

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
NEWYORK-PRESBYTERIANQUEENS

D Employer identification number
11-1839362

E Telephone number
(718) 670-1476

G Gross receipts \$ 970,224,300

F Name and address of principal officer:
KEVIN WARD
56-45 Main Street
Flushing, NY 11355

H(a) Is this a group return for subordinates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ www.nyp.org/queens

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1957 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO BE THE PREMIER HEALTHCARE INSTITUTION SERVING OUR GREATER COMMUNITY BY PROVIDING EXCELLENCE IN CLINICAL CARE AND PATIENT SAFETY, EDUCATION, CLINICAL RESEARCH, AND SERVICE.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4,440
6 Total number of volunteers (estimate if necessary)	6	272
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,204,955
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,413,746	19,841,198
9 Program service revenue (Part VIII, line 2g)	767,188,507	794,775,601
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,555,533	3,242,718
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,275,675	23,407,436
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	799,433,461	841,266,953
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	68,176,482	88,288,688
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	428,460,331	448,560,106
16a Professional fundraising fees (Part IX, column (A), line 11e)	84,343	76,346
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,597		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	298,420,059	306,378,784
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	795,141,215	843,303,924
19 Revenue less expenses. Subtract line 18 from line 12	4,292,246	-2,036,971

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	606,162,446	712,392,894
21 Total liabilities (Part X, line 26)	518,274,379	647,273,640
22 Net assets or fund balances. Subtract line 21 from line 20	87,888,067	65,119,254

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-11-03

KEVIN WARD CFO & Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ _____

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO BE THE PREMIER HEALTHCARE INSTITUTION SERVING OUR GREATER COMMUNITY BY PROVIDING EXCELLENCE IN CLINICAL CARE AND PATIENT SAFETY, EDUCATION, CLINICAL RESEARCH, AND SERVICE.

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 \$ 692,776,119 including grants of \$ 87,170,787) (Revenue \$ 790,053,725)
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 ▶ 692,776,119

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	4,440			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a			No	
<p>b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a		Yes		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
9 Sponsoring organizations maintaining donor advised funds.					
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>	15			No	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>	16			No	

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 12. Row 1b: 9. Rows 2-9 contain questions about governance and management with Yes/No columns.

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

Table with 16 rows and 3 columns (10a-16b, Yes, No). Contains questions about local chapters, policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KEVIN WARD 466 LEXINGTON AVENUE 16TH FL NEW YORK, NY 10017 (212) 297-5978

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

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

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Totals: 7,513,072, 4,764,150, 1,147,484.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,162

Questions 3, 4, and 5 regarding compensation reporting and related organizations. Includes Yes/No columns.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like TEAM ANESTHESIA LLC, SODEXO INC, etc.

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 103

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	917,847		
	d Related organizations	1d	12,877,132		
	e Government grants (contributions)	1e	5,128,261		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	917,958		
	g Noncash contributions included in lines 1a - 1f: \$	1g	800		
	h Total. Add lines 1a-1f		19,841,198		

Program Service Revenue			Business Code			
	2a CARE OF PATIENTS		622100	789,444,896	784,723,020	4,721,876
b PHARMACY		621500	5,330,705	5,330,705		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			794,775,601			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,715,506			1,715,506	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c	1,647,828	0			
	d Net rental income or (loss)				1,647,828			1,647,828
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	79,216,593	5,868,012			
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b	77,290,880	6,266,513			
		c Gain or (loss)	7c	1,925,713	-398,501			
	d Net gain or (loss)				1,527,212			1,527,212
	8a Gross income from fundraising events (not including \$ 917,847 of contributions reported on line 1c). See Part IV, line 18	8a			159,825			
			8b		285,795			
		c Net income or (loss) from fundraising events				-125,970		
	9a Gross income from gaming activities. See Part IV, line 19	9a			0			
			9b		0			
		c Net income or (loss) from gaming activities				0		
	10a Gross sales of inventory, less returns and allowances	10a			51,597,238			
10b				45,114,159				
c Net income or (loss) from sales of inventory					6,483,079			6,483,079
Miscellaneous Revenue		Business Code						
11a MSR AT BAYSIDE		900099	6,799,188				6,799,188	
b REBATES		900099	3,226,012				3,226,012	
c RAPID PARKING		900099	1,394,802				1,394,802	
d All other revenue			3,982,497				3,982,497	
e Total. Add lines 11a-11d			15,402,499					
12 Total revenue. See instructions			841,266,953	790,053,725	11,204,955		20,167,075	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	88,275,191	88,275,191		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,497	13,497		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,590,591		6,590,591	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	333,136,156	252,072,226	80,974,156	89,774
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,031,381	9,860,380	3,167,489	3,512
9 Other employee benefits	71,289,935	53,942,547	17,328,177	19,211
10 Payroll taxes	24,512,043	18,547,387	5,958,050	6,606
11 Fees for services (non-employees):				
a Management	0			
b Legal	587,066		587,066	
c Accounting	587,919		587,919	
d Lobbying	144,894		144,894	
e Professional fundraising services. See Part IV, line 17	76,346			76,346
f Investment management fees	389,008		389,008	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	100,573,363	76,091,852	24,445,990	35,521
12 Advertising and promotion	1,795,322	1,335,805	436,382	23,135
13 Office expenses	18,367,468	13,863,697	4,464,512	39,259
14 Information technology	6,433,889	4,870,028	1,563,861	
15 Royalties	0			
16 Occupancy	21,702,720	20,537,881	1,140,606	24,233
17 Travel	307,709	5,136	302,573	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	682,172	516,359	165,813	
20 Interest	492,649	466,757	25,892	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	29,402,633	27,857,351	1,545,282	
23 Insurance	6,857,688	6,643,965	213,723	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL & PHARMACY SUPPLIES	117,321,052	117,321,052		
b DUES/MEMBERSHIP	631,988	478,373	153,615	
c TAXES & LICENSE FEES	101,244	76,635	24,609	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	843,303,924	692,776,119	150,210,208	317,597
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,200	1	51,657
	2 Savings and temporary cash investments	18,302,004	2	13,227,893
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	107,425,280	4	110,634,145
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	12,868,176	8	17,007,628
	9 Prepaid expenses and deferred charges	14,707,436	9	23,119,482
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 760,900,170		
	b Less: accumulated depreciation	10b 473,540,426	283,674,074	10c 287,359,744
	11 Investments—publicly traded securities	68,443,797	11	24,304,000
	12 Investments—other securities. See Part IV, line 11	42,724,605	12	46,702,672
	13 Investments—program-related. See Part IV, line 11	150,000	13	150,000
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	57,864,874	15	189,835,673
16 Total assets. Add lines 1 through 15 (must equal line 34)	606,162,446	16	712,392,894	
Liabilities	17 Accounts payable and accrued expenses	109,573,274	17	126,370,521
	18 Grants payable	0	18	0
	19 Deferred revenue	4,309,339	19	6,139,876
	20 Tax-exempt bond liabilities	26,254,341	20	23,613,470
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	378,137,425	25	491,149,773
	26 Total liabilities. Add lines 17 through 25	518,274,379	26	647,273,640
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	74,447,759	27	51,396,841
	28 Net assets with donor restrictions	13,440,308	28	13,722,413
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	87,888,067	32	65,119,254	
33 Total liabilities and net assets/fund balances	606,162,446	33	712,392,894	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	841,266,953
2	Total expenses (must equal Part IX, column (A), line 25)	2	843,303,924
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,036,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,888,067
5	Net unrealized gains (losses) on investments	5	1,395,038
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-22,126,880
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,119,254

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 11-1839362

Name: NEWYORK-PRESBYTERIANQUEENS

Form 990 (2019)

Form 990, Part III, Line 4a:

