

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: The New York Gracie Square Hospital Inc
 % SANDY KWONG
 Doing business as

D Employer identification number: 13-3746997

E Telephone number: (212) 434-5300

G Gross receipts \$ 66,329,046

F Name and address of principal officer:
 DAVID WYMAN
 420 East 76 Street
 New York, NY 10021

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.nygsh.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1958 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 our mission is to provide the highest- quality, state-of-the-art mental health and chemical dependency treatment in a warm, healing environment.

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

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	5
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	523
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	175,198	8,313,471
9 Program service revenue (Part VIII, line 2g)	52,773,528	57,779,684
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,289	152,178
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,538	83,713
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,162,553	66,329,046
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	36,711
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)	42,694,723	46,673,124
16a Professional fundraising fees (Part IX, column (A), line 11e)	90,000	90,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,000		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,519,510	14,605,170
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	56,304,233	61,405,005
19 Revenue less expenses. Subtract line 18 from line 12	-3,141,680	4,924,041

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	42,253,340	45,903,516
21 Total liabilities (Part X, line 26)	41,824,677	41,216,097
22 Net assets or fund balances. Subtract line 21 from line 20	428,663	4,687,419

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: 2020-11-09

MICHAEL BRESLIN treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ERNST & YOUNG US LLP
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P01683199
 Firm's name: ERNST & YOUNG US LLP
 Firm's EIN: _____
 Firm's address: 5 TIMES SQUARE
 Phone no. (212) 773-3000
 NEW YORK, NY 10036

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO PROVIDE THE HIGHEST-QUALITY, STATE-OF-THE-ART MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT IN A WARM, HEALING ENVIRONMENT. OUR CARING, COMPASSIONATE TEAM PREPARES OUR PATIENTS TO RETURN TO THEIR FAMILIES AND COMMUNITIES AND ENGAGE IN PRODUCTIVE AND FULFILLING LIVES. WE SERVE THE DIVERSE RESIDENTS OF THE GREATER NEW YORK METROPOLITAN AREA THROUGH TREATMENT, EDUCATION AND HEALTH PROMOTION.

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 \$ 50,336,881 including grants of \$ 36,711) (Revenue \$ 57,803,847)
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 ▶ 50,336,881

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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		No
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		No
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	Yes	
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
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		No

Part IV Checklist of Required Schedules (continued)

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

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

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	523		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. See instructions and file Form 4720, Schedule N.		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Note. See instructions and file Form 4720, Schedule O.		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

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

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

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

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: SANDY KWONG 420 EAST 76 STREET new york, NY 10021 (212) 434-5300	

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Phyllis R Lantos Former Officer	0.0 0.0						X	0	1,520,361	244,645
(2) Michael Breslin Treasurer	1.0 59.0			X				0	1,664,397	69,793
(3) Gary J Zuar Ass't Treasurer	2.0 58.0			X				0	1,358,810	150,423
(4) Karen Westervelt Board Member	2.0 58.0	X						0	1,374,148	54,004
(5) David Wyman President	60.0 0.0			X				608,318	0	51,622
(6) Nazim B Malatyali Board Member	2.0 58.0	X						0	570,970	55,830
(7) Brian Regan Board Member	2.0 58.0	X						0	432,121	71,527
(8) Kathleen M Burke Ass't Secretary	1.0 59.0			X				0	438,615	63,317
(9) Donna T Anthony Chief Medical Officer	60.0 0.0				X			384,020	0	36,258
(10) Michael Radosta Chief Nursing & Qual. Officer	60.0 0.0				X			348,009	0	63,211
(11) Natasha Bowman Chief HR Officer	60.0 0.0				X			259,118	0	55,682
(12) David Wiecks Chief Financial Officer	60.0 0.0				X			259,720	0	38,311
(13) Margaret Mancuso Chief Administrative Officer	60.0 0.0				X			260,681	0	29,259
(14) Satyanarayana Abkari Psychiatrist	40.0 0.0					X		270,463	0	19,045
(15) Vassilios Latoussakis Psychiatrist	40.0 0.0					X		253,077	0	20,195
(16) Douglas Saphier Psychiatrist	40.0 0.0					X		247,613	0	25,525
(17) Smita Agarkar Psychiatrist	40.0 0.0					X		241,375	0	23,065

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Mahgoub Nahla Psychiatrist	40.0 0.0					X		242,908	0	17,117
(19) Bernadette O'Campo Secretary	2.0 58.0			X				0	188,209	46,457
(20) Melissa Welch Ass't Secretary	1.0 59.0			X				0	166,153	30,089
(21) Philip J Wilner Chairman	2.0 0.0	X						0	0	0
(22) Vincent De Roulet Board Member	2.0 0.0	X						0	0	0
(23) Adam Owett Sr Board Member	2.0 0.0	X						0	0	0
(24) Joseph Peyronnin Board Member	2.0 0.0	X						0	0	0
(25) John Zirinsky Board Member	2.0 0.0	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,375,302	7,713,784	1,165,375

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 ▶ 92

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
G-NET CONSTRUCTION, 360 Targee Street STATEN ISLAND, NY 10304	CONSTRUCTION SERVICE	1,705,834
ARAMARK, 600 E Luzerne St PHILADELPHIA, PA 19124	FOOD SERVICES	1,287,086
CERNER HEALTH SERVICES INC, 51 VALLEY STREAM PKWY MALVERN, PA 19355	HEALTHCARE SERVICES	1,281,123
Interstate Mechanical Services, 51 Railroad Ave CLOSTER, NJ 07624	CONSULTING SERVICES	1,169,774
CAPSTONE BUSINESS FUNDING LLC, 810 7th Ave 27th Fl NEW YORK, NY 10019	CONSULTING SERVICES	585,374

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 ▶ 26

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			
	d Related organizations	1d	7,229,515		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,083,956		
	g Noncash contributions included in lines 1a - 1f:\$	1g	716,217		
	h Total. Add lines 1a-1f		8,313,471		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PATIENT REVENUE		621110	57,779,684	57,779,684		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			57,779,684			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		152,178			152,178	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	6a	59,550			
			6b Less: rental expenses	0			
		(ii) Personal	6c	59,550	0		
		d Net rental income or (loss)		59,550			59,550
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			7b Less: cost or other basis and sales expenses				
		(ii) Other	7c				
		d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	0			
			8b Less: direct expenses	0			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19		9a	0			
			9b Less: direct expenses	0			
		c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances		10a	0			
			10b Less: cost of goods sold	0			
		c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code					
11a OTHER MISCELLANEOUS		900099	24,163	24,163			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			24,163				
12 Total revenue. See instructions			66,329,046	57,803,847		211,728	

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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	36,711	36,711		
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	2,394,210		2,394,210	
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	32,673,858	28,122,787	4,551,071	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,000,023	1,721,444	278,579	
9 Other employee benefits	6,969,548	5,998,775	970,773	
10 Payroll taxes	2,635,485	2,268,394	367,091	
11 Fees for services (non-employees):				
a Management	0			
b Legal	499,581		499,581	
c Accounting	285,392		285,392	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	90,000			90,000
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,821,160	4,100,548	720,612	
12 Advertising and promotion	317,036	272,877	44,159	
13 Office expenses	2,434,840	2,095,696	339,144	
14 Information technology	990,995	852,962	138,033	
15 Royalties	0			
16 Occupancy	1,051,490	1,000,758	50,732	
17 Travel	66,049	5,136	60,913	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	58,960	50,748	8,212	
20 Interest	236,717	225,296	11,421	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,333,664	2,221,070	112,594	
23 Insurance	311,936	189,463	122,473	
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	1,031,258	1,031,258		
b DUES & MEMBERSHIP	111,660	96,107	15,553	
c PERMIT, LICENSE, AND FEES	54,432	46,851	7,581	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	61,405,005	50,336,881	10,978,124	90,000
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	0	1	56,804
	2 Savings and temporary cash investments	7,641,607	2	5,561,790
	3 Pledges and grants receivable, net	0	3	474,116
	4 Accounts receivable, net	9,947,025	4	10,514,172
	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	51,352	8	52,991
	9 Prepaid expenses and deferred charges	3,314,578	9	1,903,779
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,212,923		
	b Less: accumulated depreciation	10b 10,001,848	20,428,784	10c 27,211,075
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	869,994	15	128,789
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,253,340	16	45,903,516	
Liabilities	17 Accounts payable and accrued expenses	9,710,784	17	9,016,351
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	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	14,601,359	23	13,857,903
	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	17,512,534	25	18,341,843
	26 Total liabilities. Add lines 17 through 25	41,824,677	26	41,216,097
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	-710,597	27	4,213,303
	28 Net assets with donor restrictions	1,139,260	28	474,116
	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	428,663	32	4,687,419	
33 Total liabilities and net assets/fund balances	42,253,340	33	45,903,516	

