

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493064008391

Form 990

Department of the TreasuryInternal 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

Wyckoff Heights Medical Center

% VALI GACHE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

374 Stockholm Street

Room/suite

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

Brooklyn, NY 11237

F Name and address of principal officer:

RAMON RODRIGUEZ

374 Stockholm Street

Brooklyn, NY 11237

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 ▶

D Employer identification number

11-1631837

E Telephone number

(718) 963-6702

G Gross receipts \$ 329,361,591

I Tax-exempt status:

☒ 501(c)(3)☐ 501(c) ( ) ◀(insert no.)☐ 4947(a)(1) or☐ 527

J Website: ▶ WWW.WYCKOFFHOSPITAL.ORG

K Form of organization:

☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation: 1889

M State of legal domicile: NY

Part ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
THE MISSION OF WYCKOFF HEIGHTS MEDICAL CENTER IS TO PROVIDE EXCELLENCE IN CARE THROUGH PREVENTION, EDUCATION, AND TREATMENT IN A SAFE ENVIRONMENT.

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

3	Number of voting members of the governing body (Part VI, line 1a)	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2,205
6	Total number of volunteers (estimate if necessary)	139
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	76,093,96776,383,166
9	Program service revenue (Part VIII, line 2g)	238,763,407241,495,729
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	215,224285,647
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,393,11311,197,049
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	379,465,711329,361,591

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	00
14	Benefits paid to or for members (Part IX, column (A), line 4)	00
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	183,324,910196,215,608
16a	Professional fundraising fees (Part IX, column (A), line 11e)	00
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	160,861,783113,862,189
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	344,186,693310,077,797
19	Revenue less expenses. Subtract line 18 from line 12	35,279,01819,283,794

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	208,635,555227,448,475
21	Total liabilities (Part X, line 26)	273,861,225273,102,041
22	Net assets or fund balances. Subtract line 21 from line 20	-65,225,670-45,653,566

Part IISignature 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

2021-03-04

Date

VALI GACHE CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00741491

Firm's name ▶ BDO USA LLP

Firm's EIN ▶

Firm's address ▶ 100 PARK AVENUE

NEW YORK, NY 100175001

Phone no. (212) 885-8000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**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:

THE MISSION OF WYCKOFF HEIGHTS MEDICAL CENTER IS TO PROVIDE EXCELLENCE IN CARE THROUGH PREVENTION, EDUCATION, AND TREATMENT IN A SAFE ENVIRONMENT.

**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 \$ 217,054,459 including grants of \$ 0 ) (Revenue \$ 250,213,286 )  
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 ► 217,054,459

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	No

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	153
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

Form **990** (2019)

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	10	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	8	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

**Section C. Disclosure**

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**►VALI GACHE 374 STOCKHOLM STREET BROOKLYN, NY 11237 (718) 963-6702**

Part VII

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAMON RODRIGUEZ ..... PRESIDENT/CEO	32.0 ..... 3.0	X		X				1,107,601	0	6,901
(2) GUSTAVO DEL TORO MD ..... EVP & CMO	32.0 ..... 3.0				X			712,525	0	8,030
(3) KEVIN SMYLEY ..... VP, GENERAL COUNSEL	32.0 ..... 3.0				X			411,826	0	5,624
(4) VASILICA GACHE ..... CFO	32.0 ..... 3.0			X				404,780	0	1,696
(5) CATHERINE GALLOGLY-SIM ..... CNO	32.0 ..... 3.0				X			372,082	0	11,437
(6) Orinthia King ..... Attending	32.0 ..... 3.0					X		347,676	0	3,463
(7) MARGARET CORNELIUS ..... VP OF HR	32.0 ..... 3.0				X			308,502	0	2,653
(8) PATRICK SULLIVAN ..... VP, FACILITY & SUPPORT SRVCS.	32.0 ..... 3.0				X			304,618	0	810
(9) Patricia Meade ..... Assistant Vice President	32.0 ..... 3.0					X		270,928	0	1,843
(10) JEBASHINI JESURASA ..... VP, IT/CIO	32.0 ..... 3.0				X			242,012	0	6,434
(11) Laurie Ward ..... Director	32.0 ..... 3.0					X		241,729	0	1,350
(12) Christine Scaminaci ..... Vice President	32.0 ..... 3.0					X		230,421	0	1,953
(13) Claire Mullaly ..... Associate General Council	32.0 ..... 3.0					X		218,479	0	12,247
(14) GARY GOFFNER ..... Chairman	1.0 ..... 3.0	X		X				0	0	0
(15) Vincent Arcuri ..... Vice Co-Chairman	1.0 ..... 3.0	X		X				0	0	0
(16) Herman Hochberg ..... Vice Co-Chairman	1.0 ..... 3.0	X		X				0	0	0
(17) Fred T Haller III E ..... Secretary	1.0 ..... 3.0	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Andrew Boisselle ..... trustee	1.0 ..... 3.0	X						0	0	0
(19) Adam Figueroa ..... Trustee	1.0 ..... 3.0	X						0	0	0
(20) Agnieszka Poslednik E ..... trustee	1.0 ..... 3.0	X						0	0	0
(21) Mounzer Tchelebi MD ..... trustee	1.0 ..... 3.0	X						0	0	0
(22) Albert Wiltshire ..... trustee	1.0 ..... 3.0	X						0	0	0

<b>1b Sub-Total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶	5,173,179	0	64,441

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 390

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
N AMERICAN PARTNERS IN ANESTHESIA, PO BOX 108 GLEN HEAD, NY 11545	ANESTHESIOLOGISTS	4,150,352
THE MAX GROUP LLC, 7 PONDFIELD ROAD BRONXVILLE, NY 10708	Reimburse Svc/acctg	3,368,035
NORTHWELL HEALTH INC, 972 BRUSH HOLLOW ROAD 5TH FLOOR WESTBURY, NY 11590	PHYSICIAN SERVICES	1,950,941
ARSHACK HAJEK LEHRMAN PLLC, 1790 BROADWAY 7TH FLOOR NEW YORK, NY 10019	LEGAL SERVICES	1,464,692
Acciarino Acciarino LLP, 7 Pondfield Road Suite 204 BRONXVILLE, NY 10708	Financial Consulting	1,219,401

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 44



Form 990 (2019)										Page <b>9</b>							
<b>Part VIII Statement of Revenue</b>																	
Check if Schedule O contains a response or note to any line in this Part VIII . . . . .										<input type="checkbox"/>							
										<b>(A)</b> Total revenue		<b>(B)</b> Related or exempt function revenue		<b>(C)</b> Unrelated business revenue		<b>(D)</b> 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>													
	<b>d</b> Related organizations			<b>1d</b>		441,227											
	<b>e</b> Government grants (contributions)			<b>1e</b>		75,941,939											
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above			<b>1f</b>		0											
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$			<b>1g</b>													
	<b>h Total.</b> Add lines 1a-1f . . . . .					76,383,166											
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SERVICE REVENUE			Business Code													
				621300		236,033,193		236,033,193									
	<b>b</b> DSRIP REVENUE			621300		4,134,220		4,134,220									
	<b>c</b> RESIDENT & PHYSICIAN SVC			621300		1,321,918		1,321,918									
	<b>d</b> PHYSICIAN SERVICE REVENUE			621300		6,398		6,398									
	<b>e</b>																
	<b>f</b> All other program service revenue.																
<b>g Total.</b> Add lines 2a-2f. . . . .					241,495,729												
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .					285,647						285,647					
	<b>4</b> Income from investment of tax-exempt bond proceeds					0											
	<b>5</b> Royalties . . . . .					0											
				(i) Real		(ii) Personal											
	<b>6a</b> Gross rents			<b>6a</b>		331,520											
	<b>b</b> Less: rental expenses			<b>6b</b>													
	<b>c</b> Rental income or (loss)			<b>6c</b>		331,520		0									
	<b>d</b> Net rental income or (loss) . . . . .					331,520						331,520					
				(i) Securities		(ii) Other											
	<b>7a</b> Gross amount from sales of assets other than inventory			<b>7a</b>													
	<b>b</b> Less: cost or other basis and sales expenses			<b>7b</b>													
	<b>c</b> Gain or (loss)			<b>7c</b>													
	<b>d</b> Net gain or (loss) . . . . .					0											
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .			<b>8a</b>		0											
	<b>b</b> Less: direct expenses . . . . .			<b>8b</b>		0											
	<b>c</b> Net income or (loss) from fundraising events . . . . .					0											
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .			<b>9a</b>		0											
	<b>b</b> Less: direct expenses . . . . .			<b>9b</b>		0											
	<b>c</b> Net income or (loss) from gaming activities . . . . .					0											
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .			<b>10a</b>		0											
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>		0												
<b>c</b> Net income or (loss) from sales of inventory . . . . .					0												
Miscellaneous Revenue			Business Code														
<b>11a</b> PHARMACY - PATIENT USE			900099		5,839,890		5,839,890										
<b>b</b> STUDENT TRAINING			900099		2,686,505		2,686,505										
<b>c</b> CAFETERIAN INCOME			900099		435,290						435,290						
<b>d</b> All other revenue . . . . .					1,903,844		191,162				1,712,682						
<b>e Total.</b> Add lines 11a-11d . . . . .					10,865,529												
<b>12 Total revenue.</b> See instructions . . . . .					329,361,591		250,213,286				2,765,139						