NewYork-Presbyterian/Queens (NYP/Q), located in the Borough of Queens in New York City, is a 535 bed licensed, not-for-profit medical center. NYP/Q has received a determination letter from the Internal Revenue Service that it is exempt from federal income taxes as an organization described in Section 501(c)(3) of the Internal Revenue Code. The Hospital is a voluntary, not-for-profit acute care community teaching hospital located in the Flushing section of Queens, New York. Presently, the Hospital provides medical and surgical services and has a certified bed capacity of 535. It was incorporated in 1974 as Booth Memorial Medical Center and changed its name to The New York Hospital Medical Center of Queens in 1992 in conjunction with its affiliation with The Society of the New York Hospital (now, The NewYork and Presbyterian Hospital). On July 1, 2015 NYP Community Programs, Inc. became the active parent of NewYork-Presbyterian/Queens and its subsidiaries. NYP Community Programs, Inc. (Community Programs) is the sole corporate member and active parent of Queens. The NewYork and Presbyterian Hospital (NYPH) is the sole member of Community Programs. NYPH is a major academic medical center that provides a full range of inpatient and outpatient services, mainly to residents of the New York metropolitan area. The Board of Trustees of NYPH consists of persons who have first been elected as members of NewYork-Presbyterian Foundation, Inc. (Foundation, Inc.). Community Programs, NYPH and Foundation, Inc. are each New York State not-for-profit corporations. Foundation, Inc. is related to a number of organizations. Services and Programs: The Hospital offers diagnostic and therapeutic services on an inpatient and outpatient basis in approximately 64 medical specialties and sub-specialties. NYP/Q has advanced capabilities in areas such as cardiac, general, and minimally invasive surgery. It receives tertiary inpatient referrals in the following service lines: Cardiovascular diseases, orthopedics, digestive diseases, Neuroscience, Obstetrics & Gynecology, Cancer and Kidney diseases. It operates a Level III Neonatal Intensive Care Unit and a Level I Trauma Center (both designed to handle the most severe cases). The Hospital Center provides the following programs as Centers of Excellence: The Neuroscience Institute, Cancer Center, Breast Center, Eye Center, Pediatric Asthma Center, and Obesity Surgery. NYP/Q has been designated by the New York State Department of Health ("DOH") as an AIDS Designated Center. The Ambulatory Care division provides adult and pediatric primary/preventive care at 13 sites throughout Queens County. Cardiac Services: The Hospital offers a variety of cardiac services including diagnostic and interventional cardiology, cardiac surgery, congestive heart failure and rehabilitation centers and cardiac research, education and prevention programs. The Cardiac Catheterization Laboratory at NYP/Q is one of only two interventional cardiology programs in Queens County, New York. The three catheterization laboratories at NYP/Q performed a combined 1,132 procedures in 2019. Now, physicians in the Electrophysiology Laboratory can implant new MRI-safe pacemakers for our patients and do atrial fibrillation ablation procedures. NYP/Q, in collaboration with The NewYork and Presbyterian Hospital and Weill Cornell Medicine, operates a cardiac surgery program at the NYP/Q campus. The Cardiac Health Center directs the Hospitals education and prevention programs. Lectures and special events are regularly presented to the general public at the site and at community centers and health fairs throughout Queens County. The Cardiac Health Center provides primary and secondary cardiac rehabilitation programs, including nutrition services, monitored fitness exercise, and psycho-social counseling. Surgical Services: In 2019, NYP/Q performed 17,409 inpatient and ambulatory surgical cases. These operations ranged from minimally invasive surgical procedures such as laparoscopic cholecystectomy, robotic procedures and arthroscopic orthopedics to major open procedures such as aortic aneurysm repair and ablative and reconstructive surgery. NYP/Q's Department of Surgery has encouraged use of inpatient and outpatient minimally invasive surgery, which reduces hospital stays and recovery times. Primary care and community outreach: NYP/Q places particular emphasis on community health programs and outreach initiatives. The Hospital team reaches out to Queens residents to support health education and awareness - offering free health fairs, health lectures, screening, support groups for patients and blood drives for employees. There is a community health advisory committee that is kept abreast of the latest offerings and clinical programs in the hospital. This commitment is expressed in its continued strategic expansion of community-based sites to enhance access throughout the Hospitals service area, and includes: The Trude Weishaupt Memorial Satellite Dialysis Center is a CMS Five Star facility (the "Dialysis Center") The Dialysis Center provides hemodialysis, chronic ambulatory peritoneal dialysis, and patient and family education. NYP/Q's renal hypertension division also provides outpatient ambulatory consultative services including the diagnosis and prevention of kidney stones, hypertension treatment and evaluation, and the management of kidney diseases. The Dialysis Center provided 40,159 treatments in 2019. As of December 31, 2019, there were approximately 1,736 physician, advanced practice providers and dentist members of the medical staff of the Hospital holding appointments in three categories: attending staff, emeritus staff and advanced practice providers. The medical and dental staff are organized into thirteen clinical departments: anesthesiology, cardiothoracic surgery, emergency medicine, medicine, obstetrics and gynecology, neurology, orthopedics and rehabilitation, pathology, pediatrics, radiation oncology, radiology, urology and surgery. The clinical departments include approximately 15 major services, subdivided further into 78 medical specialties and sub-specialties. The Hospital serves as tertiary care medical center that provides Graduate Medical Education for residency programs in Medicine, Surgery, Emergency medicine and Dental Medicine. Medical Center also offers fellowship training in Cardiology, GI, Pulmonary and Critical Care, Infectious disease, Palliative Care and Nephrology. In addition, the Hospital participates in training residents in obstetrics/gynecology, orthopedics, pediatrics, through rotating residencies affiliated with various facilities including NYPH (Cornell Medical Center), and The Hospital for Special Surgery. For The Year Ending December 31, 2019, NYP/Q reported the following statistics: Patient Discharges 34,556 Deliveries 3,648 Average Length of Stay 4.96 Private Ambulatory Laboratory 121,946 Private Ambulatory Radiology 36,785 Surgical Procedures 17,409 Cardiac Catheterizations 1,132 Ambulatory Surgery/Endoscopy 17,662 Emergency Encounters (Incl. Admits) 126,922 Ambulatory Care Visits 146,620 Full-Time Employees 4,674 The Hospital provides quality medical care regardless of race, creed, sex, sexual orientation, national origin, handicap, age, or ability to pay. Although reimbursement for services rendered is critical to the operations and stability of the Hospital, it is recognized that not all individuals possess the ability to pay for essential medical services and, furthermore, the Hospitals mission is to serve the community with respect to health care and health care education. Therefore, in keeping with the Hospitals commitment to serve members of the community, the Hospital provides the following: charity care to the indigent; care to persons covered by governmental programs at below cost; and health care activities and programs to support the community. These activities include wellness programs, community education programs, health screenings, and a broad variety of community support services.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maxine Frank DIRECTOR Eff. 2/19/2019	1.0 59.0	X						0	2,405,480	241,518
Jaclyn Mucaria DIRECTOR/PRESIDENT	60.0 0.0	X		X				0	1,450,656	78,154
Jeffrey Rosen CHAIRMAN - ORTHOPEDIC SURGERY	58.5 1.5					X		1,060,073	0	72,549
Stephen Rimar PRES. NYP MEDICAL GROUP QUEENS	0.0 60.0					X		617,068	0	46,299
Kevin Ward SVP, TREASURER & CFO	56.0 4.0			X				600,764	0	62,055
Amir Jaffer CHIEF MEDICAL OFFICER	60.0 0.0			X				588,555	0	59,727
Robert Blenderman CHIEF OPERATING OFFICER	60.0 0.0			X				464,466	0	56,849
Thomas Evans FORMER KEY EMPLOYEE	0.0 0.0						X	0	475,893	39,643
William Wisseman SVP, CLO & SECRETARY	57.0 3.0			X				460,215	0	46,951
Brian Regan DIRECTOR	1.0 59.0	X						0	432,121	71,527

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alan M Levin VP, CHIEF NURSING OFFICER	60.0 0.0			X				467,793	0	31,171
Andrea Olanescu PD GYN INHOUSE	60.0 0.0					X		489,690	0	0
Mary Godfrey VP Patient Proc. Cntr Cap Mgmt	60.0 0.0				X			393,011	0	55,009
Vito Cassata VP Genl Svs Safety Officer	60.0 0.0				X			365,155	0	57,753
Maureen Buglino VP Amb Care Services	60.0 0.0				X			360,986	0	45,104
Michael F Csompo PHYSICIAN	60.0 0.0					X		353,502	0	35,697
Sebastian Avolese DIRECTOR (M.D.)	60.0 0.0					X		326,021	0	52,525
Lorraine Orlando VP Human Resources	60.0 0.0				X			340,890	0	20,037
Caroline Keane VP OF CARE COORD., SOCIAL WORK	60.0 0.0				X			262,572	0	33,863
Michelle Yuen Blanco ASSOC. G.C. & ASSIST. SEC.	60.0 0.0			X				247,802	0	41,053

