

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  
**2019**  
Open to Public Inspection

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

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

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

**D** Employer identification number  
11-1631796

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

**G** Gross receipts \$ 1,112,259,019

**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: ▶ <https://www.nyp.org/brooklyn>

**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)	<b>3</b>	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	5,347
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	991
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,833,299
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	1,582,268

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	10,197,925	10,855,358
<b>9</b> Program service revenue (Part VIII, line 2g)	875,379,860	860,595,335
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,749,281	54,128,416
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,914,651	37,367,404
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	936,241,717	962,946,513
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	103,650	328,495
<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)	484,731,584	503,654,507
<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) ▶ 321,427		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	337,532,610	335,288,321
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	822,367,844	839,271,323
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	113,873,873	123,675,190

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,738,819,600	1,963,582,802
<b>21</b> Total liabilities (Part X, line 26)	837,976,918	898,779,901
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	900,842,682	1,064,802,901

## Part II Signature Block

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2020-11-11

MICHAEL FAGAN CFO  
Type or print name and title

**Paid Preparer Use Only**

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

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 \$ 750,502,349 including grants of \$ 328,495 ) (Revenue \$ 860,123,046 )  
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 ▶ 750,502,349

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, 14, and 20.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 [checked]

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

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

<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> 5,347			
<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> EI 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>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</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? . . . . . <b>Note.</b> 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? . . . <b>Note.</b> See instructions and file 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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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 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>	935,925		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	7,648,363		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	911,314		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,359,756		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		10,855,358		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> PATIENT CARE		622110	848,321,392	848,321,392	
<b>b</b> LABORATORY SERVICES		621511	6,534,587	6,062,298	472,289	
<b>c</b> 340B DRUGS		622110	2,707,614	2,707,614		
<b>d</b> RENTAL INCOME FROM AFFILIATES		531110	3,031,742	3,031,742		
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			860,595,335			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			21,788,043		1,361,010	20,427,033	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
		<b>b</b> Less: rental expenses	<b>6b</b>	80,168				
		<b>c</b> Rental income or (loss)	<b>6c</b>	5,505,989	0			
	<b>d</b> Net rental income or (loss) . . . . .			5,505,989			5,505,989	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	148,921,069				
		<b>c</b> Gain or (loss)	<b>7c</b>	32,340,374				
	<b>d</b> Net gain or (loss) . . . . .			32,340,373			32,340,373	
	<b>8a</b> Gross income from fundraising events (not including \$ 935,925 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			230,185			
			<b>8b</b>		311,269			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-81,084			-81,084
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0			
			<b>9b</b>		0			
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0			0
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0			
<b>10b</b>				0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0			0	
Miscellaneous Revenue		Business Code						
<b>11a</b> REBATES		900099	5,195,778			5,195,778		
<b>b</b> MEDICAL PROFESSIONAL REIMBURSEMENT		900099	16,540,351			16,540,351		
<b>c</b> CAFETERIA INCOME		722514	1,285,164			1,285,164		
<b>d</b> All other revenue . . . . .			8,921,206			8,921,206		
<b>e Total.</b> Add lines 11a-11d . . . . .			31,942,499					
<b>12 Total revenue.</b> See instructions . . . . .			962,946,513	860,123,046	1,833,299	90,134,810		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	34,225	34,225		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	294,270	294,270		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 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 . . . . .	6,067,344		6,067,344	
<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 . . . . .	373,105,433	331,333,470	41,575,771	196,192
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	22,675,022	20,135,684	2,526,716	12,622
<b>9</b> Other employee benefits . . . . .	71,193,443	63,217,613	7,933,206	42,624
<b>10</b> Payroll taxes . . . . .	30,613,265	27,186,163	3,411,288	15,814
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	804,405		804,405	
<b>b</b> Legal . . . . .	2,230,391		2,230,391	
<b>c</b> Accounting . . . . .	796,846		796,846	
<b>d</b> Lobbying . . . . .	202,840		202,840	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	218,055		218,055	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,582,719	56,497,589	7,085,130	
<b>12</b> Advertising and promotion . . . . .	894,398	794,734	99,664	
<b>13</b> Office expenses . . . . .	40,008,643	35,509,771	4,458,231	40,641
<b>14</b> Information technology . . . . .	2,549,257	2,252,200	284,068	12,989
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	14,215,067	13,427,087	787,980	
<b>17</b> Travel . . . . .	821,967		821,872	95
<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 . . . . .	276,199		275,749	450
<b>20</b> Interest . . . . .	137,432	129,814	7,618	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	26,027,828	24,585,035	1,442,793	
<b>23</b> Insurance . . . . .	12,578,997	12,462,943	116,054	
<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 & PHARMACY SUPPLIES	138,152,804	138,152,804		
<b>b</b> LICENSE AND TAXES	1,177,938	1,112,642	65,296	
<b>c</b> MEMBERSHIP/DUES	26,307,833	23,376,305	2,931,528	
<b>d</b> NON PATIENT BAD DEBT EXPENSE	4,304,702		4,304,702	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	839,271,323	750,502,349	88,447,547	321,427
<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 . . . . .	12,032	<b>1</b>	11,950
	<b>2</b> Savings and temporary cash investments . . . . .	91,059,570	<b>2</b>	74,065,901
	<b>3</b> Pledges and grants receivable, net . . . . .	540,917	<b>3</b>	20,593
	<b>4</b> Accounts receivable, net . . . . .	79,096,119	<b>4</b>	87,243,257
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	709,545	<b>7</b>	661,765
	<b>8</b> Inventories for sale or use . . . . .	16,438,367	<b>8</b>	15,664,174
	<b>9</b> Prepaid expenses and deferred charges . . . . .	11,629,006	<b>9</b>	15,534,886
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 798,996,233		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 280,306,473	378,142,209	<b>10c</b> 518,689,760
	<b>11</b> Investments—publicly traded securities . . . . .	632,386,074	<b>11</b>	409,057,991
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	50,767,987	<b>12</b>	4,968,682
	<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 . . . . .	478,037,774	<b>15</b>	837,663,843
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,738,819,600	<b>16</b>	1,963,582,802	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	158,266,799	<b>17</b>	143,681,527
	<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 . . . . .	26,387,080	<b>20</b>	24,217,439
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	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	653,323,039	<b>25</b>	730,880,935
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	837,976,918	<b>26</b>	898,779,901
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	877,216,423	<b>27</b>	1,038,055,066
	<b>28</b> Net assets with donor restrictions . . . . .	23,626,259	<b>28</b>	26,747,835
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	900,842,682	<b>32</b>	1,064,802,901	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,738,819,600	<b>33</b>	1,963,582,802	

**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>	962,946,513
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	839,271,323
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	123,675,190
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	900,842,682
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,446,887
<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>	28,838,142
<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>	1,064,802,901