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	66,329,046
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,405,005
3	Revenue less expenses. Subtract line 2 from line 1	3	4,924,041
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	428,663
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-665,285
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,687,419

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		No
3b		

Software ID:**Software Version:****EIN:** 13-3746997**Name:** The New York Gracie Square Hospital Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

AS DESCRIBED IN THE NEEDS ASSESSMENT ABOVE DURING 2015 THE HOSPITAL EMBARKED UPON A REVITALIZATION PROGRAM TO IMPROVE THE QUALITY OF PATIENT CARE AND THE WAY WE PROVIDE IT; WITH THE GOAL OF PROVIDING THE HIGHEST QUALITY, STATE OF THE ART MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT IN A WARM AND HEALING ENVIRONMENT. THIS PROGRAM INCLUDED IMPROVING STAFFING RATIOS, QUALITY AND SAFETY MONITORING, PLANT RENOVATIONS, ITS INFRASTRUCTURE AND THE IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORD. THE FOLLOWING DESCRIBES SOME THE CHANGES TO OUR MISSION, CULTURE AND VALUES, PROGRAMS AND HEALTHCARE TEAM THAT BEGAN IN 2015 AND HAVE CONTINUED SINCE THAT TIME. GRACIE SQUARE HOSPITAL HAS PROVIDED ADVANCED, PATIENT-CENTERED INPATIENT BEHAVIORAL HEALTH SERVICES SINCE 1959. WE ARE COMMITTED TO PROVIDING PATIENTS WITH COMPASSIONATE AND COMPREHENSIVE CARE IN A WARM AND WELCOMING ENVIRONMENT IN ORDER TO FACILITATE THEIR RECOVERY AND RETURN TO THEIR FAMILIES AND COMMUNITIES. GRACIE SQUARE HOSPITAL, A PSYCHIATRIC INPATIENT FACILITY LOCATED ON A QUIET SIDE STREET ON THE UPPER EAST SIDE OF MANHATTAN, IS NOW EXPERIENCING A PERIOD OF EXTRAORDINARY TRANSFORMATION AND REVITALIZATION. THROUGH OUR AFFILIATION WITH NEWYORK-PRESBYTERIAN, ONE OF THE NATION'S PREMIER ACADEMIC HEALTHCARE DELIVERY SYSTEMS, GRACIE SQUARE HOSPITAL IS UNDERGOING RENOVATIONS, GROWING ITS STAFF, AND ENHANCING SERVICES AND PROGRAMS. UNDER NEW LEADERSHIP, THE HOSPITAL IS FOCUSED ON PROVIDING THE HIGHEST QUALITY OF CARE, EVIDENCE-BASED TREATMENTS, EDUCATION, AND TRAINING. GRACIE SQUARE HOSPITAL'S HIGHLY SPECIALIZED CLINICAL SERVICES ARE COMPRISED OF SPECIAL UNITS DEDICATED TO: * CRISIS STABILIZATION PROGRAM* AFFECTIVE DISORDERS PROGRAM * PSYCHOTIC DISORDERS PROGRAM* DUAL FOCUS PROGRAM * OLDER ADULT PROGRAM* YOUNG ADULT PROGRAM * ASIAN PSYCHIATRY PROGRAM. GRACIE SQUARE HOSPITAL OFFERS A MULTIDISCIPLINARY APPROACH TO CARE FOR PATIENTS WITH PSYCHIATRIC DISORDERS WHO CAN BENEFIT FROM INPATIENT HOSPITALIZATION. OUR DIAGNOSTIC AND TREATMENT PROGRAMS ARE PROVIDED BY SKILLED BEHAVIORAL HEALTHCARE AND MANAGEMENT TEAMS FOR A WIDE RANGE OF PSYCHIATRIC ILLNESSES AND DISORDERS. OUR DEDICATED TEAMS INCLUDE LICENSED AND CERTIFIED STAFF MEMBERS WHO CREATE A NURTURING, THERAPEUTIC ENVIRONMENT WHERE PATIENTS ARE ENCOURAGED TO ASK QUESTIONS AND GAIN A BETTER UNDERSTANDING ABOUT THEIR ILLNESSES AND TREATMENT. OUR GOAL IS TO HELP PATIENTS RETURN TO THEIR COMMUNITIES TO LIVE HEALTHY, PRODUCTIVE LIVES. OUR MISSION IS TO PROVIDE THE HIGHEST QUALITY, STATE-OF-THE-ART MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT IN A WARM, HEALING ENVIRONMENT. OUR CARING, COMPASSIONATE TEAM PREPARES OUR PATIENTS TO RETURN TO THEIR FAMILIES AND COMMUNITIES AND ENGAGE IN PRODUCTIVE AND FULFILLING LIVES. WE SERVE THE DIVERSE RESIDENTS OF THE GREATER NEW YORK METROPOLITAN AREA THROUGH TREATMENT, EDUCATION AND HEALTH PROMOTION. OUR CULTURE AND VALUES AT GRACIE SQUARE HOSPITAL, ALL MEMBERS OF OUR TEAM ARE GUIDED BY THESE CORE VALUES: * RESPECT TREATING EVERY PERSON IN OUR CARE WITH DIGNITY AND RESPECT * COMPASSION AND EMPATHY LISTENING, UNDERSTANDING, AND RESPONDING TO OUR PATIENTS' NEEDS AND CONCERNS AND DEDICATING OURSELVES TO ALLEVIATING THEIR DISTRESS * QUALITY AND EXCELLENCE CONTINUOUSLY ADVANCING THE QUALITY OF OUR CARE TO ACHIEVE THE HIGHEST STANDARD OF EXCELLENCE * INTEGRITY MAINTAINING THE HIGHEST ETHICAL AND MORAL STANDARDS THROUGHOUT EVERY FACET OF OUR ORGANIZATION * TEAMWORK WORKING COLLABORATIVELY WITHIN OUR INTERDISCIPLINARY TEAM, PARTNERING WITH THE INDIVIDUALS UNDER OUR CARE, AND INVOLVING THEIR FAMILIES AND SUPPORT SYSTEMS PROGRAMS. ACUTE CRISIS STABILIZATION SERVICE: THE CRISIS STABILIZATION PROGRAM AT GRACIE SQUARE HOSPITAL PROVIDES SHORT TERM HOSPITALIZATION FOR ADULTS WITH ACUTE PRESENTATIONS OR EXACERBATIONS OF PSYCHIATRIC SYNDROMES. THE SERVICE OFFERS DIAGNOSTIC ASSESSMENT AND TREATMENT FOR THE FULL RANGE OF MENTAL HEALTH CONDITIONS INCLUDING MOOD AND ANXIETY DISORDERS, POST-TRAUMATIC STRESS DISORDERS AND OTHERS. INDIVIDUALS REQUIRING A SAFE AND SUPPORTIVE ENVIRONMENT FOR ASSESSMENT AND SYMPTOM RELIEF ARE UNDER THE CARE OF A MULTIDISCIPLINARY TEAM. PROMPT AND THOROUGH PSYCHIATRIC AND MEDICAL EVALUATIONS HELP TO FOCUS THE GOALS OF TREATMENT. STAFF MEMBERS COLLABORATE TO PROVIDE COMPREHENSIVE CARE IN AN ACUTE TREATMENT SETTING FOR RAPID SYMPTOM RELIEF. INDIVIDUAL