Form 990 (2019)

**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 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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 . . . . .	3,907,530		3,907,530	
<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) . . . . .	43,465		43,465	
<b>7</b> Other salaries and wages . . . . .	137,414,791	98,925,088	38,489,703	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	10,066,374	7,046,462	3,019,912	
<b>9</b> Other employee benefits . . . . .	32,122,195	22,516,499	9,605,696	
<b>10</b> Payroll taxes . . . . .	12,661,253	8,862,877	3,798,376	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	2,077,361	1,454,153	623,208	
<b>c</b> Accounting . . . . .	403,309	282,316	120,993	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,438,857	14,307,200	6,131,657	
<b>12</b> Advertising and promotion . . . . .	2,150	1,505	645	
<b>13</b> Office expenses . . . . .	4,178,526	2,924,968	1,253,558	
<b>14</b> Information technology . . . . .	6,287,786	4,401,450	1,886,336	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	7,256,890	5,079,823	2,177,067	
<b>17</b> Travel . . . . .	354,221	247,955	106,266	
<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 . . . . .	163,180	114,226	48,954	
<b>20</b> Interest . . . . .	780,293	546,205	234,088	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	9,827,623	6,879,336	2,948,287	
<b>23</b> Insurance . . . . .	3,100,356	2,170,249	930,107	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	49,833,169	34,883,218	14,949,951	
<b>b</b> REPAIRS AND MAINTENANCE	4,688,842	3,282,189	1,406,653	
<b>c</b> MISCELLANEOUS EXPENSES	4,223,399	2,956,381	1,267,018	
<b>d</b> EDUCATION	246,227	172,359	73,868	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	310,077,797	217,054,459	93,023,338	0
<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 . . . . .		-561,837	<b>1</b>	520,042	
	<b>2</b>	Savings and temporary cash investments . . . . .		17,258,189	<b>2</b>	11,454,446	
	<b>3</b>	Pledges and grants receivable, net . . . . .		1,727,312	<b>3</b>	1,908,205	
	<b>4</b>	Accounts receivable, net . . . . .		26,297,818	<b>4</b>	28,773,700	
	<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 . . . . .		0	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		5,251,573	<b>8</b>	6,531,501	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		579,167	<b>9</b>	837,043	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	362,478,782			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	276,832,996	78,564,778	<b>10c</b>	85,645,786
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0	
	<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 . . . . .		79,518,555	<b>15</b>	91,777,752	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		208,635,555	<b>16</b>	227,448,475		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		66,915,542	<b>17</b>	69,752,593	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		556,235	<b>19</b>	3,715,145	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		34,425,000	<b>20</b>	25,005,001	
	<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 . . . . .		34,491,099	<b>23</b>	32,809,888	
	<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		137,473,349	<b>25</b>	141,819,414	
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		273,861,225	<b>26</b>	273,102,041		
<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 . . . . .		-65,225,670	<b>27</b>	-45,653,566	
	<b>28</b>	Net assets with donor restrictions . . . . .		0	<b>28</b>	0	
	<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>	<b>Total net assets or fund balances</b> . . . . .		-65,225,670	<b>32</b>	-45,653,566		
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		208,635,555	<b>33</b>	227,448,475		

**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>	329,361,591
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	310,077,797
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,283,794
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-65,225,670
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	288,310
<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>	
<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>	-45,653,566

**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:** 11-1631837  
**Name:** Wyckoff Heights Medical Center

Form 990 (2019)

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

WYCKOFF HEIGHTS MEDICAL CENTER PROVIDES INPATIENT MEDICAL, SURGICAL, OBSTETRIC, PEDIATRIC CARE AND OFFERS EMERGENCY, AMBULATORY SURGERY AND OUTPATIENT CLINICAL SERVICES. WYCKOFF HAS BEEN PROVIDING MEDICAL CARE TO THE COMMUNITY SINCE 1889. WYCKOFF DISCHARGED 12,977 PATIENTS IN 2019. THE HOSPITAL DELIVERED 1,204 BABIES OF WHICH 208 WERE FROM NEONATAL INTENSIVE CARE UNIT. WYCKOFF SEES 295,026 OUTPATIENT VISITS WHICH INCLUDES PEDIATRIC/ADULT EMERGENCY DEPARTMENT AND AMBULATORY SURGERY. THE HOSPITAL OFFERS SERVICES TO THOUSANDS AT ITS NETWORK OF COMMUNITY AMBULATORY CARE CENTERS AND PRESENTS EXTENSIVE COMMUNITY HEALTH EDUCATION AND SCREENING PROGRAMS. FOR FURTHER INFORMATION, PLEASE VISIT THE WEBSITE AT [WWW.WYCKOFFHOSPITAL.ORG](http://WWW.WYCKOFFHOSPITAL.ORG).

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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

Wyckoff Heights Medical Center

Employer identification number

11-1631837

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	<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
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<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							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a	<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>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"/>						
17a	<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>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"/>						
18	<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 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 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 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 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>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>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>2</b>		
<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>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<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>4a</b>		
<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>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>4c</b>		
<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>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<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>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b>.</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 <b>Part VI</b> the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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)

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 11-1631837  
Name: Wyckoff Heights Medical Center

Part VI

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

Facts And Circumstances Test

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](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 Wyckoff Heights Medical Center	Employer identification number 11-1631837
--	--

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		210,275
<b>j</b>	Total. Add lines 1c through 1i .....			210,275
<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 <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<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 - OTHER ACTIVITIES DESCRIPTION	WYCKOFF HEIGHTS MEDICAL CENTER PAID DUES TO HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYs). IN ACCORDANCE WITH CODE SECTION 6033(E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY HANYs, A PORTION OF THESE DUES IS ATTRIBUTABLE TO LOBBYING ACTIVITIES. THE LOBBYING ACTIVITIES APPLICABLE TO 2019 HANYs ANNUAL DUES WERE \$2,575. DURING 2019, WYCKOFF HEIGHTS MEDICAL CENTER ALSO PAID BROWN & WEINRAUB AND TONIO BURGOS & ASSOCIATES \$110,200 AND \$97,500, RESPECTIVELY, FOR LOBBYING ACTIVITIES.



efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493064008391

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Wyckoff Heights Medical Center

Employer identification number  
11-1631837

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other .....

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds.

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4

Describe in Part XIII the intended uses of the organization's endowment funds.

