-2773085	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3344692	HLTH INFO SVS	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3614596	FUND/SUPPORT	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 82-2253311	INVESTMENT	NY	501(C)(3)	7	NYP FUND IN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-2964432	INACTIVE	NY	501(C)(3)	12 TYPE I	NYP SYS INC	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 46-2486539	HEALTH CARE	NY	501(C)(3)	12 TYPE II	NYP SYS INC	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3160901	COLLECTION	NY	501(C)(3)	12 TYPE III	NYP SYS INC	Yes	
420 E 76TH STREET NEW YORK, NY 10021 13-3746997	HEALTH CARE	NY	501(C)(3)	3	NYP SYS INC	Yes	
505 E 70TH STREET NEW YORK, NY 10021 13-3184198	HEALTH CARE	NY	501(C)(3)	4	NYP SYS INC	Yes	
144-45 87TH AVENUE JAMAICA, NY 11435 11-2925535	HEALTH CARE	NY	501(C)(3)	10	NYP SYS INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-1740120	HEALTH CARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3307781	SUPPORT	NY	501(C)(3)	12 TYPE I	NYPHVH HOS	Yes	
50 DAYTON LANE SUITE 202 PEEKSKILL, NY 10566 56-2662502	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPHVH HOS	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3420263	SUPPORT	NY	501(C)(3)	12 TYPE I	NYP COMM PRO	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 45-4644781	SUPPORT	NY	501(C)(3)	12 TYPE II	WPHMS	Yes	
55 PALMER AVENUE BRONXVILLE, NY 10708 13-1740110	HEALTH CARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
55 PALMER AVENUE BRONXVILLE, NY 10708 26-4076297	HEALTH CARE	NY	501(C)(3)	12 TYPE I	nyp hospital	Yes	
55 PALMER AVENUE BRONXVILLE, NY 10708 82-1988737	HEALTH CARE	NY	501(C)(3)	12 TYPE I	nyp hospital	Yes	
55 PALMER AVENUE BRONXVILLE, NY 10708 13-3415158	HEALTH CARE	NY	501(C)(3)	12 TYPE I	nyp hospital	Yes	
69 MAIN STREET TUCKAHOE, NY 10707 13-1740022	HEALTH CARE	NY	501(C)(3)	10	LAWRENCE CAR	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-1839362	HEALTH CARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 27-4719998	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-2226870	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 45-4795032	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-2848858	inactive	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 43-2015903	DENTAL SERVIC	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3441502	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3423162	RADIOLOGY	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 46-2333282	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYNMETHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 06-1160280	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
506 SIXTH STREET BROOKLYN, NY 11215 42-1591811	healthcare	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3564621	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-2843882	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3362663	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3124294	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-2843879	PATHOLOGY	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3303499	PEDIATRICS	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3231685	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