THERAPY IS AVAILABLE TO HELP PATIENTS IDENTIFY LIFE STRESSORS. OUR GROUP AND THERAPEUTIC ACTIVITY PROGRAM IS SUITABLE FOR A DIVERSE PATIENT POPULATION. SUCCESSFUL RETURN TO THE FAMILY AND COMMUNITY, AS WELL AS PRIOR WORK, EDUCATIONAL AND LEISURE ACTIVITIES, IS THE GOAL OF THE PROGRAM. THEREFORE, DISCHARGE PLANNING BEGINS SOON AFTER A PATIENT IS ADMITTED TO TAILOR APPROPRIATE AFTERCARE AND TO HELP PATIENTS ACCESS THE MOST APPROPRIATE SERVICES TO CONTINUE TREATMENT AS NEEDED. MOOD DISORDERS PROGRAM: GRACIE SQUARE HOSPITAL OFFERS A SPECIALIZED UNIT FOCUSING ON THE TREATMENT OF ADULTS WITH AFFECTIVE DISORDERS. INDIVIDUALS SUFFERING FROM DEPRESSION AND BIPOLAR DISORDERS AND OTHER CONDITIONS MANIFESTING MOOD SYMPTOMS RECEIVE STATE OF THE ART PSYCHOPHARMACOLOGY AND PSYCHOTHERAPY AFTER A THOROUGH DIAGNOSTIC ASSESSMENT. MULTIDISCIPLINARY TREATMENT PLANNING INCLUDES THE TREATMENT PROVIDERS AND PATIENT FOR FORMULATION OF AN INDIVIDUALIZED PLAN FOR CARE DURING THE ADMISSION. INDIVIDUAL THERAPY, MILIEU TREATMENT, DIVERSE GROUPS AND THERAPEUTIC ACTIVITIES COMPRISE ACTIVE TREATMENT, OFTEN IN ADDITION TO MEDICATION MANAGEMENT. COMBINATIONS OF MEDICATIONS AND SHORT TERM THERAPIES ARE OFTEN THE MOST EFFECTIVE APPROACHES FOR THESE CONDITIONS. PATIENTS WITH TREATMENT RESISTANT SYMPTOMS OR REQUIRING COMPLEX MEDICATION REGIMENS ARE OFTEN BEST MONITORED ON AN INPATIENT SETTING. IN ADDITION AN INPATIENT UNIT WITH A FOCUS ON MOOD DISORDERS CAN ADDRESS SAFETY ISSUES AND MEDICAL MONITORING. DURING THE STAY EXPERIENCED SOCIAL WORKERS DISCUSS APPROPRIATE OUTPATIENT FOLLOW UP AND ACCESS TO COMMUNITY RESOURCES TO PROMOTE RECOVERY. GROUP AND INDIVIDUAL THERAPIES ON THE AFFECTIVE DISORDERS UNIT DRAW UPON PRINCIPLES FROM COGNITIVE BEHAVIORAL AND DIALECTIC BEHAVIORAL TECHNIQUES. OUR MULTIDISCIPLINARY APPROACH IN A HEALING, THERAPEUTIC MILIEU WITH AN ARRAY OF RESOURCES AIMS TO PROMOTE WELLNESS WHILE PROVIDING SKILLS FOR RELAPSE PREVENTION AND RETURN TO OPTIMAL FUNCTIONING. PSYCHOTIC DISORDERS TREATMENT PROGRAM: THE PSYCHOTIC DISORDERS UNIT PROVIDES CARE FOR INDIVIDUALS WITH ACUTE EXACERBATIONS OF SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDERS AS WELL AS THOSE WITH BIPOLAR DISORDER WITH PSYCHOTIC FEATURES. A MULTIDISCIPLINARY TREATMENT TEAM SKILLED IN TREATMENT OF THESE CONDITIONS PROVIDES A SETTING TO MANAGE ACUTE SYMPTOMS AS WELL AS DISCUSSION OF STRESSORS LEADING TO EXACERBATIONS. GROUP THERAPIES TARGET SYMPTOM IDENTIFICATION TO HELP PATIENTS LEARN WARNING SIGNS AS WELL AS COPING STRATEGIES TO MANAGE PERSISTENT SYMPTOMS OUTSIDE OF THE HOSPITAL AFTER STABILIZATION. EDUCATION ABOUT PSYCHOTIC DISORDERS PROMOTES BETTER ACCEPTANCE OF THE ILLNESSES AND ENCOURAGES TREATMENT ADHERENCE TO HELP PREVENT FUTURE RELAPSES AND MAXIMIZE FUNCTIONAL RECOVERY. THE TREATMENT MILIEU PROVIDES SUPPORT AND PROMOTES SOCIALIZATION WHILE ACUTE SYMPTOMS ARE ADDRESSED BY EXPERT PSYCHOPHARMACOLOGISTS AND PSYCHOTHERAPISTS. THE PATIENT'S MEDICATION HISTORY IS REVIEWED TO PROVIDE A TREATMENT REGIMEN DESIGNED TO HAVE THE LOWEST SIDE EFFECT PROFILE AND LOWEST POSSIBLE RISK OF FUTURE MEDICAL COMPLICATIONS WHILE TREATING SYMPTOMS EFFICIENTLY. THE INDIVIDUAL'S PHYSICAL HEALTH STATUS IS ASSESSED AND MONITORED DURING THE INPATIENT STABILIZATION. EXPERT CLINICIANS SKILLED IN THE TREATMENT OF PSYCHOTIC DISORDERS PROVIDE INDIVIDUAL AND FAMILY THERAPY ALONG WITH EDUCATION TO PROMOTE THE BEST OUTCOMES. THE UNIT SOCIAL WORKERS DISCUSS COMMUNITY RESOURCES FOR ONGOING STABILIZATION AND COMMUNITY INTEGRATION. DUAL FOCUS UNIT: THE DUAL FOCUS UNIT PROVIDES INPATIENT TREATMENT FOR INDIVIDUALS WITH SIGNIFICANT EMOTIONAL OR PSYCHIATRIC PROBLEMS IN ADDITION TO BEING CHEMICALLY DEPENDENT. GRACIE SQUARE HOSPITAL PROVIDES COMPREHENSIVE TREATMENT ON A SPECIALIZED UNIT WHICH UTILIZES A FLEXIBLE BLEND OF PSYCHIATRIC AND SUBSTANCE ABUSE MODELS IN A SUPPORTIVE THERAPEUTIC MILIEU. OUR STAFF CONSISTS OF HIGHLY TRAINED, DEDICATED AND EXPERIENCED PSYCHIATRISTS, NURSE PRACTITIONERS, NURSES, SOCIAL WORKERS, ACTIVITIES THERAPISTS AND SUBSTANCE USE COUNSELORS AS WELL AS MEDICAL, NEUROLOGICAL AND PSYCHOLOGY CONSULTANTS. CERTAIN CHEMICALLY DEPENDENT INDIVIDUALS DO NOT RESPOND READILY TO STANDARD SUBSTANCE ABUSE TREATMENT. MANY OF THESE PATIENTS ARE IN FACT SUFFERING FROM TWO CONCURRENT ILLNESSES. OFTEN THESE DUALY DIAGNOSED PATIENTS ARE TREATED EITHER IN MENTAL HEALTH OR ADDICTION SYSTEMS OR SHUTTLED BACK AND FORTH BETWEEN THEM. FREQUENTLY THIS FRAGMENTED APPROACH RESULTS IN TREATMENT FAILURE. THE DUAL FOCUS PROGRAM HAS BEEN SPECIFICALLY DESIGNED TO PROVIDE A UNIQUE INTEGRATED TREATMENT PROGRAM TAILORED TO THE NEEDS OF THIS SPECIAL POPULATION, ADDRESSING BOTH PSYCHIATRIC AND A

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
The New York Grace Square Hospital Inc

Employer identification number
13-3746997

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: 13-3746997

Name: The New York Gracie Square Hospital Inc

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.