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .	0	6,075,373	6,075,373
b	Buildings . . . . .	0	116,486,715	87,739,626
c	Leasehold improvements	0	1,306,211	587,760
d	Equipment . . . . .	0	209,432,878	187,120,086
e	Other . . . . .	0	29,177,605	1,385,524
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			85,645,786

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	91,777,752

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
(1) EST. PROFESSIONAL LIABILITY	42,850,000
(2) DUE TO THIRD PARTY PAYORS	40,499,083
(3) OTHER LIAB. FOR INSURANCE	35,725,500
(4) DEBT SERVICE RESERVE FUND	14,915,595
(5) DUE TO RELATED ORGANIZATIONS	4,019,835
(6) OTHER LIABILITIES	2,618,390
(7) ACCRUED INTEREST PAY.	1,191,011
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	141,819,414

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: 11-1631837  
Name: Wyckoff Heights Medical Center

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INSURANCE CLAIMS RECEIVABLE	35,725,500
DUE FROM RELATED PARTIES	26,293,646
SELF INSURED MALPRACTICE FUND	10,586,428
DUE FROM THIRD PARTY PAYORS	10,020,464
ASSETS LIMITED TO USE	3,568,141
MLMIC REDEMPTION RECEIVABLE	2,510,136
OTHER RECEIVABLES	1,662,124
SECURITY DEPOSITS	1,007,697
DEFERRED FINANCING COSTS	312,872
DUE FROM HUNTINGTON HOSP SURG.	90,744

## Supplemental Information

Return Reference	Explanation
PART X - FASB ASC 740 FOOTNOTE:	UNDER GAAP AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. WYCKOFF HEIGHTS MEDICAL CENTER DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED tax benefits. The medical center is subject to routine audits by a taxing authority. IN DECEMBER 2019, THE IRS BEGAN A CURSORY COMPLIANCE CHECK OF THE MEDICAL CENTER FOR THE YEAR ENDED DECEMBER 31, 2017. THIS COMPLIANCE CHECK WAS FAVORABLY CLOSED BY THE IRS IN MARCH 2020. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2016.

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Wyckoff Heights Medical Center

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
11-1631837

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			2,587,259		2,587,259	0.830 %
b Medicaid (from Worksheet 3, column a) . . . . .			156,715,710	125,552,544	31,163,166	10.050 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			159,302,969	125,552,544	33,750,425	10.880 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			10,551,151	6,605,765	3,945,386	1.270 %
f Health professions education (from Worksheet 5) . . . . .			48,988,906	14,982,442	34,006,464	10.970 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j Total. Other Benefits . . . . .			59,540,057	21,588,207	37,951,850	12.240 %
k Total. Add lines 7d and 7j . . . . .			218,843,026	147,140,751	71,702,275	23.120 %



**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			8,025,761	5,941,940	2,083,821	0.670 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			8,025,761	5,941,940	2,083,821	0.670 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	17,870,000	
<b>3</b> 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. . . . .	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	38,091,497	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	21,323,127	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	16,768,370	
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes	
<b>b</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 . . . . .	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)  
Wyckoff Heights Medical Center**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

	Yes	No
<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? . . . . .	<b>1</b>	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. . . . .	<b>2</b>	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):	<b>3</b>	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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	<b>6b</b>	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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.wyckoffhospital.org</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. . . . .	<b>8</b>	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>www.wyckoffhospital.org</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<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)**

Wyckoff Heights Medical Center

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.wyckoffhospital.org</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.wyckoffhospital.org</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.wyckoffhospital.org</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 type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

Wyckoff Heights Medical Center

**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? . . . . .	<b>17</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input 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 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 type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input 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 checked="" 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Wyckoff Heights Medical Center

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

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

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

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

Name and address	Type of Facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<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 7:	WYCKOFF HEIGHTS MEDICAL CENTER'S COSTING METHODOLOGY WAS BASED UPON THE 2019 NEW YORK STATE INSTITUTIONAL COST REPORT AND THE 2019 MEDICARE (FORM 2552) COST REPORT. THESE COST REPORTS ARE FILED WITH THE NEW YORK STATE DEPARTMENT OF HEALTH AND THE APPLICABLE CMS INTERMEDIARY, RESPECTIVELY. THE COST-TO-CHARGE RATIO DERIVED FROM THE NEW YORK STATE INSTITUTIONAL COST REPORT WAS USED FOR THE VARIOUS SUB-LINE ITEMS OF LINE #7.

Form and Line Reference	Explanation
PART II, LINE 3:	<p>BEHAVIORAL HEALTH PROGRAM ACTIVITIES: WYCKOFF'S BEHAVIORAL HEALTH PROGRAMS HELP ADDRESS THE CRITICAL LACK OF MENTAL HEALTH SERVICES IN THE COMMUNITY. DESPITE NEARLY ONE IN FIVE INDIVIDUALS EXPERIENCING A MENTAL HEALTH CONDITION, BOTH BROOKLYN AND QUEENS HAVE A DEFICIT OF BEHAVIORAL HEALTH PROVIDERS - PARTICULARLY THOSE WHO TAKE PUBLIC INSURANCE - THUS CREATING A SIGNIFICANT UNMET NEED FOR CARE. TO IMPROVE ACCESS TO INTEGRATED, EVIDENCE-BASED BEHAVIORAL HEALTH SERVICES, IN 2016 WYCKOFF LAUNCHED BEHAVIORAL HEALTH SERVICES ACROSS FOUR PRIMARY CARE CLINICS: POSITIVE HEALTH, ADULT MEDICINE, WOMEN'S HEALTH, AND PEDIATRICS. MOST PATIENTS ENGAGE IN THE COLLABORATIVE CARE PROGRAM; THIS INITIATIVE PROVIDES ROUTINE DEPRESSION AND ANXIETY SCREENING OF ALL PATIENTS, AS WELL AS ACCESS TO ONSITE, INTEGRATED BEHAVIORAL HEALTH SERVICES. PATIENTS WITH POSITIVE SCREENING SCORES ARE REFERRED TO A CARE MANAGER, A BEHAVIORAL HEALTH CLINICIAN WHO COLLABORATES CLOSELY WITH THE PATIENT'S PRIMARY CARE PROVIDER TO IMPROVE SYMPTOMS OF DEPRESSION AND ANXIETY THROUGH A PATIENT-DRIVEN MIX OF EVIDENCE-BASED INTERVENTIONS AND PSYCHOPHARMACOLOGY. HAVING BEHAVIORAL HEALTH PROVIDERS IN PRIMARY CARE REDUCES THE STIGMA OF SEEKING MENTAL HEALTH SERVICES AND IS SHOWN TO IMPROVE HEALTH OUTCOMES IN CONNECTION WITH A WIDE RANGE OF CHRONIC DISEASES. CONCURRENT WITH THE PROVISION OF INTEGRATED BEHAVIORAL HEALTH SERVICES, WYCKOFF OFFERS A ROBUST TRAINING PROGRAM TO INTERNAL MEDICINE, PEDIATRICS, AND OB-GYN RESIDENTS ON A WIDE VARIETY OF BEHAVIORAL HEALTH TOPICS INCLUDING MEDICATION MANAGEMENT, SUICIDE ASSESSMENTS, SCREENING FOR BEHAVIORAL HEALTH, SAFETY PLANNING, AND HARM REDUCTION STRATEGIES FOR WORKING WITH PATIENTS WITH SUBSTANCE USE ISSUES. THIS ONGOING TRAINING ENSURES WYCKOFF IS CREATING A KNOWLEDGEABLE WORKFORCE OF PRIMARY CARE PROVIDERS, WHILE ALSO SUPPORTING RESIDENTS IN MEETING ALL THE PHYSICAL AND MENTAL HEALTH NEEDS OF THEIR PATIENTS AND THUS IMPROVING THE HEALTH OF THE COMMUNITY. HIV, HEPATITIS, AND STD PREVENTION AND CARE ACTIVITIES: WYCKOFF OFFERS THE MOST ROBUST AND COMPREHENSIVE HIV/HEPATITIS/AND SEXUAL HEALTH SERVICES PROGRAM IN THE LOCAL GEOGRAPHIC AREA. MANY OF THESE SERVICES ARE FUNDED BY CITY, STATE, AND FEDERAL GRANTS AND ALLOW WYCKOFF TO SERVE THE COMMUNITY IN A COMPREHENSIVE WAY WITH BOTH PREVENTION AND MEDICAL TREATMENT SERVICES INTEGRATED ALONGSIDE SUPPORTIVE SERVICES LIKE BEHAVIORAL HEALTH, COUNSELING, AND CASE MANAGEMENT. PREVENTION SERVICES INCLUDE SOCIAL MEDIA AND SOCIAL VENUE OUTREACH, INTEGRATED HIV/HCV/STI TESTING, STI TREATMENT/VACCINATION, BIOMEDICAL PREVENTION (PRE-AND POST-EXPOSURE PROPHYLAXIS), MENTAL HEALTH AND SUBSTANCE USE COUNSELING, PATIENT NAVIGATION INCLUDING BENEFITS NAVIGATION, AND EVIDENCE-BASED INTERVENTIONS. WYCKOFF HAS BEEN PROVIDING ROUTINE HIV AND HEPATITIS TESTING SERVICES HOSPITAL-WIDE SINCE 2013, AND ADDITIONALLY TARGETED HIV TESTING AND COMMUNITY OUTREACH SERVICES WITH A FOCUS ON KEY POPULATIONS SUCH AS YOUNG MEN WHO HAVE SEX WITH MEN (MSM) AND WOMEN OF COLOR. ONCE CLIENTS SCREEN POSITIVE FOR HIV OR HEPATITIS C, A DESIGNATED OUTREACH TEAM FOLLOWS UP WITH EACH CLIENT TO PROVIDE SUPPORT AND FOLLOW UP MEDICAL CARE COORDINATION. TO SUPPORT ENGAGEMENT AND RETENTION IN MEDICAL CARE, WYCKOFF HOUSES BOTH RYAN WHITE PART B MEDICAL CASE MANAGEMENT AND RYAN WHITE PART A CARE COORDINATION SERVICES AS WELL AS THE NEW INNOVATIVE PROGRAM UNDETECTABLE FUNDED THROUGH A NYC DOHMH GRANT. THE HIV, HEPATITIS, AND SEXUAL HEALTH GRANTS ARE INTEGRAL TO PROVIDING ACCESS IN THE BROOKLYN AND QUEENS COMMUNITIES SERVED BY WYCKOFF TO THE LATEST TESTING AND TREATMENT TECHNOLOGIES AND PROVIDING EDUCATION AND HEALTH PROMOTION AMONG COMMUNITY MEMBERS. THROUGH EARLY DIAGNOSIS, COMPLETE TREATMENT ACCESS, AND EDUCATION WYCKOFF ACTIVELY SUPPORTS THE REDUCTION IN NEW INFECTIONS, EARLY ACCESS TO TREATMENT MANAGEMENT, AND IMPROVED HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV AND/OR HEPATITIS. MATERNAL AND INFANT HEALTH ACTIVITIES: THE MATERNAL AND INFANT HEALTH PROGRAM AT WYCKOFF IS DESIGNED TO REACH AND ENGAGE WOMEN OF CHILDBEARING AGE AND PROVIDE EDUCATION AND SUPPORT SERVICES THAT ADDRESS SPECIFIC HEALTH INEQUITIES WITHIN THE LOCAL POPULATIONS WE SERVE. THESE INCLUDE EDUCATION AND SUPPORT SERVICES FOR TEEN-AGE MOTHERS AND HISPANIC, AFRICAN AMERICAN, AND FOREIGN-BORN WOMEN AND THEIR FAMILIES. THE PROGRAM USES COMMUNITY ASSESSMENT, CONSENSUS BUILDING, AND THE DEVELOPMENT OF EDUCATION, OUTREACH AND MARKETING STRATEGIES TO REACH WOMEN THROUGHOUT ALL STAGES OF LIFE COURSE AND THEIR CHILDREN. THE PROGRAM HAS ALSO IMPLEMENTED APPROACHES THAT HAVE A STRONG EVIDENCE BASE IN SUPPORT OF THEIR ABILITY TO REDUCE DISPARITIES IN OUTCOMES, INCLUDING BABY BASICS, A PROGRAM TO INTEGRATE EVIDENCE-BASED MATERIALS AND HEALTH LITERACY STRATEGIES INTO PRENATAL CARE. ASTHMA: OUR COMMUNITY HAS SOME OF THE HIGHEST ASTHMA RATES IN NEW YORK CITY AND RESIDENTS EXPERIENCE MUCH HIGHER ASTHMA-RELATED EMERGENCY DEPARTMENT AND HOSPITAL DISCHARGE RATES THAN ELSEWHERE.</p>