**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 (2019)

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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 2019, 190,651 patient days of care were provided; 36,923 patients were discharged with an average length of stay of 5.4 days, excluding newborns. There were a total of 86,783 outpatient visits to our outpatient sites, and 102,731 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, 2019, uncompensated care amounted to approximately \$40.4 million. The Hospital Provides 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 Brooklyns 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			
Maxine Frank ..... Director Eff. 2/2019	1.0 ..... 59.0	X						0	2,405,480	241,518
Terrence J Sacchi ..... Chief Cardiology Dept of Med.	60.0 ..... 0.0					X		1,883,882	0	50,036
Henry M Tischler ..... Chief of Orthopedics	60.0 ..... 0.0					X		1,267,680	0	48,752
Hani Ashamalla ..... Chairman, Radiation Oncology	60.0 ..... 0.0					X		1,216,439	0	49,993
Constantine Gorelick ..... Dir. Robotic Surgery OB/GYN	60.0 ..... 0.0					X		1,177,769	0	49,051
Marcus D D'ayala ..... Chief Vascular Surgery	60.0 ..... 0.0					X		1,118,365	0	62,834
Robert Guimento ..... Director/President	60.0 ..... 0.0	X		X				0	1,005,537	61,380
Steven Silber ..... Vice President Medical Affairs	60.0 ..... 0.0				X			735,193	0	101,086
Michael Fagan ..... SVP Finance/CFO	60.0 ..... 0.0			X				600,012	0	116,776
Alan Lee ..... Chief Operating Officer	60.0 ..... 0.0			X				639,526	0	60,087

**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 Ortiz ..... VP Revenue Cycle Thru 01/2019	60.0 ..... 0.0				X			495,700	0	31,559
Brian Regan ..... Director	1.0 ..... 59.0	X						0	432,121	71,527
Kathleen Burke ..... Secretary Thru 9/2019	1.0 ..... 59.0			X				0	438,615	63,317
Purvi Shah ..... CMO EFF. 2/2019	60.0 ..... 0.0				X			357,126	0	60,752
Eileen Kang ..... VP Ancillary Services	60.0 ..... 0.0				X			331,631	0	66,505
Traci S D'Auguste ..... VP clinical Serv. Thru 10/2019	60.0 ..... 0.0				X			324,610	0	56,427
Helen Kotchoubey ..... Former Key Employee	0.0 ..... 0.0						X	358,211	0	11,589
Ernesto Perez-Mir ..... VP Nursing Adm	60.0 ..... 0.0				X			321,554	0	39,544
Lisa A Mainieri ..... VP Support Services	60.0 ..... 0.0				X			300,976	0	36,775
Aaron Kranich ..... VP Human Resources	60.0 ..... 0.0				X			267,278	0	57,309

**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			
Melissa Welch ..... Assistant Secretary Eff 9/2019	1.0 ..... 59.0			X				0	166,153	30,089
Mary Braunsdorf ..... Secretary Eff. 9/2019	1.0 ..... 59.0			X				0	160,174	23,892
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
J Kevin 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



**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			
Lark-Marie Anton Mench ..... Director	1.0 ..... 0.0	X						0	0	0

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<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>	Yes	No
<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**

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

<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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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



## 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  
  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization NEWYORK-PRESBYTERIANBROOKLYN METHODIST	Employer identification number 11-1631796
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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



**Part II-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? .....	Yes		202,840
<b>j</b> Total. Add lines 1c through 1i .....			202,840
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<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 1I:	NEWYORK-PRESBYTERIAN/BROOKLYN METHODIST (NYP/BMH) HOSPITAL PAYS DUES TO THE GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA) and THE HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYS). IN ACCORDANCE WITH CODE SECTION 6033(E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY GNYHA and HANYS, A PORTION OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES. THE LOBBYING ACTIVITIES APPLICABLE TO 2019 GNYHA and HANYS ANNUAL DUES were \$124,875, and \$25,311, 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 IABOR MANAGEMENT INITIATIVE (LMI). THE LMI ALLOCATES A PORTION OF ITS FUNDS FOR LOBBING PURPOSES IN CONNECTION WITH NEW YORK STATE AND FEDERAL POLICY ISSUES. NEWYORK-PRESBYTERIAN/BROOKLYN METHODIST HOSPITAL'S PRO-RATED SHARE OF HEP LOBBYING EXPENSES FOR 2019 IS \$52,654.

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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

Name of the organization 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 . . . . .	19,596,124	21,982,936	20,141,744	20,421,944	22,385,584
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	-128,554	-851,252	3,554,295	1,246,295	101,836
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	654,981	1,535,560	1,713,103	1,526,495	2,065,476
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	18,812,589	19,596,124	21,982,936	20,141,744	20,421,944

- 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 ▶ 35.020 %
- c** Temporarily restricted endowment ▶ 64.980 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**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 . . . . .		7,041,658		7,041,658
<b>b</b> Buildings . . . . .		280,724,718	196,307,850	84,416,868
<b>c</b> Leasehold improvements		21,805,971	4,607,518	17,198,453
<b>d</b> Equipment . . . . .		133,135,181	79,391,105	53,744,076
<b>e</b> Other . . . . .		356,288,705		356,288,705
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				518,689,760

**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	9,528,607
(2) INTEREST HELD IN HERS, LLC	210,200,602
(3) DUE FROM RELATED PROF. CORPS.	319,260,420
(4) INVESTS. HELD BY CAPTIVE INS.	229,821,966
(5) OPERATING LEASE ASSET	58,760,428
(6) PROF. LIAB INSUR. RECOVERIES	10,091,820
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	837,663,843

**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
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	730,880,935

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 <b>1</b> :			
<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 <b>1</b> :			
<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

## 2019

**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" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			231,024,941
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	0			231,024,941

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

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

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



**Part 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	0	0	Investments	CAPTIVE INSURANCE CO.	229,689,307
Europe (Including Iceland and Greenland)	0	0	Investments	ENDOWMENT	1,335,634





**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.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	Gala (event type)	Golf Outing (event type)	1 (total number)	(add col. (a) through col. (c))	
<b>1</b> Gross receipts . . . . .	672,405	434,980	58,725	1,166,110	
<b>2</b> Less: Contributions . . . . .	522,155	373,400	40,370	935,925	
<b>3</b> Gross income (line 1 minus line 2) . . . . .	150,250	61,580	18,355	230,185	
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	
	<b>5</b> Noncash prizes . . . . .	975	0	975	
	<b>6</b> Rent/facility costs . . . . .	30,750	60,815	4,631	96,196
	<b>7</b> Food and beverages . . . . .	103,033	0	14,075	117,108
	<b>8</b> Entertainment . . . . .	0	0	0	0
	<b>9</b> Other direct expenses . . . . .	85,362	2,464	9,164	96,990
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				311,269	
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-81,084	

**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.

Revenue	(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 . . . . .			
Direct Expenses	<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

# Hospitals

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

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

Name of the organization  
 NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Employer identification number  
 11-1631796