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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 The New York Gracie Square Hospital Inc	Employer identification number 13-3746997
---------------------------------------------------------------------	----------------------------------------------

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?			
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		5,055
j	Total. Add lines 1c through 1i			5,055
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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
Schedule C, Part II-B, line 1I	1199 - Certain employer contribution amounts that are paid are allocated for lobbying purposes in connection with New York State and Federal policy issues. Gracie Square Hospitals pro-rated share of HEP-1199 Lobbying expenses for 2019 is 5,055.

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
The New York Gracie Square Hospital Inc

Employer identification number
13-3746997

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:
- | | Amount |
|--------------------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		23,751,388	7,459,522	16,291,866
d Equipment		5,298,061	2,542,326	2,755,735
e Other		8,163,474		8,163,474
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				27,211,075

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	18,341,843

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	58,954,484
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	58,954,484
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	7,374,562	
c	Add lines 4a and 4b		4c	7,374,562
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	66,329,046

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	61,405,005
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	61,405,005
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	61,405,005

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: 13-3746997

Name: The New York Gracie Square Hospital Inc

Supplemental Information

Return Reference	Explanation
Part XI, Line 4B	Net asset transfer from The New York and Presbyterian Hospital: \$7,229,515 Capital contributions: \$145,047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization The New York Gracie Square Hospital Inc

Employer identification number 13-3746997

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... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes entry for Community Counseling Services Co.

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. NY

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		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
Part I, Line 2b	Community Counselling Services Co, LLC (CCS) has a twelve month agreement(jan 1 - Dec 31, 2019) for a fee of 90,000.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 The New York Gracie Square Hospital Inc

Hospitals

▶ **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.**

Employer identification number
 13-3746997

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input 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 type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		No
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 type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
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?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,112,052		1,112,052	1.810 %
b Medicaid (from Worksheet 3, column a)			35,490,914	31,357,586	5,133,328	8.360 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			36,602,966	31,357,586	6,245,380	10.170 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			36,711		36,711	0.060 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			36,711		36,711	0.060 %
k Total. Add lines 7d and 7j			36,639,677	31,357,586	6,282,091	10.230 %

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	354,659
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	22,889
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	5,921,600
6	Enter Medicare allowable costs of care relating to payments on line 5	6	7,148,059
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,226,459
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)
 THE NEW YORK GRACIE SQUARE HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	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
6b	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>SCHEDULE H, PART V, SECTION C</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>SCHEDULE H, PART V, SECTION C</u>	Yes	
10b	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
12b	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)

THE NEW YORK GRACIE SQUARE HOSPITAL

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 type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____% and FPG family income limit for eligibility for discounted care of _____%		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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>SCHEDULE H, PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SCHEDULE H, PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SCHEDULE H, PART V, SECT C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input 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 type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

THE NEW YORK GRACIE SQUARE HOSPITAL

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 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 checked="" 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 checked="" type="checkbox"/> Other (describe in Section C)	21	No
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Part V Facility Information *(continued)*

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

THE NEW YORK GRACIE SQUARE HOSPITAL

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	GRACIE SQUARE HOSPITAL PROVIDES FREE OR DISCOUNTED CARE (FINANCIAL ASSISTANCE) TO THE MEDICALLY INDIGENT AND THOSE WHO LACK THE ABILITY TO PAY FOR SOME OR ALL OR THEIR MEDICAL EXPENSES. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE PATIENTS FINANCIAL RESOURCES. Part I, Line 6A: N/A PART I, LINE 7: The following is a detail of the sources used for determining the amounts reported on schedule H: Line 7a adjusted ratio of patient costs to charges Line 7b adjusted cost of patient cost to charges Line 7e actual expenses

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE COSTS TO PROVIDE CARE WHICH HAS BECOME UNCOLLECTIBLE OR BAD DEBT, HAS BEEN CALCULATED UTILIZING A COST TO CHARGE RATIO. PAYMENTS, DISCOUNTS AND FINANCIAL ASSISTANCE EXCLUDE FROM AMOUNTS CONSIDERED TO BE BAD DEBT. Part III, Line 3: The amount at cost included represents patients who qualify for charity care/financial assistance and have a bad debt write-off. Bad debt price concessions associated with patients that received charity care/financial assistance is represented in this \$22,889 These patients went through our charity care/financial assistance process and were determined to have financial need. As a result, we provided them with a discount based on our sliding scale charity care policy. If they were unable to pay the reduced balances, they were written off as bad debt price concessions and included as a community benefit. PART III, LINE 4: AUDITED FINANCIAL STATEMENTS see PAGE 13.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	MEDICARE ALLOWABLE COSTS ARE DETERMINED PURSUANT TO THE LAWS AND REGULATIONS APPLICABLE TO ALLOWABLE COSTS AND MEDICARE'S STEP DOWN METHODOLOGY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>Policy: The purpose of the Collection Policy (Policy) is to promote patient access to quality health care while minimizing bad debt at Gracie Square Hospital (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, Charity Care Policy. Procedures: General Guidelines 1. Hospital, collection agencies (Agency), and lawyers and law firms (Outside Counsel) will comply with all applicable federal and state laws and accrediting agency requirements governing the collection of debts including, but not limited to, the Fair Debt Collection Practices Act (FDCPA), the Fair Credit Billing Act, the Consumer Credit Protection Acts, Public Health Law Section 2807-k-9-a, Internal Revenue Service Code 501(r), Article 52 of the New York Civil Practice Law and Rules, and the Health Insurance Portability and Accountability Act (HIPAA). Hospital, Agency and Outside Counsel will also comply with Hospitals Charity Care Policy. To the extent that there are any inconsistencies between Hospitals Collection Policy and Charity Care Policy, the Charity Care Policy shall supersede and control. 2. Hospital shall enter legally binding written agreements with any parties (including Agency or Outside Counsel) to which it refers an individuals debt related to care that are reasonably designed to prevent Extraordinary Collection Actions (ECAs) from being taken to obtain payment for the care, until reasonable efforts have been made to determine whether the individual is eligible for Charity Care.</p>

Form and Line Reference	Explanation
needs assessment:	<p>Gracie Square is deeply committed to the community members residing in NYC and the surrounding areas by delivering a range of high quality inpatient psychiatric services. The community health needs assessment (CHNA) process is undertaken every three years to determine the high disparity communities and health needs that can be most positively impacted by focused interventions and initiatives. The CHNA aligns with the New York State 2019-2024 Prevention Agenda (NYS PA) priorities to improve health equity for all New Yorkers through partnerships with community organizations to address social determinants of health (SDoH) and interventions to reduce inequalities in health indicators. Through the NYS PA alignment with the CHNA process, NYS has improved its overall national ranking from 28th to 10th highest state since 2008. Our commitment as an inpatient psychiatric facility within New York State is to align our efforts with that of the state and to strategically invest in opportunities to improve the health of the patients within our community. Gracie Square Hospital (Gracie Square) 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. The community, spanning 168 New York City Neighborhood Tabulation Areas (NTAs) in Kings, Queens, Bronx, and New York Counties represent a broad diversity of demographics, socioeconomic and health service utilization need, and requires a custom approach to community service planning to ensure alignment with the needs of such a diverse population. There were also five ZIP codes originating in the southern portion of Westchester County that were part of the defined community. Due to the lack of publicly available data at the ZIP code level for Westchester, this CHNA focused solely upon the New York City community. The leaders of Gracie Square are dedicated to our community with a mission to be the premier healthcare institution serving our greater community by providing excellence in inpatient psychiatric care. A prioritization process was created to analyze the quantitative and qualitative data inputs collected through the CHNA process. The process had several layers in which the data was input and prioritized to arrive at the final priority indicators. The data identification and prioritization process for Gracie Square resulted in numerous indicators. At a high level, these indicators can generally be grouped into: 1 Mental Health & Substance Abuse 2 HIV 3 Chronic Disease & Obesity 4 Womens Health / Maternal Health The top priorities allowed the Gracie Square leadership to develop focused efforts to ensure it can contribute to a direct impact of improvement for the community. The CSP focus will allow Gracie Square to invest in new opportunities. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: Written materials, including the application, full Policy, and plain language summary (Summary), shall be available to patients in the Hospital's primary languages, upon request and without charge, from the Admitting Department 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.nygsh.org) and by calling (212) 434-5315. Also, notification to patients regarding this Policy shall be made through conspicuous posting of language-appropriate information in the Admitting Department 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. COMMUNITY INFORMATION: The community definition for Gracie Square Hospital was derived using 80% of ZIP codes from which Gracie Square patients originate and adding ZIP codes not among the original patient origin to create continuity in geographical boundaries, resulting in a total of 148 community ZIP codes mainly within NYC. 7.8+M PEOPLE - The defined community covers a geography of approximately 7.8+M people 2.6% GROWTH POPULATION Forecasted to grow faster, 2.6%, than the state average, 1.5%, between 2019-2024. 14.0% 65+ POPULATION is slightly younger with only 14.0% of the population aged 65+ compared to 16.3%. \$99,251 HOUSEHOLD INCOME The average household income, \$99,251, is lower than the average of New York State, \$101,507. 18.0% UNEMPLOYMENT RATE The unemployment rate, 18.0%, is higher than the New York State benchmark, and there are 2% fewer white-collar workers than the state average. HIGHER MINORITY POPULATION Higher non-White population, 70.2%, than the state 45.6%, driven by Hispanics, 31.6%, and African Americans, 21.1%. To ensure that we are implementing initiatives that will impact the communities with the highest disparities with this community service plan, Gracie Square undertook additional analysis of community health need and risk of high</p>