Form and Line Reference	Explanation
PART II, LINE 3:	<p>TO ADDRESS ASTHMA, WE HAVE EXPANDED OUR HOME-BASED ASTHMA SERVICES THROUGH THE BREATH EASY ASTHMA TEAM (BEAT) WHICH PROVIDES CULTURALLY SENSITIVE, BILINGUAL (ENGLISH/SPANISH) ASTHMA EDUCATION, TRIGGER IDENTIFICATION AND REFERRALS. IN 2016, WYCKOFF ACHIEVED JOINT COMMISSION CERTIFICATION FOR PEDIATRIC ASTHMA CARE. WE HAVE CONTINUED TO IMPROVE OUR CLINICAL ASTHMA OUTCOMES BY PROVIDING CULTURALLY COMPETENT, PATIENT-CENTERED CARE, EVIDENCE-BASED CARE TO PATIENTS AND THEIR FAMILIES WHO SUFFER FROM ASTHMA. THROUGH SUPPORTING FAMILIES AND CLINICIANS IN EFFECTIVE ASTHMA MANAGEMENT, WE HAVE SEEN DECREASED EMERGENCY ROOM VISITS RELATED TO ASTHMA AND AN INCREASE IN OUTPATIENT ASTHMA MANAGEMENT. IN SEPTEMBER OF 2018, WE ACCEPTED RESPONSIBILITY FOR A NEW INITIATIVE TO PROVIDE TECHNICAL ASSISTANCE TO DAY CARE CENTERS IN QUEENS. WE NOW PROVIDE QUEENS DAY CARE STAFF AND PARENTS EDUCATION TO IDENTIFY AND MANAGE ASTHMA AND PREPARE FAMILIES TO MANAGE CHILDHOOD ASTHMA WHEN THEIR CHILD ENTERS SCHOOL. SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANT AND CHILDREN (WIC): WYCKOFF'S WIC PROGRAM HAS PROVIDED A LONGSTANDING AND CRITICAL MECHANISM TO REDUCE OBESITY, IMPROVE FOOD SECURITY, PROMOTE POSITIVE BIRTH OUTCOMES, INCREASE BREASTFEEDING RATES, AND REDUCE HEALTH DISPARITIES AND THE RISK FOR CHRONIC DISEASE AMONG LOCAL WOMEN, INFANTS AND CHILDREN. WIC OFFERS PARTICIPANT-CENTERED AND CULTURALLY RESPONSIVE NUTRITION ASSESSMENT AND EDUCATION; BREASTFEEDING PROMOTION AND SUPPORT, INCLUDING BREASTFEEDING PEER COUNSELING AND BREAST PUMPS; REFERRALS TO HEALTH AND SOCIAL SERVICES; AND A VARIETY OF NUTRITIOUS FOODS. VIOLENCE INTERVENTION AND TREATMENT PROGRAM: WHMC'S VIOLENCE INTERVENTION AND TREATMENT PROGRAM (VITP) IS THE ONLY HOSPITAL-BASED RAPE CRISIS PROGRAM (RCP) CERTIFIED BY THE NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) IN THE BOROUGH OF BROOKLYN. SINCE 2004, VITP HAS BEEN AN EXPERIENCED PROVIDER OF SEXUAL ASSAULT, RAPE, CHILDHOOD SEXUAL ABUSE, STALKING, DATING VIOLENCE, AND DOMESTIC/INTIMATE PARTNER VIOLENCE SERVICES, INCLUDING ON-CALL RAPE CRISIS ADVOCATES TO SUPPORT ALL PATIENTS WHO PRESENT TO THE EMERGENCY DEPARTMENT FOLLOWING A SEXUAL ASSAULT, CRISIS AND ONGOING COUNSELING, PERSONAL ADVOCACY, CRIMINAL JUSTICE ADVOCACY, ACCOMPANIMENTS, COMPENSATION ASSISTANCE, INFORMATION AND REFERRALS, AS WELL AS PREVENTION AND EDUCATION SERVICES WITHIN THE HOSPITAL AND LARGER COMMUNITY. ALL SERVICES ARE FREE, CONFIDENTIAL AND AVAILABLE IN ENGLISH AND SPANISH, REGARDLESS OF IMMIGRATION OR INSURANCE STATUS. WYCKOFF IS ALSO HOME TO THE ENOUGH IS ENOUGH PROGRAM, A STATE-FUNDED INITIATIVE TO HELP INSTITUTIONS OF HIGHER LEARNING PREVENT SEXUAL ASSAULT AND SEXUAL HARASSMENT ON CAMPUSES THROUGH COLLABORATION AND TRAINING OF BOTH FACULTY AND STUDENTS. THROUGH COLLABORATIONS WITH MORE THAN 10 COLLEGES AND UNIVERSITIES AND THEIR TITLE IX PROGRAMS, WYCKOFF'S ENOUGH IS ENOUGH OFFERS EVIDENCE-BASED INFORMATION ON PREVENTION INTERVENTIONS, INCLUDING BYSTANDER INTERVENTION TRAINING, AS WELL AS COUNSELING AND SUPPORTIVE SERVICES TO STUDENTS, FACULTY, AND STAFF OF THESE ORGANIZATIONS WHO EXPERIENCE SEXUAL HARASSMENT, SEXUAL ASSAULT OR INTIMATE PARTNER VIOLENCE.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE AMOUNT REPORTED ON LINE 2 IS EQUAL TO THE PROVISION FOR BAD DEBTS PER THE AUDITED FINANCIAL STATEMENTS ("AFS"). THE EXPLANATION OF THE METHODOLOGY USED TO ESTIMATE THIS AMOUNT CAN BE FOUND IN FOOTNOTE 3 ON PAGE 13 of the AFS.