**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 . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	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 _____ %	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 _____ %	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"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	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? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		9,784	12,216,515	535,623	11,646,877	1.390 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		136,141	214,176,129	141,227,459	72,948,670	8.690 %
<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 . . . . .		145,925	226,392,644	141,763,082	84,595,547	10.080 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .	482	19,194	1,197,822		1,197,822	0.140 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			90,966,535	29,339,321	61,627,214	7.340 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .		46,362	29,067,375	14,271,860	14,795,515	1.760 %
<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 . . . . .	482	65,556	121,231,732	43,611,181	77,620,551	9.240 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	482	211,481	347,624,376	185,374,263	162,216,098	19.320 %

**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	2,825,945
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	165,576
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	157,876,078
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	144,962,057
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	12,914,021
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
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: 20 <u>19</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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</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>6b</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: 20 <u>19</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>10b</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>12b</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:	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? . . . . .	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):	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 checked="" 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):	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 checked="" 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? . . . . . 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)	19	No
<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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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? . . . . . 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)	21	Yes
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**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 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 price concessions are offset against revenue and not included in expense. Part I, Line 7g: Included in subsidized services are 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 Price Concessions.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 3:	<p>The amount included represents patients at cost 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 \$165,576 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.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 4:	<p>Please refer to audited financial statements page 21. 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 \$12,914,021 would be a medicare Loss of (\$49,915,032) Medicare net surplus per Schedule H 12,914,021 Medicare GME net cost (20,493,540) Medicare net costs of subsidized services (7,672,803) Medicare managed care net costs (34,662,711) Total net costs associated with the Medicare Program (49,915,032) Net is defined as revenue net of costs</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 9b:	<p>POLICY AND PURPOSE: 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(hereafter 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. PROCEDURE: 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. 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	<p>Needs Assessment: The NewYork-Presbyterian Brooklyn Methodist Hospital (NYP-BMH) completed a Community Health Needs Assessment (CHNA) to identify the needs of our community and develop a Community Service Plan (CSP) and detailed implementation plan. Our commitment is to provide quality and compassionate care to our community and the CHNA process provides the ability to focus community-based efforts to address needs. The leaders of NYP-BMH are dedicated to our community with a mission to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas. This document outlines the process, priorities, partners, and intended community-based improvement activities for 2019-2021. Our priorities were determined from a data driven process and align with the 2019-2024 New York State Prevention Agenda (NYS PA) and align with the states goal to promote health equity with a focus on physical health, mental health, and social determinants of health. Full reports related to the CHNA process can be found on our website at <a href="https://www.nyp.org/about-us/community-affairs/community-service-plans">https://www.nyp.org/about-us/community-affairs/community-service-plans</a>. NYP-BMH collaborated with NewYork-Presbyterian leadership, the New York City Department of Health and Mental Hygiene (DOHMH), Citizens Committee for Children (CCC), Columbia University Irving Medical Center (CUIMC), Weill Cornell Medical College (WCRC), Greater New York Hospital Association (GNYHA), local Community Based Organizations (CBOs), and the New York Academy of Medicine (NYAM) to adopt a community focused process of collecting and analyzing measurable data (quantitative) and views voiced by the community (qualitative) from a variety of sources. The collaborative process ensured significant input from the key stakeholders and local community through questionnaires and focus groups conducted in several languages. This allowed NYP-BMH to develop a focused implementation plan to meet the needs of a targeted community with high disparities. NYP-BMH compiled measurable data and input from the community from numerous sources in order to analyze the health and challenges of our community. The analysis utilized focused neighborhood geography for metrics and included data related to demographics, socioeconomic status, insurance status, social determinants of health, health status, health service utilization, and priority areas from the NY State Prevention Agenda. Community input sources included focus groups and community questionnaires which allowed for a diverse representation of race, language, age, gender identity, and sexual orientation. Data sources include the Citizens Committee for Children Keeping Track Online; Open Data City of New York; Data2Go.NYC; NYC Health Atlas; NYC Mayor Report, the Association for Neighborhood &amp; Housing Development; Behavioral Risk Factor Surveillance System (BRFSS), Claritas; NYC Community Health Profile, State Cancer Profiles, and U.S. Department of Agriculture. The collected data was ranked to provide detailed insight into the communities with high disparities and was then prioritized to determine the highest health priorities for the identified communities. The prioritized data provided insight into community health needs and challenges and allowed NYPBMH to establish focus areas and goals to align with the NY State Prevention Agenda. Our team is committed to the successful implementation of each initiative and will utilize quality process improvement efforts annually to report on process and outcome measures in order to adapt each program to meet the annual expectations outlined as well as meet the needs of our community. The NYP-BMH communities of high disparities are diverse neighborhoods with high rates of Medicaid enrollment, people living in poverty, low high school graduation rates, and high unemployment rates. The Crown Heights neighborhood (North and South) has high rates of adult obesity at 26% and 32% respectively, high crude rates of maternal morbidity per 10,000 deliveries at 372.5 and 234.6 respectively, and self-reported poor mental health at 10.5% for Kings County as a whole. To align with the constantly changing dynamics of the community, NYP-BMH has revised the initiatives as compared to the 2013-2016 CSP and will target efforts in the Crown Heights neighborhood of Brooklyn with priority areas related to the prevention of (1) chronic disease, (2) promotion of healthy women, infants, and children, (3) prevent communicable diseases, and (4) promotion of well-being to prevent mental health and substance abuse.</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: The community definition for NewYork-Presbyterian Brooklyn Methodist Hospital was derived using 80% of ZIP codes from which NYP-BMHs patients originate and adding ZIP codes not among the original patient origin to create continuity in geographical boundaries, resulting in a total of 32 community ZIP codes, mainly within Kings County. 2.3M PEOPLE - The defined community covers a geography of approximately 2.3M people. 2.2% GROWTH POPULATION - Forecasted to grow faster, 2.2%, than the state average, 1.5%, between 2019-2024. 14.0% 65+ POPULATION - s slightly younger with only 14.0% of the population aged 65+ compared to 16.3%. \$91,909 HOUSEHOLD INCOME - The average household income, \$91,909, is lower than the average of New York State, \$101,507. 7.4% UNEMPLOYMENT RATE The unemployment rate, 7.4%, is 19% higher than the state benchmark, and there are fewer white-collar workers than the state average. Higher Minority Population Higher non-White population, 65.9%, than the state 45.6%, driven by African Americans, 31.8%, followed by Hispanics, 17.2%. To ensure the community service plan is focused on initiatives that impact the highest communities of disparity, NYP-BMH undertook an additional analysis of community health need at the Neighborhood Tabulation Area (NTA) geography based upon a composite of 29 different indicators. Indicators were carefully selected, across five domains: demographics, income, insurance, access to care, and New York State Department of Health Prevention Agenda Priorities. The objective was to identify the specific NTAs where there is a higher health need and/or a higher expectation of required resources. The defined communitys 32 ZIP codes were cross-walked to 49 NTAs and then categorized into four quartiles based on identified disparities. 1.3M PEOPLE- The high disparity community covers a geography of approximately 1.3M people. 53.8% FEMALE Is 53.8% female and slightly younger, 10.9% of the population is 65+, compared to NYC. 25.5% DID NOT COMPLETE HIGH SCHOOL In aggregate, there are above NYC average percentages of residents that are foreign born, not graduated from high school, unemployed, and single parents. 27.3% LIVING IN POVERTY There are more living in poverty, all ages 27.3%, than the NYC average, 20.6%, and without health insurance, 15.5%, than the NYC average, 13.5%. 43.9% MEDICAID ENROLLMENT Numerous neighborhoods also have a higher than average Medicaid enrollment, overall 43.9%, NYC 37.0%. 86.1% MINORITY POPULATION Has a much higher minority population at 86.1% (especially Black and Hispanic/Latino) than does the NYC average 67%. In an effort to focus initiatives to make the largest impact to a high disparity community, the NYP-BMH team analyzed all data elements and isolated Crown Heights and the NYS PA priority areas of 1) Prevent Chronic Diseases, 2) Promote Healthy Women, Infants and Children, 3) Promote Well-Being and Prevent Mental and Substance Use Disorders, and 4) Prevent Communicable Disease.</p>