Form and Line Reference	Explanation
needs assessment:	<p>resource utilization at the Neighborhood Tabulation Area (NTA) geography based upon a composite of 29 different indicators. Indicators were carefully selected, across five domains : demographics, income, insurance, access to care and New York State Department of Health Prevention Agenda Priorities. The objective was to identify the specific NYC NTAs where there is a higher health need and/or a higher expectation of required resources. The defined communitys 148 ZIP codes were cross walked to 168 New York City NTAs (mostly in Kings, Queens, Bronx, and New York Counties) and categorized into four quartiles. Additional analysis was undertaken for the 84 NTAs of higher disparity that fell into quartiles 3 and 4. Gracie Square Hospital Focused High Disparity Community: 4.1+M PEOPLE The defined community covers a geography of approximately 4.1+M people. 15.9% UNINSURED Higher percentage of uninsured population at 15.9% compared to NYC average of 13.5%. 27.7% LIVING IN POVERTY There are more living in poverty, all ages 27.7%, than the NYC average, 20.6%. 43.3% MEDICAID ENROLLMENT numerous neighborhoods also have a higher than average Medicaid enrollment, over all 43.3%, NYC 37.0%. 32.1% RECEIVING SNAP BENEFITS an estimated 32.1% receive SNAP benefits, in comparison to the NYC average of 7.9%. 87.7% MINORITY POPULATION Higher non-White population, 87.7% as compared to NYC average of 67.3%. Acknowledging that there was variation across the NTAs and counties among specific measurable indicators for demographics, socioeconomic, Social Determinants of Health (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. With such a large community, covering all five boroughs of New York City, there are many neighborhoods that fell into the high disparity (3rd and 4th quartiles) communities based on the analysis and prioritization of the quantitative and qualitative data collected for the CHNA. The Gracie Square community is diverse in its geography with the NYC NTAs having a younger, more minority, and economically challenged population. The SDoH concerns are concentrated upon language, safety, food insecurity, high cost of housing, and public transportation. Behavioral risk factors such as smoking, drinking, and consuming fruits and vegetables vary among the NTAs but are problematic for those in high-disparity neighborhoods.</p> <p>PROMOTION OF COMMUNITY HEALTH: The data outlined allowed us to identify a community of focus as well as priority areas to impact the healthcare of the most vulnerable populations. Promote Well-Being & Prevent Mental & Substance Use Disorders Strategy: Implementation of the Mental Health First Aid Program for the college student population. Background summary: Mental health first aid (MHFA) is an international training program proven to be an effective intervention for mental health education, prevention and addressing stigma. Peer-reviewed studies show that individuals trained in the program achieve the following outcomes: 1 Grow their knowledge of signs, symptoms, and risk factors of mental illnesses and addictions. 2 Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction. 3 Increase their confidence in and likelihood to help an individual in distress. 4 Show increase mental wellness themselves. Mental health first aid USA is listed in the substance abuse and mental health services administrations national registry of evidence-based programs and practices Prioritized Need: Prevent Mental and Substance Use Disorders Strategy: Implementation of geropsychiatric telepsychiatry services Background summary: Based on the expertise that Gracie Square Hospital (GSH) can bring to the behavioral health priority area, we will partner with NewYork-Presbyterian Hospital (NYPH) to invest and concentrate efforts to directly impact the NYPH targets</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
DISCLOSURES IN ACCORDANCE WITH REVENUE PROCEDURE 2015-21:	<p>THE HOSPITAL HAS BEEN COMPLIANT WITH THE 501(R) STATUTE AND IS MAKING GOOD FAITH EFFORTS TO COMPLY WITH THE SECTION 501(R) REGULATIONS, BUT IT IDENTIFIED SOME TEMPORARY GAPS IN COMPLIANCE WITH THE REGULATIONS AS PART OF ITS REVITALIZATION PROGRAM AND received SPECIFIC ADVICE ON HOW TO ADDRESS THEM FROM ITS TAX ADVISORS. SPECIFICALLY, DURING THE REVITALIZATION THE HOSPITAL OPERATED WITH AN INTERIM FINANCIAL ASSISTANCE POLICY THAT PROVIDED CARE FOR PATIENTS UNABLE TO PAY. As of filing this return, THIS INFORMATION is now AVAILABLE ON THE WEBSITE. THE HOSPITAL HAS DEVELOPED A FULL FINANCIAL ASSISTANCE POLICY, WHICH HAS BEEN APPROVED BY ITS BOARD OF TRUSTEES. THE HOSPITAL HAS DRAFTED A PLAIN LANGUAGE SUMMARY AND RELATED DOCUMENTS (E.G. THE APPLICATION FOR FINANCIAL ASSISTANCE) REFLECTING THIS POLICY. THE HOSPITAL has posted THIS INFORMATION TO ITS WEBSITE, made IT AVAILABLE UPON REQUEST AND BY MAIL, AND TRANSLATED IT INTO THE REQUIRED LANGUAGES. THE HOSPITAL ALSO OFFERs INFORMATION REGARDING FINANCIAL ASSISTANCE TO ALL PATIENTS. THE HOSPITAL DISPLAYS IN THE ADMISSIONS AREA STATING THAT FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDEs CONTACT INFORMATION. THE HOSPITAL MITIGATED ANY IMPACT OF THESE GAPS BY INFORMING PATIENTS AT THE TIME OF ADMISSION THAT FINANCIAL ASSISTANCE WAS AVAILABLE AND HAS MAINTAINED ON-CALL TRANSLATORS AND TRANSLATION SERVICES IN ORDER TO ENSURE PATIENTS WITH LIMITED ENGLISH PROFICIENCY HAVE ACCESS TO THE INFORMATION. THE HOSPITAL ESTIMATES THAT THERE HAVE BEEN NO, OR VERY FEW, INDIVIDUALS IMPACTED.</p>

Additional Data**Software ID:****Software Version:****EIN:** 13-3746997**Name:** The New York Gracie Square Hospital Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	THE NEW YORK GRACIE SQUARE HOSPITAL 420 EAST 76TH STREET NEW YORK, NY 10021 www.nygsh.org 8713070	X								PSYCHIATRIC hospital	