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE TEXT OF THE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE CAN BE FOUND ON PAGE 13 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE AMOUNT REPORTED ON LINE 6 WAS DERIVED BY USING THE MEDICARE ALLOWABLE COSTS AS REPORTED ON THE HOSPITAL'S NEW YORK STATE INSTITUTIONAL COST REPORT AND THE APPLICABLE ADJUSTMENTS FROM WORKSHEET B.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>WYCKOFF HEIGHTS MEDICAL CENTER'S ("WHMC") COLLECTION POLICY FOLLOWS THE GUIDELINES ESTABLISHED BY NEW YORK STATE LAW. WHMC'S COLLECTION POLICY, IN CONJUNCTION WITH THE HOSPITAL'S CHARITY CARE AND FINANCIAL ASSISTANCE POLICY, ENSURES THAT EVERY EFFORT IS MADE TO IDENTIFY PATIENTS WHO ARE ELIGIBLE FOR CHARITY CARE. WHMC HAS A WRITTEN DEBT COLLECTION POLICY - ALL SELF-PAY BALANCES ARE OUTSOURCED TO A DESIGNATED SELF-PAY AGENCY FOR COLLECTION. TRUE SELF-PAYS WILL BE FORWARDED ON DAY ONE FROM FINAL BILL. SELF-PAY AFTER INSURANCE PAYMENT OR FINAL INSURANCE DENIAL WILL BE TRANSFERRED TO THE OUTSOURCE COMPANY AS SOON AS THE ACCOUNT IS IDENTIFIED AS HAVING A SELF-PAY BALANCE. ACCOUNTS WILL BE WORKED BY THE OUTSOURCE (EARLY OUT) COMPANY FOR ONE HUNDRED TWENTY (120) DAYS. THE EARLY OUT AGENCY WILL ALSO IDENTIFY ACCOUNTS THAT QUALIFY FOR CHARITY CARE BASED ON NEW YORK GUIDELINES. IF UNPAID AT THE END OF THE CYCLE THE ACCOUNT WILL BE TRANSFERRED TO A DESIGNATED BAD DEBT COLLECTION AGENCY. THE BAD DEBT AGENCIES WILL WORK THE ACCOUNTS FOR SIX (6) MONTHS. IF THE AGENCY FAILS IN THEIR COLLECTION EFFORT, THE ACCOUNT WILL BE RETURNED TO THE HOSPITAL AS UNCOLLECTIBLE WITH THE EXCEPTION OF ACCOUNTS WITH ACTIVE PAYMENT ARRANGEMENTS. ITEMIZED BILLS WILL BE AVAILABLE TO PATIENTS UPON REQUEST. PROCEDURE: 1. ALL PATIENTS WITH A SELF-PAY BALANCE (TRUE SELF-PAY OR SELF-PAY BALANCE AFTER INSURANCE) WILL BE TRANSFERRED TO A DESIGNATED SELF-PAY AGENCY FOR PROCESSING. THE AGENCY WILL: A. IDENTIFY AND RETURN ACCOUNTS THAT QUALIFY FOR CHARITY CARE PER NEW YORK GUIDELINES. B. PROCESS A LETTER SERIES (THREE LETTERS) WITHIN ONE HUNDRED TWENTY (120) DAYS. IN ADDITION TO WRITTEN STATEMENTS, PATIENTS WILL RECEIVE A MINIMUM OF THREE (3) PHONE CALLS IN AN ATTEMPT TO COLLECT UPON THEIR OPEN ACCOUNT. C. IDENTIFY ACCOUNTS WITH RETURN MAIL/NO CURRENT PHONE NUMBER THAT CAN NOT BE LOCATED AND RETURN THE ACCOUNT TO BE PLACED IN BAD DEBT. D. AFTER THE ONE HUNDRED TWENTY (120) DAY PERIOD AND THERE HAS BEEN NO PAYMENT RECEIVED, THE ACCOUNT WILL BE RETURNED TO THE HOSPITAL TO BE REVIEWED FOR BAD DEBT PLACEMENT. NOTE: ACCOUNTS WITH PAYMENT ARRANGEMENTS WILL REMAIN AT THE AGENCY UNTIL THEY ARE PAID-IN-FULL. AGENCY WILL CLOSE AND RETURN ACCOUNTS THAT HAVE BROKEN PAYMENT ARRANGEMENTS. 2. A BAD DEBT PRE-LIST WILL BE REVIEWED WEEKLY AND ACCOUNTS PLACED WITH A DESIGNATED BAD DEBT AGENCY FOR A PERIOD OF SIX (6) MONTHS WILL BE CHANGED TO BDCLOSED - BAD DEBT CLOSED ACCOUNT IDENTIFIES THE ACCOUNT AS HAVING ALL COLLECTION EFFORTS EXHAUSTED. THE EXCEPTIONS FOR RETURNING ACCOUNTS AT SIX MONTHS ARE ACCOUNTS WITH ACTIVE PAYMENT ARRANGEMENTS. 3. ACCOUNTS RETURNED FROM THE BAD DEBT AGENCIES WILL BE REVIEWED: A. MEDICARE COPAY/DEDUCTIBLE AMOUNTS WILL BE DOCUMENTED. B. ACCOUNTS CLAIMED AS UNCOLLECTIBLE WILL BE CODED AS 'BAD DEBT RETURNS'(BDCLOSED), WHICH IDENTIFIES THE ACCOUNTS AS HAVING ALL COLLECTION EFFORTS EXHAUSTED. 4. MONTHLY-THE PATIENT ACCOUNTS MANAGER WHO OVERSEES OUTSOURCING WILL: A. RECONCILE THE INVENTORY B. CONDUCT AN AUDIT ON COMPLIANCE TO THIS POLICY AND REPORT THOSE RESULTS TO THE ASSOCIATE VICE-PRESIDENT.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>PURSUANT TO NEW YORK STATE PUBLIC HEALTH LAW SECTION 2803-L, WYCKOFF HEIGHTS MEDICAL CENTER ("WHMC") IS REQUIRED TO FILE A COMPREHENSIVE COMMUNITY SERVICE PLAN ("CSP") WITH THE NEW YORK STATE DEPARTMENT OF HEALTH ("DOH") EVERY 3 YEARS. THE TEXT OF NEW YORK STATE PUBLIC HEALTH LAW SECTION 2803-L IS AS FOLLOWS: COMMUNITY SERVICE PLANS. (1) THE GOVERNING BODY OF A VOLUNTARY NON-PROFIT GENERAL HOSPITAL MUST ISSUE AN ORGANIZATIONAL MISSION STATEMENT IDENTIFYING AT A MINIMUM THE POPULATIONS AND COMMUNITIES SERVED BY THE HOSPITAL AND THE HOSPITAL'S COMMITMENT TO MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY. (2) THE GOVERNING BODY MUST AT LEAST EVERY THREE YEARS: (I) REVIEW AND AMEND AS NECESSARY THE HOSPITAL MISSION STATEMENT; (II) SOLICIT THE VIEWS OF THE COMMUNITIES SERVED BY THE HOSPITAL ON SUCH ISSUES AS THE HOSPITAL'S PERFORMANCE AND SERVICE PRIORITIES; (III) DEMONSTRATE THE HOSPITAL'S OPERATIONAL AND FINANCIAL COMMITMENT TO MEETING COMMUNITY HEALTH CARE NEEDS, TO PROVIDE CHARITY CARE SERVICES AND TO IMPROVE ACCESS TO HEALTH CARE SERVICES BY THE UNDERSERVED; AND (IV) PREPARE AND MAKE AVAILABLE TO THE PUBLIC A STATEMENT SHOWING ON A COMBINED BASIS A SUMMARY OF THE FINANCIAL RESOURCES OF THE HOSPITAL AND RELATED CORPORATIONS AND THE ALLOCATION OF AVAILABLE RESOURCES TO HOSPITAL PURPOSES