144-45 87TH AVENUE BRIARWOOD, NY 11435 26-2894911	HOUSING	NY	501(C)(3)	10	SILVERCREST	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
<b>(1)</b>	MSO OF KINGS COUNTY LLC	P	6,354,412	COST
<b>(1)</b>	BROOKLYN RADIOLOGY SERVICES PC	m	2,876,945	COST
<b>(2)</b>	PARK SLOPE EMERGENCY PHYSICIANS PC	m	3,621,324	COST
<b>(3)</b>	NETWORK RECOVERY SERVICES INC	M	1,083,128	COST
<b>(4)</b>	BROOKLYN DENTAL SERVICES PC	O	248,875	COST
<b>(5)</b>	BROOKLYN DENTAL SERVICES PC	Q	92,353	COST
<b>(6)</b>	BROOKLYN DENTAL SERVICES PC	C	89,678	COST
<b>(7)</b>	PARK SLOPE EMERGENCY SERVICES PC	Q	2,975,135	COST
<b>(8)</b>	PARK SLOPE EMERGENCY SERVICES PC	O	17,146,897	COST
<b>(9)</b>	PARK SLOPE HEMATOLOGY & ONCOLOGY PC	C	130,190	COST
<b>(10)</b>	PARK SLOPE HEMATOLOGY & ONCOLOGY PC	Q	3,159,110	COST
<b>(11)</b>	KINGS PHYSICIAN SERVICES PC	Q	22,940,098	COST
<b>(12)</b>	ROGOSIN institute	J	347,114	COST
<b>(13)</b>	PARK SLOPE MEDICAL SERVICES PC	C	1,316,133	COST
<b>(14)</b>	PARK SLOPE MEDICAL SERVICES PC	O	10,488,846	COST
<b>(15)</b>	PARK SLOPE MEDICAL SERVICES PC	Q	2,867,821	COST
<b>(16)</b>	PARK SLOPE OBSTETRIC & GYNECOLOGY PC	C	1,248,495	COST
<b>(17)</b>	PARK SLOPE OBSTETRIC & GYNECOLOGY PC	O	10,075,154	COST
<b>(18)</b>	PARK SLOPE OBSTETRIC & GYNECOLOGY PC	Q	4,406,643	COST
<b>(19)</b>	PARK SLOPE MEDICINE PC	O	12,788,451	COST
<b>(20)</b>	PARK SLOPE MEDICINE PC	Q	8,726,185	COST
<b>(21)</b>	PARK SLOPE MEDICINE PC	C	1,498,040	COST
<b>(22)</b>	PARK SLOPE PATHOLOGY SERVICES PC	Q	329,929	COST
<b>(23)</b>	PARK SLOPE PATHOLOGY SERVICES PC	O	1,774,347	COST
<b>(24)</b>	PARK SLOPE PEDIATRIC MEDICINE PC	C	393,935	COST

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
<b>(26)</b>	PARK SLOPE PEDIATRIC MEDICINE PC	O	2,476,843	COST
<b>(1)</b>	PARK SLOPE PEDIATRIC MEDICINE PC	Q	1,725,300	COST
<b>(2)</b>	PARK SLOPE PHYSICIAN SERVICES PC	C	126,557	COST
<b>(3)</b>	PARK SLOPE PHYSICIAN SERVICES PC	O	2,699,371	COST
<b>(4)</b>	PARK SLOPE PHYSICIAN SERVICES PC	Q	5,826,176	COST
<b>(5)</b>	BROOKLYN RADIOLOGY SERVICES PC	O	5,968,994	COST
<b>(6)</b>	BROOKLYN RADIOLOGY SERVICES PC	Q	1,338,435	COST
<b>(7)</b>	PARK SLOPE HEMATOLOGY & ONCOLOGY PC	O	2,778,132	cost
<b>(8)</b>	new york presbyterian healthcare system Inc	m	615,540	cost
<b>(9)</b>	KINGS PHYSICIAN SERVICES PC	C	2,636,007	COST
<b>(10)</b>	KINGS PHYSICIAN SERVICES PC	O	29,838,456	COST
<b>(11)</b>	NEW YORK PRESBYTERIAN HOSPITAL	E	41,533,661	COST
<b>(12)</b>	NEW YORK PRESBYTERIAN HOSPITAL	R	13,766,700	COST
<b>(13)</b>	PARK SLOPE MEDICINE PC	J	599,005	COST
<b>(14)</b>	PARK SLOPE OBSTETRICS & GYNECOLOGY PC	J	345,840	COST
<b>(15)</b>	PARK SLOPE MEDICAL SERVICES PC	J	337,150	COST
<b>(16)</b>	PARK SLOPE HEMATOLOGY & ONCOLOGY PC	J	465,795	COST
<b>(17)</b>	PARK SLOPE PEDIATRIC MEDICINE PC	J	282,590	COST
<b>(18)</b>	PARK SLOPE PHYSICIAN SERVICES PC	J	843,095	COST
<b>(19)</b>	BROOKLYN DENTAL SERVICES PC	J	109,560	COST