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen Mills FORMER OFFICER	0.0 0.0						X	114,509	0	0
Arthur D Dawson CHAIRMAN	10.0 0.5	X						0	0	0
William WH Chiang DIRECTOR	1.0 0.0	X						0	0	0
Joseph Ficalora DIRECTOR	1.0 0.0	X						0	0	0
Michale Mattone DIRECTOR Eff. 2/19/2019	1.0 0.0	X						0	0	0
Kanak Golia DIRECTOR	1.0 0.0	X						0	0	0
Pavlos L Mavrides DIRECTOR	1.0 0.0	X						0	0	0
Michael B Meyer DIRECTOR	1.0 0.0	X						0	0	0
Gerard D Robilotti DIRECTOR	1.0 0.0	X						0	0	0
Claire Shulman DIRECTOR	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NEWYORK-PRESBYTERIANQUEENS

Employer identification number
11-1839362

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 11-1839362

Name: NEWYORK-PRESBYTERIANQUEENS

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization NEWYORK-PRESBYTERIANQUEENS	Employer identification number 11-1839362
--	--

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

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

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

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a)		(b)
		Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>				
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		144,894
j	Total. Add lines 1c through 1i			144,894
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1(I):	NYP/QUEENS DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES; HOWEVER, IT DOES BEAR INDIRECT COSTS THAT HAVE LOBBYING IMPLICATIONS. THE \$144,894 REPORTED ON PART II-B, LINE 1(I) REPRESENTS THAT PORTION OF ITS MEMBERSHIP DUES THAT THE HOSPITAL PAYS TO HEALTHCARE ASSOCIATION OF NEW YORK (HANYS), GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA) AND 1199 HEALTHCARE EDUCATION PROJECT (HEP) THAT RELATES TO LOBBYING EXPENSES. THIS AMOUNT HAS BEEN DETERMINED IN ACCORDANCE WITH THE MEDICARE PROVIDER REIMBURSEMENT MANUAL, PART I, SECTION 2139.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
NEWYORK-PRESBYTERIANQUEENS

Employer identification number
11-1839362

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 ▶ \$ _____

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	23,390,413	23,773,481	22,018,416	21,862,827	22,522,932
b Contributions		600,000			
c Net investment earnings, gains, and losses	1,903,747	86,739	2,663,325	1,140,416	-660,105
d Grants or scholarships					
e Other expenditures for facilities and programs	1,031,448	1,069,806	908,260	984,827	
f Administrative expenses					
g End of year balance	24,262,712	23,390,414	23,773,481	22,018,416	21,862,827

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

- a** Board designated or quasi-endowment ▶ 59.060 %
- b** Permanent endowment ▶ 40.000 %
- c** Temporarily restricted endowment ▶ 0.940 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		528,519		528,519
b Buildings		477,110,967	264,836,142	212,274,825
c Leasehold improvements		2,056,402	2,036,042	20,360
d Equipment		257,686,904	204,551,784	53,135,120
e Other		23,517,378	2,116,458	21,400,920
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				287,359,744

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) INVESTMENT WITH NYP FUND, INC.	28,610,341	F
(B) INV. IN MSR AT BAYSIDE, LLC	18,092,331	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	46,702,672	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	8,326,996
(2) INSURANCE RCVRY & RELATED DEP.	78,587,726
(3) INVESTMENT IN HERS, LLC	43,813,644
(4) OPERATING LEASE ASSET	59,107,307
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	189,835,673

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
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	491,149,773

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 11-1839362

Name: NEWYORK-PRESBYTERIANQUEENS

Supplemental Information

Return Reference	Explanation
Part V, Line 4	NEWYORK-PRESBYTERIAN/QUEENS INVESTMENTS REPRESENT AN ALLOCATION OF FUND, INC.'S POOLED INVESTMENTS. NYP/Q ADOPTED THE INVESTMENT POLICY AND SPENDING POLICIES FOR ENDOWMENT ASSETS USED BY FUND, INC. THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING RELATED TO THE ENDOWMENT FUNDS. THE MAJORITY OF ENDOWMENT NET ASSETS ARE HELD FOR THE PURPOSE OF THE LANG RESEARCH CENTER. PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RESTRICTED BY A DONOR TO BE HELD IN PERPETUITY. NYP/Q HAS DESIGNATED CERTAIN GENERAL CONTRIBUTIONS TO FUNCTION AS AN ENDOWMENT. THESE BOARD-DESIGNATED FUNDS WERE RELATED TO A CHALLENGE PROGRAM ESTABLISHED BY THE DONOR.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEWYORK-PRESBYTERIANQUEENS

Employer identification number
11-1839362

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE JFM Group LLC 629 FIFTH AVENUE SUITE 106 PELHAM, NY 10803	Fundraising		No	772,305	76,346	695,959
Total				772,305	76,346	695,959

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	GOLF (event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	797,305	280,367		1,077,672
	2 Less: Contributions	706,330	211,517		917,847
	3 Gross income (line 1 minus line 2)	90,975	68,850		159,825
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		4,230		4,230
	6 Rent/facility costs	31,966			31,966
	7 Food and beverages	94,148	16,800		110,948
	8 Entertainment				
	9 Other direct expenses	70,069	68,582		138,651
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				285,795
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-125,970	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

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

Name of the organization
 NEWYORK-PRESBYTERIANQUEENS

Employer identification number
 11-1839362

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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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	

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)		9,108	13,766,551	4,281,462	9,485,089	1.120 %
b Medicaid (from Worksheet 3, column a)		175,128	222,147,573	175,465,010	46,682,563	5.540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		184,236	235,914,124	179,746,472	56,167,652	6.660 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	27	21,403	895,716	39,386	856,329	0.100 %
f Health professions education (from Worksheet 5)			70,705,735	25,393,916	45,311,819	5.370 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			2,102,155	544,312	1,557,843	0.180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	27	21,403	73,703,606	25,977,614	47,725,991	5.650 %
k Total. Add lines 7d and 7j	27	205,639	309,617,730	205,724,086	103,893,643	12.310 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 1,805,365		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 173,816		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 169,352,189
6 Enter Medicare allowable costs of care relating to payments on line 5	6 160,799,603
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 8,552,586
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 NewYork-PresbyterianQueens

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NewYork-PresbyterianQueens

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

NewYork-PresbyterianQueens

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

NewYork-PresbyterianQueens

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section 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.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 NYPQNS TRUDE WEISHAUP MEM SATDIALYSIS 59-28 174 STREET FRESH MEADOWS, NY 11365	Dialysis Center
2 NYPQUEENS CARDIAC HEALTH CENTER 174-11 HORACE HARDING EXPRESSWAY 1 FRESH MEADOWS, NY 11365	CARDIAC REHAB, RISK REDUCTION
3 NYPQUEENS DENTAL SERVICES CENTER 174-11 HORACE HARDING EXPRESSWAY 2 fresh meadows, NY 11355	DENTAL SERVICES
4 NYPQUEENS DEVDISABILNEUROPED ASTHMA 59-16 174TH STREET FLUSHING, NY 11355	PRIMARY CARE, PSYCHIATRY
5 NYPQUEENS EYE CARE CENTER 174-15 HORACE HARDING EXPRESSWAY FRESH MEADOWS, NY 11365	OPHTHAMOLOGY, OPTOMETRY
6 NYPQUEENS FAMILY HEALTH CENTER 73-15 NORTHERN BLVD JACKSON HEIGHTS, NY 11372	OBSTETRICS & PRIMARY CARE
7 NYPQUEENS OBSTETRICS CENTER 163-03 HORACE HARDING EXPRESSWAY2 FRESH MEADOWS, NY 11365	OBSTETRICS & GYNO
8 NYPQUEENS PRIMARY CARE CENTER 182-19 HORACE HARDING EXPRESSWAY fresh meadows, NY 11355	GI PODIATRY
9 NYPQUEENS SPECIAL CARE CENTER 138-47 HORACE HARDING EXPRESSWAY 2 FLUSHING, NY 11355	HIV PRIMARY CARE
10 NYPQUEENS WOUND HEALING CENTER 144-45 87TH AVENUE JAMAICA, NY 11435	WOUND CARE