INCLUDING THE PROVISION OF FREE OR REDUCED CHARGE SERVICES. (3) THE GOVERNING BODY MUST AT LEAST ANNUALLY PREPARE AND MAKE AVAILABLE TO THE PUBLIC AN IMPLEMENTATION REPORT REGARDING THE HOSPITAL'S PERFORMANCE IN MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY, PROVIDING CHARITY CARE SERVICES, AND IMPROVING ACCESS TO HEALTH CARE SERVICES BY THE UNDERSERVED. (4) THE GOVERNING BODY SHALL FILE WITH THE COMMISSIONER ITS MISSION STATEMENT, ITS ANNUAL IMPLEMENTATION REPORT, AND AT LEAST EVERY THREE YEARS A REPORT DETAILING AMENDMENTS TO THE STATEMENT AND REFLECTING CHANGES IN THE HOSPITAL'S OPERATIONAL AND FINANCIAL COMMITMENT TO MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY, PROVIDING CHARITY CARE SERVICES, AND IMPROVING ACCESS TO HEALTH CARE SERVICES BY THE UNDERSERVED. THE ABOVE-REFERENCED CSP REQUIREMENT WAS ENHANCED BY THE DOH'S PREVENTION AGENDA INITIATIVE. THIS INITIATIVE IS A PROCESS THAT ASKS HOSPITALS SUCH AS WHMC TO WORK WITH LOCAL HEALTH DEPARTMENTS AND COMMUNITY PARTNERS TO ASSESS COMMUNITY HEALTH NEEDS, JOINTLY DEVELOP PLANS TO ADDRESS TWO OR THREE OF THE IDENTIFIED NEEDS AND INCLUDE THIS COLLABORATIVE WORK IN THE WHMC'S CSP UPDATE SUBMITTED TO DOH. INFORMATION ON THE NEW YORK STATE DOH PREVENTION AGENDA CAN BE FOUND AT <a href="http://WWW.HEALTH.STATE.NY.US/PREVENTION/PREVENTION_AGENDA">WWW.HEALTH.STATE.NY.US/PREVENTION/PREVENTION_AGENDA</a>. WHMC LIES IN CULTURALLY DIVERSE QUEENS AND KINGS COUNTY OF NEW YORK CITY. WHMC DETERMINES ITS COMMUNITY HEALTH NEEDS BY PARTICIPATING WITH COMMUNITY GROUPS AND LOCAL HEALTH DEPARTMENT ACTIVITIES. THE HOSPITAL ANALYZES INTERNAL PATIENT SURVEY, UTILIZATION DATA AND BULLETINS AND REPORTS FROM NYS DEPARTMENT OF HEALTH, NYS VITAL STATISTICS, GNYHA AND HANY TO UNDERSTAND THE DEMOGRAPHICS AND UNMET NEEDS WITHIN THE COMMUNITY. WHMC WORKS CLOSELY WITH THE LOCAL HEALTH DEPARTMENT AND COMMUNITY GROUPS. THE HOSPITAL IS ABLE TO CONSTANTLY MEET THE EMERGING HEALTH CARE NEEDS FROM THE COMMUNITY. THE HOSPITAL IDENTIFIES THE FOLLOWING NEEDS WITHIN THE COMMUNITY: THE NEED TO ACCESS ADVANCED QUALITY HEALTH CARE; THE NEED TO RECEIVE QUALITY CARE FOR THE UNDERSERVED BY OPEN ENROLLMENT OF MEDICAID AND MEDICAID MANAGED CARE PROGRAMS; THE NEED TO OBTAIN HEALTH EDUCATION, DISEASE PREVENTION AND DISEASE MANAGEMENT TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY. IN SUMMARY, THE HOSPITAL FOCUS PRIMARILY ON POSITIVELY IMPACTING THE HEALTH OF OUR COMMUNITY WITH PROGRAMS THAT ARE CULTURALLY AND LINGUISTICALLY TAILORED TO MEET THE UNMET NEEDS OF WOMEN, INFANTS, SENIORS AND MINORITIES IN OUR COMMUNITY.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>WYCKOFF HEIGHTS MEDICAL CENTER IS COMMITTED TO PROVIDE ACCESS TO THE HIGHEST LEVEL OF CARE WITH COMPASSION, DIGNITY AND RESPECT. WE ARE ALSO COMMITTED TO CARE ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY. WE NOT ONLY PROVIDE VARIOUS ASSISTANCES TO PATIENTS WHO CAN'T PAY FOR PART OR ALL OF THE CARE THEY RECEIVE BUT ALSO HELP PATIENTS WITH BROADER FISCAL RESPONSIBILITIES TO BALANCE THE NEEDED FINANCIAL ASSISTANCE. WYCKOFF HEIGHTS MEDICAL CENTER CURRENTLY HAS THE FOLLOWING PRINCIPALS WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS: *PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS *MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS *OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED RESOURCES *IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER *IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PAYMENT OBLIGATIONS. WYCKOFF HEIGHTS MEDICAL CENTER PROVIDES FINANCIAL COUNSELING TO PATIENTS ABOUT THEIR OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL POLICIES ON FINANCIAL SUPPORT AND FEDERAL, STATE AND LOCAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES IS AVAILABLE TO PATIENTS THROUGH HOSPITAL'S WEBSITE, HOSPITAL POSTERS AND FLYERS. INFORMATION IS ALSO AVAILABLE IN SPANISH WHICH IS THE MAIN LANGUAGE SPOKEN IN THE COMMUNITY AND POSTED IN THE WAITING AREAS FOR THE EMERGENCY ROOM, THE WOMEN'S HEALTH, THE SECOND FLOOR MAIN CLINIC AREA AND THE OFFSITE CLINICS. FINANCIAL COUNSELORS MAKE EVERY EFFORT TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES. THE HOSPITAL HAS ONSITE MEDICAID ELIGIBILITY REPRESENTATIVES AND THEY MAKE BEDSIDE VISITS TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO THE PATIENT'S DISCHARGE. WYCKOFF HEIGHTS MEDICAL CENTER HAS DEVELOPED A WRITTEN POLICY FOR THE BILLING, COLLECTION ON CHARITY CARE AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS IN NEED IN A PROFESSIONAL, CONSISTENT MANNER. WYCKOFF EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING PATIENT REGISTRARS, FINANCIAL INVESTIGATORS, CUSTOMER SERVICE REPRESENTATIVES, AND BILLING AND COLLECTION REPRESENTATIVES) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR ABILITY TO PAY FOR SERVICES.