Form and Line Reference	Explanation
Part VI, Line 5:	<p>Promotion of Community Health: Prevent Chronic Disease Reduce Obesity &amp; the Risk of Chronic Disease Choosing healthy &amp; active lifestyles for kids (CHALK) is New York-Presbyterian's obesity prevention program. CHALK aims to address obesity using a socio-ecological model as its theoretical framework. The program will drive system and environmental changes that produce long-lasting improvements around wellness in the targeted community of Crown Heights, where food insecurity and obesity rates are high. CHALK's multipronged approach as currently implemented in Washington Heights/Inwood includes: 1) Mobile market (client-choice style mobile food pantry serving food insecure patients by household size, up to 200 individuals per distribution; connection to community resources, cooking demonstrations, and benefits enrollment) 2) Fruit and vegetable prescription program (coupons redeemable for produce at local farmers markets for patients seen at hospital community-based primary care sites (\$10/month)) 3) Elementary schools partnership (non-prescriptive partnership model, creation of wellness councils, implementation of wellness policies, staff professional development, nutrition education, connection to community resources and partners, built environment changes that promote healthy lifestyles). CHALK's existing elementary school partnerships in northern Manhattan have increased access to healthy lifestyles for students and their families. The CHALK model strengthens school-based wellness councils and policy implementation, increases physical activity and nutrition programming, and connects stakeholders with community partners to support sustained success. Promote Healthy Women, Infants and Children - Maternal &amp; Women's Health Promote healthy women, infants and children by providing peer and expert support to pregnant persons in order to promote optimal infant feeding, childbirth practices, and parental mental well-being. This program seeks to impact at least 10% of NYP Brooklyn Methodist Hospital birthing population, which amounts to over 500 expectant persons. 1) Provide virtual and reality-based space where pregnant persons can engage in discourse with their peers. 2) Follow several cohorts of 8-12 expectant parents and engage them in 3 pre-natal group visits (both in-person and virtually), and between 3-4 postpartum visits individually (both in-person and virtually), over the course of 3 months. 3) Provide educational support by persons trained in infant feeding, infant care, birthing, and postpartum mental health screening. Prevent Communicable Diseases Human Immunodeficiency Virus (HIV) and Focus Area 4: Hepatitis C (HCV) Ending the HIV and HCV epidemics in NYS is now a legitimate possibility and NYP is playing a leading role in this effort. The NYP ETE Initiative would create a multi-campus HIV and HCV elimination strategy that would a) increase HIV and HCV testing and linkage to care, b) re-engage HIV+ and HCV+ individuals to care, and c) expand effective HIV and HCV prevention services, like PrEP and MAT. Utilizing existing multi-campus dashboards an NYP Pilot would link, in real-time, all new HIV and HCV diagnoses, those (thousands) individuals out of care, and those in need of preventive services. Expanded deployment of a Health Priority Specialist in existing sites, like NYP Emergency Departments (NYP ED), would be the effector arm for the intervention. A major investment in a Mobile Medical Unit (MMU) would also help bring these needed services to communities surrounding our medical centers and additionally act as the nidus for new PrEP program growth at NYP-BMH. Collectively this multimodal, evidence-based intervention could help NYP end the HIV and HCV epidemics in our targeted communities. PERFORMANCE MEASURES: Performance indicators will be aligned with the HIV. Prevent Chronic Disease Chronic Disease Preventive Care and Management The American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society of Academic Emergency Medicine have worked together to develop consensus standards for transitional care. (Snow et al. 2009) The coordination of care across the health care continuum is crucial to the implementation, management, and evaluation of a patient's treatment plan. The transfer and receipt of patient information between different levels of care and locations ensure continuity and promote successful treatment. Unfortunately, breakdowns in these processes, as well as the ineffective handoff of information between care providers, can lead to poor transitions and miscommunication among providers (Mansukhani et al. 2015) NYP-BMHs 30-Day Transitional care initiative is used by the care team as a time frame required to provide care coordination. The Transitions Care Team (TCT) identifies high utilizers and/or patients, who are 18 years of age and older, with a high LACE score, from Medicaid.</p>

Form and Line Reference	Explanation
Part VI, Line 5:	<p>d lists. Between 2017 and 2018, the NYP-BMH care team has touched 2215 distinct patients a cross 5146 visits. This program will continue to identify and treat patients while ensurin g continuity of care across health care settings. Promote Well-Being &amp; Prevent Mental &amp; Su bstance Use Disorders Strengthen opportunities to build well-being and resilience across t he lifespan. Mental health first aid (MHFA) is an international, evidence based, training program proven to be an effective intervention for mental health education, prevention and addressing stigma. Peer-reviewed studies show that individuals trained in the program ach ieve the following outcomes: 1. Grow their knowledge of signs, symptoms, and risk factors of mental illnesses and addictions. 2. Can identify multiple types of professional and sel f-help resources for individuals with a mental illness or addiction. 3. Increase their con fidence in and likelihood to help an individual in distress. 4. Show increase mental welln ess themselves. NYP has been providing this training since 2015 through its Building Bridg es, Knowledge, and Health Coalition and, in partnership with ThriveNYC, and has trained ov er 800 individuals. Mental Health First Aid USA is listed in the substance abuse and menta l health services administrations national registry of evidence-based programs and practic es.</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 in identifying 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>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</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
1	NYPBROOKLYN METHODIST 506 SIXTH STREET BROOKLYN, NY 11215 WWW.NYP.ORG/BROOKLYN 7001021H	X	X		X			X			

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

Form and Line Reference	Explanation
PART V LINE 5	<p>The NewYork-Presbyterian Brooklyn Methodist Hospital (NYP-BMH) completed a Community Health Needs Assessment (CHNA) to identify the needs of our community and develop a Community Service Plan (CSP) and detailed implementation plan. Our commitment is to provide quality and compassionate care to our community and the CHNA process provides the ability to focus community-based efforts to address needs. The leaders of NYP-BMH are dedicated to our community with a mission to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas. This document outlines the process, priorities, partners, and intended community-based improvement activities for 2019-2021. Our priorities were determined from a data driven process and align with the 2019-2024 New York State Prevention Agenda (NYS PA) and align with the states goal to promote health equity with a focus on physical health, mental health, and social determinants of health. Full reports related to the CHNA process can be found on our website at <a href="https://www.nyp.org/about-us/community-affairs/community-service-plans">https://www.nyp.org/about-us/community-affairs/community-service-plans</a>. Partner Involvement &amp; Commitment NYP-BMH collaborated with NewYork-Presbyterian leadership, the New York City Department of Health and Mental Hygiene (DOHMH), Citizens Committee for Children (CCC), Columbia University Irving Medical Center (CUIMC), Weill Cornell Medical College (WCMC), Greater New York Hospital Association (GNYHA), local Community Based Organizations (CBOs), and the New York Academy of Medicine (NYAM) to adopt a community focused process of collecting and analyzing measurable data (quantitative) and views voiced by the community (qualitative) from a variety of sources. The collaborative process ensured significant input from the key stakeholders and local community through questionnaires and focus groups conducted in several languages. This allowed NYP-BMH to develop a focused implementation plan to meet the needs of a targeted community with high disparities. Data Driven Priorities NYP-BMH compiled measurable data and input from the community from numerous sources in order to analyze the health and challenges of our community. The analysis utilized focused neighborhood geography for metrics and included data related to demographics, socioeconomic status, insurance status, social determinants of health, health status, health service utilization, and priority areas from the NY State Prevention Agenda. Community input sources included focus groups and community questionnaires which allowed for a diverse representation of race, language, age, gender identity, and sexual orientation. Data sources include the Citizens Committee for Children Keeping Track Online; Open Data City of New York; Data2Go.NYC; NYC Health Atlas; NYC Mayor Report, the Association for Neighborhood &amp; Housing Development; Behavioral Risk Factor Surveillance System (BRFSS), Claritas; NYC Community Health Profile, State Cancer Prof</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 5	<p>iles, and U.S. Department of Agriculture. The collected data was ranked to provide detailed insight into the communities with high disparities and was then prioritized to determine the highest health priorities for the identified communities. The prioritized data provided insight into community health needs and challenges and allowed NYP-BMH to establish focus areas and goals to align with the NY State Prevention Agenda. In conducting the 2019 CHNA, NYP and its regional hospitals, inclusive of NYP-BMH, collaborated with the New York City Department of Health and Mental Hygiene, Citizens Committee for Children of New York, Columbia University Irving Medical Center, Weill Cornell Medical College, New York Academy of Medicine, and Greater New York Hospital Association. Through these collaborations NYP was able to adopt a community-engagement approach that involved collecting and analyzing qualitative information and quantitative data from a variety of publicly available sources to comprehensively assess the health status of our communities. Each stakeholder added to the ongoing work by providing insight on the publicly available data for the various regions specific to the NYP-BMH high disparity communities, while providing guidance on collecting stakeholder and community feedback and incorporating best practices for the CHNA. NYP-BMH validated and refined the quantitative data results through the use of (1) primary data and community input from facilitation of focus groups and administration of community health need questionnaires (CHNQ) to area residents as well as (2) leveraging other community assessments such as community roundtable discussions hosted by the Cornell Center for Health Equity (CCHQ) in partnership with the Weill Cornell Meyer Cancer Center; and the CCC's from Strengths to Solutions: An Asset Based Approach to Meeting Community Needs in Brownsville. NYP-BMH engaged NYAM to facilitate focus groups of community members to obtain their perspectives on the health and needs of the community at large. NYP-BMH partnered with several community-based organizations to host these six focus groups: 1 NYP-BMH Community Advisory Board 2 CAMBA 3 Downtown Brooklyn Neighborhood Alliance 4 Caribbean Women's Health Association 5 Brooklyn Pride Center 6 Shorefront Y NYP-BMH engaged in a dynamic data collection and analytic process to ensure that the community and its needs were well represented throughout the CHNA development process. NYP-BMH utilized both quantitative and qualitative data to create a picture of the health needs of the Brooklyn community. The quantitative data focused on measurable indicators at the Neighborhood Tabulation Area (NTA) for the community, while the qualitative data focused on the primary perspectives and input from the community members obtained through questionnaires and focus groups. Additionally, NYP-BMH utilized numerous additional data sources to provide a robust picture of the community including a roundtable discussion</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 5	<p>ssion and cancer survey in partnership with Cornell Center for Health Equity (CCHEq) and H ICCC respectively, and in-depth analysis from CCC of the Brownsville neighborhood. Quantitative data was gathered, validated, and refined using (1) community input from facilitation of focus groups and administration of community health need questionnaires (CHNQs) to area residents as well as (2) leveraging other community assessments performed in the community. The community input from multiple sources allowed for a comprehensive representation of our community inclusive of multiple languages, socioeconomic statuses, culture, race, age, and gender identity. Summaries of each qualitative input source is included below, and additional details can be found in the Community Health Needs Assessment at <a href="https://www.nyp.org/about-us/communityaffairs/community-service-plans">https://www.nyp.org/about-us/communityaffairs/community-service-plans</a>. New York Academy of Medicine (NYAM) Focus Groups &amp; Questionnaires NYP-BMH partnered with NYAM to conduct CHNQs and community member focus groups. The CHNQs were conducted at community events, with focus group participants and online, and were administered in several languages. The CHNQs were also distributed across the community of focus to ensure that respondents from all demographics were represented in the response rate. NYAM completed six focus groups and received 234 responses to the CHNQs with 59.8% being completed at in person events, 27.8% being completed online, and 12.4% completed by the NYP-BMH Community Advisory Board. NYP-BMH Community Health Survey In addition to the efforts conducted by NYAM, NYP-BMH sponsored a Community Health Survey which appeared in an edition of their community health magazine, Thrive, which is mailed to 250,000 households in Brooklyn. Part V, Line 7a: <a href="https://www.nyp.org/pdf/community-service/NYP-Brooklyn-CSP-2019-2021.pdf">https://www.nyp.org/pdf/community-service/NYP-Brooklyn-CSP-2019-2021.pdf</a> Part V, Line 10a: <a href="https://www.nyp.org/pdf/community-service/NYP-Brooklyn-CSP-2019-2021.pdf">https://www.nyp.org/pdf/community-service/NYP-Brooklyn-CSP-2019-2021.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>Based on the prioritization process, NYP-BMH has numerous indicators as the highest priorities for the community. These indicators can be broadly grouped into: 1 Womens Health 2 Obesity and Chronic Disease 3 Mental Health and Substance Use 4 Human Immunodeficiency Virus (HIV) 5 Cancer To ensure the community service plan is focused on initiatives that impact the highest communities of disparity, NYP-BMH undertook an additional analysis of community health need at the Neighborhood Tabulation Area (NTA) geography based upon a composite of 29 different indicators. Indicators were carefully selected, across five domains: demographics, income, insurance, access to care, and New York State Department of Health Prevention Agenda Priorities. The objective was to identify the specific NTAs where there is a higher health need and/or a higher expectation of required resources. The defined communities 32 ZIP codes were cross-walked to 49 NTAs and then categorized into four quartiles based on identified disparities. Additional analysis was undertaken for the 24 NTAs of higher disparity in quartiles 3 and 4, meaning most high need. Based on the data process of analytics and prioritization, NYP-BMH will target efforts in the Crown Heights neighborhood of Brooklyn to allow our teams to invest and concentrate efforts and directly impact a high need community within the three-years of the service plan. The data outlined allowed the team to identify a community of focus as well as priority areas to impact the healthcare of the most vulnerable populations. The priority areas differ from the prior 2016-2018 Community Service Plan which included (a.) Prevent Chronic Disease: Focus on Diabetes, (b.) Prevent Chronic Disease: Focus on Childhood Obesity, and (c.) Promote a Healthy and Safe Environment; Reducing Fall Risk Among Most Vulnerable Populations. NYP-BMH is committed to serving the community by providing a wide range of health care services and activities that are important and provide benefit to our community members. Our assessment shows that there are numerous and significant needs, and the hospital has chosen a selection of these needs in order to concentrate resources and efforts and focus evaluations on those initiatives which we believe we can most effectively execute on and which will provide the largest impact to our community. In addition, the prioritization model applied to significant community needs was rooted in the quantitative as well as the qualitative voice of the community helping to ensure that our selection was aligned with those needs ranked highly by our community members. The selected initiatives and resulting Community Service Plan were reviewed and approved by senior leaders, hospital community advisory board members, and our CHNA Steering Committee in the context of our organizational mission, our clinical strengths, and partnerships. 2019-2021 Community Service Plan Initiatives: Prevent Chronic Disease Focus Area 1: Reduce Obesity &amp; the</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>Risk of Chronic Disease Goal 1.1 - Increase access to healthy and affordable foods and beverages            Objective Utilize a culturally sensitive process to empower organizations to focus on nutrition and physical activity, Promote wellness through community based partnerships , and address food insecurities. INTERVENTION EXPLAINED: Choosing healthy &amp; active lifestyles for kids (CHALK) is New York-Presbyterian's obesity prevention program. CHALK aims to address obesity using a socio ecological model as its theoretical framework. The program will drive system and environmental changes that produce long lasting improvements around wellness in the targeted community of Crown Heights, where food insecurity and obesity rates are high. Promote Healthy Women, Infants and Children Focus Area 1: Maternal &amp; Womens Health Goal 1.1. - Increase use of primary and preventative health care services by women of all ages with a focus on women of reproductive age Objective: This program aims to reduce racial, ethnic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations. INTERVENTION EXPLAINED: Promote healthy women infants and children by providing peer and expert support to pregnant persons in order to promote optimal infant feeding, childbirth practices, and parental mental well-being. This program seeks to impact at least 10% of NYP Brooklyn Methodist Hospital birthing population, which amounts to over 500 expectant persons. Prevent Communicable Diseases Focus Area 2: Human Immunodeficiency Virus (HIV) and Focus Area 4: Hepatitis C (HCV ) Focus Area 2: Goal 2.2 - Increase Viral Suppression Focus Area 4: Goal 4.1 - Increase the number of persons treated for Hepatitis C Virus (HCV), Goal 4.2 Reduce the number of new HCV cases among people who inject drugs INTERVENTION EXPLAINED: Ending the HIV and HCV epidemics in NYS is now a legitimate possibility and NYP is playing a leading role in this effort. The NYP ETE Initiative would create a multi-campus HIV and HCV elimination strategy that would a) increase HIV and HCV testing and linkage to care, b) re-engage HIV+ and HCV + individuals to care, and c) expand effective HIV and HCV prevention services, like PrEP and MAT. Utilizing existing multi-campus dashboards an NYP Pilot would link, in real-time, all new HIV and HCV diagnoses, those (thousands) individuals out of care, and those in need of preventive services. Expanded deployment of a Health Priority Specialist in existing sites, like NYP Emergency Departments (NYP ED), would be the effector arm for the intervention. A major investment in a Mobile Medical Unit (MMU) would also help bring these needed services to communities surrounding our medical centers and additionally act as the nidus for new PrEP program growth at NYP-BMH. Collectively this multimodal, evidence based intervention could help NYP end the HIV and HCV epidemics in our targeted communities. Prevent Chronic Disease Focus Area 4</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>: Chronic Disease Preventive Care and Management Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity Objective: The 30-Day Transitional care initiative is used by the care team as a time frame required to provide care coordination. INTERVENTION EXPLAINED: The American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society of Academic Emergency Medicine have worked together to develop consensus standards for transitional care.(Snow et. al. 2009) The coordination of care across the health care continuum is crucial to the implementation, management, and evaluation of a patient's treatment plan. The transfer and receipt of patient information between different levels of care and locations ensure continuity and promote successful treatment. Unfortunately, breakdowns in these processes, as well as the ineffective handoff of information between care providers, can lead to poor transitions and miscommunication among providers (Mansukhani et. al.2015) NYP-BMHs 30-Day Transitional care initiative is used by the care team as a time frame required to provide care coordination. The Transitions Care Team (TCT) identifies high utilizers and/or patients, who are 18 years of age and older, with a high LACE score, from Medicaid lists. Between 2017 and 2018, the NYP-BMH care team has touched 2215 distinct patients across 5146 visits. This program will continue to identify and treat patients while ensuring continuity of care. Promote Well-Being &amp; Prevent Mental &amp; Substance Use Disorders Focus Area: 1 Strengthen opportunities to build well-being and resilience across the lifespan Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan Objective: Expand mental health first aid trainings to expand mental health education, increase prevention and address stigma INTERVENTION EXPLAINED: Mental health first aid (MHFA) is an international, evidence based, training program proven to be an effective intervention for mental health education, prevention and addressing stigma.</p>



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

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

Form and Line Reference	Explanation
Part V, Section B Financial Aid Policy	<p>Question 15e: NewYork-Presbyterian/Brooklyn Methodist has a financial advocacy program staffed by representatives who reach out to patients to provide information regarding Medicaid, Exchange Plans, Financial Aid and to assist those patients who need help to apply to such programs. Line 16a, 16b and 16c: <a href="http://www.nyp.org/brooklyn/paying-for-care">http://www.nyp.org/brooklyn/paying-for-care</a></p> <p>Question 16j: The Hospital follows two basic approaches to publicizing the availability of Financial Aid. First, it makes the Financial Aid Policy itself, a plain language summary, and the Financial Aid application available at various Hospital patient access points, posts signs conspicuously in public areas of the Hospital, includes information on billing statements, posts information (including how to obtain the policy, summary and application) on the website, and responds to inquiries from patients and members of the community on financial aid. Secondly, the Hospital provides updates and information (including the policy, the summary and/or the application) on a regular basis to leaders of community advisory boards, local community boards, elected officials, the City Health Department and Westchester County Department of Health.</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

2019

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 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...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 0
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) direct cash assistance	3644	294,270			Trans./Med.
(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.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization NEWYORK-PRESBYTERIANBROOKLYN METHODIST	Employer identification number 11-1631796
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**Part I Questions Regarding Compensation**

	Yes	No
<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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<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 on Line 1a?	<b>2</b>	
<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.		
<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		
<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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<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.	<b>7</b>	Yes
<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.	<b>8</b>	No
<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)?	<b>9</b>	



**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: Richard Ortiz received 355,000 in severance pay. Helen Kotchoubey received 360,000 in severance pay. 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: 48,901 Steven Silber: 35,047 Part I, Line 4B: Supplemental Nonqualified retirement plan as reported on W2: Michael Fagan: 75,591 Steven Silber: 35,493 Richard Ortiz: 123,905 Part I, Line 4B: A Certain individual of the New York and Presbyterian Hospital identified in part VII as a Director of New York Presbyterian/Brooklyn Methodist is responsible for executing the mission and management of the New York and Presbyterian Hospital (NYP) and its affiliated entities. Compensation for 2019 of these upper level executives includes the payout of an annual incentive plan and a long-term incentive plan. This performance-oriented program conditions payments upon the achievement of multiple individual and group performance measures. Measures to monitor performance include: operational and financial strength, patient quality and safety, patient satisfaction, advancement of patient care, and people development and partnership. Incentive awards may only be granted if the organization achieves a financial surplus. Even if all relevant performance measurements are achieved, the NYP Board of Trustees retains full discretion to make or not make any incentive awards, or to reduce the amount of any incentive award. This initiative is critical to assuring that NYP has the requisite leadership to create and manage a highly motivated and engaged workforce, to drive superior performance throughout the organization and to achieve top tier medical center status. As a separate matter, due to restrictions imposed by the Internal Revenue Code, upper level executives are limited in the amount of benefits received under a tax-qualified retirement plan. Like many employers, NYP supplements these 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 five 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. Once vested, however, provisions of the Internal Revenue Code require that the vested executive include in current income the value of his or her vested supplemental retirement benefit. Notwithstanding the legal requirement to recognize the vested value of the supplemental retirement benefit as current income, the supplemental retirement benefit will not be distributed to the executive until the executive actually retires from NYP (although, as permitted by the Internal Revenue Code, the supplemental retirement plan will effect a distribution of an amount necessary to satisfy the executive's tax liability resulting from the income recognition upon vesting). As noted, this supplemental retirement benefit will not be distributed to the executive until the executive actually retires from NYP. There are constantly changing legal, tax, accounting, and public disclosure rules for a SERP (supplemental executive retirement plan) in not-for-profit organizations. The executive Compensation Committee continuously monitors these changes and incorporates any changes into the overall SERP plan design. As in past years, the executive Compensation Committee of NYP requires a third party complete a review of the organization's compensation program to ensure its effectiveness in terms of government regulations, market conditions and the need to continually elevate organizational performance. The report also serves to meet the regulatory obligations to ensure that all elements of the executive compensation programs are reasonable. The individuals listed in part VII that are compensated by New York Presbyterian Hospital devote an average of sixty hours per week to perform their responsibilities for the New York Presbyterian Hospital and other related organizations in the aggregate. Part I, Line 4b: Participated in a Supplemental Nonqualified retirement plan: Maxine Frank: 174,142 Supplemental Nonqualified retirement plan as reported on W2: Maxine Frank: 157,577 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				
<b>21</b> Marcus D D'ayala Chief Vascular Surgery	(i)	1,116,778	0	1,587	25,131	37,703	1,181,199	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
<b>1</b> Helen Kotchoubey Former Key Employee	(i)	0	0	358,211	0	11,589	369,800	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NEWYORK-PRESBYTERIANBROOKLYN METHODIST

Employer identification number

11-1631796

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A BUILD NYC RESOURCE CORP 2014 BONDS	45-4040561	12008EEM4	10-15-2014	33,565,776	revenue bond 2014 refunding		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	6,860,000			
2 Amount of bonds legally defeased . . . . .	0			
3 Total proceeds of issue . . . . .	33,565,776			
4 Gross proceeds in reserve funds . . . . .	0			
5 Capitalized interest from proceeds . . . . .	0			
6 Proceeds in refunding escrows . . . . .	0			
7 Issuance costs from proceeds . . . . .	644,004			
8 Credit enhancement from proceeds . . . . .	0			
9 Working capital expenditures from proceeds . . . . .	0			
10 Capital expenditures from proceeds . . . . .	0			
11 Other spent proceeds . . . . .	32,921,772			
12 Other unspent proceeds . . . . .	0			
13 Year of substantial completion . . . . .	2014			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		
16 Has the final allocation of proceeds been made? . . . . .	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

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

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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
Part VI, Line 2C:	Rebate Calculation 10/15/2019

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 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 the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 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) JULIANNE MELENDEZ	FAMILY MEMBER OF STEVEN SILBER, KEY EMPLOYEE	80,097	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.

OMB No. 1545-0047

**2019****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 (CORPORATION).

**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 CORPORATIONS BY LAWS. THE MEMBER HAS OTHER RIGHTS, POWERS AND AUTHORITY VESTED IN IT BY THE BYLAWS OF THE CORPORATION, BY NON PROFIT CORPORATE LAW (NPCL) AND OTHER APPLICABLE LAW, AND BY VIRTUE OF ITS CAPACITY AS THE ESTABLISHED CO-OPERATOR OF THE CORPORATION LICENSED UNDER ARTICLE 28 OF THE NEW YORK STATE PUBLIC HEALTH LAW. ITS POWERS SO DELINEATED INCLUDE DECISIONS SUCH AS ADOPTING, AMENDING OR REPEALING BYLAWS, ELECTING OFFICERS OF THE CORPORATION, AND MAKING STRATEGIC PLANNING DECISIONS FOR THE CORPORATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11A & B:	<p>MEMBERS OF THE NEWYORK-PRESBYTERIAN HOSPITAL (NYPH) FINANCE DEPARTMENT (FINANCE) COORDINATED AND COMPLETED ALL OF THE INFORMATION REQUIRED FOR FORM 990, ACCESSING VARIOUS RESOURCES INCLUDING, LEGAL, HUMAN RESOURCES, CORPORATE COMPLIANCE, DEVELOPMENT, AND OTHER DEPARTMENTS AS NEEDED. THE FOLLOWING IS THE PROCESS FOR REVIEW: SENIOR FINANCE EXECUTIVES REVIEW THE RETURN IN CONJUNCTION WITH ERNST &amp; YOUNG U.S. LLP, PAID PREPARER, PRIOR TO SUBMISSION TO THE CHAIR OF THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE OF THE NYPH BOARD (NYPH AUDIT COMMITTEE) OR HIS/HER DESIGNEE. PURSUANT TO THE CORPORATIONS BYLAWS, IT IS THE NYPH AUDIT COMMITTEE THAT REVIEWS THE CORPORATIONS FORM 990. THE CHAIR OF THE NYPH AUDIT COMMITTEE OR HIS/HER DESIGNEE CONDUCTS A DETAILED REVIEW AND MEETS WITH FINANCE TO ADDRESS ANY QUESTIONS. A COPY OF THE 990 IS SENT TO THE OTHER COMMITTEE MEMBERS FOR REVIEW, AND A REPORT IS GIVEN ON THE 990 BY MANAGEMENT AT THE COMMITTEES MEETING IMMEDIATELY PRECEDING THE FILING. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS, CORPORATION, PRIOR TO ITS FILING. THE CORPORATION FILES THE 990 UPON FINAL REVIEW.</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 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**