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3C:	<p>N/A Part I, Line 6a: N/A PART I, LINE 7, COLUMN (F): Bad debt price concessions are offset against revenue and not included in expenses. PART I, LINE 7: The following is a detail of the sources used for determining the amounts reported on schedule H: Line 7a - Adjusted Ratio of Patient care costs to charges Line 7b - Cost accounting system Line 7E - Actual expenses Line 7F - Institutional cost report - worksheet B, part 1 Line 7H - Actual Expenses PART III, LINE 2: For patients who were determined by the Hospital to have the ability to pay but did not, the uncollectable amounts are bad debt price concessions. PART III, LINE 3: The amount included at cost represents patients who qualify for charity care/financial assistance and have a bad debt write-off. Bad debt expense (price concessions) associated with patients that received charity care/financial assistance is represented in this \$173,186 figure. These patients went through our charity care/financial assistance process and were determined to have financial need. As a result, we provided them with a discount based on our sliding scale charity care policy. If they were unable to pay the reduced balances, they were written off as bad debt and included as a community benefit. PART III, LINE 4: See Audited Financial Statements page 21. Part III, LINES 8: THE HOSPITAL UTILIZED THE AMOUNTS REPORTED ON THE MEDICARE COST REPORT TO DETERMINE THE MEDICARE ALLOWABLE COSTS. TOTAL INPATIENT AND OUTPATIENT COSTS. THESE DO NOT INCLUDE CERTAIN MEDICARE PROGRAM REVENUE AND COSTS AND THUS DO NOT REFLECT ALL OF THE ORGANIZATIONS REVENUES AND COSTS WITH THE PARTICIPATION IN MEDICARE PROGRAMS. THE REVENUE AND COSTS EXCLUDES PROFESSIONAL HEALTH EDUCATION, SUBSIDIZED HEALTH SERVICES, AND MEDICARE MANAGED CARE ACTIVITY. IF ALL THESE REVENUE AND COSTS WERE INCLUDED THE MEDICARE SURPLUS OF \$8,552,586 WOULD BE A MEDICARE SHORTFALL OF (\$35,701,965). MEDICARE NET SURPLUS PER SCHEDULE H 8,552,586 MEDICARE GME NET COST (18,961,270) MEDICARE MANAGED CARE NET COSTS (25,293,281) TOTAL NET COSTS ASSOCIATED WITH THE MEDICARE PROGRAM (35,701,965) "Net is defined as revenue net of costs" PART III, LINE 9B: POLICY AND PURPOSE: The purpose of the Collection Policy (Policy) is to promote patient access to quality health care while minimizing bad debt at NewYork-Presbyterian/queens (Hospital). This Policy places requirements upon Hospital and those agencies and attorneys undertaking debt collection activities that are consistent with the core mission, values, and principles of Hospital including, but not limited to, Hospitals Charity Care Policy (hereafter Charity Care Policy). This policy applies to hospital and any agency, lawyer, or law firm assisting hospital in the collection of an outstanding patient account debt. PROCEDURE: A. General guidelines: 1. Hospital, collection agencies (Agency), and lawyers and law firms (Outside Counsel) will comply with all applicable federal and state laws and accrediting agency requirements governing the collection of debts including, but not limited to, the Fair Debt Collection Practices Act (FDCPA), the Fair Credit Billing Act, the Consumer Credit Protection Acts, Public Health Law Section 2807-k-9-a, Internal Revenue Service Code 501(r), Article 52 of the New York Civil Practice Law and Rules, and the Health Insurance Portability and Accountability Act (HIPAA). Hospital, Agency and Outside Counsel will also comply with Hospitals Charity Care Policy. To the extent that there are any inconsistencies between Hospitals Collection Policy and Charity Care Policy, the Charity Care Policy shall supersede and control. 2. Hospital shall enter legally binding written agreements with any parties (including Agency or Outside Counsel) to which it refers an individuals debt related to care that are reasonably designed to prevent Extraordinary Collection Actions (ECAs) from being taken to obtain payment for the care, until reasonable efforts have been made to determine whether the individual is eligible for Charity Care. Extraordinary Collection Actions (ECAs) from being taken to obtain payment for the care, until reasonable efforts have been made to determine whether the individual is eligible for Charity Care.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Part VI, Line 2, Need Assessment:</p>	<p>NewYork-Presbyterian Queens (NYP Queens), a member of the NewYork-Presbyterian Regional Hospital Network, completed a Community Health Needs Assessment (CHNA) to identify the needs of the community and develop a Community Service Plan (CSP) and detailed implementation plan to address the areas of highest need. Queens county, recognized as the most diverse county in the nation, requires a custom approach to community service planning to ensure alignment with the needs of the population. The leaders of NYP Queens are dedicated to the community with a mission to be the premier healthcare institution by providing excellence in clinical care, education, clinical research, and service. This document outlines the process, priorities, partners, and intended activities for 2019 2021. The CHNA process aligns with the 2019 2024 New York State Prevention Agenda (NYS PA); the state health improvement plan that develops action plans to improve the health and well-being of all New Yorkers and promotes health equity in all populations who experience disparities. NYP Queens collaborated with NewYork-Presbyterian, the New York City Department of Health and Mental Hygiene (DOHMH), Citizens Committee for Children (CCC), Columbia University Mailman School of Public Health (CUMSPH), Weill Cornell Medicine, Greater New York Hospital Association (GNYHA), local community based organizations (CBOs), and the New York Academy of Medicine (NYAM) to adopt a community focused process of collecting and analyzing measurable data (quantitative) and views voiced by the community (qualitative) from a variety of sources. The collaborative process ensured significant input from the key stakeholders and local community through surveys and focus groups conducted in multiple languages at multiple locations to engage the community in their setting. The CHNA and CSP process was data driven. Measurable data along with community input from numerous sources were combined to analyze the health and challenges of our community. The analysis utilized focused neighborhood geography for measures and included data related to demographics, socioeconomic status, insurance status, social determinants of health, health status, health service utilization, and NYS PA. Measurable data sources include the CCCs Keeping Track Online; Open Data City of New York; Data2Go.NYC; NYC Health Atlas; NYC Mayor Report, the Association for Neighborhood & Housing Development; Behavioral Risk Factor Surveillance System (BRFSS), Claritas; NYC Community Health Profile; State Cancer Profiles; and U.S. Department of Agriculture. NYP Queens recognizes that community challenges are complex and healthcare outcomes are often linked to societal issues; therefore, community input sources of focus groups and community questionnaires were gathered and allowed for a diverse group of involvement with awareness to culture, race, language, age, gender identity, and sexual orientation. The collected data was ranked to provide insight into the communities with high disparities and was then prioritized to determine the highest needs for the communities and analyzed to establish focus areas and goals as outlined in the New York State Prevention Agenda. Our team is committed to the successful implementation of each initiative and will utilize quality process improvement efforts quarterly to report on process and outcome measures in order to adapt each program to meet the annual expectations outlined as well as meet the needs of our community. Based on the completed data process, NYP Queens, in partnership with local community-based organizations, will target Corona and North Corona neighborhoods for the CSP. The community of Corona is culturally diverse and has unique challenges for health disparities and social determinants of health with childhood obesity rates of 26%, estimated 2.8 million missing meals, teen pregnancy rates of 68.9 per 1,000, 9.5% of pregnant women receiving late or no prenatal care, and new diagnosis of HIV, per 100,000, in North Corona of 32.3. The analyzed and prioritized data allowed for the identification of a community of focus as well as priority areas to impact the healthcare of the most vulnerable populations. NYP Queens will focus efforts related to the prevention of (1) chronic disease, (2) promotion of healthy women, infants, and children, and (3) communicable disease. To align with the constantly changing dynamics of the community, NYP Queens has revised the focus and initiatives as compared to the 2013 2016 CSP which included the prevention of chronic disease and prevention of HIV, STDs, Vaccine-Preventable Diseases and Healthcare-Associated Infections.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 4, Community Information:	<p>The community definition for NewYorkPresbyterian Queens was derived using 80% of ZIP codes from which NYP Queens patients originate and adding ZIP codes not among the original patient origin to create continuity in geographical boundaries, resulting in a total of 41 community ZIP codes mainly within Queens county. PEOPLE - The defined community covers a geography of approximately 1.8M+ people. GROWTH POPULATION Forecasted to grow faster, 2.7%, than the state average, 1.5%, between 2019-2024. POPULATION Is slightly younger with only 14.8% of the population aged 65+ compared to 16.3%. HOUSEHOLD INCOME The average household income, \$86,554, is lower than the average of New York State, \$101,507. UNEMPLOYMENT RATE The unemployment rate, 6.2%, is the same as the New York State benchmark, but there are fewer white-collar workers than the state average. HIGHER MINORITY POPULATION Higher non-White population, 78.2%, than the state 45.6%, driven by Hispanics, 31.3%, followed by Asian/Hawaiian/ Pacific Islanders, 28.5%. To ensure the CSP is focused and NYP Queens implements initiatives that impact the highest disparity neighborhood(s), an additional analysis of community health need and risk of high resource utilization at the Neighborhood Tabulation Area (NTA) geography based upon a composite of 29 indicators. Indicators were carefully selected, across five domains: demographics, income, insurance, access to care, and New York State Department of Health Prevention Agenda Priorities (NYS PA). The objective was to identify the specific NTAs where there is a higher health need and/or a higher expectation of required resources. Acknowledging that there was variation across the NTAs and counties among specific measurable indicators for demographics, socioeconomics, SDoH, health status, and utilization that each require a custom approach to community service planning, there were specific communities that frequently showed more need than the others. The ten NTAs with the top disparity scores include East New York, Jamaica, South Jamaica, Cypress Hills-City Line, Baisley Park, East Elmhurst, Hollis, Springfield Gardens North, Richmond Hill, and Corona.</p>

Form and Line Reference	Explanation
<p>Part VI Line 5, promotion of community health:</p>	<p>Prevent Chronic Disease - Reduce Obesity & the Risk of Chronic Disease FIT KIDS is an evidence-based practice focused on core objectives of nutrition, exercise, and behavioral components for children and their families. The program is intended to focus on overweight children but has shown benefits to all children engaged as well as parents and caretakers. FIT KIDS utilizes community-based engagements and outreach in order to improve children's nutritional status, increase physical activity, enhance self-esteem, and establish life-long habits. The program utilizes engagement and physical indicators such as Body Mass Index (BMI) and body circumference to establish pre and post measurements in order to analyze success within each engagement group. Along with measurable indicators, the program can assess self-esteem and behavioral factors, which can be improved by increased physical activity, expansion of food choices, and overall improvement of clinical health. NYP Queens will partner with Corona based or surrounding area K-12 schools as well as community-based organizations, such as Public Health Solutions, to identify high-risk children and families, establish safe environments for physical activity, provide culturally focused nutritional support, education, and meal preparation utilizing a community-based demonstration kitchen. The Corona community reflects rates ranging from 24% to 26% in North Corona as compared to the NYC rate of 20.0%. The program will utilize community-based partnerships to allow for additional programmatic support through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and SNAP program to address food insecurities. Programmatic support will include exercise physiology, dietitian, social work, data analytics, and programmatic coordination to provide a multi-disciplinary approach. The program will be anchored by NYP Queens in order to provide clinical wrap services for patients identified with access to care gaps or immediate clinical needs. The goals of the program will focus on engagement and outcome metrics for years 2021-2023. Promote Healthy Women, Infants and Children Maternal and Womens Health NYP Queens is planning to partner with community-based organizations such as Public Health Solutions, Voces Latinas, and other local CBOs to create a preconception peer educator model for teens. The Preconception Peer Educator program is a promising practice that was developed by the Office of Minority Health (OMH) to raise awareness among college students about the disproportionately high infant mortality rates among racial and ethnic minorities. This program, which was designed for college-aged students, will be adapted for teens and focused in the Corona Queens community. Additionally, NYP Queens will work towards opening an Article 28 clinic in a local feeder high school for the North Corona community. The clinic will partner with the identified community-based organizations to provide family planning and preconception education services to students and refer pregnant teens for early prenatal care. The Corona community has significantly higher rates of teen pregnancies, receive late prenatal care, and the trends are worsening for low birth weight compared to Queens county and NYC. The clinic will increase access to care, reproductive health, and mental health services to adolescents to improve quality of care while reducing time away from the classroom. Teens will be identified and engaged for the program through the local schools, faith-based organizations, and relationships with local CBOs. The focus of the program will be to engage teens in preconception education, provide workforce experience and resume building opportunities for peers, and reduce teen birth rates while improving the clinical outcomes related to births for the Corona Queens community. This initiative will be implemented and monitored over the three years of the CSP cycle.</p> <p>Prevent Communicable Disease Human Immunodeficiency Virus (HIV) According to the AIDS Institute of the NY, New York States persons living with diagnosed HIV (PLWDH) reported a 2016 rate of 70% viral load suppression which is lower than the 2020 National HIV/AIDS Strategy (NHAS) target of 80% and the 2020 NYS Ending the Epidemic (ETE) target of 85%. Queens county, on average, reflects a 68% viral load suppression rate (VLSR) within six-months of diagnosis (NYC Health 2017 HIV Epidemiology and Field Service Program) with concerning trends for the Hispanic population and those diagnosed under the age of 29. The Hispanic population has a 2017 VLSR of 86% compared to the white population of 92% and a rate of new HIV diagnosis that is five times higher than the white population of Queens. The VLSR rate for ages 13-19 is 64% and ages 20-29 is 73% which suggests a considerable need for intervention. The rate of new HIV diagnosis for those 20-29 is considerably higher than other age group with an average annual rate of 156</p>

Form and Line Reference	Explanation
Part VI Line 5, promotion of community health:	<p>between 2013 2017. NYP Queens continues to prioritize HIV/AIDS efforts by partnering with community-based organizations and non-hospital clinical providers in order to benefit the community. According to numerous studies in the NCBI database² , viral load suppression improvement is reflected in efforts to improve medication adherence and utilize culturally aware care management techniques. The New York State Ending the AIDS Epidemic three-point plan includes literature and promising practices specific to the use of peers and linkage to care for viral load suppression³⁴. The evidence-based criteria allowed the NYP Queens team to develop a community-based initiative to partner with Voces Latinas, a community-based organization, as well as a community pharmacy for the young Hispanic population. The initiative will expand services of care management/patient navigation, outreach, education, access to care, access to medication, and pharmacy care management techniques in order to improve viral load suppression of the targeted community members. Voces Latinas will develop a Pro-Moviendo peer education model with a viral load suppression campaign which will influence the curriculum of all peers implemented as well as expand their current Care Management/Patient Navigation program. Alongside Voces Latinas and NYP Queens, the NYP Queens specialty pharmacy and a community-based pharmacy will offer pharmacy care management techniques with prescription delivery options to improve medication access and adherence for the identified group. NYP Queens will lead the multi-disciplinary program while offering access to care, data analytics, quality process improvement, and clinical subject matter experts and leadership. The program will be based primarily in Corona but will have the adapt ability to serve other high needs communities as defined by the CSP initiative quality team that is created with the program. This initiative will be implemented and monitored over the three years of the CSP cycle.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 6, Affiliate Health Care System:	NYP/Queens is part of the NewYork-Presbyterian Regional Hospital Network. NewYork-Presbyterian Hospital assists its regional hospitals in identifying available resources and coordinate efforts to promote community health in the community the regional hospital services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Community Benefit Report:	New York

Additional Data**Software ID:****Software Version:****EIN:** 11-1839362**Name:** NEWYORK-PRESBYTERIANQUEENS**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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		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	NEWYORK-PRESBYTERIANQUEENS 56-45 MAIN STREET FLUSHING, NY 11355 WWW.NYHQ.ORG 7003010H	X	X		X		X	X			

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

Form and Line Reference	Explanation
PART V, LINE 5:	<p>NewYork-Presbyterian Queens (NYP Queens), a member of the NewYork-Presbyterian Regional Ho spital Network, completed a Community Health Needs Assessment (CHNA) to identify the needs of the community and develop a Community Service Plan (CSP) and detailed implementation p lan to address the areas of highest need. Queens County, recognized as the most diverse co unty in the nation, requires a custom approach to community service planning to ensure ali gnment with the needs of the population. The leaders of NYP Queens are dedicated to the co mmunity with a mission to be the premier healthcare institution by providing excellence in clinical care, education, clinical research, and service. This document outlines the proc ess, priorities, partners, and intended activities for 2019 2021. The CHNA process aligns with the 2019 2024 New York State Prevention Agenda (NYS PA); the state health improvement plan that develops action plans to improve the health and well-being of all New Yorkers a nd promotes health equity in all populations who experience disparities. In conducting the 2019 CHNA, NYP collaborated with the New York City Department of Health and Mental Hygien e (NYC DOHMH), Citizens Committee for Children of New York (CCC), Columbia University Mail man School of Public Health (CUMSPH), Weill Cornell Medicine, New York Academy of Medicine (NYAM), and Greater New York Hospital Association (GNYHA). Through these collaborations N YP Queens was able to adopt a community-engagement approach that involved collecting and a nalyzing qualitative information and quantitative data from a variety of publicly availabl e sources to comprehensively assess the health status of our communities. Each stakeholder added to the ongoing work by providing insight on the publicly available data for the var ious regions specific to the high disparity communities, while providing guidance on colle cting stakeholder and community feedback and incorporating best practices. NYP Queens enga ged the New York Academy of Medicine (NYAM) to facilitate the focus groups of community me mbers to obtain their perspectives on the health and needs of the community at large. Seve ral community-based organizations hosted focus groups: Asian Americans for Equality; Elmco r Youth & Adult Activities Inc.; Make the Road New York; Public Health Solutions; The Kore an Community Services of Metropolitan New York; NewYork-Presbyterian Queens Community Advi sory Board (NYP Queens CAB) Community Advisory Board (CAB); Uptown Community Physicians; N YP Weill Cornell Community Advisory Board (CAB); NYP Westchester Behavioral Health Center Community Advisory Board (CAB); Peoples Theatre Project; Public Health Solutions; Shorefro nt Y; Stanley M. Isaacs Neighborhood Center; Town of Yorktown New York; The Korean Communi ty Services of Metropolitan New York Inc.; The Yorktown Chamber of Commerce; Upper Manhatt an Interfaith Leaders Coalition; Weill-Cornell Medicine; Yonkers Police Athletic League. T he ability to engage, analyze,</p>

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

Form and Line Reference	Explanation
PART V, LINE 5:	<p>and plan with our community-based partners allowed NYP Queens to develop thorough implementation plans utilizing evidence-based criteria and create initiative-based partnerships for 2019-2021. NYP Queens utilized numerous indicators for the quantitative, measurable, data set from multiple sources to analyze community health need and risk of high disparity geography to the specific neighborhood level. The analysis utilized 29 indicators across five domains: demographics, income, insurance, access to care, and New York State Department of Health Prevention Agenda Priorities (NYS PA) at the Neighborhood Tabulation Area (NTA) geography. Indicators included categories of demographics, socioeconomic status, insurance status, social determinants of health, health status, and health service utilization were collected to assess community health needs. These indicators were used to identify further areas of disparities and to prioritize the implementation strategies and support health intervention planning. Qualitative data was gathered, validated, and refined using (1) community input from facilitation of focus groups and administration of community health need questionnaires to area residents as well as (2) leveraging other community assessments performed in the community. The community input from multiple sources allowed for a comprehensive representation of our community inclusive of multiple languages, socioeconomic status, culture, race, age, and gender identity. Summaries of each qualitative input source is included below, and additional details can be found in the CHNA NYPH engaged in a dynamic data collection and analytic process to ensure that the community and its needs were well represented throughout the CHNA development process. NYPH utilized both quantitative and qualitative data to create a picture of the health needs of the defined communities. The quantitative data focused on publicly available measurable indicators at the Neighborhood Tabulation Area (NTA) for the New York City community and county level indicators for geographies outside of NYC, while the qualitative data focused on the primary perspectives and input from community members obtained through questionnaires and focus groups. Additionally, NYPH leveraged community assessments to provide additional perspectives of the community including the Herbert Irving Comprehensive Cancer Center (HICCC) of Columbia University Cancer Community Health Needs Assessment and the CCCs series of Community Needs Reports (in Northern Manhattan, Staten Island, Brownsville Community District in Brooklyn and Elmhurst-Corona in Queens). NYAM was engaged to gain the voice of the community utilizing focus groups and community questionnaires. A community health needs questionnaire (CHNQ) was conducted with community members both online and in person in order to identify the most important health concerns as well as the most needed health improvements. Six focus groups were conducted, and two-hundred</p>

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

Form and Line Reference	Explanation
PART V, LINE 5:	<p>and eight questionnaires were completed within the Queens county catchment area. CCCs Elmhurst/Corona, Queens Report for Community Driven Solutions to Improve Child and Family Well-Being. Citizens Committee for Children of New York (CCC) utilized government data on child and family well-being, mapped community assets, and engaged in conversations with community members to prepare an assessment for District 4 - Elmhurst/Corona (five neighborhoods : Corona, North Corona, Elmhurst, Elmhurst-Maspeth, and East Elmhurst). The focus was to gain community input to identify areas of concerns and recommendations. To ensure the CSP is focused and NYP Queens implements initiatives that impact the highest disparity neighborhood(s), an additional analysis of community health need and risk of high resource utilization at the Neighborhood Tabulation Area (NTA) geography based upon a composite of 29 indicators. Indicators were carefully selected, across five domains: demographics, income, insurance, access to care, and New York State Department of Health Prevention Agenda Priorities (NYS PA). The objective was to identify the specific NTAs where there is a higher health need and/or a higher expectation of required resources. The defined community's 41 ZIP codes were cross walked to 50 NTAs and categorized into four quartiles. Additional analysis was undertaken for the 25 NTAs of higher disparity that fell into quartiles 3 and 4. Acknowledging that there was variation across the NTAs and counties among specific measurable indicators for demographics, socioeconomics, SDoH, health status, and utilization that each require a custom approach to community service planning, there were specific communities that frequently showed more need than the others. The ten NTAs with the top disparity scores include East New York, Jamaica, South Jamaica, Cypress Hills-City Line, Baisley Park, East Elmhurst, Hollis, Springfield Gardens North, Richmond Hill, and Corona. NYP Queens Data Highlights High Disparity Community & Priority Areas In order to focus initiatives to make the largest impact to high disparity communities, the NYP Queens team analyzed all data elements and identified Corona and North Corona communities targeting (1) Obesity, (2) Women's Health, and (3) HIV/HCV. The qualitative analysis process of the CHNA allowed NYP Queens the ability to gain the perspective of the community on the top challenges and contributing factors to the outcomes of their health. The community health needs questionnaire (CHNQ) focused on basic demographics, health concerns (individual and community-wide), health care utilization, barriers to care, and use of NYP Queens services. This data was collected between June and August 2019, in partnership with numerous community organizations, which were identified to represent a range of populations, e.g., older adults, immigrant, and homeless populations. Community Questionnaires Respondents included NYP Queens Community Advisory Board (NYP Queens CA</p>

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

Form and Line Reference	Explanation
PART V, LINE 7a & 10A:	<p>https://www.nyp.org/pdf/community-service/NYP-queens-CSP-2019-2021.pdf Part V, Line 11: Community of Focus Based on the data process of analytics and prioritization, NYP Queens will target efforts in the Corona and North Corona neighborhoods of Queens to allow our teams to invest and concentrate efforts and directly impact a high need community within the three-years of the service plan. Priority Areas of Focus and Initiatives The data outlined allowed the team to identify a community of focus as well as priority areas to impact the healthcare of the most vulnerable populations. The priority areas differ from the prior 2016-2018 CSP, which included increase access to high-quality chronic disease preventative care and management and prevent HIV and STDs with a focus on increasing screening rates of Hepatitis C. The previous CSP focus allowed NYP Queens to accomplish: 1) Blood pressure screenings at 14 community health fairs totaling 815 community member free blood pressure readings 2) Develop evidence-based care management risk techniques for prehypertension and hypertensive patients to ensure proper identification and care coordination 3) Identification of patients with repeated blood pressure readings to ensure access to medical care 4) Implementation of workflows for emergency department hepatitis C testing 5) Connection of positive tests to primary care clinics NYP Queens is committed to serving the community by providing a wide range of health care services and activities that are important and provide benefit to our community members. Our assessment shows that there are numerous and significant needs, and the hospital has chosen a selection of these needs in order to concentrate resources and efforts and focus evaluations on those initiatives which we believe we can most effectively execute on and which will provide the largest impact to our community. In addition, the prioritization model applied to significant community needs was rooted in the quantitative as well as the qualitative voice of the community helping to ensure that our selection was aligned with those needs ranked highly by our community members. The selected initiatives and resulting CSP were reviewed and approved by senior leaders, hospital community advisory board members, and our CHNA Steering Committee in the context of our organizational mission, our clinical strengths, and partnerships. NewYork-Presbyterian Queens has selected the focused priorities for the 2019-2021 CSP. Prevent Chronic Disease Focus Area 1: Reduce Obesity & the Risk of Chronic Disease Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity. Initiative Partner with community-based organizations to engage school-aged children in the FIT KIDS program while educating parents and caretakers of nutrition and culturally focused meal preparation. Objective Increase access to physical activity, educate kids and family members on food,</p>

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

Form and Line Reference	Explanation
PART V, LINE 7a & 10A:	<p>nutrition, and preparation in order to reduce obesity in children. Promote Healthy Women, Infants and Children Focus Area 1: Maternal and Womens Health Goal 1.1 - Increase use of primary and preventative health care services by women of all ages with a focus on women of reproductive age. Initiative Develop a teen pregnancy outreach and education program for prevention and connection to care alongside the implementation of an Article 28 school-based clinic (SBHC). Objective Reduce teen birth rate and improve clinical outcomes through peer educator model for teens in Corona Queens, NY. Prevent Communicable Disease Focus Area 2: Human Immunodeficiency Virus (HIV) Goal 2.2 Increase viral suppression. Objective Improve viral load suppression rates for the highest risk community with a culturally dynamic community-based program. Initiative Implement a multi-disciplinary community-based program, inclusive of peer outreach, care management, and pharmacy case management, targeting the improvement of viral load suppression rates for the Hispanic population ages 13-29.</p>

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

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

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

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEWYORK-PRESBYTERIANQUEENS

Employer identification number

11-1839362

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
3 Enter total number of other organizations listed in the line 1 table 1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DIRECT CASH ASSISTANCE	149		13,497	COST	Medicine & Transpor.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	Prior to awarding assistance to organizations, an assessment is made on the ultimate use of the funds. Final determination is based on whether the funds will be utilized to further our mission.

Additional Data

Software ID:
Software Version:
EIN: 11-1839362
Name: NEWYORK-PRESBYTERIANQUEENS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NY QUEENS MED & SURGERY PC 56-45 MAIN STREET flushing, NY 11355	27-4719998	501(C)(3)	86,972,517		N/A		
Queens Botanical Garden 43-50 Main Street Flushing, NY 11355	11-1635083	501(C)(3)	40,000		N/A		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York Hall of Science 47-01 111th Street Corona, NY 11368	11-2104059	501(C)(3)	25,000		N/A		
Queens Hatzolo Aids Inc 83-26 Brevoort St Kew Gardens, NY 11415	13-3275668	501(C)(3)	26,000		N/A		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAIPA Foundation Inc 202 Canal St Ste 500 New York, NY 10013	26-2791755	501(C)(3)	15,000		N/A		
Chinese American Medical Society 11 E Broadway Unit 4c New York, NY 10038	13-3418133	501(C)(3)	10,000		N/A		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Festival Media LLC 38-15 BELL BLVD BAYSIDE NY 11361 New York, NY 11361	81-5123432		10,000		N/A		
Queens Pride 3555 73rd St Apt 125 Jackson Heights, NY 11372	11-3146598	501(C)(3)	10,000		N/A		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Queens Theatre in the Park Inc 14 United Nations Avenue South Flushing Meadows, NY 11368	11-3589363	501(C)(3)	8,000		N/A		
FLUSHING CHINESE BUSINESS ASSOCIATION INC 4048 Main St Ste 302 Flushing, NY 11354	11-2958388	501(C)(3)	7,800		N/A		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Flushing Willets Point Corona LDC 13665 Roosevelt Ave Fl 2 Flushing, NY 11354	20-8862980	501(C)(3)	7,500		N/A		
Korean American Wayne Cancer and Elder Care (KAWCE) 14218 38th Ave Apt 1b Flushing, NY 11354	46-5032789	501(c)(3)	7,500		N/A		

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
silvercrest center for nursing & rehabilitation 144-45 87th avenue Jamaica, NY 114353109	11-2925535	501(C)(3)	1,104,404				Healthcare

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEWYORK-PRESBYTERIANQUEENS

Employer identification number
11-1839362

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b 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	1b	
2 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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee	
4 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:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 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:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 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.	7 Yes	
8 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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
PART VII & SCHEDULE J, SUPPLEMENTAL INFORMATION:	<p>certain individuals of the New York and Presbyterian Hospital that are identified in part VII as an Director and/or Officer of the NewYork-Presbyterian/Queens are responsible for executing the mission and management of the New York and Presbyterian Hospital (NYP) and its affiliated entities. Compensation for 2019 of the upper level executive includes the payout of an annual incentive plan and a long-term incentive plan. This performance-oriented program conditions payments upon the achievement of multiple individual and group performance measures. Measures to monitor performance include: operational and financial strength, patient quality and safety, patient satisfaction, advancement of patient care, and people development and partnership. Incentive awards may only be granted if the organization achieves a financial surplus. Even if all relevant performance measurements are achieved, the NYP Board of Trustees retains full discretion to make or not make any incentive awards, or to reduce the amount of any incentive award. This initiative is critical to assuring that NYP has the requisite leadership to create and manage a highly motivated and engaged workforce, to drive superior performance throughout the organization and to achieve top tier medical center status. As a separate matter, due to restrictions imposed by the Internal Revenue Code, upper level executives are limited in the amount of benefits received under a tax-qualified retirement plan. Like many employers, NYP supplements these executives' pension benefits through a supplemental ("nonqualified") retirement plan. The supplemental executive retirement plan (SERP) is subject to a multi-year vesting requirement (commencing after five years of participation in the SERP, in prorated amounts through age 65) which places an executive's supplemental retirement benefit at risk of forfeiture if the vesting requirements are not satisfied. Once vested, however, provisions of the Internal Revenue Code require that the vested executive include in current income the value of his or her vested supplemental retirement benefit. Notwithstanding the legal requirement to recognize the vested value of the supplemental retirement benefit as current income, the supplemental retirement benefit will not be distributed to the executive until the executive actually retires from NYP (although, as permitted by the Internal Revenue Code, the supplemental retirement plan will effect a distribution of an amount necessary to satisfy the executive's tax liability resulting from the income recognition upon vesting). As noted, this supplemental retirement benefit will not be distributed to the executive until the executive actually retires from NYP. There are constantly changing legal, tax, accounting, and public disclosure rules for a SERP (supplemental executive retirement plan) in not-for-profit organizations. The executive Compensation Committee continuously monitors these changes and incorporates any changes into the overall SERP plan design. As in past years, the executive Compensation Committee of NYP requires a third party complete a review of the organization's compensation program to ensure its effectiveness in terms of government regulations, market conditions and the need to continually elevate organizational performance. The report also serves to meet the regulatory obligations to ensure that all elements of the executive compensation programs are reasonable. The individuals listed in part VII that is compensated by New York Presbyterian Hospital devote an average of sixty hours per week to perform their responsibilities for the New York and Presbyterian Hospital and other related organizations in the aggregate.</p>
Schedule J, Line 3:	Compensation decisions for the President was determined by a related organization following that organization's compensation policy.
PART I LINE 4A: SEVERANCE PAYMENTS:	STEPHEN MILLS RECEIVED SEVERANCE PAY AMOUNT OF \$18,464.
PART I LINE 4B:	PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: Maxine Frank : 174,142 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AS REPORTED ON THE W-2: Maxine Frank : 157,577 Jaclyn Mucaria: 296,619
PART I,LINE 7: NON-FIXED PAYMENTS PROVIDED:	See Schedule O Line 15 - for non-fixed payments.

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				
21 Thomas Evans FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	
	(ii)	----- 385,216	----- 75,000	----- 15,677	----- 14,550	----- 25,093	----- 515,536	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization NEWYORK-PRESBYTERIANQUEENS

Employer identification number 11-1839362

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

Table with 5 columns: 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

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? To/From, (e) Original principal amount, (f) Balance due, (g) In default? Yes/No, (h) Approved by board or committee? Yes/No, (i) Written agreement? Yes/No.

Total \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	259,211	HEALTH CARE SUPPLY SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

NEWYORK-PRESBYTERIANQUEENS

Employer identification number

11-1839362

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 6:	NYP COMMUNITY PROGRAMS, INC. A NEW YORK NOT-FOR-PROFIT CORPORATION, IS THE SOLE MEMBER OF NEWYORK-PRESBYTERIAN/QUEENS (CORPORATION).

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 7A & 7B:	THE MEMBER HAS THE RIGHT TO APPOINT THE BOARD OF DIRECTORS PURSUANT TO THE CORPORATIONS BY LAWS. THE MEMBER HAS OTHER RIGHTS, POWERS AND AUTHORITY VESTED IN IT BY THE BYLAWS OF THE CORPORATION, BY NON PROFIT CORPORATE LAW (NPCL) AND OTHER APPLICABLE LAW, AND BY VIRTUE OF ITS CAPACITY AS THE ESTABLISHED CO-OPERATOR OF THE CORPORATION LICENSED UNDER ARTICLE 28 OF THE NEW YORK STATE PUBLIC HEALTH LAW. ITS POWERS SO DELINEATED INCLUDE DECISIONS SUCH AS ADOPTING, AMENDING OR REPEALING BYLAWS, ELECTING OFFICERS OF THE CORPORATION, AND MAKING STRATEGIC PLANNING DECISIONS FOR THE CORPORATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 12C:	<p>NewYork-Presbyterian/Queens adheres to a conflict of interest (coi) policy that was approved by the audit and corporate compliance committee of the board of trustees. The policy states in part: "Each Board Member, Officer or Key Person of a New York-Presbyterian Organization shall complete a conflict of interest questionnaire prior to becoming a Board Member, Officer or Key Person of the New York-Presbyterian Organization and annually thereafter. " The policy also states that "each Board Member, Officer, or Key Person shall promptly advise the Chief Executive Officer of the New York and Presbyterian Hospital, or his or her designee, of any changes to the information provided in that individual's last completed conflict of interest questionnaire." The Chief Executive Officer of the New York-Presbyterian Hospital, or his or her designee, shall review all completed questionnaires and all subsequent advice of changes and shall take such action as is deemed appropriate to eliminate potentials for conflicts of interest, including such steps as reassignment of responsibilities or establishment of protective arrangements. All disclosures of interests in completed questionnaires or subsequent advice, unless clearly irrelevant or immaterial, shall be compiled and reported by management to the Audit and Corporate Compliance Committee, together, in each case, with response or recommendation of management. The Audit and Corporate Compliance Committee shall determine whether the reported resolution of issues RAISED BY THE DISCLOSURES IS SATISFACTORY AND, IF NOT, SHALL REQUIRE SUCH FURTHER ACTION AS IT DEEMS APPROPRIATE.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	Change in pension and postretirement benefit liabilities -25,244,428 CHANGE IN FAIR VALUE OF ALTERNATIVE INVESTMENTS AND COMMON COLLECTED/COMMINGLED TRUST 1,867,614 CHANGE IN HERS, LLC INVESTMENT 1,249,934 TOTAL OTHER CHANGES IN NET ASSETS -22,126,880

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NEWYORK-PRESBYTERIANQUEENS

Employer identification number

11-1839362

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MSR AT BAYSIDE LLC 32-25 FRAN LEW BLVD BAYSIDE, NY 11361 11-3534558	DIAG/TREATMENT	NY	NA	RELATED	6,939,258	28,888,347		No	0			50.000 %

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

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-1839362
Name: NEWYORK-PRESBYTERIANQUEENS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-4153668	SUPPORT ORG.	NY	501(C)(3)	12 TYPE I	NA		No
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3957095	HEALTH CARE	NY	501(C)(3)	3	NYP FDN	Yes	
535 E 70TH ST NEW YORK, NY 10021 13-1624135	HEALTH CARE	NY	501(C)(3)	3	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3158502	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3158496	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3160354	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3792361	SPONSOR	NY	501(C)(3)	12 III-FI	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3160356	FUNDRAISING	NY	501(C)(3)	7	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 82-2253311	INVESTMENT	NY	501(C)(3)	7	NYP FUND IN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3614596	FUND/SUPPORT	NY	501(C)(3)	12 TYPE I	NYP FUND IN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3344692	HLTH INFO SVS	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-2773085	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 46-3951535	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 47-2126668	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
55 PALMER AVENUE BRONXVILLE, NY 10708 26-4076297	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
55 PALMER AVENUE BRONXVILLE, NY 10708 13-3415158	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYP HOSPITAL	Yes	
69 MAIN STREET TUCKAHOE, NY 10707 13-1740022	HEALTH CARE	NY	501(C)(3)	10	LAWRENCE CAR	Yes	
420 E 76TH STREET NEW YORK, NY 10021 13-3746997	HEALTH CARE	NY	501(C)(3)	3	NYP SYS INC	Yes	
505 E 70TH STREET NEW YORK, NY 10021 13-3184198	HEALTH CARE	NY	501(C)(3)	4	NYP SYS INC	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-2964432	INACTIVE	NY	501(C)(3)	12 TYPE I	NYP SYS INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
506 SIXTH STREET BROOKLYN, NY 11215 46-2486539	HEALTH CARE	NY	501(C)(3)	12 TYPE II	NYP SYS INC	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 11-3160901	COLLECTION	NY	501(C)(3)	12 III-FI	NYP SYS INC	Yes	
144-45 87TH AVENUE JAMAICA, NY 11435 11-2925535	HEALTH CARE	NY	501(C)(3)	10	NYP SYS INC	Yes	
144-45 87TH AVENUE BRIARWOOD, NY 11435 26-2894911	HOUSING	NY	501(C)(3)	10	SILVERCREST	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-1740120	HEALTH CARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3307781	SUPPORT	NY	501(C)(3)	12 TYPE I	NYPHVH HOS	Yes	
50 DAYTON LANE SUITE 202 PEEKSKILL, NY 10566 56-2662502	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPHVH HOS	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 13-3420263	SUPPORT	NY	501(C)(3)	12 TYPE I	NYP COMM PRO	Yes	
1980 CROMPOND RD CORTLANDT MANOR, NY 10567 45-4644781	SUPPORT	NY	501(C)(3)	12 TYPE II	WPHMS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 45-4795032	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 27-4719998	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-2226870	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-2848858	EDUC&RESEARCH	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-1631796	HEALTH CARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 43-2015903	DENTAL SERVIC	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3441502	INACTIVE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 11-3423162	RADIOLOGY	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 46-2333282	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYNMETHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 06-1160280	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	
506 SIXTH STREET BROOKLYN, NY 11215 42-1591811	HEALTH CARE	NY	501(C)(3)	12 TYPE I	BKLYN METHOD	Yes	

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

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
NYP PROGRAMS INC 525 EAST 68TH STREET NEW YORK, NY 10065 47-5351503	HEALTHCARE	NY	NYP Foundation	C. CORP				Yes	
NYP SERVICES INC 525 EAST 68TH STREET NEW YORK, NY 10065 06-1830524	INACTIVE	NY	NYP Foundation	C. CORP				Yes	
NEW YORK-PRESBYTERIAN GLOBAL INC 525 EAST 68TH STREET NEW YORK, NY 10065 80-0336716	INACTIVE	NY	NYP Foundation	C. CORP				Yes	
HARKNESS HALL CLUB INC 525 EAST 68TH STREET NEW YORK, NY 10065 13-3170488	INACTIVE	NY	NYP HOSPITAL	C. CORP				Yes	
VERNON HILLS MEDICAL PRACTICE PC 55 PALMER AVENUE BRONXVILLE, NY 10708 82-1988737	INACTIVE	NY	NYP HOSPITAL	C. CORP				Yes	
NETWORK INSURANCE COMPANY LTD PO BOX HM 1760 HAMILTON BD	REINSURANCE	BD	NYP SYSTEMS INC	FOREIGN C CORP					No
NYP GLOBAL SERVICES INC 525 EAST 68TH STREET NEW YORK, NY 10065 13-3845935	INACTIVE	NY	NYP FUND INC	C. CORP				Yes	
HUDSON VALLEY VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 11-3611982	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
AC VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 13-3758209	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
KNOWA VENTURES INC 1980 CROMPOND ROAD CORTLANDT MANOR, NY 10567 13-3845922	REAL ESTATE	NY	WESTCHESTER PUT	C. CORP				Yes	
MSO OF KINGS COUNTY LLC 506 SIXTH STREET BROOKLYN, NY 11215 12-2387333	EMPLOY/STAFFING	NY	BKLYN METHODIST	C. CORP				Yes	
LC SERVICES CORPORATION 55 PALMER AVENUE BRONXVILLE, NY 10708 13-3448332	MEDICAL EQUIP	NY	LAWRENCE CARE	C. CORP				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NY QNS MEDICINE & SURGERY PC	B	86,972,517	COST
NY QNS MEDICINE & SURGERY PC	M	42,904,073	COST
NY PRESBYTERIAN HEALTHCARE SYSTEM INC	M	643,636	COST
NETWORK RECOVERY SERVICES INC	M	1,285,995	COST
THE NEW YORK AND PRESBYTERIAN HOSPITAL	R	9,725,002	COST
MAIN STREET RADIOLOGY AT BAYSIDE LLC	S	5,371,360	COST
THE NEW YORK AND PRESBYTERIAN HOSPITAL	C	12,885,827	COST
THE NEW YORK AND PRESBYTERIAN HOSPITAL	M	77,879,438	COST
NY QNS MEDICINE & SURGERY PC	O	2,211,108	cost
MAIN STREET RADIOLOGY AT BAYSIDE LLC	C	75,000	COST
SILVERCREST CENTER FOR NURSING & REHAB	B	1,104,404	COST