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>WYCKOFF HEIGHTS MEDICAL CENTER IS A 324-BED ACUTE CARE ACADEMIC MEDICAL CENTER COMMITTED TO THE COMPLEX MISSION OF PATIENT CARE, TEACHING AND COMMUNITY SERVICE. THE HOSPITAL HAS ENSURED CONTINUED BROOKLYN AND QUEENS COUNTY COMMUNITY PARTICIPATION AND OUTREACH ACTIVITIES THROUGH LINKAGES WITH COMMUNITY BASED ORGANIZATIONS, LOCAL PHYSICIAN PRACTICES, D&amp;T CENTERS, HOME CARE AGENCIES AND NURSING HOMES. WYCKOFF HEIGHTS MEDICAL CENTER'S PRIMARY AND SECONDARY SERVICE AREAS INCLUDE FIVE PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS); BUSHWICK, WILLIAMSBURG, BEDFORD-STUYVESANT, EAST NEW YORK AND LONG ISLAND CITY. THE HOSPITAL IS LOCATED IN BROOKLYN NEAR THE BROOKLYN/QUEENS BORDER, AND SERVES THE BUSHWICK, BEDFORD STUYVESANT, EAST NEW YORK AND GREENPOINT COMMUNITIES OF BROOKLYN, AS WELL AS THE RIDGEWOOD, GLENDALE, MASPETH AND MIDDLE VILLAGE COMMUNITIES OF QUEENS. THE HOSPITAL SERVICE AREAS HAVE A TOTAL POPULATION OF 430,000. 177,000 RESIDENTS OR 41% OF THE POPULATION IS LATINO AND 47,400 RESIDENTS OR 11% OF THE POPULATION IS AFRICAN AMERICAN. THE HOSPITAL IS LOCATED IN THE 11237 ZIP CODE WHICH HAS A POPULATION THAT IS 75% LATINO. THE SERVICE AREAS ALSO INCLUDE RECENT IMMIGRANT POPULATIONS FROM LATIN AMERICA, THE CARIBBEAN, EASTERN/SOUTHERN EUROPE AND ASIA. MORE THAN 100,000 RESIDENTS ARE UNDER 18 YEARS OF AGE. IN THE BUSHWICK COMMUNITY 33% ARE 18 OR YOUNGER. MORE THAN 50% OF THE RESIDENTS HAVE INCOMES BELOW THE POVERTY LINE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>THE MISSION OF WYCKOFF HEIGHTS MEDICAL CENTER IS TO PROVIDE EXCELLENCE IN CARE THROUGH PREVENTION, EDUCATION AND TREATMENT IN A SAFE ENVIRONMENT. WYCKOFF PROVIDES COMPREHENSIVE PRIMARY AND SECONDARY LEVEL INPATIENT AND OUTPATIENT MEDICAL, SURGICAL, OBSTETRIC/GYNECOLOGIC AND PEDIATRIC CARE SERVICES. WYCKOFF PROVIDES TERTIARY HEALTHCARE SERVICES, INCLUDING RENAL DIALYSIS, MEDICAL ONCOLOGY SERVICES, NEUROSURGERY, GENETICS, NUCLEAR MEDICINE AND RADIATION ONCOLOGY. AMBULATORY PODIATRIC AND DENTAL SERVICES ARE ALSO AVAILABLE. IN OUR COMMITMENT TO PATIENT-CENTERED CARE, WYCKOFF POLICY EMPHASIZES AMBULATORY ALTERNATIVES TO INPATIENT CARE WHEN FEASIBLE TO PROMOTE RESPONSIBILITY AND PATIENT INDEPENDENCE. EXPANDED COMMUNITY OUTREACH PROGRAMS AND AMBULATORY CENTERS FACILITATE PATIENT ACCESS, WHILE PROMOTING OUR MANY ALLOPATHIC AND OSTEOPATHIC EDUCATIONAL AND TEACHING PROGRAMS. WYCKOFF HEIGHTS MEDICAL CENTER HAS CREATED THE FOLLOWING OBJECTIVES TO HELP US MEET OUR MISSION AND VISION: *PROVIDES THE HIGHEST LEVEL OF CARE FOR ALL PATIENTS, RECOGNIZING THE WORTH AND DIGNITY OF EACH INDIVIDUAL *IMPROVES THE HEALTH STATUS OF THE COMMUNITY BY ACTIVELY PARTICIPATING IN AN ORGANIZED, INNOVATIVE, INTEGRATED HEALTH CARE SYSTEM, USING A FOCUS ON MANAGED CARE *PROMOTES AND SUPPORTS ALL EFFORTS TO PROVIDE A SAFE ENVIRONMENT FOR OUR PATIENT, EMPLOYEES AND VISITORS *WORKS IN PARTNERSHIP WITH PHYSICIANS AND ALL HEALTH CARE PROVIDERS AND EMPLOYEES TO ENCOURAGE PROFESSIONAL GROWTH AND DEVELOPMENT, IN ORDER TO BETTER SERVE THE COMMUNITY AND TO UNDERSTAND AND MEET THE NEEDS OF OUR CULTURALLY DIVERSE POPULATION *IS COMMITTED TO THE ONGOING EMPLOYABILITY OF OUR EMPLOYEES THROUGH THEIR GROWTH AND DEVELOPMENT, DESPITE THE INABILITY TO GUARANTEE INDIVIDUAL JOBS IN A CHANGING HEALTH CARE ENVIRONMENT, BY WORKING TOGETHER RESPONSIBLY AND RESPECTING EACH ROLE HERE. *FOSTERS A SCHOLARLY ATMOSPHERE, SUPPORTING EDUCATIONAL PROGRAMS AND ENDOWMENTS THAT ENHANCE THE COMPETENCY OF ALL INDIVIDUALS WITHIN THE SYSTEM, TO PROMOTE DELIVERY OF HEALTH CARE THAT IS SAFE, EFFECTIVE, PATIENT-CENTERED, TIMELY, EFFICIENT AND EQUITABLE *IS CREATING HEALTH INFORMATION SYSTEMS AND NETWORKS DEDICATED TO MONITORING, STREAMLINING AND IMPROVING THE QUALITY OF CLINICAL AND SERVICE FUNCTIONS, WHILE MAINTAINING PATIENT CONFIDENTIALITY AND YET RESPONDING TO THE HEALTH CARE MARKET GROWTH, OPTIMAL FINANCIAL DEVELOPMENT AND WISE USE OF FINANCIAL ASSETS *PROVIDES MODERN, PROGRESSIVE HEALTH CARE TECHNOLOGIES THAT IMPROVE THE QUALITY OF CARE *PROVIDES OUTREACH TO MEMBERS OF THE COMMUNITY WITH SPECIAL NEEDS, INCLUDING INFANTS, YOUNG CHILDREN AND ADOLESCENTS, PERSONS WITH DISABILITIES, CHRONIC CONDITIONS AND LIFE-THREATENING DISORDERS SUCH AS HIV/AIDS AND SENIOR CITIZENS *PROMOTES AND SUPPORTS PREVENTIVE MEDICINE PROGRAMS THAT REDUCE OCCURRENCE OF DISEASE THROUGH EDUCATION AND PROACTIVE MEASURES *MEASURES SUCCESS BY HOW WELL WE MEET OR EXCEED THE EXPECTATIONS OF OUR COMMUNITY AND PATIENTS *STRIVES TO CREATE A CULTURE OF SERVICE EXCELLENCE IN EVERY ASPECT OF PATIENT CARE. BY PROVIDING OUTSTANDING SERVICE CONSISTENTLY, WE SEEK TO ESTABLISH LIFELONG RELATIONSHIP WITH PATIENTS, EMPHASIZING THAT CARE FOR THE PATIENT ALWAYS COME FIRST. WYCKOFF HEIGHTS MEDICAL CENTER'S MISSION AND COMMITMENT TO QUALITY SERVICE ENABLES THE HOSPITAL TO BECOME THE PREMIER HEALTH CARE PROVIDER FOR THE CULTURALLY DIVERSE COMMUNITY WE SERVE.</p>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-1631837