<b>Return Reference</b>	<b>Explanation</b>
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 pension and postretirement benefit liabilities to be recognized in future period s: (6,581,640) Change in fair market value of alternative investment and common collected/ commigled trust: 4,771,081 Change in fair market value of Investment in HERS, LLC: 10,200,602 Change in fair market value of Investment in CCC Captive Insurance: 20,448,099 Total = 28,838,142

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

See Additional Data Table

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

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

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

	Yes	No
<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 . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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	
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 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	
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 46-3951535	HEALTH CARE	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	
55 PALMER AVENUE BRONXVILLE, NY 10708 26-4076297	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 47-2126668	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	
506 SIXTH STREET BROOKLYN, NY 11215 46-2486539	HEALTH CARE	NY	501(C)3	12 TYPE II	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	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-2964432	INACTIVE	NY	501(C)3	12 TYPE I	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	

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
144-45 87TH AVENUE JAMAICA, NY 11435 11-2925535	HEALTH CARE	NY	501(C)(3)	10	NYP SYS INC	Yes	
144-45 87TH AVENUE BRIARWOOD, NY 11435 26-2894911	HOUSING	NY	501(C)(3)	10	SILVERCREST	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 11-3614596	FUND/SUPPORT	NY	501(C)(3)	12 TYPE I	NYP FUND IN	Yes	
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	
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 45-4795032	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	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 11-2848858	EDUC&RESEARCH	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	INACTIVE	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	
506 SIXTH STREET BROOKLYN, NY 11215 42-1591811	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 11-3564621	INACTIVE	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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
NYP PROGRAMS INC 525 EAST 68TH STREET NEW YORK, NY 10065 47-5351503	HEALTHCARE	NY	NYP Foundation	C. CORP				Yes	
NYP SERVICES INC 525 EAST 68TH STREET NEW YORK, NY 10065 06-1830524	INACTIVE	NY	NYP Foundation	C. CORP				Yes	
NEW YORK-PRESBYTERIAN GLOBAL INC 525 EAST 68TH STREET NEW YORK, NY 10065 80-0336716	INACTIVE	NY	NYP Foundation	C. CORP				Yes	
HARKNESS HALL CLUB INC 525 EAST 68TH STREET NEW YORK, NY 10065 13-3170488	INACTIVE	NY	NYP HOSPITAL	C. CORP				Yes	
VERNON HILLS MEDICAL PRACTICE PC 55 PALMER AVENUE BRONXVILLE, NY 10708 82-1988737	INACTIVE	NY	NYP HOSPITAL	C. CORP				Yes	
NETWORK INSURANCE COMPANY LTD PO BOX HM 1760 HAMILTON BD	REINSURANCE	BD	NYP SYSTEMS INC	FOREIGN C CORP					No
NYP GLOBAL SERVICES INC 525 EAST 68TH STREET NEW YORK, NY 10065 13-3845935	INACTIVE	NY	NYP FUND INC	C. CORP				Yes	
HUDSON VALLEY VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 11-3611982	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
AC VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 13-3758209	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
KNOWA VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 13-3845922	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
MSO OF KINGS COUNTY LLC 506 SIXTH STREET BROOKLYN, NY 11215 12-2387333	EMPLOY/STAFFING	NY	BKLYN METHODIST	C. CORP				Yes	
LC SERVICES CORPORATION 55 PALMER AVENUE BRONXVILLE, NY 10708 13-3448332	MEDICAL EQUIP	NY	LAWRENCE CARE	C. CORP				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
BROOKLYN RADIOLOGY SERVICES PC	O	4,613,854	COST
BROOKLYN RADIOLOGY SERVICES PC	Q	1,521,375	COST
BROOKLYN RADIOLOGY SERVICES PC	M	1,403,955	COST
PARK SLOPE PEDIATRIC MEDICINE PC	C	69,390	COST
PARK SLOPE PEDIATRIC MEDICINE PC	O	148,486	COST
PARK SLOPE PHYSICIAN SERVICES PC	O	1,186,102	COST
PARK SLOPE PHYSICIAN SERVICES PC	Q	105,833	COST
PARK SLOPE PHYSICIAN SERVICES PC	J	210,774	COST
KINGS PHYSICIAN SERVICES PC	C	5,618,877	COST
KINGS PHYSICIAN SERVICES PC	O	61,258,381	COST
KINGS PHYSICIAN SERVICES PC	Q	28,405,630	COST
KINGS PHYSICIAN SERVICES PC	J	2,238,595	COST
PARK SLOPE PATHOLOGY SERVICES PC	O	1,733,021	COST
PARK SLOPE PATHOLOGY SERVICES PC	Q	244,812	COST
PARK SLOPE MEDICAL SERVICE PC	C	1,239,641	COST
PARK SLOPE MEDICAL SERVICE PC	O	9,479,991	COST
PARK SLOPE MEDICAL SERVICE PC	Q	620,947	COST
PARK SLOPE MEDICAL SERVICE PC	J	337,150	COST
BROOKLYN DENTAL SERVICES PC	C	78,457	COST
BROOKLYN DENTAL SERVICES PC	Q	69,596	COST
BROOKLYN DENTAL SERVICES PC	J	109,560	COST
PARK SLOPE MEDICINE PC	C	177,916	COST
PARK SLOPE MEDICINE PC	O	567,557	COST
PARK SLOPE MEDICINE PC	Q	61,201	COST
PARK SLOPE OBSTETRICS & GYNECOLOGY PC	C	393,360	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
PARK SLOPE OBSTETRICS & GYNECOLOGY PC	O	1,801,769	COST
PARK SLOPE OBSTETRICS & GYNECOLOGY PC	Q	495,292	COST
PARK SLOPE OBSTETRICS & GYNECOLOGY PC	J	57,640	COST
PARK SLOPE EMERGENCY PHYSICIAN SERVICE PC	O	18,025,357	COST
PARK SLOPE EMERGENCY PHYSICIAN SERVICE PC	Q	2,913,849	COST
PARK SLOPE EMERGENCY PHYSICIAN SERVICE PC	M	3,621,324	COST
PARK SLOPE HEMATOLOGY & ONCOLOGY PC	O	754,682	COST
PARK SLOPE HEMATOLOGY & ONCOLOGY PC	J	58,224	COST
NETWORK RECOVERY SERVICES INC	M	1,561,446	COST
NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM INC	M	634,008	COST
MSO OF KINGS COUNTY LLC	P	1,204,073	COST
NEW YORK PRESBYTERIAN HOSPITAL	E	54,166,848	COST
NEW YORK PRESBYTERIAN HOSPITAL	R	13,766,700	COST
ROGOSIN INSTITUTE	J	293,726	COST
ROGOSIN INSTITUTE	L	81,978	COST