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

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

Form and Line Reference	Explanation
PART V, LINE 5:	<p>AS PART OF OUR COMMUNITY BENEFIT STRATEGY, GRACIE SQUARE HOSPITAL CONTINUOUSLY STRIVES TO MAINTAIN AND IMPROVE THE QUALITY OF OUR SERVICES PROVIDED TO OUR PATIENTS THROUGH QUALITY IMPROVEMENT STUDIES AND PATIENT SATISFACTION SURVEYS. WE VIEW THESE TOOLS AS A WAY OF TRULY HEARING OUR PATIENTS' VOICES AND THEIR OPINIONS ABOUT OUR SERVICES. GRACIE SQUARE HOSPITAL HAS CONTRIBUTED TO A VARIETY OF KEY STAKEHOLDERS, NETWORKS AND COALITIONS IN THE CITY, INCLUDING THE NY COALITION FOR QUALITY ASSISTED LIVING (WE ARE A GOLD MEMBER), THE CHINESE AMERICAN FUND, THE BROOKLYN CHINESE AMERICAN FUND, AND CHINATOWN HEALTH. OUR CONNECTIONS WITH THESE GROUPS HELP TO ENSURE THAT OUR INPATIENT BEHAVIORAL HEALTH SERVICES ARE TAILORED TO MEET THE NEEDS OF THESE SPECIALIZED COMMUNITIES, MOST NOTABLY THOSE IN OUR ASIAN AND GERIATRIC PSYCHIATRY PROGRAMS. FURTHER, BY COLLABORATING WITH AND CONTRIBUTING TO THESE GROUPS YEAR AFTER YEAR THE COMMUNITY'S AWARENESS OF GRACIE SQUARE HOSPITAL AND OUR SERVICES HAS INCREASED, HELPING TO FACILITATE THE TRANSITION INTO OUR CARE DURING A CRISIS REQUIRING ACUTE PSYCHIATRIC CARE AND TO REGAIN A SENSE OF EMPOWERMENT AND TO REGAIN A SENSE OF EMPOWERMENT AND COMPETENCY THAT IS OFTEN COMPROMISED BY THE INDIVIDUAL'S STRUGGLE WITH HIS/HER BEHAVIORAL HEALTH ISSUES. DATA GATHERED AS PART OF THE MOST RECENT CHNA WAS FROM SURVEYS AND MORE IN DEPTH STUDIES CONDUCTED OVER THE COURSE OF 2019. THIS INFORMATION IS USED TO IDENTIFY ANY AREAS OF UNMET NEED OR WAYS TO IMPROVE OUR SERVICES. WE OFTEN ALSO DISCOVER OPPORTUNITIES THAT WE CAN IMPROVE THE CULTURAL COMPETENCE OF OUR SERVICES THROUGH THESE METHODS. FURTHER, BY ENSURING THAT EACH OF OUR CONSUMERS HAS THE CHANCE TO SHARE THEIR THOUGHTS AND FEELINGS ABOUT THEIR EXPERIENCE WITH US, WE HELP THEM TO REGAIN A SENSE OF EMPOWERMENT AND COMPETENCY THAT IS OFTEN COMPROMISED BY THE INDIVIDUAL'S STRUGGLE WITH HIS/HER BEHAVIORAL HEALTH ISSUES. PART V, LINES 7A & 10A https://www.nygsh.org/doc/gsh-community-health-needs_2019-2021.pdf</p>
PART V, LINE 11:	<p>THE HOSPITAL IS LICENSED BY THE NEW YORK STATE OFFICE OF MENTAL HEALTH AS AN ARTICLE 31 FREE STANDING PSYCHIATRIC HOSPITAL AND AS SUCH IS LIMITED IN REGARDS TO PROVIDING ADDITIONAL MEDICAL SERVICES. OUR MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT INDICATED THE HOSPITAL WAS MEETING THE BEHAVIORAL HEALTH NEEDS OF THE COMMUNITY. FOR NEARLY SIX DECADES, GRACIE SQUARE HOSPITAL HAS BEEN A MAINSTAY OF THE UPPER EAST SIDE, PROVIDING THE HIGHEST QUALITY AND MOST COMPASSIONATE CARE TO ADULTS 18 YEARS AND OLDER WITH BEHAVIORAL HEALTH NEEDS WHO CAN BENEFIT FROM INPATIENT HOSPITALIZATION. THE HOSPITAL OFFERS INDIVIDUALS A WARM AND WELCOMING ENVIRONMENT IN WHICH TO RECEIVE STATE-OF-THE-ART TREATMENT TO FACILITATE A HEALTHY RECOVERY. UNDER NEW LEADERSHIP, THE HOSPITAL IS FOCUSED ON PROVIDING HIGH-QUALITY, EVIDENCE-BASED TREATMENT AND ENHANCING THE PATIENT EXPERIENCE. "GRACIE SQUARE HOSPITAL IS UNDERGOING A PERIOD OF EXTRAORDINARY TRANSFORMATION AND REVITALIZATION," SAYS DAVID A. WYMAN, PRESIDENT AND CEO, GRACIE SQUARE HOSPITAL. "WE HAVE UNDERTAKEN RENOVATIONS OF OUR PATIENT CARE FACILITIES. WE ARE GROWING OUR STAFF AND EXPANDING SERVICES AND PROGRAMS, INCLUDING EDUCATIONAL EVENTS FOR THE COMMUNITY. MOST IMPORTANTLY, OUR PATIENTS ARE BENEFITING FROM THE LATEST THERAPIES, WHICH ARE IN LINE WITH OUR COMMITMENT TO MAINTAINING THE HIGHEST STANDARDS OF PSYCHIATRIC TREATMENT. OUR GOAL IS TO HELP PATIENTS RETURN TO THEIR COMMUNITIES TO LIVE HEALTHY, PRODUCTIVE LIVES." THROUGH GRACIE SQUARE HOSPITAL'S AFFILIATION WITH NEWYORK-PRESBYTERIAN, ONE OF THE NATION'S PREMIER ACADEMIC HEALTHCARE DELIVERY SYSTEMS, WE ARE COMMITTED TO PROVIDING HIGH-QUALITY, PATIENT-CENTERED MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT SERVICES TO INDIVIDUALS LIVING IN THE GREATER NEW YORK CITY METROPOLITAN AREA. ONE OF THE NATION'S PREMIER ACADEMIC HEALTHCARE DELIVERY SYSTEMS, WE ARE COMMITTED TO PROVIDING HIGH-QUALITY, PATIENT-CENTERED MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT SERVICES TO INDIVIDUALS LIVING IN THE GREATER NEW YORK CITY METROPOLITAN AREA.</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 13:	THE HOSPITAL PROVIDES FREE AND DISCOUNTED CARE TO UNINSURED AND UNDER INSURED INDIVIDUALS. FREE AND DISCOUNTED CARE IS APPROVED BASED UPON INDIVIDUALS FINANCIAL RESOURCES.
PART V, LINES 15 AND 16:	FINANCIAL ASSISTANCE MAY BE APPLIED FOR BY CONTACTING THE ADMITTING OFFICE. APPLICANTS MAY BE REQUIRED TO COMPLETE A MEDICAID APPLICATION AND TO PROVIDE DOCUMENTATION REQUIRED BY MEDICAID TO PROCESS THE APPLICATION. THE HOSPITAL WILL ASSIST WITH SUBMITTING MEDICAID APPLICATIONS AND WITH MEDICARE ENROLMENT OR PROVIDE INFORMATION FOR INDIVIDUALS TO DO SO ON THEIR OWN. Financial Aid Policy Available on Website: https://www.nygsh.org/admissions-and-insurance.html PLEASE REFER TO THE DISCLOSURES IN PART VI REGARDING GRACIE SQUARE HOSPITALS EFFORTS TO REVITALIZE THE WAY IT INFORMS PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE.

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 21D:	THE HOSPITAL DOES NOT PROVIDE EMERGENCY MEDICAL CARE.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization The New York Gracie Square Hospital Inc

Employer identification number 13-3746997

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

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	2126		36,711	FMV	CLOTH/TRANS.
(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
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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
The New York Gracie Square Hospital Inc

Employer identification number
13-3746997

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 checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" 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	No
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: GARY ZUAR: \$81,226 PHYLLIS R. LANTOS: \$173,396 SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AS REPORTED ON THE W-2: GARY ZUAR: \$123,050 PHYLLIS R. LANTOS: \$121,019
PART I, LINE 7	ALL BONUSES ARE GRANTED AT THE DISCRETION OF AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES; THEY ARE BASED ON THE ACHIEVEMENT OF PREDETERMINED GOALS AND OBJECTIVES.
FORM 990, PART VII, SECTION A	<p>CERTAIN EMPLOYEES OF THE New York PRESBYTERIAN HOSPITAL THAT ARE IDENTIFIED IN PART VII AS OFFICERS OR TRUSTEES OF THE NEW YORK GRACIE SQUARE HOSPITAL INC. ARE RESPONSIBLE FOR EXECUTING THE MISSION AND MANAGEMENT OF THE New York PRESBYTERIAN HOSPITAL (NYP) AND ITS AFFILIATED ENTITIES. COMPENSATION FOR 2019 OF THESE UPPER LEVEL EXECUTIVES INCLUDES THE PAYOUT OF AN ANNUAL INCENTIVE PLAN AND A LONG-TERM INCENTIVE PLAN. THIS PERFORMANCE-ORIENTED PROGRAM CONDITIONS PAYMENTS UPON THE ACHIEVEMENT OF MULTIPLE INDIVIDUAL AND GROUP PERFORMANCE MEASURES. MEASURES TO MONITOR PERFORMANCE INCLUDE: OPERATIONAL AND FINANCIAL STRENGTH, PATIENT QUALITY AND SAFETY, PATIENT SATISFACTION, ADVANCEMENT OF PATIENT CARE, AND PEOPLE DEVELOPMENT AND PARTNERSHIP. INCENTIVE AWARDS MAY ONLY BE GRANTED IF THE ORGANIZATION ACHIEVES A FINANCIAL SURPLUS. EVEN IF ALL RELEVANT PERFORMANCE MEASUREMENTS ARE ACHIEVED, THE NYP BOARD OF TRUSTEES RETAINS FULL DISCRETION TO MAKE OR NOT MAKE ANY INCENTIVE AWARDS, OR TO REDUCE THE AMOUNT OF ANY INCENTIVE AWARD. THIS INITIATIVE IS CRITICAL TO ASSURING THAT NYP HAS THE REQUISITE LEADERSHIP TO CREATE AND MANAGE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE, TO DRIVE SUPERIOR PERFORMANCE THROUGHOUT THE ORGANIZATION AND TO ACHIEVE TOP TIER MEDICAL CENTER STATUS. AS A SEPARATE MATTER, DUE TO RESTRICTIONS IMPOSED BY THE INTERNAL REVENUE CODE, UPPER LEVEL EXECUTIVES ARE LIMITED IN THE AMOUNT OF BENEFITS RECEIVED UNDER A TAX-QUALIFIED RETIREMENT PLAN. LIKE MANY EMPLOYERS, NYP SUPPLEMENTS THESE EXECUTIVES' PENSION BENEFITS THROUGH A SUPPLEMENTAL ("NONQUALIFIED") RETIREMENT PLAN. THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IS SUBJECT TO A MULTI-YEAR VESTING REQUIREMENT (COMMENCING AFTER FIVE YEARS OF PARTICIPATION IN THE SERP, IN PRORATED AMOUNTS THROUGH AGE 65) WHICH PLACES AN EXECUTIVE'S SUPPLEMENTAL RETIREMENT BENEFIT AT RISK OF FORFEITURE IF THE VESTING REQUIREMENTS ARE NOT SATISFIED. ONCE VESTED, HOWEVER, PROVISIONS OF THE INTERNAL REVENUE CODE REQUIRE THAT THE VESTED EXECUTIVE INCLUDE IN CURRENT INCOME THE VALUE OF HIS OR HER VESTED SUPPLEMENTAL RETIREMENT BENEFIT. NOTWITHSTANDING THE LEGAL REQUIREMENT TO RECOGNIZE THE VESTED VALUE OF THE SUPPLEMENTAL RETIREMENT BENEFIT AS CURRENT INCOME, THE SUPPLEMENTAL RETIREMENT BENEFIT WILL NOT BE DISTRIBUTED TO THE EXECUTIVE UNTIL THE EXECUTIVE ACTUALLY RETIRES FROM NYP (ALTHOUGH, AS PERMITTED BY THE INTERNAL REVENUE CODE, THE SUPPLEMENTAL RETIREMENT PLAN WILL EFFECT A DISTRIBUTION OF AN AMOUNT NECESSARY TO SATISFY THE EXECUTIVE'S TAX LIABILITY RESULTING FROM THE INCOME RECOGNITION UPON VESTING). AS NOTED, THIS SUPPLEMENTAL RETIREMENT BENEFIT WILL NOT BE DISTRIBUTED TO THE EXECUTIVE UNTIL THE EXECUTIVE ACTUALLY RETIRES FROM NYP. THERE ARE CONSTANTLY CHANGING LEGAL, TAX, ACCOUNTING, AND PUBLIC DISCLOSURE RULES FOR A SERP (SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN) IN NOT-FOR-PROFIT ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEE CONTINUOUSLY MONITORS THESE CHANGES AND INCORPORATES ANY CHANGES INTO THE OVERALL SERP PLAN DESIGN. AS IN PAST YEARS, THE EXECUTIVE COMPENSATION COMMITTEE OF NYP REQUIRES A THIRD PARTY TO COMPLETE A REVIEW OF THE ORGANIZATION'S COMPENSATION PROGRAM TO ENSURE ITS EFFECTIVENESS IN TERMS OF GOVERNMENT REGULATIONS, MARKET CONDITIONS AND THE NEED TO CONTINUALLY ELEVATE ORGANIZATIONAL PERFORMANCE. THE REPORT ALSO SERVES TO MEET THE REGULATORY OBLIGATIONS TO ENSURE THAT ALL ELEMENTS OF THE EXECUTIVE COMPENSATION PROGRAMS ARE REASONABLE. THE INDIVIDUALS LISTED IN PART VII THAT ARE COMPENSATED BY NEW YORK PRESBYTERIAN HOSPITAL DEVOTE AN AVERAGE OF SIXTY HOURS PER WEEK PERFORM THEIR RESPONSIBILITIES FOR THE NEW YORK PRESBYTERIAN HOSPITAL AND OTHER RELATED ORGANIZATIONS IN THE AGGREGATE. THE INDIVIDUALS LISTED IN PART VII THAT ARE COMPENSATED BY THE NEW YORK GRACIE SQUARE HOSPITAL, UNLESS OTHERWISE INDICATED, DEVOTE AN AVERAGE OF SIXTY HOURS PER WEEK TO PERFORM THEIR RESPONSIBILITIES FOR THE NEW YORK GRACIE SQUARE HOSPITAL.</p>

Additional Data

Software ID:
Software Version:
EIN: 13-3746997
Name: The New York Gracie Square Hospital Inc

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				
1 Karen Westervelt Board Member	(i)	0	0	0	0	0	0	0
	(ii)	709,859	533,326	130,963	16,534	37,470	1,428,152	0
1 Nazim B Malatyali Board Member	(i)	0	0	0	0	0	0	0
	(ii)	391,433	124,006	55,531	15,207	40,623	626,800	0
2 Brian Regan Board Member	(i)	0	0	0	0	0	0	0
	(ii)	290,508	103,261	38,352	30,034	41,493	503,648	0
3 David Wyman President	(i)	416,281	171,872	20,165	16,800	34,822	659,940	0
	(ii)	0	0	0	0	0	0	0
4 Michael Breslin Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	905,506	609,582	149,309	19,081	50,712	1,734,190	0
5 Gary J Zuar Ass't Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	692,924	431,125	234,761	111,590	38,833	1,509,233	2,844
6 Bernadette O'Campo Secretary	(i)	0	0	0	0	0	0	0
	(ii)	185,915	1,400	894	33,251	13,206	234,666	0
7 Kathleen M Burke Ass't Secretary	(i)	0	0	0	0	0	0	0
	(ii)	318,373	98,760	21,482	40,311	23,006	501,932	0
8 Melissa Welch Ass't Secretary	(i)	0	0	0	0	0	0	0
	(ii)	159,110	2,000	5,043	14,961	15,128	196,242	0
9 Donna T Anthony Chief Medical Officer	(i)	299,347	81,225	3,448	19,600	16,658	420,278	0
	(ii)	0	0	0	0	0	0	0
10 Natasha Bowman Chief HR Officer	(i)	257,426	0	1,692	13,271	42,411	314,800	0
	(ii)	0	0	0	0	0	0	0
11 Margaret Mancuso Chief Administrative Officer	(i)	205,018	53,021	2,642	13,138	16,121	289,940	0
	(ii)	0	0	0	0	0	0	0
12 Michael Radosta Chief Nursing & Qual. Officer	(i)	282,067	63,049	2,893	19,600	43,611	411,220	0
	(ii)	0	0	0	0	0	0	0
13 David Wiecks Chief Financial Officer	(i)	184,930	54,045	20,745	21,095	17,216	298,031	0
	(ii)	0	0	0	0	0	0	0
14 Satyanarayana Abkari Psychiatrist	(i)	270,463	0	0	18,932	113	289,508	0
	(ii)	0	0	0	0	0	0	0
15 Vassilios Latoussakis Psychiatrist	(i)	253,077	0	0	17,870	2,325	273,272	0
	(ii)	0	0	0	0	0	0	0
16 Douglas Saphier Psychiatrist	(i)	244,890	0	2,723	20,224	5,301	273,138	0
	(ii)	0	0	0	0	0	0	0
17 Smita Agarkar Psychiatrist	(i)	240,105	0	1,270	17,292	5,773	264,440	0
	(ii)	0	0	0	0	0	0	0
18 Mahgoub Nahla Psychiatrist	(i)	242,908	0	0	17,004	113	260,025	0
	(ii)	0	0	0	0	0	0	0
19 Phyllis R Lantos Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	967,025	316,667	236,669	204,604	40,041	1,765,006	19,269

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The New York Gracie Square Hospital Inc

Employer identification number
13-3746997

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	716,217	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
----	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		No
----	--	----

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	Yes	
-----	-----	--

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 32b	We have a capital management department at the custodian that receives donated stock on our behalf. They sell the stock and send proceeds to New York Gracie Square Hospital.
Part I, Column B	The number of contributions is determined by the number of separate contributions made.

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

The New York Gracie Square Hospital Inc

Employer identification number

13-3746997

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MEMBERS	FORM 990, PART VI, LINES 6 & 7A THE NEW YORK GRACIE SQUARE HOSPITAL (GSH), INC. IS A MEMBERSHIP CORPORATION, WHOSE MEMBERS ARE APPOINTED BY NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM, INC. ("SYSTEM INC."). SYSTEM INC. IS A TAX-EXEMPT ORGANIZATION WHOSE MEMBERS ARE APPOINTED BY NEW YORK-PRESBYTERIAN FOUNDATION, INC., WHICH IS ALSO A TAX-EXEMPT ORGANIZATION. THE MEMBERS OF THE ORGANIZATION ELECT THE ORGANIZATION'S BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
REVIEW PROCESS FOR THE FORM 990	<p>FORM 990, PART VI, LINE 11B THE HOSPITAL'S FINANCE DEPARTMENT PREPARES AND COMPILES SUPPORTING WORK PAPERS AND RELATED DOCUMENTS REQUIRED TO PREPARE THE FORM 990 AND RELATED SCHEDULES (THE "RETURN"). THE DATA IS FORWARDED TO ERNST & YOUNG U.S. LLP (EY). EY PERFORMS REVIEW PROCEDURES DESIGNED TO EVALUATE THE CORRECTNESS AND MECHANICAL ACCURACY OF THE RETURN. UPON COMPLETION OF THEIR REVIEW PROCEDURES, EY PREPARES A DRAFT WHICH IS REVIEWED BY CFO. A COPY OF THE RETURN IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES, PRIOR TO ITS FILING WITH THE IRS. MONITOR AND ENFORCE COMPLIANCE WITH POLICIES CONFLICT OF INTEREST FORM 990, PART VI, LINE 12C THE HOSPITAL 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 OF KEY PERSON OF GSH SHALL COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE PRIOR TO BECOMING A BOARD MEMBER, OFFICER OR KEY PERSON OF GSH AND ANNUALLY THEREAFTER. THE POLICY ALSO STATES THAT EACH BOARD MEMBER, OFFICER, OR KEY PERSON SHALL PROMPTLY ADVISE THE CHIEF EXECUTIVE OFFICER OF GSH, 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 GSH, 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 CONFLICT OF INTEREST, INCLUDING SUCH STEPS AS REASSIGNMENT OF RESPONSIBILITIES OR ESTABLISHMENT OF PROTECTIVE ARRANGEMENTS. ALL DISCLOSURES OF INTERESTS IN COMPLETED QUESTIONNAIRES OR SUBSEQUENCE ADVICE, UNLESS CLEARLY IRRELEVANT OR IMMATERIAL, SHALL BE COMPILED AND REPORTED BY MANAGEMENT TO THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE OF THE BOARD OF GSH, 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
COMPENSATION APPROVAL PROCESS	FORM 990, PART VI, LINES 15A & 15B THE HOSPITAL'S EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (THE "COMMITTEE") OVERSEES MATTERS CONCERNING COMPENSATION AND BENEFITS FOR OFFICERS AND OTHER EXECUTIVES. THE MEMBERS OF THE COMMITTEE INCLUDE INDEPENDENT TRUSTEES. PART OF THE COMMITTEES DELIBERATION AND DECISION PROCESS INCLUDES REVIEW OF COMPARABLE AND CONTEMPORANEOUS DATA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
ACCESS TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, LINE 19 INSPECTION OF THE HOSPITAL'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS WILL BE ARRANGED UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 Restrictied contribution and net assets released from restriction, net: (665,285)

**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
The New York Gracie Square Hospital Inc

Employer identification number

13-3746997

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

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

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

See Additional Data Table

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

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

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

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

See Additional Data Table

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	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)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE NEW YORK AND PRESBYTERIAN HOSPITAL	M	6,378,021	FMV
(2) THE NEW YORK AND PRESBYTERIAN HOSPITAL	C	7,229,515	FMV
(3) NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM INC	M	54,708	FMV

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: 13-3746997
Name: The New York Gracie Square Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-4153668	SUPPORT ORG.	NY	501(C)(3)	12 TYPE I	NA		No
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3957095	HEALTH CARE	NY	501(C)(3)	3	NYP FDN	Yes	
535 E 70TH ST NEW YORK, NY 10021 13-1624135	HEALTH CARE	NY	501(C)(3)	3	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3158502	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3158496	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3160354	REAL ESTATE	NY	501(C)(3)	12 TYPE II	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3792361	SPONSOR	NY	501(C)(3)	12 TYPE III	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 13-3160356	FUNDRAISING	NY	501(C)(3)	7	NYP FDN	Yes	
525 E 68TH ST BOX 156 NEW YORK, NY 10065 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	
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	
506 SIXTH STREET BROOKLYN, NY 11215 46-2486539	HEALTH CARE	NY	501(C)(3)	12 TYPE II	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
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 11-1839362	HEALTH CARE	NY	501(C)(3)	3	NYP COMM PRO	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 45-4795032	REAL ESTATE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 27-4719998	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
56-45 MAIN STREET FLUSHING, NY 11355 11-2226870	HEALTH CARE	NY	501(C)(3)	12 TYPE I	NYPQUEENS	Yes	
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	BKLYN METHOD	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	
506 SIXTH STREET BROOKLYN, NY 11215 11-3564621	INACTIVE	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 11-2843882	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	
56-45 MAIN STREET FLUSHING, NY 11355 11-2848858	EDUC&RESEARCH	NY	501(C)(3)	12 TYPE I	NYPQUEENS	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	