**Name:** Wyckoff Heights Medical Center

### 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	Wyckoff Heights Medical Center 374 Stockholm Street Brooklyn, NY 11237 WWW.WYCKOFFHOSPITAL.ORG 7001035H	X	X		X			X			

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

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

Form and Line Reference	Explanation
Section B, Line 5:	The Community Health Needs Assessment included a community member survey and meetings with community stakeholders to obtain input, prioritize needs, and develop strategies for the Community Service Plan. These stakeholders included local community-based organizations, and members of the local community board.
Section B, LINE 11:	Two priority needs were identified in Wyckoff's Community Health Needs Assessment: 1) Improving health for women and mothers, birth outcomes and child health. 2) Preventing other sexual transmitted diseases. These needs are being addressed via Wyckoff's action plan (implementation strategy). Wyckoff is working to reduce premature births, increase the number of breastfed babies, and reduce obesity in children through its Women, Infants, and Children (WIC) program and it's Maternal and Infant Child Health Collaborative. Wyckoff is working to prevent HIV and STDs through its Positive Health Management Program. There were no needs identified in the Community Health Assessment that are not being addressed by Wyckoff's Implementation strategy.

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Wyckoff Heights Medical Center

Employer identification number  
11-1631837

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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>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 checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" 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>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	No
<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>	No
<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>	

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

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

[illegible]

**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 Data

Software ID:

Software Version:

EIN: 11-1631837

Name: Wyckoff Heights Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RAMON RODRIGUEZ PRESIDENT/CEO	(i)	945,691	160,000	1,910	0	6,901	1,114,502	0
	(ii)	0	0	0	0	0	0	0
1VASILICA GACHE CFO	(i)	402,655	0	2,125	0	1,696	406,476	0
	(ii)	0	0	0	0	0	0	0
2GUSTAVO DEL TORO MD EVP & CM0	(i)	710,203	0	2,322	0	8,030	720,555	0
	(ii)	0	0	0	0	0	0	0
3KEVIN SMYLEY VP, GENERAL COUNSEL	(i)	408,689	0	3,137	0	5,624	417,450	0
	(ii)	0	0	0	0	0	0	0
4CATHERINE GALLOGLY-SIMON CNO	(i)	370,465	0	1,617	0	11,437	383,519	0
	(ii)	0	0	0	0	0	0	0
5MARGARET CORNELIUS VP OF HR	(i)	307,815	0	687	0	2,653	311,155	0
	(ii)	0	0	0	0	0	0	0
6PATRICK SULLIVAN VP, FACILITY & SUPPORT SRVCS.	(i)	300,978	0	3,640	0	810	305,428	0
	(ii)	0	0	0	0	0	0	0
7JEBASHINI JESURASA VP, IT/CIO	(i)	241,779	0	233	0	6,434	248,446	0
	(ii)	0	0	0	0	0	0	0
8Orinthia King Attending	(i)	330,277	17,139	260	0	3,463	351,139	0
	(ii)	0	0	0	0	0	0	0
9Patricia Meade Assistant Vice President	(i)	269,139	0	1,789	0	1,843	272,771	0
	(ii)	0	0	0	0	0	0	0
10Laurie Ward Director	(i)	215,106	25,000	1,623	0	1,350	243,079	0
	(ii)	0	0	0	0	0	0	0
11Christine Scaminaci Vice President	(i)	230,417	0	4	0	1,953	232,374	0
	(ii)	0	0	0	0	0	0	0
12Claire Mullaly Associate General Council	(i)	218,479	0	0	0	12,247	230,726	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  
Wyckoff Heights Medical Center

Employer identification number

11-1631837

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 Dormitory Authority of the State of New York	14-6000293	6499073V2	01-22-2015	65,676,570	Refunding Bonds		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	33,870,000							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	65,676,570							
4	Gross proceeds in reserve funds . . . . .	5,555,819							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	1,172,619							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	9,701,621							
11	Other spent proceeds . . . . .	54,802,330							
12	Other unspent proceeds . . . . .	0							
13	Year of substantial completion . . . . .	2018							
		Yes	No	Yes	No	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)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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?								
<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?								
<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 %							
<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 . . . . .								
<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**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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 II, Lines 11 and 14	As per Form 8038 as filed, 2015 bonds of \$65,676,569.90 were issued to pay off 1995 Series H bonds outstanding of \$54,802,329.68.

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ 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  
Wyckoff Heights Medical Center

Employer identification number  
11-1631837

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.

1	(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

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

Total . . . . . ▶ \$ 0

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of 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) GARY GOFFNER	chairman	168,342	Rent expense		No

**Part V Supplemental Information**

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

Return Reference	Explanation
Part IV, Line 1:	The organization paid rent to Board Chairman, Gary Goffner, during the year for space for clinical activities that serve the neighborhood. The rent paid is fair market value for the property and the board chairman did not participate in the decision making process.

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

Department of the Treasury

Name of the organization  
Wyckoff Heights Medical Center

**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**

**Employer identification number**

11-1631837

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 11B:	THE FINANCE DIRECTOR AND CFO UNDERTAKE A DETAILED REVIEW OF THE 990. IN ADDITION, BOARD MEMBERS OF THE FINANCE AND AUDIT COMMITTEES UNDERTAKE A REVIEW OF THE ORGANIZATION'S FORM 990 AND THEN REVIEW WITH THE CFO ANY COMMENTARY, OBSERVATIONS, AND RECOMMENDATIONS, AS APPROPRIATE.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C:	<p>BOARD OF TRUSTEES AUDIT AND COMPLIANCE COMMITTEE REVIEWS ALL ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES AND MAKES RECOMMENDATIONS, IF NECESSARY, TO THE FULL BOARD. POSITIVE RESPONSES ARE REVIEWED AND ADDITIONAL INFORMATION IS GATHERED TO DETERMINE IF A CONFLICT EXISTS. IF A CONFLICT EXISTS, APPROPRIATE ACTION IS TAKEN TO ELIMINATE THE CONFLICT, INCLUDING SUCH STEPS AS REASSIGNMENT OF RESPONSIBILITIES OR ESTABLISHMENT OF PROTECTIVE AGREEMENTS. IF A MATTER INVOLVES A BOARD MEMBER OR OFFICER, APPROPRIATE ACTION, INCLUDING RECUSAL AND ADDITIONAL DISCLOSURES, WILL BE DETERMINED BY THE BOARD.</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B:	EXECUTIVE COMPENSATION IS REVIEWED BY THE BOARD EXECUTIVE COMPENSATION COMMITTEE WHICH CONSISTS OF ONLY INDEPENDENT BOARD MEMBERS. THE COMMITTEE SOLICITS ASSISTANCE OF OUTSIDE LEGAL COUNSEL AND AN EXECUTIVE COMPENSATION CONSULTING FIRM WHO CONDUCTS STUDIES SHOWING COMPENSATION AT COMPARABLE INSTITUTIONS AND ADVISES THE COMMITTEE ACCORDINGLY. BOARD DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN BOARD MINUTES.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19:	UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Wyckoff Heights Medical Center

Employer identification number  
11-1631837

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)BROOKLYN QUEENS HEALTH CARE 374 STOCKHOLM STREET  BROOKLYN, NY 11237 31-1650965	SUPPORT WHMC	NY	501(c)(3)	12A	NA	Yes	
(2)WYCKOFF HEIGHTS MEDICAL SERVICES PC 374 STOCKHOLM STREET  BROOKLYN, NY 11237 11-3519417	SRGRY/ANESTHE	NY	501(c)(3)	12A	WHMC	Yes	
(3)WYCKOFF HEIGHTS DENTAL SERVICES PC 374 STOCKHOLM STREET  BROOKLYN, NY 11237 11-3440088	DENTISTRY	NY	501(c)(3)	12A	WHMC	Yes	
(4)WYCKOFF HEIGHTS MEDICAL CENTER FOUNDATIO 374 STOCKHOLM STREET  BROOKLYN, NY 11237 11-3626419	SUPPORT WHMC	NY	501(c)(3)	12A	WHMC	Yes	
(5)WYCKOFF PROFESSIONAL MEDICAL SERVICES PC 374 STOCKHOLM STREET  BROOKLYN, NY 11237 11-3437602	MEDICAL SVCS	NY	501(c)(3)	12A	WHMC	Yes	
(6)WYCKOFF HEIGHTS HOSPITAL SELF INSURANCE 374 STOCKHOLM STREET  BROOKLYN, NY 11237 11-2513146	INACTIVE	NY	501(c)(3)	12A	WHMC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> WYCKOFF EMERGENCY MEDICINE SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3495935	MEDICAL SVCS	NY	WHMC	C CORP	10,843,713	381,578	100.000 %	Yes	

**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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WYCKOFF PROFESSIONAL MEDICAL SERVICES	p	15,151,379	cost
(2) WYCKOFF EMERGENCY MEDICINE SERVICES PC	p	5,520,531	cost
(3) WYCKOFF HEIGHTS DENTAL SERVICES PC	p	495,603	cost
(4) Brooklyn-Queens Health Care Inc	Q	326,394	Cost

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation