

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

THE BOARD ADOPTED MISSION STATEMENT IS NYU LANGONE HOSPITALS (THE "HOSPITAL") AND ITS AFFILIATE, NYU SCHOOL OF MEDICINE ("SOM"), AN ADMINISTRATIVE UNIT OF NEW YORK UNIVERSITY, OPERATE AN INTEGRATED ACADEMIC MEDICAL CENTER ("NYU LANGONE HEALTH"), DEVOTED TO EXCELLENCE IN PATIENT CARE, EDUCATION AND RESEARCH IN FURTHERANCE OF ITS MISSION, THE HOSPITAL WILL PROVIDE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN THE COMMUNITIES IT SERVES AND OPERATE AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY

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 \$ 3,436,210,434	including grants of \$ 813,952,510)	(Revenue \$ 4,174,400,719)
See Additional Data				

























4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶	3,436,210,434
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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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 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 	3	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 	4 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 	5	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 	6	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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	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 	9	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 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a 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 	11b	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 	11c	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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e 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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
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 	14b Yes	
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 	15	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 	16	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) 	17 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 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b 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	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a 28b 28c	No Yes Yes
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,791
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	17,937
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	Yes
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	Yes
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	Yes
b	If "Yes," enter the name of the foreign country ▶BD 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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
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	
9a	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	

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
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?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NY, NJ, OH, SC, MD, MS, AL, AK, AZ, CO, FL, IL, KS, KY, MA, MN, NH, ND, OK, OR, UT, WA, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 DANIEL J WIDAWSKY CFO 550 FIRST AVENUE NEW YORK, NY 10016 (212) 263-3092

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

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

Form **990** (2017)

[illegible]

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 ▶ 3,791

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION CO 375 HUDSON STREET 6TH FLOOR NEW YORK, NY 10014	CONSTRUCTION	75,631,635
HOSPITAL BILLING & COLLECTION SERVICE 118 LUKENS DRIVE NEW CASTLE, DE 19720	CONSULTING	14,593,687
RTR FINANCIAL SERVICES 2 TELEPORT DRIVE SUITE 302 STATEN ISLAND, NY 10311	CONSULTING	13,096,465
ENNEAD ARCHITECTS LLP 320 WEST 13TH STREET NEW YORK, NY 10014	ARCHITECTURE	11,549,361
PILLSBURY WINTHROP SHAW PITTMAN LLP 1540 BROADWAY NEW YORK, NY 10036	CONSULTING	11,487,872

<p>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 ► 384</p>	
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Part VIII Statement of RevenueCheck 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	2,366,408				
	d Related organizations	1d					
	e Government grants (contributions)	1e	83,652,616				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,564,864				
	g Noncash contributions included in lines 1a-1f \$	10,672,518					
	h Total. Add lines 1a-1f			115,583,888			
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE		622110	4,005,315,261	4,005,205,062	110,199	
	b PHARMACY SALES		446110	49,107,491	46,493,131	2,614,360	
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,054,422,752			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,538,121		29,791	16,508,330	
	4 Income from investment of tax-exempt bond proceeds		75,233			75,233	
	5 Royalties		311,821			311,821	
	6a Gross rents	(i) Real	(ii) Personal				
		20,783,049					
		b Less rental expenses	15,085,276				
		c Rental income or (loss)	5,697,773				
	d Net rental income or (loss)		5,697,773		-7,096,118	12,793,891	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		257,093,707					
		b Less cost or other basis and sales expenses	253,807,631				
		c Gain or (loss)	3,286,076				
	d Net gain or (loss)		3,286,076			3,286,076	
	8a Gross income from fundraising events (not including \$ 2,366,408 of contributions reported on line 1c) See Part IV, line 18	a	172,575				
		b Less direct expenses	450,249				
		c Net income or (loss) from fundraising events		-277,674			-277,674
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses					
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MEDICAL CENTER REVENUE	621110	33,682,108	33,682,108				
b AFFILIATION INCOME	621110	30,136,452	30,136,452				
c PROFESSIONAL REVENUE	621110	20,102,266	20,102,266				
d All other revenue		38,781,700	38,781,700				
e Total. Add lines 11a-11d			122,702,526				
12 Total revenue. See Instructions			4,318,340,516	4,174,400,719	-4,341,768	32,697,677	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	813,952,510	813,952,510		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	17,878,571	13,917,249	3,156,394	804,928
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	1,350,749,107	1,101,036,945	242,940,141	6,772,021
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	95,084,456	77,506,251	17,578,205	
9 Other employee benefits.	305,548,934	249,062,288	53,591,486	2,895,160
10 Payroll taxes.	90,185,837	73,513,236	16,672,601	
11 Fees for services (non-employees):				
a Management.				
b Legal.	11,474,794	9,353,456	2,121,338	
c Accounting.	1,636,608		1,636,608	
d Lobbying.	546,291		546,291	
e Professional fundraising services. See Part IV, line 17.	2,768,961			2,768,961
f Investment management fees.	65,600		65,600	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	182,440,620	2,984,038	179,219,411	237,171
12 Advertising and promotion.	31,111,917	25,360,276	5,751,641	
13 Office expenses.	68,954,565	56,206,977	8,326,525	4,421,063
14 Information technology.	96,097,364	78,331,903	17,229,396	536,065
15 Royalties.				
16 Occupancy.	152,199,613	124,062,563	28,116,858	20,192
17 Travel.	4,132,945	3,368,890	692,173	71,882
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,792,249	1,460,917	155,917	175,415
20 Interest.	78,176,800	63,724,303	14,452,497	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	236,166,304	192,506,384	43,659,920	
23 Insurance.	28,506,025	23,236,134	5,269,891	
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 SUPPLIES	638,174,163	520,195,295	117,978,868	
b MTA TAX AND FEES	5,759,738	4,694,939	1,064,799	
c				
d				
e All other expenses	2,129,573	1,735,880	393,693	
25 Total functional expenses. Add lines 1 through 24e.	4,215,533,545	3,436,210,434	760,620,253	18,702,858
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 SheetCheck 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		236,190	1	313,019
	2	Savings and temporary cash investments		372,244,449	2	290,359,982
	3	Pledges and grants receivable, net		86,797,093	3	78,530,898
	4	Accounts receivable, net		546,846,817	4	535,636,886
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		55,471,398	8	76,087,421
	9	Prepaid expenses and deferred charges		65,925,836	9	72,783,223
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	5,220,486,489		
	b	Less: accumulated depreciation	10b	1,264,093,516		
				3,432,102,057	10c	3,956,392,973
	11	Investments—publicly traded securities		545,054,000	11	453,761,788
	12	Investments—other securities. See Part IV, line 11		93,960,475	12	102,921,581
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		19,536,304	14	19,536,304
15	Other assets. See Part IV, line 11		216,416,879	15	208,862,215	
16	Total assets. Add lines 1 through 15 (must equal line 34)		5,434,591,498	16	5,795,186,290	
Liabilities	17	Accounts payable and accrued expenses		415,879,169	17	409,782,373
	18	Grants payable			18	
	19	Deferred revenue		69,631,752	19	117,104,119
	20	Tax-exempt bond liabilities		387,263,801	20	366,829,552
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,586,496,699	23	1,895,190,515
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		603,490,875	25	571,374,257
26	Total liabilities. Add lines 17 through 25		3,062,762,296	26	3,360,280,816	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,003,692,664	27	2,313,825,410
	28	Temporarily restricted net assets		355,063,728	28	109,237,542
	29	Permanently restricted net assets		13,072,810	29	11,842,522
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		2,371,829,202	33	2,434,905,474	
34	Total liabilities and net assets/fund balances		5,434,591,498	34	5,795,186,290	

Part XI Reconciliation of Net AssetsCheck 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	4,318,340,516
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,215,533,545
3	Revenue less expenses Subtract line 2 from line 1	3	102,806,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,371,829,202
5	Net unrealized gains (losses) on investments	5	54,128,566
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	-93,859,265
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,434,905,474

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?	Yes	
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	

Additional Data

Software ID:
Software Version:
EIN: 13-3971298
Name: NYU LANGONE HOSPITALS

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE ONYU LANGONE HOSPITALS ("HOSPITALS") OPERATES THE KIMMEL PAVILION AND TISCH HOSPITAL, TWO ACUTE CARE FACILITIES WHICH TOGETHER CONSIST OF 844-BEDS AND IS A MAJOR CENTER FOR SPECIALIZED PROCEDURES IN CARDIOVASCULAR SERVICES, NEUROSURGERY, CANCER TREATMENT, RECONSTRUCTIVE SURGERY, TRANSPLANTATION PSYCHIATRIC SERVICES AND REHABILITATION, NYU LANGONE ORTHOPEDIC HOSPITAL ("NYU ORTHOPEDICS"), A 225-BED ACUTE CARE FACILITY SPECIALIZING IN ORTHOPEDIC, NEUROLOGIC, AND RHEUMATOLOGIC SERVICES, NYU LANGONE HOSPITAL-BROOKLYN ("NYU BROOKLYN"), A 450-BED ACUTE CARE HOSPITAL, AND SEVERAL AMBULATORY FACILITIES INCLUDING THE LAURA AND ISAAC PERLMUTTER CANCER CENTER ("CANCER CENTER"), THE AMBULATORY CARE CENTER, THE CENTER FOR MUSCULOSKELETAL CARE AND HASSENFELD CHILDREN'S CENTER FOR CANCER AND BLOOD DISORDERS HOSPITALS ALSO PROVIDES EMERGENCY DEPARTMENT SERVICES AT THE SITE OF THE FORMER LONG ISLAND COLLEGE HOSPITAL PURSUANT TO AN AGREEMENT WITH THE STATE UNIVERSITY OF NEW YORK AND A REAL ESTATE DEVELOPMENT COMPANY TISCH HOSPITAL AND NYU ORTHOPEDICS HAD 46,178 DISCHARGES AND PROVIDED 1,111,790 OUTPATIENT VISITS (CLINIC - 548,771, EMERGENCY ROOM - 104,608, CLINICAL CANCER CENTER - 357,421, CARDIAC CATHETERIZATIONS & ELECTROPHYSIOLOGY - 8,661, RUSK REHABILITATION CLINIC - 92,329) PLUS 47,108 AMBULATORY SURGERY PROCEDURES NYU BROOKLYN HAD 25,530 DISCHARGES, WHICH INCLUDED NEWBORN, PSYCHIATRY AND REHABILITATION SERVICES PATIENTS REMAINED IN-HOUSE ON AVERAGE OF 4 2 DAYS, RESULTING IN APPROXIMATELY 108,054 DAYS OF CARE PROVIDED NYU BROOKLYN ADMITTED, TREATED AND DISCHARGED 14,855 PATIENTS FROM THE MEDICAL/SURGICAL PROGRAM THESE PATIENTS REMAINED IN-HOUSE ON AVERAGE OF 4 4 DAYS, RESULTING IN APPROXIMATELY 65,376 DAYS OF MEDICAL/SURGICAL CARE PROVIDED THE EMERGENCY ROOM SERVICE IS A MAJOR GATEWAY TO INPATIENT SERVICES AND DURING THE REPORTING PERIOD, 14,706 (18 6%) OF THE 79,059 INDIVIDUAL PATIENT ENCOUNTERS RESULTED IN AN ADMISSION TO AN INPATIENT SERVICE THE MATERNITY SERVICE ACCOMMODATED APPROXIMATELY 24 PATIENTS PER DAY AND TREATED 4,548 PATIENTS THE AVERAGE LENGTH OF STAY FOR PATIENTS IN THIS PROGRAM WAS APPROXIMATELY 2 5 DAYS, WHICH TRANSLATED INTO 11,292 DAYS OF MATERNITY CARE DURING THE REPORTING PERIOD

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH G LANGONE CHAIR	1 00 5 00	X		X				0	0	0
LAURENCE D FINK CO-CHAIR	1 00 5 00	X		X				0	0	0
FIONA B DRUCKENMILLER CO-CHAIR	1 00 1 00	X		X				0	0	0
WILLIAM R BERKLEY TRUSTEE	1 00 3 00	X						0	0	0
CASEY BOX TRUSTEE	1 00 3 00	X						0	0	0
EDGAR M BRONFMAN JR TRUSTEE	1 00 1 00	X						0	0	0
WALTER W BUCKLEY JR TRUSTEE	1 00 1 00	X						0	0	0
SUSAN BLOCK CASDIN TRUSTEE	1 00 1 00	X						0	0	0
KENNETH I CHENAULT TRUSTEE	1 00 1 00	X						0	0	0
MELANIE CLARK TRUSTEE	1 00 1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM J CONSTANTINE TRUSTEE	1 00	X						0	0	0
JAMIE DIMON TRUSTEE	1 00	X						0	0	0
LORI FINK TRUSTEE	1 00	X						0	0	0
LUIZ FRAGA TRUSTEE	1 00	X						0	0	0
PAOLO FRESCO TRUSTEE	3 00	X						0	0	0
TRUDY E GOTTESMAN TRUSTEE	1 00	X						0	0	0
JACKIE S HARRIS TRUSTEE (THROUGH OCT 2017)	1 00	X						0	0	0
PAUL TUDOR JONES TRUSTEE (THROUGH JUNE 2018)	1 00	X						0	0	0
MEL KARMAZIN TRUSTEE	1 00	X						0	0	0
SIDNEY LAPIDUS TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS H LEE TRUSTEE	1 00	X						0	0	0
LAURENCE C LEEDS JR TRUSTEE	1 00	X						0	0	0
MARTIN LIPTON ESQ TRUSTEE	1 00	X						0	0	0
STEPHEN F MACK TRUSTEE	1 00	X						0	0	0
ROBERTO A MIGNONE TRUSTEE	1 00	X						0	0	0
EDWARD J MINSKOFF TRUSTEE	1 00	X						0	0	0
THOMAS K MONTAG TRUSTEE	1 00	X						0	0	0
THOMAS S MURPHY SR TRUSTEE	1 00	X						0	0	0
THOMAS S MURPHY JR TRUSTEE	1 00	X						0	0	0
FRANK T NICKELL TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL E NOVOGRATZ TRUSTEE (THROUGH NOV 2017)	1 00	X						0	0	0
DEBRA PERELMAN TRUSTEE	1 00	X						0	0	0
RONALD O PERELMAN TRUSTEE	1 00	X						0	0	0
ISAAC PERLMUTTER TRUSTEE	1 00	X						0	0	0
LAURA PERLMUTTER TRUSTEE	1 00	X						0	0	0
DOUGLAS A PHILLIPS TRUSTEE	1 00	X						0	0	0
RICHARD P RICHMAN TRUSTEE	1 00	X						0	0	0
LINDA GOSDEN ROBINSON TRUSTEE	1 00	X						0	0	0
E JOHN ROSENWALD JR TRUSTEE	1 00	X						0	0	0
ALAN D SCHWARTZ TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY F SCHWARTZ TRUSTEE	1 00	X						0	0	0
BERNARD L SCHWARTZ TRUSTEE	1 00	X						0	0	0
LARRY A SILVERSTEIN TRUSTEE	1 00	X						0	0	0
JOEL E SMILOW TRUSTEE (THROUGH NOV 2017)	1 00	X						0	0	0
CARLA SOLOMON PHD TRUSTEE	1 00	X						0	0	0
WILLIAM C STEERE JR TRUSTEE	1 00	X						0	0	0
CHARLES M STRAIN TRUSTEE	1 00	X						0	0	0
DANIEL SUNDHEIM TRUSTEE	1 00	X						0	0	0
CHANDRIKA TANDON TRUSTEE	1 00	X						0	0	0
ALLEN R THORPE TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALICE M TISCH TRUSTEE	1 00	X						0	0	0
THOMAS J TISCH TRUSTEE	1 00	X						0	0	0
ROBERT M VALLETTA TRUSTEE	1 00	X						0	0	0
JAN T VILCEK MD PHD TRUSTEE	1 00	X						0	0	0
BRADLEY J WECHSLER TRUSTEE	1 00	X						0	0	0
ANTHONY WELTERS TRUSTEE	1 00	X						0	0	0
ROBERT I GROSSMAN MD EX-OFFICIO, DEAN & CEO	30 00 30 00	X		X				3,991,137	3,991,137	2,277,966
ANDREW HAMILTON PHD EX-OFFICIO	1 00 70 00	X						0	1,518,650	451,757
STEPHANIE PIANKA EX-OFFICIO	1 00 60 00	X						0	442,566	35,789
STEVEN B ABRAMSON MD SVP/VICE DEAN EDUCATION	18 60 41 40			X				805,606	1,793,123	31,358

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAFNA BAR-SAGI PHD SVP/VICE DEAN CHIEF SCI OFFCR	0 00 60 00			X				0	2,672,944	30,589
ANDREW W BROTMAN MD SVP/VICE DEAN CHIEF CLINICAL OFFCR	30 00 30 00			X				2,040,310	2,040,310	27,000
MICHAEL T BURKE SVP/VICE DEAN, CFO (THROUGH 7/2018)	30 00 30 00			X				1,502,669	1,502,669	31,684
ROBERT J CERFOLIO MD MBA SVP CHIEF OF HOSP OPS (AS OF 7/18)	30 00 30 00			X				124,758	873,305	2,791
ANNETTE JOHNSON JD SVP/VICE DEAN, GENERAL COUNSEL	30 00 30 00			X				1,159,243	1,159,243	34,282
GRACE Y KO SVP, DEVELOPMENT & ALUMNI AFFAIRS	30 00 30 00			X				782,659	782,659	33,082
JOSEPH LHOTA SVP/VICE DEAN, CHIEF OF STAFF	24 00 36 00			X				965,132	1,447,699	34,283
VICKI MATCH SUNA AIA SVP/VICE DEAN, REAL ESTATE	30 00 30 00			X				848,577	848,577	35,070
NADER MHERABI SVP/VICE DEAN, CIO	30 00 30 00			X				1,139,947	1,139,947	33,682
ROBERT A PRESS MD PHD SVP CHIEF OF HOSP OPS (THROUGH 7/18)	60 00 0 00			X				2,868,925	0	32,439

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY SANCHEZ SVP/VICE DEAN, HR AND ODL	30 00 30 00			X				1,061,898	1,061,898	31,038
DANIEL J WIDAWSKY SVP/VICE DEAN, CFO (AS OF JULY 2018)	30 00 30 00			X				0	0	0
RICHARD DONOGHUE SVP, STRTGC PLNG & BUS DEV	42 00 18 00					X		1,573,801	674,486	32,990
ABRAHAM CHACHOUA ASSOC DIR CANCER SVCS	49 50 10 50					X		1,207,159	255,709	38,670
KARIM HABIBI SVP, CHIEF OF MANAGED CARE	40 20 19 80					X		1,225,210	603,462	34,425
WESLEY SMITH VP REVENUE CYCLE OPERATIONS	51 00 9 00					X		1,175,781	207,491	32,989
BRET RUDY SVP, NYU LANGONE HOSPITAL - BKLYN	30 90 29 10					X		1,081,095	0	30,339

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NYU LANGONE HOSPITALS

Employer identification number
13-3971298

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2017

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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>		
	11a	
	11b	
	11c	

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>		
	1	
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>		
	2	

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>		
	1	

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?		
	1	
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>		
	2	
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>		
	3	

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ 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.

	Yes	No
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>		
	2a	
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>		
	2b	
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>		
	3a	
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>		
	3b	

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 13-3971298
Name: NYU LANGONE HOSPITALS

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)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Open to Public Inspection

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

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

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

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

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

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

Name of the organization NYU LANGONE HOSPITALS	Employer identification number 13-3971298
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		200
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		277,815
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		268,276
j	Total. Add lines 1c through 1i			546,291
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	SCHEDULE C, PART II, LINE 1D NYU LANGONE HOSPITALS SENT LETTERS TO VARIOUS FEDERAL, STATE AND CITY OFFICIALS WITH RESPECT TO VARIOUS MATTERS THAT WERE REPORTED AS LOBBYING EFFORTS. THE TOTAL AMOUNT OF FEES PAID FOR THE MAILINGS FOR LOBBYING PURPOSES WAS \$200. SCHEDULE C, PART II, LINE 1B & 1G NYU LANGONE HOSPITALS PAID CERTAIN EMPLOYEES WHO HAD CONTACT WITH ELECTED OFFICIALS IN A LOBBYING CAPACITY. ADDITIONALLY, THERE ARE SEVERAL LOBBYISTS ON RETAINER AT NYU LANGONE HOSPITALS WITH RESPECT TO FEDERAL, STATE AND CITY AFFAIRS. THE LOBBYISTS ENGAGED IN DIRECT CONTACT WITH ELECTED OFFICIALS ON BEHALF OF NYU LANGONE HOSPITALS. THE TOTAL AMOUNT OF FEES PAID TO CONSULTANTS FOR LOBBYING PURPOSES WAS \$277,815. SCHEDULE C, PART II, LINE 1I NYU LANGONE HOSPITALS PAID DUES TO THE GREATER NEW YORK HOSPITAL ASSOCIATION, HEALTHCARE ASSOCIATION OF NEW YORK STATE, AND AMERICAN HOSPITAL ASSOCIATION, A PERCENTAGE OF WHICH WERE ALLOCATED TO LOBBYING FOR A TOTAL OF \$268,276.

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DLN: 93493189005059

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NYU LANGONE HOSPITALS

Employer identification number

13-3971298

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	28,435,688	26,454,384	26,623,225	27,817,995	25,739,444
b Contributions	1,501,000	25,037	2,300		7,155
c Net investment earnings, gains, and losses	2,240,973	3,244,335	973,960	216,495	3,603,113
d Grants or scholarships					
e Other expenditures for facilities and programs	1,509,400	1,236,134	1,086,128	1,332,689	1,456,822
f Administrative expenses	65,600	51,934	58,973	78,576	74,895
g End of year balance	30,602,661	28,435,688	26,454,384	26,623,225	27,817,995

2

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

a

Board designated or quasi-endowment ▶ 12 540 %

b

Permanent endowment ▶ 47 620 %

c

Temporarily restricted endowment ▶ 39 840 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

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		123,178,330		123,178,330
b Buildings		3,947,922,928	977,205,145	2,970,717,783
c Leasehold improvements				
d Equipment		915,483,525	286,888,371	628,595,154
e Other		233,901,706		233,901,706
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,956,392,973

Schedule D (Form 990) 2017

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	
ACCRUED PENSION LIABILITIES	182,380,156
ACCRUED POSTRETIREMENT LIABILITIES	81,815,000
OTHER PAYABLES & ACCRUED LIAB	43,421,759
MALPRACTICE RESERVE	48,589,277
RATE ACCOUNTS	58,860,408
OTHER RESERVES	129,542,906
DUE TO RELATED ORGANIZATIONS	26,764,751
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	571,374,257

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-3971298
Name: NYU LANGONE HOSPITALS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT IS AVAILABLE TO SUPPORT THE CHARITABLE, PATIENT CARE, EDUCATIONAL AND RESEARCH MISSIONS OF THE NYU LANGONE HOSPITALS, INCLUDING BUT NOT LIMITED TO CHARITY CARE, COMMUNITY BUILDING, PROGRAM SUPPORT, RESEARCH, BUILDINGS AND EQUIPMENT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FINANCIAL ACCOUNTING STANDARDS BOARD'S ("FASB") GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THE GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. UNCERTAIN INCOME TAX POSITIONS DID NOT HAVE A SIGNIFICANT IMPACT ON LANGONE HOSPITALS' CONSOLIDATED FINANCIAL STATEMENTS DURING THE YEARS ENDED AUGUST 31, 2018 AND 2017.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
NYU LANGONE HOSPITALS

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-3971298

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			92,939,963
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			92,939,963

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 3	THE ACCRUAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR THE ACTIVITIES REPORTED ABOVE

Additional Data

Software ID:

Software Version:

EIN: 13-3971298

Name: NYU LANGONE HOSPITALS

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	INSURANCE	28,506,025
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		64,433,938

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 NYU LANGONE MUSCULOSKELETAL BALL (event type)	(b) Event #2 HASSENFELD PLAYING FOR PEDIATRICS (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	1,205,289	1,333,694		2,538,983
	2 Less Contributions	1,143,414	1,222,994		2,366,408
	3 Gross income (line 1 minus line 2)	61,875	110,700		172,575
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	165,883	75,290		241,173
	8 Entertainment				
	9 Other direct expenses	70,569	138,507		209,076
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				450,249
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-277,674

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
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE WRITTEN AGREEMENTS WITH THE PROFESSIONAL FUNDRAISERS PROVIDED FOR A FIXED CONTRACT FEE PLUS THE PAYMENT OF REASONABLE AND NECESSARY OUT OF POCKET EXPENSES FOR DIRECT EXPENSES INCLUDING TRAVEL, PRINTING, AND MAILING

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

NYU LANGONE HOSPITALS

Employer identification number

13-3971298

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities
☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?

If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%
☐ 150%
☐ 200%
☒ Other 60000 0000000000 %

b

Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%
☐ 250%
☐ 300%
☐ 350%
☐ 400%
☒ Other 80000 0000000000 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

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?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			74,594,985	23,142,278	51,452,707	1 220 %
b Medicaid (from Worksheet 3, column a)			798,416,364	517,897,244	280,519,120	6 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			873,011,349	541,039,522	331,971,827	7 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			34,825,669		34,825,669	0 830 %
f Health professions education (from Worksheet 5)			284,952,520	75,557,038	209,395,482	4 970 %
g Subsidized health services (from Worksheet 6)			15,474,001		15,474,001	0 370 %
h Research (from Worksheet 7)			204,174,652		204,174,652	4 840 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			146,166		146,166	0 %
j Total. Other Benefits			539,573,008	75,557,038	464,015,970	11 010 %
k Total. Add lines 7d and 7j			1,412,584,357	616,596,560	795,987,797	18 880 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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	4,136,652	
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	0	
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	560,486,726
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	788,583,470
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-228,096,744
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 NYUPN CLINICALLY INTEGRATED NETWORK LLC	COORDINATION OF SERVICES TO IMPROVE POPULATION HEALTH AT REDUCED COSTS	50.000 %		50.000 %
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)

	Facility reporting group	Other (describe)	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	
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)
NYU LANGONE HOSPITALS**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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?	1	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	2	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)	3 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>15</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	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>NYULANGONE.ORG/OUR-STORY</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 checked="" 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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>NYULANGONE.ORG/OUR-STORY</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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)**

NYU LANGONE HOSPITALS

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	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>600 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>800 000000000000</u> %			
b <input 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 type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	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)	15	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 checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input 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)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PG 11</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PG 11</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PG 11</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

NYU LANGONE HOSPITALS

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?	19	No
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)		
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 type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

NYU LANGONE HOSPITALS

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

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

[illegible]

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

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

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

Name and address	Type of Facility (describe)
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	NYU LANGONE HOSPITALS MAY UTILIZE CREDIT SCORING SOFTWARE FOR PURPOSES OF ESTABLISHING INCOME AND FINANCIAL ASSISTANCE ELIGIBILITY THE SCORING WILL NOT NEGATIVELY IMPACT THE PATIENT'S FICO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	<p>THE COST-TO-CHARGES RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNTS INCLUDED ON PART I, LINES 7A AND B. THE CALCULATION OF THE RATIO WAS DERIVED FROM THE OPTIONAL WORKSHEET, RATIO OF PATIENT CARE COST-TO-CHARGES. THE RATIO REPRESENTS THE PERCENTAGE OF NET COMMUNITY BENEFIT EXPENSES AS A PERCENTAGE OF TOTAL HOSPITAL EXPENSES EXCLUDING BAD DEBT EXPENSES. THE AMOUNT REPORTED ON LINE 7A INCLUDES CHARITY CARE AT THE ORGANIZATION'S FULL GROSS CHARGES AS REPORTED ON INSTITUTIONAL COST REPORTING (ICR S-10) WHICH IS REDUCED TO COST USING THE RATIO OF COST-TO-CHARGES METHOD DESCRIBED ABOVE. HISTORICALLY, THIS AMOUNT WAS REPORTED AS THE DISCOUNT PROVIDED FROM THE AMOUNTS GENERALLY BILLED REDUCED BY THE RATIO OF COST-TO-CHARGES. THE AMOUNT REPORTED ON LINE 7F INCLUDES AMOUNTS FROM THE INSTITUTIONAL COST REPORT AND THE ORGANIZATION'S ACTUAL EXPENSE. THE AMOUNT REPORTED ON LINE 7H REPRESENTS THE ORGANIZATION'S ACTUAL EXPENSE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	THE ORGANIZATION PROVIDES SUPPORT FOR HEALTHCARE IN THE COMMUNITY BY SUPPLEMENTING THE ADDITIONAL UNCOMPENSATED CARE PROVIDED BY THE FACULTY GROUP PRACTICE OFFICES OF THE NYU SCHOOL OF MEDICINE AND THE CLINICS OF THE FAMILY HEALTH CENTERS AT NYU LANGONE WHICH ARE LOCATED THROUGHOUT THE ORGANIZATION'S SERVICE AREA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE IS NOT INCLUDED IN THE TOTAL EXPENSES ON THE FORM 990 STATEMENT OF FUNCTIONAL EXPENSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS IS REPORTED AS THE EXPENSE AT COST USING THE RATIO OF PATIENT CARE COST TO CHARGES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	BAD DEBT EXPENSE DOES NOT INCLUDE AMOUNTS FOR FINANCIAL ASSISTANCE POLICY ELIGIBLE PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	<p>FOLLOWING IS THE NYU LANGONE HOSPITALS' AUDITED FINANCIAL STATEMENT, FOOTNOTE ON UNCOMPENSATED CARE (FOOTNOTE 1, PAGE 13) AS A MATTER OF POLICY, LANGONE HOSPITALS CENTER PROVIDE SIGNIFICANT AMOUNTS OF PARTIALLY OR TOTALLY UNCOMPENSATED PATIENT CARE FOR ACCOUNTING PURPOSES, SUCH UNCOMPENSATED CARE IS TREATED EITHER AS CHARITY CARE OR BAD DEBT EXPENSE FEDERAL AND STATE LAW REQUIRES THAT HOSPITALS PROVIDE EMERGENCY SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY IN ACCORDANCE WITH THESE LAWS, LANGONE HOSPITALS HAVE IMPLEMENTED A DISCOUNT POLICY AND FINANCIAL AID PROGRAM THAT IS CONSISTENT WITH THE MISSION, VALUES, AND CAPACITY OF LANGONE HOSPITALS, WHILE CONSIDERING AN INDIVIDUAL'S ABILITY TO CONTRIBUTE TO HIS OR HER CARE UNDER ITS POLICY, THE DISCOUNT OFFERED TO UNINSURED PATIENTS IS REFLECTED AS A REDUCTION TO NET PATIENT SERVICE REVENUE AT THE TIME THE UNINSURED BILLINGS ARE RECORDED UNINSURED PATIENTS SEEN IN THE EMERGENCY DEPARTMENT, INCLUDING PATIENTS SUBSEQUENTLY ADMITTED FOR INPATIENT SERVICES, OFTEN DO NOT PROVIDE INFORMATION NECESSARY TO ALLOW LANGONE HOSPITALS TO QUALIFY SUCH PATIENTS FOR CHARITY CARE UNCOLLECTIBLE AMOUNTS DUE FROM SUCH UNINSURED PATIENTS REPRESENT THE SUBSTANTIAL PORTION OF THE PROVISION FOR BAD DEBTS REFLECTED IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS LANGONE HOSPITALS RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED THE INPATIENT AND OUTPATIENT BAD DEBT RESERVE RATES ARE FURTHER REFINED ON AN ANNUAL BASIS LANGONE HOSPITALS' CHARITY CARE POLICY, IN ACCORDANCE WITH THE NEW YORK STATE DEPARTMENT OF HEALTH GUIDELINES, ENSURES THE PROVISION OF QUALITY HEALTH CARE TO THE COMMUNITY SERVED WHILE CAREFULLY CONSIDERING THE ABILITY OF THE PATIENT TO PAY THE POLICY HAS SLIDING FEE SCHEDULES FOR INPATIENT, AMBULATORY, AND EMERGENCY SERVICES PROVIDED TO THE UNINSURED AND UNDER-INSURED PATIENTS THAT QUALIFY PATIENTS ARE ELIGIBLE FOR THE CHARITY CARE FEE SCHEDULE SCHEDULE IF THEY MEET CERTAIN INCOME AND LIQUID ASSET TESTS SINCE PAYMENT OF THE DIFFERENCE BETWEEN LANGONE HOSPITALS' STANDARD CHARGES AND THE CHARITY CARE FEE SCHEDULES IS NOT SOUGHT, THESE FORGONE CHARGES FOR CHARITY CARE ARE NOT REPORTED AS REVENUE UNINSURED PATIENTS WHO DO NOT QUALIFY FOR EITHER MEDICAID ASSISTANCE OR LANGONE HOSPITALS' FINANCIAL AID PROGRAM ARE BILLED AT LANGONE HOSPITALS' FULL RATES UNCOLLECTED BALANCES FOR THESE PATIENTS ARE CATEGORIZED AS BAD DEBTS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE REVENUE AND ALLOWABLE COSTS REPORTED ON PART III, SECTION B, LINES 5 AND 6 ARE DERIVED FROM THE MEDICARE COST REPORT FILED FOR THE FISCAL YEAR ENDED AUGUST 31, 2018

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL RESERVES THE RIGHT TO TURN OVER TO COLLECTIONS THE ACCOUNTS OF PATIENTS WHO HAVE AN UNPAID BALANCE AND WHO DO NOT APPLY FOR FINANCIAL ASSISTANCE THE HOSPITAL WILL NOT REFER TO COLLECTIONS ANY ACCOUNTS WHERE A FINANCIAL ASSISTANCE APPLICATION IS PENDING, THE PATIENT IS DETERMINED TO BE MEDICAID-ELIGIBLE AT THE TIME HOSPITAL SERVICES WERE RENDERED, OR PURSUING LEGAL ACTION WOULD INTERFERE WITH THE PATIENT'S ABILITY TO PAY HIS/HER MONTHLY LIVING EXPENSES COLLECTION AGENTS ENGAGED BY THE HOSPITAL ARE REQUIRED TO COMPLY WITH THIS POLICY FURTHERMORE, IF A LEGAL ACTION INSTITUTED BY THE COLLECTION AGENCY (ACTING ONLY ON THE HOSPITAL'S PRIOR CONSENT) IS DECIDED IN FAVOR OF THE HOSPITAL, THE HOSPITAL WILL NOT SEEK TO FORECLOSE THE PATIENT'S PRIMARY RESIDENCE (ALTHOUGH IT MAY FILE A LIEN) OR TO FREEZE A PATIENT'S BANK ACCOUNT OR GARNISH HIS/HER WAGES ABSENT EXTRAORDINARY CIRCUMSTANCES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>PUBLIC PARTICIPATION IN ASSESSING COMMUNITY NEED AND SETTING PRIORITIES HAS BEEN A CONTINUOUS PROCESS OVER THE PAST THREE YEARS. WE HAVE ENGAGED A RANGE OF STAKEHOLDERS - WITH A PARTICULAR FOCUS ON MEDICALLY UNDERSERVED RESIDENTS - TO ASSESS COMMUNITY NEEDS, SET PRIORITIES, DEVELOP, DESIGN, AND IMPLEMENT PROGRAMS, AND SHARE AND CELEBRATE PROGRESS AND RESULTS. WE EMPLOY DIVERSE, OFTEN MULTI-PRONGED, STRATEGIES AND RELY ON OUR EXTENSIVE NETWORK OF COMMUNITY PARTNERS AND ADVISORY BOARDS AND COMMITTEES TO PROVIDE ONGOING OUTREACH AND PROGRAM DEVELOPMENT. NYU LUTHERAN'S ADVISORY STRUCTURE INCLUDES THE SUNSET PARK HEALTH COUNCIL AS THE COMMUNITY GOVERNING BOARD, CULTURALLY-SPECIFIC ADVISORY GROUPS, AND PROGRAM-SPECIFIC COUNCILS, INCLUDING THE TEEN HEALTH COUNCIL. THE NYUHC CSP COORDINATING COUNCIL, DESCRIBED BELOW, MEETS QUARTERLY WITH A LARGE GROUP COMMUNITY ORGANIZATIONS, LOCAL LEADERS, POLICYMAKERS, AND PARTNERS. IN ADDITION, OVER THE PAST YEAR, WE HAVE CONSULTED ON MULTIPLE OCCASIONS WITH NUMEROUS PUBLIC HEALTH EXPERTS IN THE CITY AND STATE HEALTH DEPARTMENTS, THE CITY AND STATE OFFICE OF MENTAL HEALTH, THE CITY DEPARTMENT OF EDUCATION, AND OTHER AGENCIES AND ORGANIZATIONS WITH EXPERTISE ON THE NEEDS OF LOW-INCOME POPULATIONS AND CHILDREN, INCLUDING COMMUNITY LEADERS, RESIDENT ASSOCIATIONS, COMMUNITY-BASED ORGANIZATIONS, ADVOCACY GROUPS, AND MEMBERS OF COMMUNITY BOARDS. A LIST OF PEOPLE AND ORGANIZATIONS CONSULTED IS ATTACHED AS APPENDIX B. WE HAVE SOLICITED WRITTEN COMMENTS FROM THE PUBLIC ON OUR PREVIOUS CHNA AND IMPLEMENTATION PLANS BOTH THROUGH OUR WEBSITE AND AT PUBLIC MEETINGS. ALTHOUGH NO WRITTEN COMMENTS WERE RECEIVED, COMMENTS AND DISCUSSION FOLLOWED PUBLIC PRESENTATIONS AT COMMUNITY MEETINGS. PUBLIC NOTIFICATION ABOUT THE ASSESSMENT AND PLAN DEVELOPMENT AND IMPLEMENTATION WAS PROVIDED THROUGH MEETINGS WITH THE HUMAN SERVICES, HEALTH, DISABILITY, & SENIORS/YOUTH & EDUCATION COMMITTEE OF MANHATTAN COMMUNITY BOARD 3 AND WITH THE HEALTH, SENIORS & DISABILITIES SUBCOMMITTEE OF MANHATTAN COMMUNITY BOARD 6, WHICH COVERS THE AREA IN WHICH TISCH HOSPITAL, THE RUSK INSTITUTE OF REHABILITATION MEDICINE, AND THE HOSPITAL FOR JOINT DISEASES ARE LOCATED. NYU LUTHERAN OBTAINED INPUT AND NOTIFIED THE PUBLIC THROUGH THE ADVISORY STRUCTURE DESCRIBED ABOVE, AS WELL AS THROUGH BROOKLYN COMMUNITY BOARD 7 AND OUR EXTENSIVE NETWORK OF COMMUNITY PARTNERS THROUGH THESE MEETINGS AND INTERVIEWS, AS WELL AS THROUGH AN EXTENSIVE REVIEW OF SECONDARY SOURCES OF DATA (SEE APPENDIX A OF OUR CHNA), WE HAVE COMPILED AND UPDATED OUR PROFILE OF THE HEALTH NEEDS AND STRENGTHS OF THE LOWER EAST SIDE/CHINATOWN AND SUNSET PARK. THIS ANALYSIS HAS, IN TURN, INFORMED THE PRIORITIES AND PARTNERSHIPS THAT COMPRISE OUR COMMUNITY SERVICE PLAN ALIGNING WITH THE NEW YORK STATE PREVENTION AGENDA AND NEW YORK CITY PUBLIC HEALTH PRIORITIES. THE COMMUNITY SERVICE PLAN FOCUSES ON PREVENTING CHRONIC DISEASES BY REDUCING RISK FACTORS FOR OBESITY AND REDUCING TOBACCO USE, AND ON PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN THROUGH PARENTING, EARLY CHILDHOOD AND TEEN PREGNANCY PREVENTION PROGRAMS. AS DESCRIBED IN OUR CHNA, THESE ARE KEY CONCERNS IN OUR COMMUNITIES AND THE EVIDENCE-BASED PROGRAMS WE ARE ADAPTING AND IMPLEMENTING TO ADDRESS THESE ISSUES ALLOW US TO BRING TO BEAR THE SUBSTANTIAL SCIENTIFIC AND CLINICAL EXPERTISE OF NYUHC AND NYU LFHC IN OBESITY PREVENTION, HEALTH LITERACY, PARENTING, FAMILY ENGAGEMENT, SMOKING CESSATION, PREVENTION SCIENCE, IMPLEMENTATION SCIENCE, COMMUNITY-BASED PARTICIPATORY RESEARCH, AND POPULATION HEALTH.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENTS ARE INFORMED OF THE HOSPITAL'S CHARITY CARE AND FINANCIAL ASSISTANCE POLICY BY APPROPRIATE SIGNAGE IN THE REGISTRATION AND INTAKE AREAS, INFORMATION DISTRIBUTED IN THE ADMISSION PACKAGE, AND RESPONSES TO DIRECT INQUIRIES ALL HOSPITAL BILLS AND STATEMENTS WILL INCLUDE A STATEMENT THAT IF THE PATIENT WAS UNABLE TO PAY THE BILL, HE OR SHE MIGHT BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND HOW TO OBTAIN FURTHER INFORMATION APPLICATIONS FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN ENGLISH, ARABIC, BENGALI, CHINESE, GREEK, ITALIAN, KOREAN, POLISH, RUSSIAN, AND SPANISH, AND TRANSLATION SERVICES WILL BE MADE AVAILABLE FOR PATIENTS NEEDING SUCH SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>AS A MAJOR ACADEMIC MEDICAL CENTER, NYUHC SERVES A BROAD COMMUNITY OF DIVERSE POPULATIONS WITH A WIDE RANGE OF HEALTH CARE NEEDS ITS PRIMARY SERVICE AREA INCLUDES 45 ZIP CODES IN MANHATTAN, BROOKLYN AND QUEENS, ITS SECONDARY SERVICE AREA EXTENDS INTO STATEN ISLAND, LONG ISLAND, WESTCHESTER, AND NEW JERSEY NYUHC'S 2016 DISCHARGE DATA DEPICTS A BROAD GEOGRAPHIC AREA FROM WHICH THE HOSPITALS DRAW PATIENTS TO UNDERSTAND THE NEEDS OF OUR PRIMARY SERVICE AREAS, WE REVIEWED ALL OF THE COMMUNITY HEALTH PROFILES PROVIDED BY THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE AS WELL AS OTHER HEALTH AND DEMOGRAPHIC DATA (SEE APPENDIX A) BASED ON THAT REVIEW, THE 2017-2019 COMMUNITY SERVICE PLAN FOCUSES ON THE COMMUNITIES SERVED THROUGH NYU LANGONE AND NYU LUTHERAN'S PREVIOUS PLANS THE LOWER EAST SIDE AND CHINATOWN IN MANHATTAN, AND SUNSET PARK IN BROOKLYN IN ADDITION, IN YEAR 1 OF THE PLAN WE WILL ASSESS HEALTH PRIORITIES AND NEEDS IN RED HOOK, BROOKLYN - AN UNDER-RESOURCED AND MEDICALLY UNDERSERVED COMMUNITY THESE COMMUNITIES WERE SELECTED BASED ON THE NEED FOR SERVICE AS EVIDENCED BY SOCIAL DETERMINANTS, HEALTH DISPARITIES, RISK FACTORS, AND UTILIZATION DATA THE LOWER EAST SIDE AND CHINATOWN TO INCREASE OUR IMPACT AND CREATE OPPORTUNITIES FOR SYNERGY ACROSS PROGRAMS, STARTING WITH THE 2013-2016 CHNA, NYUHC FOCUSED ON THE CLOSEST AREA OF GREATEST NEED THE LOWER EAST SIDE AND CHINATOWN (MANHATTAN CD 3), A COMMUNITY WITH CONCENTRATED POCKETS OF POVERTY AND A HIGH PERCENTAGE OF LATINOS AND ASIANS - GROUPS THAT EXPERIENCE DISPARITIES IN MANY HEALTH OUTCOMES SUNSET PARK NYU LUTHERAN INITIATED THE DEVELOPMENT OF ITS COMMUNITY SERVICE PLAN BY REVIEWING EXISTING FEDERAL, STATE, CITY, AND HOSPITAL DATA AND COMPARING NEIGHBORHOODS THAT COMPRISE THE NYU LUTHERAN MEDICAL CENTER PRIMARY SERVICE AREA THE FOUR CONTIGUOUS NEIGHBORHOODS OF SUNSET PARK, BAY RIDGE, BOROUGH PARK, AND BENSONHURST BASED ON OUR ASSESSMENT OF THE SOCIAL DETERMINANTS OF HEALTH AND OTHER RISK FACTORS, HEALTH DISPARITIES, AND DATA ON HEALTH CARE UTILIZATION, WE HAVE FOCUSED OUR EFFORTS ON SUNSET PARK, INCLUDING NORTHERN BAY RIDGE (ZIP CODES 11220 AND 11232) RED HOOK IN YEAR 1 OF THE 2017-2019 COMMUNITY SERVICE PLAN, WE CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT AND COLLABORATIVELY DEVELOP A PLAN TO PRIORITIZE AND ADDRESS PRESSING HEALTH CONCERNS AND ISSUES IN RED HOOK, BROOKLYN THIS ASSESSMENT IS PARTICULARLY IMPORTANT BECAUSE READILY AVAILABLE DATA FOR RED HOOK - SUCH AS THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE COMMUNITY DISTRICT PROFILE - INCLUDES MORE AFFLUENT NEIGHBORING COMMUNITIES, THEREBY MASKING POCKETS OF POVERTY AND NEED DURING THE SUMMER OF 2017, WE LAUNCHED A COLLABORATIVE RED HOOK COMMUNITY HEALTH NEEDS AND ASSETS ASSESSMENT PROCESS WITH FOUR CORE RED HOOK ORGANIZATIONS ALEX HOUSE PROJECT, GOOD SHEPHERD SERVICES, RED HOOK COMMUNITY JUSTICE CENTER, AND THE RED HOOK INITIATIVE TO DATE THE GROUP'S ACTIVITIES HAVE INCLUDED ESTABLISHING GOALS AND GUIDING QUESTIONS, REVIEWING EXISTING DATA, AND IDENTIFYING DATA GAPS WE ALSO COLLECTED FEEDBACK FROM THE COMMUNITY ON TOP ASSETS, HEALTH PRIORITIES, AND NEEDED SERVICES AND RESOURCES THROUGH DOT VOTING AND A SURVEY (PAPER AND ONLINE, AVAILABLE IN ENGLISH, SPANISH, AND CHINESE) OVER 20 COMMUNITY ORGANIZATIONS HELPED COLLECT FEEDBACK FROM MORE THAN 600 RED HOOK RESIDENTS AFTER WE COMPLETE THE DATA ANALYSIS, WE WILL DEVELOP A PLAN TO EXPAND SERVICES AND PROGRAMS THAT LEVERAGE EXISTING ASSETS TO ADDRESS KEY HEALTH PRIORITIES</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>AN OVERARCHING GOAL OF THE COMMUNITY SERVICE PLAN IS TO HELP IMPROVE THE HEALTH OF THE POPULATIONS OF THE LOWER EAST SIDE/CHINATOWN AND SUNSET PARK. WE HAVE CONTINUED TO ENGAGE OUR PARTNERS AND THE BROADER COMMUNITY THROUGH A VARIETY OF MECHANISMS WITH THE OBJECTIVE OF CREATING AN INFRASTRUCTURE FOR THE ONGOING EXCHANGE OF INFORMATION AND IDEAS AND A PLATFORM FOR CONTINUED CROSS-SECTOR WORK AT THE NEIGHBORHOOD LEVEL TO ADDRESS HIGH PRIORITY PUBLIC HEALTH ISSUES EARLY IN THE FIRST YEAR OF THE NYU LANGONE HEALTH COMMUNITY SERVICE PLAN, WE CREATED A COORDINATING COUNCIL COMPOSED OF NYU FACULTY AND STAFF AND LEADERSHIP AND STAFF OF OUR COMMUNITY PARTNERS. THE COORDINATING COUNCIL HAS MET EVERY THREE MONTHS TO COORDINATE THE VARIOUS PROJECTS AND ENSURE THAT THEY ARE MEETING MILESTONES, MAXIMIZING THEIR IMPACT, AND WORKING ACROSS INSTITUTIONS AND SECTORS. AS WE HAVE IDENTIFIED SHARED CHALLENGES AND OPPORTUNITIES, WE HAVE INVITED EXPERT CONSULTANTS - FROM ACROSS NEW YORK UNIVERSITY AS WELL AS OTHER INSTITUTIONS - TO DISCUSS ISSUES OF BEHAVIOR CHANGE, CROSS CULTURAL COMMUNICATION, COMMUNITY-BASED PARTICIPATORY APPROACHES TO PROGRAM DEVELOPMENT AND EVALUATION, AND MOTIVATIONAL INTERVIEWING. IN ADDITION TO ITS REGULAR MEETINGS, IN THE FIRST YEAR, THE COORDINATING COUNCIL ALSO SPONSORED A COMMUNITY FORUM ON THE CHANGING DEMOGRAPHICS OF CD 3, WITH PRESENTATIONS BY JOSEPH SALVO, PHD, AND PETER LOBO, PHD, DIRECTOR AND DEPUTY DIRECTOR RESPECTIVELY OF THE DEMOGRAPHY DIVISION OF THE NYC OFFICE OF CITY PLANNING. THIS EVENT WAS ATTENDED BY OVER 50 PEOPLE, INCLUDING STAFF AND LEADERSHIP FROM ALL OF OUR PARTNER ORGANIZATIONS, THE DISTRICT MANAGER AND STAFF OF MANHATTAN COMMUNITY BOARD 3, AND CENTRAL MEDICAL CENTER ADMINISTRATORS. WE ALSO PERIODICALLY INVITE OUTSIDE SPEAKERS TO THE MEETINGS OF THE COORDINATING COUNCIL. IN 2015-2016, WE HEARD PRESENTATIONS FROM REPRESENTATIVES FROM THE MAYOR'S OFFICE OF IMMIGRANT AFFAIRS DIRECT ACCESS PROGRAM AND FROM A COLLECTIVE IMPACT PROGRAM IN ASTORIA AND LONG ISLAND CITY, ZONE 126. MEMBERS OF THE COORDINATING COUNCIL ALSO ATTEND PRESENTATIONS OF INTEREST AT THE MEDICAL CENTER. OVER A DOZEN LEADERS AND STAFF FROM OUR COMMUNITY PARTNERS ATTENDED THE DEPARTMENT OF POPULATION HEALTH'S INAUGURAL HEALTH AND CONFERENCE, WHICH BROUGHT TOGETHER LEADING INVESTIGATORS, POLICYMAKERS, PRACTITIONERS, AND COMMUNITY LEADERS TO BETTER LEVERAGE THE INTERSECTION BETWEEN HEALTH AND ITS MANY DETERMINANTS OVER THE COURSE OF OUR PLAN, OUR RELATIONSHIPS WITH OUR PARTNERS, AS WELL AS WITH OTHER GROUPS IN THE COMMUNITY, HAVE GROWN. FOR EXAMPLE, THE CHARLES B. WANG COMMUNITY HEALTH CENTER ("CBWCC") HAS REPEATEDLY WELCOMED A GROUP OF MEDICAL STUDENTS, AND IS WORKING WITH OTHER NYUHC FACULTY ON A VARIETY OF INITIATIVES. WE PARTNERED WITH ASIAN AMERICANS FOR EQUALITY AND CBWCHC TO DEVELOP A GRANT PROPOSAL THAT WAS FUNDED BY THE RCHN COMMUNITY HEALTH FOUNDATION TO SUPPORT AND EXPAND THEIR TOBACCO-RELATED WORK. AND WE WORK WITH OTHER ORGANIZATIONS, INCLUDING THE TWO BRIDGES NEIGHBORHOOD COUNCIL, IN THEIR EFFORTS TO INCREASE ACCESS TO HEALTHY FOOD AND TO SUPPORT PHYSICAL ACTIVITY ON THE LOWER EAST SIDE.</p> <p>http://www.twobridges.org FINALLY, WE CONTINUE TO MEET WITH ADVOCATES, SERVICE PROVIDERS, AND COMMUNITY GROUPS, INCLUDING COMMITTEES OF MANHATTAN COMMUNITY BOARD 3 AS WELL AS MANHATTAN COMMUNITY BOARD 6 TO PROVIDE REGULAR UPDATES AND OPPORTUNITIES FOR INPUT. NYU LUTHERAN HAS HISTORICALLY EMBRACED COLLABORATION AS THE FOUNDATION OF SUCCESSFUL SERVICE DEVELOPMENT AND IMPLEMENTATION, ACTIVELY SEEKING COMMUNITY INVOLVEMENT IN ITS PROGRAMS AS PART OF ITS MANAGEMENT PHILOSOPHY. SUPPORTING THE COMMUNITY SERVICE PLAN OVER THE PAST THREE YEARS, THESE RELATIONSHIPS HAVE PROVIDED ONGOING OPPORTUNITIES FOR INTERACTION, INCLUDING THE JOINT DEVELOPMENT OF PROGRAMMING. OUR COMMITMENT TO PEDIATRIC OBESITY FOCUSED ON, BUT WAS NOT LIMITED TO, THE DEVELOPMENT AND IMPLEMENTATION OF THE HEALTHY FAMILIES PROGRAM. WORKING IN COLLABORATION WITH A NETWORK OF EARLY CHILDHOOD CENTERS AND FAMILY CHILD CARE PROVIDERS, NYU LHC SECURED A GRANT FROM THE AETNA FOUNDATION TO FOCUS ON OBESITY PREVENTION IN THE YOUNGEST AGES, PROVIDING PARENT EDUCATION AND STAFF DEVELOPMENT FOR TEACHERS AND KITCHEN STAFF. OF PARTICULAR NOTE IS OUR LONG HISTORY AND STRONG RELATIONSHIPS WITH SCHOOLS. OUR COLLABORATIVE PROGRAMMING HAS INCLUDED THE DEVELOPMENT AND OPERATION OF AN EXTENSIVE NETWORK OF OVER 30 SCHOOL-BASED HEALTH CENTERS, PARTICIPATION IN THE CITY AND STATE'S COMMUNITY SCHOOLS INITIATIVES, AND EXTENSIVE YOUTH DEVELOPMENT PROGRAMMING IN ELEMENTARY AND HIGH SCHOOLS. CAPITALIZING ON THESE RELATIONSHIPS, WE PLAN TO INCREASE THE REACH OF THE HEALTHY FAMILIES PROGRAM BY EXPANDING TO ADDITIONAL SITES THROUGH SCHOOL-BASED HEALTH CENTERS AND AFTER-SCHOOL PROGRAMS. SCHOOL-BASED AND HIGH SCHOOL EQUIVALENCY PROGRAMS ALSO SERVE AS EXPANSION OPPORTUNITIES FOR PROJECT SAFE, THE PEER EDUCATION PROGRAM SELECTED AS A NEW PRIORITY FOCUS FOR 2017-2019 WHILE NOT A FOCUS OF OUR CSP IN THE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	THE PRIOR THREE YEARS, ADOLESCENT-FOCUSED PREVENTION SERVICES HAVE BEEN EXPANDED THROUGH FUNDING FROM THE NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT. WE HAVE ALSO SUCCESSFULLY EXPANDED OPPORTUNITIES AVAILABLE TO PARTICIPATING YOUTH IN PARTNERSHIP WITH THE PINKERTON FOUNDATION, WHICH ENABLED US TO OFFER COLLEGE ACCESS SERVICES AS PART OF OUR OVERALL YOUTH DEVELOPMENT STRATEGY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>NYU LANGONE HEALTH SYSTEM (THE "HEALTH SYSTEM") IS THE SOLE CORPORATE MEMBER OF LANGONE HOSPITALS ("NYUHC") NYUHC OPERATES THE TISCH HOSPITAL, A 705-BED ACUTE CARE FACILITY AND A MAJOR CENTER FOR SPECIALIZED PROCEDURES IN CARDIOVASCULAR SERVICES, NEUROSURGERY, CANCER TREATMENT, RECONSTRUCTIVE SURGERY AND TRANSPLANTATION, NYU LANGONE ORTHOPEDIC HOSPITAL, A 190-BED ACUTE CARE FACILITY SPECIALIZING IN ORTHOPEDIC, NEUROLOGIC, AND RHEUMATOLOGIC SERVICES, NYU LANGONE HOSPITAL-BROOKLYN ("BROOKLYN"), A 450 BED ACUTE CARE HOSPITAL (AS OF JANUARY 1, 2016), AND SEVERAL AMBULATORY FACILITIES, INCLUDING THE LAURA AND ISAAC PERLMUTTER CANCER CENTER, THE AMBULATORY CARE CENTER, THE CENTER FOR MUSCULOSKELETAL CARE AND HASSENFELD CHILDREN'S CENTER IN NEW YORK, NEW YORK NYUHC ALSO PROVIDES EMERGENCY DEPARTMENT ("ED") SERVICES AT THE SITE OF THE FORMER LONG ISLAND COLLEGE HOSPITAL ED PURSUANT TO AN AGREEMENT WITH THE STATE UNIVERSITY OF NEW YORK ("SUNY") AND A REAL ESTATE DEVELOPMENT COMPANY BROOKLYN HAD AN EXISTING AFFILIATION AGREEMENT WITH SUNSET PARK HEALTH COUNCIL, INC , A NEW YORK NOT-FOR-PROFIT CORPORATION, D/B/A FAMILY HEALTH CENTER AT NYU LANGONE ("FHC") FHC IS A DESIGNATED LEVEL 3 MEDICAL HOME AND A FEDERALLY QUALIFIED HEALTH CENTER ("FQHC") WHICH WAS ESTABLISHED AS A "CO-OPERATOR" WITH BROOKLYN A NEW AFFILIATION AGREEMENT WAS EXECUTED IN FISCAL YEAR 2017 BETWEEN NYUHC AND FHC WHICH WILL REMAIN IN EFFECT FOR AS LONG AS NYUHC REMAINS A CO-OPERATOR OF THE FQHC HEALTH SYSTEM CONTROLS THE FOLLOWING ADDITIONAL ENTITIES AUGUSTANA IS A LONG TERM NURSING CARE FACILITY IN BROOKLYN, NEW YORK SENIOR HOUSING PROJECTS ARE COMPRISED OF SHORE HILL HOUSING COMPANY, INC ("SHORE HILL"), SHORE HILL HOUSING ASSOCIATES, L P , SUNSET GARDENS HOUSING DEVELOPMENT FUND CORPORATION ("SUNSET GARDENS"), AND HARBOR HILL HOUSING DEVELOPMENT FUND CORPORATION ("HARBOR HILL") AND PROVIDE HOUSING AND RENT SUBSIDIES FOR PEOPLE MEETING REQUIREMENTS DEFINED BY THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ("HUD") ON APRIL 1, 2017, NYUHC AND THE HEALTH SYSTEM COMPLETED AN AFFILIATION AGREEMENT WITH WINTHROP-UNIVERSITY HOSPITAL ASSOCIATION ("WUH"), A 591 BED INPATIENT ACUTE CARE FACILITY LOCATED IN MINEOLA, NEW YORK UNDER THE AGREEMENT, THE HEALTH SYSTEM BECAME THE SOLE CORPORATE MEMBER OF WUH AND ITS SUBSIDIARIES WUH SUBSEQUENTLY CHANGED ITS NAME TO NYU WINTHROP HOSPITAL ("NYU WINTHROP")</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	NY

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 13-3971298
Name: NYU LANGONE HOSPITALS

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	NYU LANGONE HOSPITALS 550 FIRST AVENUE NEW YORK, NY 10016 WWW.NYULANGONE.ORG 7002053H	X	X		X			X			

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

Form and Line Reference	Explanation
NYU LANGONE HOSPITALS	<p>PART V, SECTION B, LINE 5 PUBLIC PARTICIPATION IN ASSESSING COMMUNITY NEED AND SETTING PRIORITIES HAS BEEN A CONTINUOUS PROCESS OVER THE PAST THREE YEARS. WE HAVE ENGAGED A RANGE OF STAKEHOLDERS - WITH A PARTICULAR FOCUS ON MEDICALLY UNDERSERVED RESIDENTS - TO ASSESS COMMUNITY NEEDS, SET PRIORITIES, DEVELOP, DESIGN, AND IMPLEMENT PROGRAMS, AND SHARE AND CELEBRATE PROGRESS AND RESULTS. WE EMPLOY DIVERSE, OFTEN MULTI-PRONGED, STRATEGIES AND RELY ON OUR EXTENSIVE NETWORK OF COMMUNITY PARTNERS AND ADVISORY BOARDS AND COMMITTEES TO PROVIDE ONGOING OUTREACH AND PROGRAM DEVELOPMENT. NYU LUTHERAN'S ADVISORY STRUCTURE INCLUDES THE SUNSET PARK HEALTH COUNCIL AS THE COMMUNITY GOVERNING BOARD, CULTURALLY-SPECIFIC ADVISORY GROUPS, AND PROGRAM-SPECIFIC COUNCILS, INCLUDING THE TEEN HEALTH COUNCIL. THE NYUHC CSP COORDINATING COUNCIL, DESCRIBED BELOW, MEETS QUARTERLY WITH A LARGE GROUP COMMUNITY ORGANIZATIONS, LOCAL LEADERS, POLICYMAKERS, AND PARTNERS. IN ADDITION, OVER THE PAST YEAR, WE HAVE CONSULTED ON MULTIPLE OCCASIONS WITH NUMEROUS PUBLIC HEALTH EXPERTS IN THE CITY AND STATE HEALTH DEPARTMENTS, THE CITY AND STATE OFFICE OF MENTAL HEALTH, THE CITY DEPARTMENT OF EDUCATION, AND OTHER AGENCIES AND ORGANIZATIONS WITH EXPERTISE ON THE NEEDS OF LOW-INCOME POPULATIONS AND CHILDREN, INCLUDING COMMUNITY LEADERS, RESIDENT ASSOCIATIONS, COMMUNITY-BASED ORGANIZATIONS, ADVOCACY GROUPS, AND MEMBERS OF COMMUNITY BOARDS. WE HAVE SOLICITED WRITTEN COMMENTS FROM THE PUBLIC ON OUR PREVIOUS CHNA AND IMPLEMENTATION PLANS BOTH THROUGH OUR WEBSITE AND AT PUBLIC MEETINGS. ALTHOUGH NO WRITTEN COMMENTS WERE RECEIVED, COMMENTS AND DISCUSSION FOLLOWED PUBLIC PRESENTATIONS AT COMMUNITY MEETINGS. PUBLIC NOTIFICATION ABOUT THE ASSESSMENT AND PLAN DEVELOPMENT AND IMPLEMENTATION WAS PROVIDED THROUGH MEETINGS WITH THE HUMAN SERVICES, HEALTH, DISABILITY, & SENIORS/YOUTH & EDUCATION COMMITTEE OF MANHATTAN COMMUNITY BOARD 3 AND WITH THE HEALTH, SENIORS & DISABILITIES SUBCOMMITTEE OF MANHATTAN COMMUNITY BOARD 6, WHICH COVERS THE AREA IN WHICH TISCH HOSPITAL, THE RUSK INSTITUTE OF REHABILITATION MEDICINE, AND THE HOSPITAL FOR JOINT DISEASES ARE LOCATED. NYU LUTHERAN OBTAINED INPUT AND NOTIFIED THE PUBLIC THROUGH THE ADVISORY STRUCTURE DESCRIBED ABOVE, AS WELL AS THROUGH BROOKLYN COMMUNITY BOARD 7 AND OUR EXTENSIVE NETWORK OF COMMUNITY PARTNERS THROUGH THESE MEETINGS AND INTERVIEWS, AS WELL AS THROUGH AN EXTENSIVE REVIEW OF SECONDARY SOURCES OF DATA WE HAVE COMPILED AND UPDATED OUR PROFILE OF THE HEALTH NEEDS AND STRENGTHS OF THE LOWER EAST SIDE/CHINATOWN AND SUNSET PARK. THIS ANALYSIS HAS, IN TURN, INFORMED THE PRIORITIES AND PARTNERSHIPS THAT COMPRISE OUR COMMUNITY SERVICE PLAN. WE HAVE CONTINUED TO ENGAGE OUR PARTNERS AND THE BROADER COMMUNITY THROUGH A VARIETY OF MECHANISMS WITH THE OBJECTIVE OF CREATING AN INFRASTRUCTURE FOR THE ONGOING EXCHANGE OF INFORMATION AND IDEAS AND A PLATFORM FOR CONTINUED CROSS-SECTOR WORK AT THE NEIGHBORHOOD LEVEL TO ADDRESS HIGH PRIORITY PUBLIC HEALTH ISSUES. THE C</p>

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

Form and Line Reference	Explanation
NYU LANGONE HOSPITALS	COMMUNITY SERVICE PLAN COORDINATING COUNCIL, COMPOSED OF NYU LANGONE HEALTH FACULTY AND STAFF FROM ACROSS THE INSTITUTION, LEADERSHIP AND STAFF OF OUR COMMUNITY PARTNERS, AND OTHER INTERESTED PARTNERS AND POLICYMAKERS, CONTINUES TO MEET EVERY THREE MONTHS - NOW ALTERNATING BETWEEN THE MANHATTAN AND BROOKLYN CAMPUSES OF NYU LANGONE HEALTH THE COUNCIL COORDINATES THE COMMUNITY SERVICE PLAN PROJECTS AND ENSURES THAT THEY ARE MEETING MILESTONES, MAXIMIZING THEIR IMPACT, AND WORKING EFFECTIVELY ACROSS INSTITUTIONS AND SECTORS WE CONTINUE TO FIND OPPORTUNITIES TO LEARN AND TO WORK ACROSS PROJECTS AND WITH COLLEAGUES THROUGHOUT THE INSTITUTION AND IN THE COMMUNITY WITHIN THE PAST YEAR, A NETWORK GROUP HAS FORMED THAT INCLUDES FACULTY AND STAFF (FROM WITHIN NYU LANGONE HEALTH AND FROM COMMUNITY PARTNERS), TO EXPLORE CROSS-CUTTING TOPICS, THUS FAR INCLUDING THE USE OF PHOTOVOICE, HOW TO PRESENT QUANTITATIVE AND QUALITATIVE DATA TO COMMUNITY MEMBERS, AND SURVEY DEVELOPMENT FINALLY, THE JOINING OF THE MANHATTAN CSP WITH CSP AND OTHER COMMUNITY-BASED PROGRAMS IN SUNSET PARK AND NOW RED HOOK CONTINUES TO ENRICH THE COMMUNITY SERVICE PLAN ACROSS THE INSTITUTION WE HAVE NOW INTEGRATED OUR EFFORTS AND DEPLOYED OUR COLLECTIVE RESOURCES AND EXPERTISE TO STRENGTHEN OUR PROGRAMS FOLLOWING IS A LIST OF ORGANIZATIONS CONSULTED TO DATE (SEE CHINA APPENDIX B FOR GREATER DETAIL) - GREATER NEW YORK HOSPITALS ASSOCIATION- NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE- NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE - BROOKLYN COMMUNITY ACTION TEAM- NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE - BROOKLYN KNOWS STEERING COMMITTEE- NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE - BROOKLYN KNOWS YOUTH SUBCOMMITTEE "BROOKLYN UNITED"- NY STATE DEPARTMENT OF HEALTH- NYS OFFICE OF MENTAL HEALTH- NYS EARLY CHILDHOOD ADVISORY COUNCIL- NYC DIVISION OF EARLY CHILDHOOD- NYC MAYOR'S OFFICE OF IMMIGRANT AFFAIRS, DIRECT ACCESS PROGRAM- LOWER EAST SIDE HEALTH ADVISORY COMMITTEE- CHARLES B WANG COMMUNITY HEALTH CENTER- GOUVERNEUR HEALTH- ASIAN SMOKERS QUITLINE- BROOKLYN PERINATAL NETWORK- ARCHCARE- ASIAN AMERICANS FOR EQUALITY- BROOKLYN FAMILY JUSTICE CENTER- BROOKLYN PRIDE- CAAAV ORGANIZING ASIAN COMMUNITIES- CAMBA, INC - CARIBBEAN WOMEN'S HEALTH ASSOCIATION- CENTER FOR FAMILY LIFE, PART OF SCO FAMILY OF SERVICES- CHINATOWN MANPOWER PROJECT- CHINATOWN PARTNERSHIP- CHINATOWN YMCA - CORNERSTONE @ TWO BRIDGES COMMUNITY CENTER- CHINESE AMERICAN MEDICAL SOCIETY- COALITION OF ASIAN AMERICAN INDEPENDENT PRACTICE ASSOCIATION- COMMUNITY BOARD 3 (MANHATTAN)- COMMUNITY BOARD 6 (MANHATTAN)- COMMUNITY BOARD 7 (BROOKLYN)- COUNCIL OF PEOPLES ORGANIZATION- DIASPORA COMMUNITY SERVICES- EARTH SCHOOL- EMBLEM HEALTH- EMPIRE BLUECROSS BLUE SHIELD HEALTHPLUS- FEDERATION OF ITALIAN AMERICANS- FIFTH AVENUE COMMITTEE- GOOD OLD LOWER EAST SIDE- GOOD SHEPHERD SERVICES- GRAND STREET RESIDENT ASSOCIATION- GRAND STREET SETTLEMENT- GUILD FOR EXCEPTIONAL CHILDREN- HAMILTON-MADISON HOUSE

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
NYU LANGONE HOSPITALS	- HEARTSHARE HUMAN SERVICES OF NY- HENRY STREET SETTLEMENT- HER JUSTICE- HESTER STREET COL LABORATIVE- INTERFAITH COALITION FOR HEALTH AND HEALING- JEWISH BOARD OF FAMILY AND CHILDREN SERVICES, INC - LOCAL INITIATIVES SUPPORT CORPORATION - NEW YORK CITY- LOW INCOME INVESTMENT FUND- METROPLUS HEALTH PLAN- MIXTECA COMMUNITY ORGANIZATION- NEW YORK CITY HOUSING AUTHORITY- NYC DEPARTMENT OF HOUSING, PRESERVATION AND DEVELOPMENT- NYC SMOKE FREE- NEW YORK FOUNDLING- NEW YORK IMMIGRATION COALITION- NYU LUTHERAN ARAB AMERICAN ADVISORY COUNCIL- NYU LUTHERAN CHINESE COMMUNITY ADVISORY COUNCIL- OPPORTUNITIES FOR A BETTER TOMORROW- RED HOOK COMMUNITY JUSTICE CENTER- RED HOOK INITIATIVE- RIDGEWOOD BUSHWICK SENIOR CITIZENS COUNCIL- SAFE HORIZONS- 72ND PRECINCT COMMUNITY AFFAIRS- SOUTHWEST BROOKLYN INDUSTRIAL DEVELOPMENT CORPORATION- SUNY DOWNSTATE THEO PROGRAM - BATES PLANNING COMMITTEE- SUNSET PARK PROMISE NEIGHBORHOOD EARLY LEARNING NETWORK- THE DOOR-TURNING POINT- TWO BRIDGES NEIGHBORHOOD COUNCIL- TWO BRIDGES NYCHA RESIDENT ASSOCIATION- UNIVERSITY SETTLEMENT- UPROSE- WAVECREST MANAGEMENT GRAND STREET GUILD- ZONE 126

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
NYU LANGONE HOSPITALS	PART V, SECTION B, LINE 7D HARD COPIES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, COMMUNITY SERVICE PLAN AND PROGRESS REPORTS ARE AVAILABLE WITHOUT CHARGE TO ANYONE UPON REQUEST AND ARE REGULARLY DISTRIBUTED TO COMMUNITY BOARD MEMBERS, POLICYMAKERS, LOCAL HEALTH CENTERS, COMMUNITY BASED ORGANIZATIONS, COMMUNITY MEMBERS, AND OTHER INTERESTED STAKEHOLDERS THROUGH OUR OUTREACH AND ENGAGEMENT ACTIVITIES, WE CONTINUALLY SEEK TO KEEP THE COMMUNITY INFORMED ABOUT OUR ACTIVITIES AND TO GET FEEDBACK AND INPUT THIS YEAR WE ALSO SENT OUT AN ELECTRONIC NEWSLETTER TO NEARLY 400 PEOPLE, INCLUDING POLICYMAKERS, PARTNERS, COMMUNITY GROUPS AND COLLEAGUES (SEE HTTP //EEPURL COM/BDAEGV) THE EXECUTIVE SUMMARY OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY SERVICE PLAN SHARES OUR ANALYSIS AND CONCLUSIONS IN A MORE ACCESSIBLE FORMAT FOR A BROADER CONSTITUENCY THIS DOCUMENT, WHICH IS WRITTEN AT AN 8TH GRADE LITERACY LEVEL, HAS BEEN TRANSLATED INTO ARABIC, CHINESE, AND SPANISH WE FIND MANY VENUES AND OCASSIONS TO PRESENT THE WORK OF COMMUNITY SERVICE PLAN, PROVIDING UPDATES AND OPPORTUNITIES FOR INPUT - AT CONFERENCES, IN CLASSROOMS, AT COMMUNITY BOARD MEETINGS, AND IN MANY COMMUNITY SETTINGS OVER THE COURSE OF OUR PLAN, OUR RELATIONSHIPS WITH OUR PARTNERS, AS WELL AS WITH OTHER GROUPS IN THE COMMUNITY, HAVE FLOURISHED

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
NYU LANGONE HOSPITALS	PART V, SECTION B, LINE 11 FOR A DESCRIPTION OF HOW WE ARE ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN OUR CHNA, PLEASE FIND A COPY OF OUR COMMUNITY SERVICE PLAN UPDATE AND PROGRESS REPORT AT NYULANGONE.ORG/OUR-STORY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-SERVICE-PLAN. COMMUNITY NEEDS NOT ADDRESSED AND WHY: ACROSS NEW YORK CITY AND WITHIN OUR SELECTED NEIGHBORHOODS, THERE ARE, OF COURSE, MANY HEALTH NEEDS THAT ARE BEYOND THE SCOPE OF THIS PLAN. INDEED, THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE TAKE CARE NEW YORK 2020 IDENTIFIES TWENTY-THREE KEY INDICATORS UNDER FOUR OVERARCHING THEMES. SELECTING PRIORITY AREAS FOR NYUHC'S COMMUNITY SERVICE PLAN AND USING RESOURCES EFFICIENTLY AND EFFECTIVELY NECESSARILY MEANS CONCENTRATING ON SOME SPECIFIC CHALLENGES AND AFFORDING LESS ATTENTION TO OTHERS. FOR EXAMPLE, IN MEETINGS WITH MEMBERS OF MANHATTAN COMMUNITY BOARD 3 AND IN THE COMMUNITY BOARD'S DISTRICT NEEDS STATEMENT 2017, THE NEED FOR SENIOR SERVICES, PROGRAMS TO PREVENT HEAVY AND BINGE DRINKING, SERVICES FOR THE GROWING LGBTQ POPULATION, AND FOR CULTURALLY AND LINGUISTICALLY COMPETENT MENTAL HEALTH SERVICES, WERE ALL IDENTIFIED AS PRESSING CONCERNS. SIMILARLY, IN SUNSET PARK, ASTHMA PREVENTION AND MANAGEMENT, AND ADULT WEIGHT MANAGEMENT INTERVENTIONS HAVE BEEN IDENTIFIED AS IMPORTANT NEEDS AND PRIORITIES. WHILE SOME OF THESE NEEDS ARE BEING MET BY OTHER NYUHC AND NYU LFHC PROGRAMS, OTHERS ARE BEING ADDRESSED BY THE MANY VALUABLE COMMUNITY ORGANIZATIONS AND HEALTH CARE PROVIDERS IN THE COMMUNITY. OVER THE DURATION OF THE CSP, WE WILL COORDINATE OUR EFFORTS WITH COMMUNITY ORGANIZATIONS SO THAT WE CONTINUE TO HAVE A COMPREHENSIVE AND UP-TO-DATE UNDERSTANDING OF COMMUNITY NEEDS AND RESOURCES SO THAT WE CAN MAXIMIZE OUR COLLECTIVE IMPACT TO IMPROVE THE COMMUNITY'S HEALTH.

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
NYU LANGONE HOSPITALS	PART V, SECTION B, LINE 13H DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON THE FOLLOWING ADDITIONAL CRITERIA 1 THE PATIENT'S STATE OF RESIDENCE, 2 FOR NON-NEW YORK RESIDENTS, THE NATURE OF THE ADMISSION (EMERGENCY SERVICES, ELECTIVE, ETC), 3 FAMILY SIZE, WHICH IS CALCULATED FOR ADULT PATIENTS, BY ADDING THE PATIENT, THE PATIENT'S SPOUSE, AND FOR MINOR PATIENTS, BY ADDING THE PATIENT, THE PATIENT'S PARENT/S AND/OR LEGAL GUARDIAN/S WITH WHICH THE PATIENT RESIDES, AND ANY DEPENDENTS OF THE PATIENT'S PARENT/S AND/OR LEGAL GUARDIAN/S WITH WHICH THE PATIENT RESIDES (OTHER THAN THE PATIENT) FOR PATIENTS WITH UNPAID BALANCES WHO DO NOT APPLY FOR FINANCIAL ASSISTANCE OR ASSIST IN THE APPLICATION PROCESS, THE HOSPITAL MAY SUBMIT THE PATIENT'S DEMOGRAPHICS TO A CREDIT BUREAU TO UTILIZE CREDIT SCORING SOFTWARE FOR PURPOSES OF ESTABLISHING INCOME ELIGIBILITY THE SCORING WILL NOT NEGATIVELY IMPACT THE PATIENT'S FICO

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
NYU LANGONE HOSPITALS	PART V, SECTION B, LINE 16J INFORMATION ABOUT FINANCIAL ASSISTANCE IS MADE AVAILABLE IN THE HOSPITAL'S ADMISSION BROCHURE ADDITIONALLY, ALL HOSPITAL BILLS AND STATEMENTS INCLUDE A STATEMENT THAT IF THE PATIENT IS UNABLE TO PAY THE BILL, HE OR SHE MIGHT BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND HOW TO OBTAIN FURTHER INFORMATION APPLICATIONS FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN ENGLISH, ARABIC, BENGALI, CHINESE, GREEK, ITALIAN, KOREAN, POLISH, RUSSIAN AND SPANISH, AND TRANSLATION SERVICES ARE MADE AVAILABLE FOR PATIENTS NEEDING SUCH SERVICES

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
NYU LANGONE HOSPITALS	PART V, SECTION B, LINE 23 NYU LANGONE HOSPITALS PROVIDES FOR 100% FINANCIAL ASSISTANCE UP TO 600% FPL, WHICH EXCEEDS NYS' REQUIREMENT OF PROVIDING DISCOUNTED RATES FOR PATIENTS UP TO 300% FPL

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
NYU LANGONE HOSPITALS	PART V, SECTION B, LINE 24 NYU LANGONE HOSPITALS PROVIDES FOR 100% FINANCIAL ASSISTANCE UP TO 600% FPL, WHICH EXCEEDS NYS' REQUIREMENT OF PROVIDING DISCOUNTED RATES FOR PATIENTS UP TO 300% FPL

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 18F	NYU LANGONE HOSPITALS DOES NOT TAKE ANY OF THE LISTED ACTIONS BEFORE MAKING REASONABLE EFFORTS TO DETERMINE THE PATIENT'S ELIGIBILITY UNDER ITS FAP PATIENTS ARE INFORMED ABOUT THE FAP THROUGH CONSPICUOUS SIGNAGE, FINANCIAL ASSISTANCE INFORMATION IN THE HOSPITAL'S ADMISSION BROCHURE, REGISTRAR TRAINING IN HOW TO DIRECT PATIENTS WHO MAY NEED FINANCIAL ASSISTANCE OR EXPRESS A DESIRE TO APPLY, INFORMATION ABOUT FINANCIAL ASSISTANCE ON OUR BILLS, INFORMATION ABOUT FINANCIAL ASSISTANCE ON OUR WEBSITE, AND AVAILABLE FINANCIAL ASSISTANCE PAMPHLETS

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
FORM 990, SCH H, PART V, SECTION B, LINES 16 A - C	THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE FOLLOWING WEBSITE NYULANGONE ORG/INSURANCE-BILLING-FINANCIAL-ASSISTANCE#FINANCIAL-ASST-POLICIES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NYU LANGONE HOSPITALS

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
13-3971298

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW YORK UNIVERSITY - SCHOOL OF MEDICINE 726 BROADWAY 9TH FLOOR NEW YORK, NY 10003	13-5562308	501(C)(3)	782,230,391				SUPPORT CLINICAL, EDUCATIONAL, AND RESEARCH ACTIVITIES OF NYU SCHOOL OF MEDICINE
(2) SUNSET PARK HEALTH COUNCIL INC DBA NYU LUTHERAN FAMILY HEALTH CENTERS 150 55TH STREET BROOKLYN, NY 11220	20-2508411	501(C)(3)	31,722,119				SUPPORT EDUCATIONAL TRAINING ACTIVITIES AT NYU LUTHERAN FAMILY HEALTH CENTERS

2

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

2

3

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

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	ORGANIZATION'S PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS TO OTHER 501(C)(3) ORGANIZATIONS IN THE UNITED STATES THE GRANTEE ORGANIZATIONS ARE 501(C)(3) ENTITIES THAT ARE RELATED TO THE REPORTING ORGANIZATION AND PROVIDE PERIODIC REPORTING OF THEIR PROGRAMATIC ACTIVITIES AND FINANCIAL NEEDS NYU SCHOOL OF MEDICINE ("SOM") IS AN ADMINISTRATIVE UNIT OF NEW YORK UNIVERSITY WHICH IS THE SOLE MEMBER OF NYU LANGONE HEALTH SYSTEM WHICH IN TURN IS THE SOLE MEMBER OF NYU LANGONE HOSPITALS ("HOSPITAL") SUNSET PARK HEALTH COUNCIL, INC DBA NYU LUTHERAN FAMILY HEALTH CENTERS IS FEDERALLY QUALIFIED HEALTH CENTER THAT IS CO-OPERATED WITH HOSPITAL

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
NYU LANGONE HOSPITALS

Employer identification number

13-3971298

Part I Questions Regarding Compensation

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 checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes

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 in line 1a?

2 Yes

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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a No

b Any related organization?

5b No

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a No

b Any related organization?

6b No

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7 Yes

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8 No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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.

See Additional Data Table

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THREE OFFICERS HAVE A CAR AND DRIVER AT THEIR DISPOSAL. THEY PAY TAXES ON THE IMPUTED VALUE OF THE PERSONAL USE OF THE VEHICLE AND DRIVER. ONE OFFICER IS PROVIDED WITH A HOUSING ALLOWANCE, THAT WAS INCLUDED AS TAXABLE INCOME. ONE OFFICER USED FIRST-CLASS TRAVEL FOR BUSINESS TRAVEL WHICH WAS DETERMINED TO BE AN ORDINARY AND NECESSARY BUSINESS EXPENSE AND THEREFORE NOT TREATED AS TAXABLE INCOME.
PART I, LINE 3	THE COMPENSATION AND BENEFITS COMMITTEE DETERMINES THE COMPENSATION AND BENEFITS OF THE CEO AND REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE OFFICERS AND EMPLOYEES OF THE CORPORATION AS RECOMMENDED BY THE CEO. IN SO DOING, THE COMMITTEE WILL SEEK TO COMPLY WITH BEST PRACTICES, INCLUDING MEETING THE REQUIREMENTS NECESSARY TO OBTAIN THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE, WHICH INCLUDES CONSIDERING APPROPRIATE DATA AS TO COMPARABILITY, DETERMINING THAT THE TOTAL COMPENSATION IS REASONABLE IN LIGHT OF THE PERFORMANCE OF SUCH INDIVIDUAL AND THE COMPARABILITY DATA, AND CONCURRENTLY DOCUMENTING THE BASIS FOR THE COMPENSATION AND BENEFITS COMMITTEE'S DETERMINATION. THE COMPENSATION AND BENEFITS COMMITTEE SHALL HAVE AT LEAST ONE MEMBER WITH EXPERTISE AND EXPERIENCE IN THE AREA OF COMPENSATION AND/OR EMPLOYEE BENEFITS. NO MEMBER OF THE COMMITTEE MAY BE AN EMPLOYEE OF THE HOSPITAL.
PART I, LINE 4B	DR. GROSSMAN PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ("SERP") DURING CALENDAR YEAR 2017. THE EMPLOYER CONTRIBUTION TO THIS PLAN WAS \$2,243,684 FOR CALENDAR YEAR 2017. THIS AMOUNT IS REPORTED AS A SHARED COST BETWEEN NYUHC AND NYU SCHOOL OF MEDICINE. THE SUPPLEMENTAL SERP CONTRIBUTIONS WERE MADE PURSUANT TO A NEGOTIATED AGREEMENT WITH DR. GROSSMAN. DR. ANDREW HAMILTON, EX-OFFICIO TRUSTEE, SHALL RECEIVE FROM NEW YORK UNIVERSITY A PAYMENT OF TWO HUNDRED FIFTY THOUSAND DOLLARS IN DEFERRED COMPENSATION FOR EVERY YEAR OF COMPLETED SERVICE AS PRESIDENT SHOULD HE SERVE THE ENTIRE FIVE YEAR TERM. EACH ANNUAL INSTALLMENT SHALL BE CREDITED WITH EARNINGS AT A RATE AGREED UPON BETWEEN DR. HAMILTON AND THE UNIVERSITY.
PART I, LINE 7	THE OFFICERS RECEIVED COMPENSATION OVER BASE SALARY INCLUDING THE BONUS DETERMINED BY THE ORGANIZATION'S COMPENSATION COMMITTEE, DETERMINED AS REASONABLE.

Additional Data

Software ID:
Software Version:
EIN: 13-3971298
Name: NYU LANGONE HOSPITALS

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				
1ROBERT I GROSSMAN MD EX-OFFICIO, DEAN & CEO	(i)	1,644,325	2,303,922	42,890	1,135,342	3,641	5,130,120	0
	(ii)	1,644,325	2,303,922	42,890	1,135,342	3,641	5,130,120	0
1ANDREW HAMILTON PHD EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,518,650	0	0	277,000	174,757	1,970,407	0
2STEPHANIE PIANKA EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	423,892	18,674	0	27,000	8,789	478,355	0
3STEVEN B ABRAMSON MD SVP/VICE DEAN EDUCATION	(i)	333,119	449,367	23,120	8,370	1,351	815,327	0
	(ii)	741,458	1,000,204	51,461	18,630	3,007	1,814,760	0
4DAFNA BAR-SAGI PHD SVP/VICE DEAN CHIEF SCI OFFCR	(i)	0	0	0	0	0	0	0
	(ii)	978,594	1,685,491	8,859	27,000	3,589	2,703,533	0
5ANDREW W BROTMAN MD SVP/VICE DEAN CHIEF CLINICAL OFFCR	(i)	780,109	1,255,900	4,301	13,500	0	2,053,810	0
	(ii)	780,109	1,255,900	4,301	13,500	0	2,053,810	0
6MICHAEL T BURKE SVP/VICE DEAN, CFO (THROUGH 7/2018)	(i)	544,687	954,992	2,990	13,500	2,342	1,518,511	0
	(ii)	544,687	954,992	2,990	13,500	2,342	1,518,511	0
7ROBERT J CERFOLIO MD MBA SVP CHIEF OF HOSP OPS (AS OF 7/18)	(i)	124,627	0	131	0	349	125,107	0
	(ii)	872,388	0	917	0	2,442	875,747	0
8ANNETTE JOHNSON JD SVP/VICE DEAN, GENERAL COUNSEL	(i)	387,124	772,017	102	13,500	3,641	1,176,384	0
	(ii)	387,124	772,017	102	13,500	3,641	1,176,384	0
9GRACE Y KO SVP, DEVELOPMENT & ALUMNI AFFAIRS	(i)	278,036	504,273	350	13,500	3,041	799,200	0
	(ii)	278,036	504,273	350	13,500	3,041	799,200	0
10JOSEPH LHOTA SVP/VICE DEAN, CHIEF OF STAFF	(i)	425,268	535,272	4,592	10,800	2,913	978,845	0
	(ii)	637,902	802,908	6,889	16,200	4,370	1,468,269	0
11VICKI MATCH SUNA AIA SVP/VICE DEAN, REAL ESTATE	(i)	365,709	480,000	2,868	13,500	4,035	866,112	0
	(ii)	365,709	480,000	2,868	13,500	4,035	866,112	0
12NADER MHERABI SVP/VICE DEAN, CIO	(i)	368,812	762,395	8,740	13,500	3,341	1,156,788	0
	(ii)	368,812	762,395	8,740	13,500	3,341	1,156,788	0
13ROBERT A PRESS MD PHD SVP CHIEF OF HOSP OPS (THROUGH 7/18)	(i)	1,304,191	1,551,840	12,894	27,000	5,439	2,901,364	0
	(ii)	0	0	0	0	0	0	0
14NANCY SANCHEZ SVP/VICE DEAN, HR AND ODL	(i)	328,657	730,819	2,422	13,500	2,019	1,077,417	0
	(ii)	328,657	730,819	2,422	13,500	2,019	1,077,417	0
15RICHARD DONOGHUE SVP, STRTGC PLNG & BUS DEV	(i)	549,242	1,008,375	16,184	18,900	4,193	1,596,894	0
	(ii)	235,389	432,161	6,936	8,100	1,797	684,383	0
16ABRAHAM CHACHOUA ASSOC DIR CANCER SVCS	(i)	1,197,689	0	9,470	22,280	9,630	1,239,069	0
	(ii)	253,703	0	2,006	4,720	2,040	262,469	0
17KARIM HABIBI SVP, CHIEF OF MANAGED CARE	(i)	599,142	566,540	59,528	18,090	4,975	1,248,275	0
	(ii)	295,100	279,042	29,320	8,910	2,450	614,822	0
18WESLEY SMITH VP REVENUE CYCLE OPERATIONS	(i)	554,781	613,682	7,318	22,950	5,091	1,203,822	0
	(ii)	97,903	108,297	1,291	4,050	898	212,439	0
19BRET RUDY SVP, NYU LANGONE HOSPITAL - BKLYN	(i)	876,902	200,000	4,193	27,000	3,339	1,111,434	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493189005059									
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .								OMB No 1545-0047			
										2017			
		Department of the Treasury Internal Revenue Service Name of the organization NYU LANGONE HOSPITALS								Employer identification number 13-3971298			
Part I Bond Issues													
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
							Yes	No	Yes	No	Yes	No	
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK		14-6000293	6499058G4	01-25-2011	130,139,047	SERIES 2011A/SEE SCHEDULE K, PT VI	X			X		X	
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK		14-6000293	6499072Q4	12-17-2014	87,286,623	SERIES 2014/SEE SCHEDULE K, PT VI		X		X		X	
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK		14-6000293	6499074P4	01-21-2015	135,757,512	SRS 2014 JAN_2015 /SEE SCH K PT VI		X		X		X	
D DORMITORY AUTHORITY OF THE STATE OF NEW YORK		14-6000293	64990BU50	05-26-2016	181,008,769	SERIES 2016A/SEE SCHEDULE K, PT VI		X		X		X	
Part II Proceeds													
					A		B		C		D		
1 Amount of bonds retired					6,734,544		5,425,000		14,305,000		14,700,000		
2 Amount of bonds legally defeased					115,955,456								
3 Total proceeds of issue					154,314,817		87,418,272		136,025,752		181,133,586		
4 Gross proceeds in reserve funds					15,338,761		125,603		250,985		122,387		
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows											115,955,456		
7 Issuance costs from proceeds					2,043,104		963,282		1,222,044		2,176,337		
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds					136,932,952								
11 Other spent proceeds							86,329,387		134,552,723		62,879,406		
12 Other unspent proceeds													
13 Year of substantial completion					2015		2015		2015		2016		
					Yes No		Yes No		Yes No		Yes No		
14 Were the bonds issued as part of a current refunding issue?							X				X		
15 Were the bonds issued as part of an advance refunding issue?							X		X		X		
16 Has the final allocation of proceeds been made?					X				X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?					X		X		X		X		
Part III Private Business Use													
					A		B		C		D		
					Yes No		Yes No		Yes No		Yes No		
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?							X				X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?							X				X		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.										Cat No 50193E		Schedule K (Form 990) 2017	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶							0 140 %	
6 Total of lines 4 and 5							0 140 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME DORMITORY AUTHORITY OF THE STATE OF NEW YORK DATE THE REBATE COMPUTATION WAS PERFORMED 06/25/2018 ISSUER NAME DORMITORY AUTHORITY OF THE STATE OF NEW YORK DATE THE REBATE COMPUTATION WAS PERFORMED 06/25/2018 ISSUER NAME DORMITORY AUTHORITY OF THE STATE OF NEW YORK DATE THE REBATE COMPUTATION WAS PERFORMED 06/25/2018 ISSUER NAME DORMITORY AUTHORITY OF THE STATE OF NEW YORK DATE THE REBATE COMPUTATION WAS PERFORMED 06/25/2018

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I - DESCRIPTION OF PURPOSE	<p>SERIES 2011A - DASNY - NYU HOSPITALS CENTER REVENUE BONDS, 2011A - TO FINANCE THE FOLLOWING CAPITAL IMPROVEMENTS: RENOVATION AND EQUIPPING OF THE EMERGENCY DEPARTMENT, INCLUDING RENOVATION OF EXISTING SPACE AND RECONFIGURATION OF SPACE ADJACENT TO THE EXISTING EMERGENCY DEPARTMENT FOR EMERGENCY USE, RENOVATION AND EQUIPPING OF A NEW MUSCULOSKELETAL CENTER TO CONSOLIDATE NYUHC'S OUTPATIENT MUSCULOSKELETAL SERVICES, AND ROUTINE CAPITAL IMPROVEMENTS, RENOVATION OF APHERESIS AND ONCOLOGY OPERATING ROOM FOR PATIENTS REQUIRING IMMEDIATE CARE FOR BONE MARROW TRANSPLANTS AT TISCH HOSPITAL 16TH FLOOR, RENOVATION OF SATELLITE PHARMACY AT TISCH HOSPITALS 9TH FLOOR FOR PEDIATRIC UNIT.</p> <p>SERIES 2014 - DASNY - NYU HOSPITALS CENTER REVENUE BONDS, 2014 - TO REFINANCE SERIES 2007B (ISSUED ON DECEMBER 5, 2007).</p> <p>SERIES 2007B - DASNY, NYU HOSPITALS CENTER REVENUE BONDS, 2007B - TO FINANCE THE ACQUISITION & INSTALLATION OF NEW EMERGENCY GENERATORS AT TISCH HOSPITAL, RELOCATION, CONSTRUCTION, RENOVATION, EXPANSION, AND EQUIPPING OF THE INTENSIVE CARE UNITS AT TISCH HOSPITAL, CONSTRUCTION, RENOVATION AND EQUIPPING OF LEASED SPACE IN AN EXISTING FACILITY LOCATED AT 333 EAST 38TH STREET, TO CREATE A NEW AMBULATORY SURGERY CENTER, CONSISTING OF OPERATING SUITES, PRE-OPERATION/RECOVERY BEDS, AND A PATHOLOGY LABORATORY, CONSTRUCTION AND RENOVATION OF A FLOOR OF THE SCHWARTZ HEALTH CARE CENTER, INCLUDING HVAC SYSTEM UPGRADES, TO ACCOMMODATE THE RELOCATION OF A SHORT-STAY UNIT FROM TISCH HOSPITAL AND POST-SURGICAL OBSERVATION BEDS, CONSTRUCTION, RENOVATION, AND EQUIPPING OF A CARDIAC AND VASCULAR CENTER WITHIN THE SCHWARTZ HEALTH CARE CENTER, CONSTRUCTION AND RENOVATION OF A PATHOLOGY & HEMATOPATHOLOGY LAB, CONSTRUCTION OF A HYBRID OPERATING ROOM, CONSTRUCTION AND RENOVATION OF A CATHETERIZATION LABORATORY IN THE SCHWARTZ HEALTH CARE CENTER, CREATE A DEBT SERVICE FUND FOR THE SERIES 2007B, AND PAY FOR THE SERIES 2007B ISSUANCE COSTS.</p> <p>SERIES 2014 ISSUED JANUARY 2015 - DASNY - NYU HOSPITALS CENTER REVENUE BONDS, 2014 ISSUED JANUARY 2015 - TO REFINANCE SERIES 2007A (ISSUED ON FEBRUARY 6, 2007).</p> <p>SERIES 2007A - DASNY, NYU HOSPITALS CENTER REVENUE BONDS, 2007A - TO REFINANCE SERIES 2000B (ISSUED ON NOVEMBER 13, 2002), FINANCE THE ACQUISITION OF NYU HC'S 34TH STREET CANCER CENTER, REFINANCE A LOAN INCURRED BY NYUHC TO FINANCE TENANT IMPROVEMENTS AT THE CANCER CENTER, REPLACEMENT OF TWO AIR HANDLING UNITS AT TISCH HOSPITAL, INCLUDING RELATED WORK NECESSARY TO REDISTRIBUTE ELECTRICAL LOADS, RENOVATION AND REPLACEMENT OF THE CHILLER PLANT THAT SERVICES TISCH HOSPITAL, INCLUDING THE PURCHASE AND INSTALLATION OF STEAM TURBINES AND PIPING UPGRADES, RENOVATION AND EXPANSION OF THE POST ANESTHESIA CARE UNIT AT TISCH HOSPITAL, INCLUDING RELOCATION OF SERVICES AND MECHANICAL SYSTEMS, RENOVATION OF OB/GYN TRIAGE SPACE AT TISCH HOSPITAL 8TH FLOOR, CREATE A DEBT SERVICE FUND FOR SERIES 2007A, AND PAY FOR SERIES 2007A ISSUANCE COSTS.</p> <p>SERIES 2016A ISSUED - DASNY - NYU HOSPITALS CENTER REVENUE BONDS,</p>

Return Reference	Explanation
FORM 990, SCHEDULE K, PART I - DESCRIPTION OF PURPOSE	2016 - TO REFINANCE SERIES 2006A (ISSUED ON OCTOBER 4, 2006) AND A PORTION OF SERIES 2011A (ISSUED ON JANUARY 25, 2011) SERIES 2006A - DASNY, NYU HOSPITALS CENTER REVENUE BONDS, 2 006A - TO REFINANCE SERIES 2000A (ISSUED ON MAY 18, 2000), CREATE A DEBT SERVICE FUND FOR SERIES 2006A, AND PAY FOR THE SERIES 2006A ISSUANCE COSTS

Return Reference	Explanation
FORM 990, SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	TOTAL PROCEEDS OF ISSUE INCLUDES THE ORIGINAL BOND ISSUE PRICE AND THE INVESTMENT EARNINGS THEREON

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NYU LANGONE HOSPITALS

Employer identification number
13-3971298

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DONOR #20	SUBSTANTIAL CONTRIBUTOR	142,290	VENDOR		No
(2) DONOR #141	SUBSTANTIAL CONTRIBUTOR	1,465,872	INDEPENDENT CONTRACTOR		No
(3) DONOR #146	SUBSTANTIAL CONTRIBUTOR	169,226	INDEPENDENT CONTRACTOR		No
(4) DONOR #161	SUBSTANTIAL CONTRIBUTOR	554,360	INDEPENDENT CONTRACTOR		No
(5) KARA DIMON	FAMILY MEMBER OF TRUSTEE	41,953	EMPLOYEE COMPENSATIONKARA DIMON HAS A FAMILY RELATIONSHIP WITH JAMIE DIMON, TRUSTEE, AND IS AN EMPLOYEE OF THE ORGANIZATION		No
(6) SARAH DRUCKENMILLER	FAMILY MEMBER OF TRUSTEE	68,045	EMPLOYEE COMPENSATIONSARAH DRUCKEMILLER HAS A FAMILY RELATIONSHIP WITH FIONA DRUCKENMILLER, TRUSTEE, AND IS AN EMPLOYEE OF THE ORGANIZATION		No

Part V Supplemental Information

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

Return Reference	Explanation
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DLN: 93493189005059

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2017

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►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
NYU LANGONE HOSPITALS

Employer identification number
13-3971298

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	62	10,591,421	
10	Securities—Closely held stock			MARKET VALUE	
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 ► (OPHTHALMOLOGY EQUIPMENT)	X	1	45,000	
26	Other ► (CLOTHING, PRODUCTS AND EQUIPMENT FOR INFANTS AND YOUNG CHILDREN)	X	2	23,285	
27	Other ► (SCANNING DEVICE)	X	1	12,112	
28	Other ► (GROCERY GIFT CARDS)	X	1	700	
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 is not required to be used for exempt purposes for the entire holding period?			Yes	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?			Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				No
b	If "Yes," describe in Part II				
33	If the organization did not 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, COLUMN (B)	THE AMOUNT REPORTED IN COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE REPORTING PERIOD

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NYU LANGONE HOSPITALS

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

13-3971298

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DESCRIPTION OF RELATIONSHIPS LORI FINK, TRUSTEE, & LAURENCE D FINK, CO-CHAIR, HAVE A FAMILY RELATIONSHIP THOMAS S MURPHY & THOMAS S MURPHY JR , TRUSTEES, HAVE A FAMILY RELATIONSHIP RONALD O PERELMAN AND DEBRA PERELMAN, TRUSTEES, HAVE A FAMILY RELATIONSHIP ISAAC PERLMUTTER AND LAURA PERLMUTTER, TRUSTEES, HAVE A FAMILY RELATIONSHIP ALICE M TISCH AND THOMAS J TISCH, TRUSTEES, HAVE A FAMILY RELATIONSHIP BARRY SCHWARTZ, RONALD O PERELMAN, AND DEBRA PERELMAN, TRUSTEES, HAVE A BUSINESS RELATIONSHIP LAURENCE D FINK, CO-CHAIR & LINDA GOSDEN ROBINSON, TRUSTEE, HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ANALYSIS OF SIGNIFICANT CHANGES TO THE BYLAWS DELETED FORMER SECTION 3 08 - BOARD OF OVERSEERS SECTION 6 02 - CURRENT COMMITTEES - REMOVED THE FOLLOWING FORMER COMMITTEES AUDIT & COMPLIANCE, COMMUNICATIONS, AND COMPENSATION AND BENEFITS - ADDED THE FOLLOWING THE BOARD HAS DELEGATED TO THE SYSTEM BOARD'S AUDIT AND COMPLIANCE COMMITTEE OVERSIGHT OF THE HOSPITAL'S ACCOUNTING AND FINANCIAL REPORTING PROCESSES AND AUDITS, CONFLICTS OF INTEREST AND WHISTLEBLOWER PROTECTION POLICIES AND REVIEW AND DETERMINATION OF TRUSTEE CONFLICTS OF INTEREST AND RELATED PARTY TRANSACTIONS (AS DEFINED IN THE NCPL) SECTION 7 05 - CHIEF EXECUTIVE OFFICER - CHANGED THE PERSONS EVALUATING THE CEO'S PERFORMANCE FROM THE UNIVERSITY'S EXECUTIVE VICE PRESIDENT FOR HEALTH TO THE UNIVERSITY'S PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS THE SOLE MEMBER OF NYU LANGONE HOSPITALS IS NYU LANGONE HEALTH SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS WITH RESPECT TO THE ELECTION OF THE BOARD OF TRUSTEES OF NYU LANGONE HOSPITALS, NYU LANGONE HEALTH SYSTEM (THE "MEMBER"), AS THE SOLE MEMBER HAS THE POWER AND AUTHORITY 1 TO ELECT THE TRUSTEES, 2 REMOVE A TRUSTEE, AND 3 FILL ANY VACANCIES IN THE BOARD ANY ACTION TAKEN BY THE MEMBER MUST BE APPROVED BY NEW YORK UNIVERSITY, THE SOLE VOTING MEMBER OF THE MEMBER, IN ORDER TO BE EFFECTIVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND THE TYPE OF VOTING RIGHTS WITH RESPECT TO THE DECISIONS OF THE BOARD OF TRUSTEES OF NYU LANGONE HOSPITALS, NYU LANGONE HEALTH SYSTEM (THE "MEMBER") AS THE SOLE MEMBER, HAS THE POWER AND AUTHORITY OVER THE FOLLOWING MATTERS 1 ELECTING THE CORPORATION'S BOARD OF TRUSTEES, 2 REMOVING THE CORPORATION'S BOARD OF TRUSTEES, 3 FILLING ANY VACANCIES IN THE CORPORATION'S BOARD OF TRUSTEES, 4 AMENDING OR REPEALING THE BY-LAWS OR ADOPTING NEW BY-LAWS, 5 APPROVING THE CORPORATION'S MERGER OR CONSOLIDATION WITH ANOTHER ENTITY, 6 APPROVING THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE ASSETS OF THE CORPORATION, 7 REVIEWING THE VISION, MISSION AND STRATEGIC AND FINANCIAL PLANS OF THE CORPORATION, 8 REVIEWING THE CORPORATION'S ANNUAL OPERATING AND CAPITAL BUDGETS, PROVIDED THAT FINAL APPROVAL OF THE BUDGETS SHALL REMAIN WITH THE CORPORATION, 9 APPROVING ANY TRANSACTION HAVING A VALUE \$25,000,000 OR MORE, PROVIDED, THAT FINAL APPROVAL OF HOSPITAL DEBT NECESSARY TO FINANCE THE COST OF COMPLIANCE WITH OPERATION OR PHYSICAL PLANT STANDARDS REQUIRED BY LAW, OR TO IMPLEMENT CERTIFICATE OF NEED APPLICATIONS, SHALL REMAIN WITH THE CORPORATION, 10 APPROVING THE CREATION AND/OR DISSOLUTION OF AN ENTITY IN WHICH THE CORPORATION IS PROPOSED TO BE, OR IS, THE CONTROLLING MEMBER, AND 11 THE EXERCISE BY THE CORPORATION ACTING IN ITS CAPACITY AS DIRECT OR INDIRECT MEMBER, SHAREHOLDER OR PARTNER OF ANY AFFILIATE, SUBSIDIARY OR JOINT VENTURE ANY ACTION TAKEN BY THE MEMBER MUST BE APPROVED BY NEW YORK UNIVERSITY, THE SOLE VOTING MEMBER OF THE MEMBER, IN ORDER TO BE EFFECTIVE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DESCRIPTION OF THE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW THE FORM 990 1 THE FINANCE DEPARTMENT DRAFTS THE FORM 990 AND THE ACCOMPANYING SCHEDULES BASED ON THE FISCAL YEAR'S FINANCIAL ACTIVITY 2 THE DRAFT IS PROVIDED TO THE ORGANIZATION'S EXTERNAL TAX ADVISOR FOR REVIEW 3 THE DRAFT IS THEN REVIEWED BY THE VICE PRESIDENT OF FINANCE AND CHIEF FINANCIAL OFFICER FOR COMPLETENESS AND ACCURACY THIS IS AN ITERATIVE PROCESS WHICH MAY INVOLVE MORE THAN ONE REVIEW BY THE ORGANIZATION'S EXTERNAL TAX ADVISOR 4 THE REVIEWED DRAFT IS PRESENTED TO THE BOARD OF TRUSTEES' AUDIT COMMITTEE, AS WELL AS CERTAIN OTHER OFFICERS FOR REVIEW 5 ONCE APPROVED BY THE AUDIT COMMITTEE, THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD AND THEN IT IS FORWARDED TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>DESCRIPTION OF THE PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST NYU LANGONE HOSPITALS IS PART OF AN INTEGRATED MEDICAL CENTER, NYU LANGONE HEALTH (THE "MEDICAL CENTER ") ALL MEMBERS OF THE MEDICAL CENTER COMMUNITY, INCLUDING TRUSTEES, EMPLOYEES, FACULTY, STAFF, RESIDENTS, TRAINEES, STUDENTS, AND KEY EMPLOYEES, HAVE A PRIMARY OBLIGATION TO CONDUCT HIS OR HER MEDICAL CENTER DUTIES AND THE AFFAIRS OF THE MEDICAL CENTER IN A MANNER THAT PROMOTES THE BEST INTERESTS OF THE ORGANIZATION AND IN COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS ALL MEMBERS OF THE MEDICAL CENTER COMMUNITY HAVE A DUTY TO DISCLOSE ON AN ONGOING BASIS ANY CURRENT, PROPOSED OR PENDING SITUATIONS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST, A CIRCUMSTANCE IN WHICH THE PERSONAL, PROFESSIONAL, FINANCIAL OR OTHER INTERESTS OF THE MEMBER (INCLUDING HIS OR HER IMMEDIATE FAMILY) MAY POTENTIALLY OR ACTUALLY DIVERGE FROM, OR MAY BE REASONABLY PERCEIVED AS POTENTIALLY OR ACTUALLY DIVERGING FROM, HIS OR HER OBLIGATIONS TO THE MEDICAL CENTER AND THE INTERESTS OF THE MEDICAL CENTER I DISCLOSURES OFFICERS AND EMPLOYEES, ETC (NOT TRUSTEES) IN ACCORDANCE WITH THE MEDICAL CENTER'S CONFLICT OF INTEREST POLICIES PERIODICALLY REVIEWED BY THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES, THE FOLLOWING MEMBERS OF THE MEDICAL CENTER MUST SUBMIT TO THE OFFICE OF INTERNAL AUDIT, COMPLIANCE AND ENTERPRISE RISK MANAGEMENT'S CONFLICTS OF INTEREST MANAGEMENT UNIT ("CIMU") DISCLOSURES UPON APPOINTMENT, HIRING AND ANNUALLY THEREAFTER ANNUAL DISCLOSURES SHOULD ALSO BE SUBMITTED WHENEVER THERE IS AN UPDATE TO A PRIOR DISCLOSURE AND AT ANY TIME DURING THE YEAR, AT THE DISCRETION OF THE CIMU I CHAIRS, VICE-CHAIRS, DEPARTMENT ADMINISTRATORS, AND ALL EMPLOYEES AND OFFICERS AT THE LEVEL OF VICE PRESIDENT, ASSISTANT DEAN, OR, DIRECTOR OR ABOVE, II FULL-TIME FACULTY MEMBERS AND PART-TIME EMPLOYED FACULTY MEMBERS, III INVESTIGATORS PARTICIPATING IN THE MEDICAL CENTER'S RESEARCH AND SPONSORED PROGRAMS, IV PERSONS ENGAGED IN PURCHASING DECISIONS ON BEHALF OF THE MEDICAL CENTER, AND V MEDICAL CENTER MEMBERS OF COMMITTEES WITH SUPERVISION OR OVERSIGHT RESPONSIBILITIES OVER PATIENT CARE, PURCHASING, RESEARCH OR EDUCATION AT THE MEDICAL CENTER (E.G., THE PHARMACY AND THERAPEUTIC COMMITTEE (P&T) AND THE INSTITUTIONAL REVIEW BOARD (IRB)) THE ANNUAL DISCLOSURES WILL BE PROVIDED TO THE ABOVE LISTED INDIVIDUALS BY THE CIMU VIA AN ONLINE REPORTING SYSTEM AND MUST BE COMPLETED AND ELECTRONICALLY SUBMITTED WITHIN THIRTY (30) DAYS OF RECEIPT IN THE ANNUAL DISCLOSURE, MEMBERS OF THE MEDICAL CENTER COMMUNITY, MUST CERTIFY COMPLIANCE WITH THE APPLICABLE POLICY AND DISCLOSE ALL INTERESTS HELD IN ENTITIES THAT HE OR SHE REASONABLY BELIEVES PROVIDES OR SEEKS TO DEVELOP GOODS AND/OR SERVICES TO HEALTHCARE PROVIDERS, DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE MEDICAL CENTER, DONATES OR MAY DONATE FUNDS TO THE MEDICAL CENTER, OR COMPETES WITH OR COULD POTENTIALLY COMPETE WITH THE MEDICAL CENTER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>IN THE AREAS OF CLINICAL CARE, RESEARCH AND DEVELOPMENT, OR FACULTY, STUDENT, TRAINEE OR EMPLOYEE RECRUITMENT, OR COULD REASONABLY APPEAR TO BE RELATED TO THE MEMBER'S RESPONSIBILITIES (TEACHING, CLINICAL, RESEARCH, ADMINISTRATIVE OR OTHERWISE) WITH THE MEDICAL CENTER FINANCIAL INTERESTS MAY INCLUDE MANAGEMENT, BOARD OR EMPLOYMENT POSITIONS, OWNERSHIP INTERESTS, CONSULTING COMPENSATION OR ROYALTY INCOME, OR INTELLECTUAL PROPERTY RIGHTS. TRUSTEES A SEPARATE ANNUAL DISCLOSURE QUESTIONNAIRE IS DISTRIBUTED TO TRUSTEES OF THE MEDICAL CENTER. TRUSTEES MUST SUBMIT A GENERAL DISCLOSURE STATEMENT UPON APPOINTMENT, ANNUALLY THEREAFTER, AND UPON REQUEST OF THE CIMU. IN THE GENERAL DISCLOSURE STATEMENT, A TRUSTEE MUST CERTIFY COMPLIANCE WITH THE APPLICABLE POLICY AND DISCLOSE ALL ENTITIES IN WHICH HE OR SHE HOLDS A MATERIAL INTEREST AND WHICH HE OR SHE REASONABLY BELIEVES DOES OR MAY HAVE A DIRECT BUSINESS RELATIONSHIP WITH OR COMPETES OR MAY COMPETE WITH THE MEDICAL CENTER. THE TRUSTEE MUST DISCLOSE ANY ENTITY IN WHICH THE TRUSTEE AND/OR ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY I. HAS A DIRECTOR, OFFICER OR TRUSTEE POSITION, II. HAS A FAMILY OR BUSINESS RELATIONSHIP WITH A TRUSTEE, CORPORATE OFFICER, KEY EMPLOYEE OR OTHER EMPLOYEE OF THE MEDICAL CENTER, III. HAS A DIRECT BUSINESS RELATIONSHIP WITH THE MEDICAL CENTER OR ANY OF THE MEDICAL CENTER'S COMPETITORS, IV. IS A GRANTOR OR RECIPIENT OF FUNDING TO OR FROM THE MEDICAL CENTER, OR V. HAS A 35% OR GREATER OWNERSHIP OR BENEFICIAL INTEREST OR, IN THE CASE OF A PARTNERSHIP OR PROFESSIONAL CORPORATION, A DIRECT OR INDIRECT OWNERSHIP IN EXCESS OF 5%, THAT IS ENGAGED IN ANY TRANSACTION, AGREEMENT OR ANY OTHER ARRANGEMENT IN WHICH THE MEDICAL CENTER OR ANY AFFILIATE THEREOF IS A PARTICIPANT. THE GENERAL DISCLOSURE STATEMENT FORM WILL BE PROVIDED TO EACH TRUSTEE BY THE CIMU AND MUST BE COMPLETED AND RETURNED WITHIN THIRTY (30) DAYS OF RECEIPT AND PRIOR TO THE FIRST MEETING OF THE BOARD OF TRUSTEES (OR A COMMITTEE THEREOF) FOLLOWING HIS OR HER APPOINTMENT OR REAPPOINTMENT. IN ADDITION, TRUSTEES HAVE AN ONGOING OBLIGATION THROUGHOUT THE YEAR TO DISCLOSE ANTICIPATED CONFLICTS, TO DISCLOSE CONFLICTS OF WHICH THEY MAY NOT HAVE BEEN INITIALLY AWARE, AND TO DISCLOSE SPECIFIC SITUATIONS THAT GIVE RISE TO A POTENTIAL CONFLICT. II. REVIEW AND EVALUATION. OFFICERS AND EMPLOYEES, ETC. (NOT TRUSTEES) THE CIMU IS RESPONSIBLE FOR REVIEWING AND EVALUATING EACH DISCLOSURE MADE BY A MEMBER OF THE MEDICAL CENTER COMMUNITY AND FOR DETERMINING WHETHER A POTENTIAL CONFLICT OF INTEREST EXISTS UNDER THE CIRCUMSTANCES. IN CASES WHERE THE CIMU BELIEVES THAT A SIGNIFICANT POTENTIAL CONFLICT EXISTS, THE CIMU WILL SUBMIT THE MATTER TO THE MEDICAL CENTER'S BUSINESS CONFLICT OF INTEREST COMMITTEE ("BCOIC"). THE CIMU IS RESPONSIBLE FOR REVIEWING EACH DISCLOSURE RECEIVED FROM ANY TRUSTEE AND FOR DETERMINING WHETHER A POTENTIAL CONFLICT OF INTEREST EXISTS UNDER THE CIRCUMSTANCES. IN CASES WHERE THE CIMU BELIEVES THAT A CONFLICT OF INTEREST EXIST</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>STS, THE CIMU WILL SUBMIT THE MATTER TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW IN ACCORDANCE WITH THIS POLICY. FOR ALL OTHER MATTERS, THE CIMU WILL EVALUATE THE MATTER TO DETERMINE IF A CONFLICT EXISTS AND, IF SO, HOW SUCH CONFLICT MAY BE MANAGED, REDUCED OR ELIMINATED. WHEN APPROPRIATE, THE CIMU MAY ADOPT AND ISSUE TO THE MEMBER A PLAN FOR MANAGING AND MONITORING ANY POTENTIAL CONFLICT OF INTEREST. THE BCOIC IS RESPONSIBLE FOR REVIEWING AND EVALUATING EACH POTENTIAL CONFLICT OF INTEREST SUBMITTED TO IT BY THE CIMU. AS A MATTER OF POLICY, IF THE BCOIC FINDS THAT A CONFLICT OF INTEREST EXISTS, THE MEDICAL CENTER WILL NOT APPROVE THE MATTER UNLESS THE BCOIC DETERMINES, AFTER REVIEWING ALL MATERIAL FACTS, THAT EXTRAORDINARY CIRCUMSTANCES MERIT AN EXCEPTION AND THE BCOIC ADOPTS A PLAN FOR MANAGING AND MONITORING THE CONFLICT OF INTEREST WHICH IS FAIR, REASONABLE, AND IN THE BEST INTERESTS OF THE MEDICAL CENTER. ANY MANAGEMENT PLAN WILL DEPEND UPON THE FACTS AND CIRCUMSTANCES OF THE SPECIFIC MATTER. THE BCOIC AND THE CIMU MUST REPORT TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES ANY APPLICABLE FINDINGS THE BCOIC MAKES WITH RESPECT TO TRANSACTIONS, AGREEMENTS OR OTHER ARRANGEMENTS IN WHICH A TRUSTEE OR KEY EMPLOYEE (I.E., A PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE MEDICAL CENTER, INCLUDING THE EXECUTIVE LEADERSHIP OF THE MEDICAL CENTER), A MEMBER OF HIS OR HER IMMEDIATE FAMILY, OR AN ENTITY IN WHICH THEY HAVE A 35% OR GREATER OWNERSHIP OR BENEFICIAL INTEREST OR, IN THE CASE OF A PARTNERSHIP OR PROFESSIONAL CORPORATION, A DIRECT OR INDIRECT OWNERSHIP INTEREST IN EXCESS OF 5%, IS A PARTICIPANT (EACH, A "RELATED PARTY TRANSACTION"). TRUSTEES AND RELATED PARTY TRANSACTIONS. THE AUDIT AND COMPLIANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND EVALUATING EACH POTENTIAL CONFLICT OF INTEREST INVOLVING A TRUSTEE SUBMITTED TO IT BY THE CIMU AND FOR REVIEWING AND EVALUATING EACH RELATED PARTY TRANSACTION SUBMITTED TO IT BY THE CIMU OR BCOIC. AS A MATTER OF POLICY, THE MEDICAL CENTER WILL NOT APPROVE A MATTER UNLESS THE AUDIT AND COMPLIANCE COMMITTEE HAS MADE A DETERMINATION THAT THE TRANSACTION IS FAIR, REASONABLE, AND IN THE MEDICAL CENTER'S BEST INTEREST AND THE COMMITTEE DETERMINES, AFTER REVIEWING ALL MATERIAL FACTS, THAT EXTRAORDINARY CIRCUMSTANCES MERIT AN EXCEPTION. THE COMMITTEE SHALL ALSO ADOPT A PLAN FOR MANAGING, REDUCING, OR ELIMINATING THE CONFLICT OF INTEREST WHICH IS FULLY CONSISTENT WITH THE BEST INTERESTS OF THE MEDICAL CENTER. FOR TRUSTEES, THE COMMITTEE MUST ALSO DETERMINE, AFTER REVIEWING ALL MATERIAL FACTS, THAT EXTRAORDINARY CIRCUMSTANCES MERIT AN EXCEPTION. IN ADDITION, THE AUDIT AND COMPLIANCE COMMITTEE MUST, PRIOR TO THE MEDICAL CENTER ENTERING INTO THE TRANSACTION, (1) CONSIDER ALTERNATIVES TO THE TRANSACTION TO THE EXTENT AVAILABLE, CONTINUED BELOW.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>LINES 15A AND 15B OFFICES AND POSITIONS FOR WHICH PROCESS WAS USED AND YEAR PROCESS WAS BEGUN</p> <p>THE EXECUTIVE COMPENSATION PROCESS AT NYU LANGONE HOSPITALS ("NYUHC") IS ADMINISTERED BY A COMMITTEE OF TRUSTEES THAT DID NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS AT ISSUE THE COMMITTEE FOLLOWS A BOARD APPROVED CHARTER WHICH EMPOWERS THEM TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OF NYUHC IN CARRYING OUT ITS RESPONSIBILITIES, THE COMMITTEE WILL (1) ENSURE THE ADOPTION OF AND MONITOR THE ADHERENCE TO POLICIES AND PROCEDURES FOR DETERMINING AND DOCUMENTING REASONABLE EMPLOYEE COMPENSATION, (2) ENSURE THE MAINTENANCE OF DOCUMENTATION CONFIRMING THAT ALL EMPLOYEE COMPENSATION IS REASONABLE IN NATURE, APPROVED IN ACCORDANCE WITH APPROVED POLICY, IS THE VALUE THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY A LIKE ENTERPRISE UNDER LIKE CIRCUMSTANCES AND GIVEN THE REQUIRED TAX TREATMENT, AND (3) MONITOR EMPLOYEE BENEFIT RETIREMENT PLANS THAT INVOLVE THE ESTABLISHMENT AND MANAGEMENT OF DESIGNATED FUNDS (EXCEPT INVESTMENT MANAGEMENT) FOR THE BENEFIT OF EMPLOYEES GENERALLY OR SPECIFIED GROUPS OF EMPLOYEES IN REVIEWING AND APPROVING THE COMPENSATION OF HIGHLY COMPENSATED INDIVIDUALS AND OF INDIVIDUALS WHO ARE IN A POSITION TO INFLUENCE THE AFFAIRS OF NYUHC, THE COMMITTEE MAY RELY UPON APPROPRIATE DATA AS TO COMPARABILITY AND SHALL ADEQUATELY AND TIMELY DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION THE DOCUMENTATION SHALL INCLUDE THE TERMS OF THE TRANSACTIONS AND THE DATE OF ITS APPROVAL, THE MEMBERS OF THE COMPENSATION AND BENEFITS COMMITTEE PRESENT DURING THE DEBATE AND VOTE ON THE TRANSACTION, THE COMPARABILITY DATA OBTAINED AND RELIED UPON, THE ACTS OF ANY MEMBERS OF THE COMMITTEE HAVING A CONFLICT OF INTEREST AND DOCUMENTATION OF THE BASIS FOR THE DETERMINATION THE COMMITTEE REVIEW TAKES PLACE ON THE FOLLOWING SCHEDULE (1) ANNUALLY FOR ALL VICE PRESIDENT, VICE DEANS, CHAIRS AND ABOVE, I E , KEY EXECUTIVES, (2) AT HIRE AND FOR ADJUSTMENT OF COMPENSATION FOR KEY EXECUTIVES AND COVERED INDIVIDUALS, (3) EVERY 3 YEARS A GLOBAL REVIEW ALL FACULTY SALARIES WILL BE PERFORMED AND SALARIES RELATED TO CHANGES IN RESPONSIBILITIES OR NEW HIRES WILL BE DONE ON A RETROACTIVE REVIEW BASIS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	AVAILABILITY OF FORMS 1023, 990, AND 990-T TO THE GENERAL PUBLIC THE ORGANIZATION'S FORMS 1023, 990, AND 990-T ARE MADE AVAILABLE UPON REQUEST BY E-MAIL AT TAXSERVICES@NYULANGONE ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE ON ITS WEBSITE AT HTTP //NYULANGONE ORG/POLICIES-DISCLAIMERS/CONFLICTS-INTEREST THE ORGANIZATION'S GOVERNING DOCUMENTS ARE NOT MADE PUBLICLY AVAILABLE THE ORGANIZATION'S FINANCIAL STATEMENT IS MADE AVAILABLE TO THE PUBLIC AS PART OF ITS ANNUAL FILING WITH THE NYS ATTORNEY GENERAL'S OFFICE AND IS AVAILABLE THROUGH THEIR WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C (CONTINUED)	CONTINUED FROM ABOVE (2) APPROVE THE TRANSACTION BY NOT LESS THAN A MAJORITY VOTE OF THE AUDIT AND COMPLIANCE COMMITTEE MEMBERS PRESENT AT THE MEETING, AND (3) CONTEMPORANEOUSLY DOCUMENT IN WRITING THE BASIS FOR THE AUDIT AND COMPLIANCE COMMITTEE'S APPROVAL, INCLUDING ITS CONSIDERATION OF ALTERNATIVE TRANSACTIONS III RECUSAL NO MEMBER OF THE MEDICAL CENTER COMMUNITY SHALL PARTICIPATE IN THE DELIBERATION OF ANY MATTER THAT GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST IN SUCH EVENT, THE MEMBER MUST COMPLETELY RECUSE HIMSELF OR HERSELF, AND MUST NOTIFY THE CIMU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN PENSION & POSTRETIREMENT OBLIGATIONS 40,408,631 EQUITY TRANSFER TO NYU SCHOOL OF MEDICINE -134,267,896

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493189005059	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization NYU LANGONE HOSPITALS				Employer identification number 13-3971298	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NYU LANGONE DIAGNOSTICS LLC 550 FIRST AVENUE NEW YORK, NY 10016 30-1001205	OUTREACH TESTING	NY	N/A									

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CCC550 INSURANCE SCC	M	28,506,025	FAIR MARKET VALUE

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 13-3971298
Name: NYU LANGONE HOSPITALS

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
726 BROADWAY NEW YORK, NY 10003 13-5562308	UNIVERSITY	NY	501(C)(3)	LINE 2	N/A		No
550 FIRST AVENUE MSB 153 NEW YORK, NY 10016 47-2613531	SUPPORTING ORG	NY	501(C)(3)	LINE 12B, II	NEW YORK UNIVERSITY	Yes	
C/O NYUHC 550 FIRST AVENUE NEW YORK, NY 10016 30-0262470	CANCER CARE	NY	501(C)(3)	LINE 12C, III-FI	NYU LANGONE HOSPITALS	Yes	
726 BROADWAY 9TH FLOOR NEW YORK, NY 10003 13-7050560	SUPPORT OF NYU'S CAMPUS IN FLORENCE, ITALY	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
70 WASHINGTON SQ S NEW YORK, NY 10013 36-7110976	SUPPORT OF NYU'S CAMPUS IN FLORENCE, ITALY	NY	501(C)(3)	PF	NEW YORK UNIVERSITY	Yes	
1 EAST 78TH STREET NEW YORK, NY 10021 23-7184242	SUPP NYU'S INSTITUTE OF FINE ARTS	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
CALLE SEGRE 8 MADRID SP	SUPPORT NYU'S PROGRAM IN SPAIN	SP			NEW YORK UNIVERSITY	Yes	
110 WEST 3RD ST 2ND FL NEW YORK, NY 10012 13-3954405	STUDY,RESEARCH, EDUCATION ON PHILANTHROPY & THE LAW	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
70 WASHINGTON SQ S NEW YORK, NY 10013 26-2652713	SUPPORT NYU COLLEGE IN ABU DHABI	NY	501(C)(3)	LINE 2	NEW YORK UNIVERSITY	Yes	
44 WEST 4TH ST STE 11-160 NEW YORK, NY 10012 13-4168015	SUPPORTS NYU'S L N STERN SCHOOL OF BUSINESS	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
545 FIRST AVENUE NEW YORK, NY 10016 13-4000622	SUPPORT NYU SCHOOL OF MEDICINE	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 13-6161036	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 13-4043221	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C)(3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION	Yes	
161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 13-4043182	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C)(3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION	Yes	
161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 13-4047911	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C)(3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION	Yes	
161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 23-7392120	CERTAIN PUBLIC INTEREST ACTIVITIES OF NYU'S SCHOOL OF LAW	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
5434 2ND AVENUE BROOKLYN, NY 11220 11-2150953	EXTENDED CARE	NY	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	Yes	
5800 3RD AVENUE BROOKLYN, NY 11220 11-3245559	INSURANCE	NY	501(C)(4)		NYU LANGONE HOSPITALS	Yes	
9000 SHORE ROAD BROOKLYN, NY 11209 23-7405105	HOUSING	NY	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	Yes	
150 55TH STREET BROOKLYN, NY 11220 11-3152691	HOUSING	NY	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	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
150 55TH STREET BROOKLYN, NY 11220 11-2439925	DAY CARE & SENIOR SERVICES	NY	501(C)(3)	LINE 7	NYU LANGONE HEALTH SYSTEM	Yes	
246 55TH STREET ROOM AA4 BROOKLYN, NY 11220 11-3001682	HOME HEALTH	NY	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	Yes	
150 55TH STREET BROOKLYN, NY 11220 20-3461755	HOUSING	NY	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	Yes	
150 55TH STREET BROOKLYN, NY 11220 11-3192423	PHYSICIANS SERVICES	NY	501(C)(3)	LINE 12C, III-FI	NYU LANGONE HOSPITALS	Yes	
150 55TH STREET BROOKLYN, NY 11220 11-2665457	HEALTHCARE	NY	501(C)(3)	LINE 12C, III-FI	NYU LANGONE HOSPITALS	Yes	
5407 2ND AVENUE BROOKLYN, NY 11220 46-2559181	HOME HEALTH AIDE AGENCY	NY	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	Yes	
6 BEDFORD SQUARE LONDON WC1B 3RA UK 98-1074101	SUPPORT NYU'S PROGRAM IN LONDON	UK			NEW YORK UNIVERSITY	Yes	
TUVAL 13 TEL AVIV 52522 IS 98-1058326	SUPPORT NYU'S PROGRAM IN TEL-AVIV	IS			NEW YORK UNIVERSITY	Yes	
56 RUE DE PASSY PARIS 75016 FR 98-1058568	SUPPORT NYU'S PROGRAM IN FRANCE	FR			NEW YORK UNIVERSITY	Yes	
150 MASJID E HAJI ABDURRAHIM ST CHA KABUL AF	SUPPORT NYU'S ACTIVITIES IN AFGHANISTAN	AF			NEW YORK UNIVERSITY	Yes	
550 FIRST AVENUE NEW YORK, NY 10016 36-4841069	IPA OPERATING A MEDICAID SHARED SAVINGS PROGRAM	NY	501(C)(3)	LINE 10	NYU LANGONE HEALTH SYSTEM	Yes	
550 FIRST AVENUE NEW YORK, NY 10016 82-4528600	CONTRACT FOR DELIVERY/PROVISION OF HEALTH SERVICES	NY	501(C)(3)	LINE 12A, I	NEW YORK UNIVERSITY	Yes	
259 FIRST STREET MINEOLA, NY 11501 11-1633486	HOSPITAL	NY	501(C)(3)	LINE 3	NYU LANGONE HEALTH SYSTEM	Yes	
700 HICKSVILLE ROAD BETHPAGE, NY 11714 11-2496631	TITLE HOLDING	NY	501(C)(2)		NYU WINTHROP HOSPITAL	Yes	
222 STATION PLAZA NORTH MINEOLA, NY 11501 46-2439597	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU WINTHROP HOSPITAL	Yes	
222 STATION PLAZA NORTH MINEOLA, NY 11501 46-5482775	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU WINTHROP HOSPITAL	Yes	
222 STATION PLAZA NORTH SUITE 350 MINEOLA, NY 11501 47-2665045	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU WINTHROP HOSPITAL	Yes	

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								Yes	No
CCC 550 INSURANCE SCC 550 FIRST AVENUE NEW YORK, NY 10016	PROF LIAB COVERAGE	BB	NYU LANGONE HOSPITALS	C	54,687,000	660,446,000	100 000 %	Yes	
LA PIETRA SRL VIA BOLOGNESE 120 FLORENCE 50139 IT	HOLDS PROPERTY COMPRISING NYU'S FLORENCE CAMPUS	IT	N/A	C				Yes	
NIU DA ED INFOR CONSULTING CO LTD 3663 ZHONGSHAN RD N SHANGHAI 200062 CH	SUPPORT NYU'S PROGRAM IN CHINA	CH	N/A	C				Yes	
SHORE HILL HOUSING ASSOCIATES GP INC 150 55TH STREET BROOKLYN, NY 11220 26-2243695	HOUSING	NY	N/A	C				Yes	
WINTHROP CLINICAL PARTNERS INC 259 FIRST STREET MINEOLA, NY 11501 45-4088169	HEALTHCARE	NY	N/A	C					No
A CIPOLLA MEDICAL SERVICES PC 1350 DEER PARK AVENUE DEER PARK, NY 11703 45-3526582	HEALTHCARE	NY	N/A	C					No
ADVANCED NEUROLOGICAL SERVICES OF LONG ISLAND 880 NORTH BROADWAY MASSAPEQUA, NY 11758 45-4171642	HEALTHCARE	NY	N/A	C					No
ADVANCED ORTHOPAEDIC SPECIALISTS PC 601 FRANKLIN AVENUE SUITE 215 GARDEN CITY, NY 11530 45-4006349	HEALTHCARE	NY	N/A	C					No
BLINDERMAN & KING MEDICAL PC (DISSOLVED 52218) 700 HICKSVILLE ROAD SUITE 205 BETHPAGE, NY 11714 45-5293929	HEALTHCARE	NY	N/A	C					No
CARDIOVASCULAR MEDICAL ASSOCIATES PC 975 STEWART AVENUE GARDEN CITY, NY 11530 27-3629386	HEALTHCARE	NY	N/A	C					No
EAST END CARDIOLOGY PC (DISSOLVED 82818) 1279 EAST MAIN STREET RIVERHEAD, NY 11901 26-4314694	HEALTHCARE	NY	N/A	C					No
GC ONCOLOGY SERVICES PC 520 FRANKLIN AVENUE GARDEN CITY, NY 11530 45-3816291	HEALTHCARE	NY	N/A	C					No
HICKSVILLE INTERNAL MEDICINE PC 43 BARTER LANE HICKSVILLE, NY 11801 45-3916476	HEALTHCARE	NY	N/A	C					No
WINTHROP IPA 700 HICKSVILLE ROAD BETHPAGE, NY 11714 45-4951888	MANAGEMENT SERVICES	NY	N/A	C					No
ISLAND ORTHOPAEDIC MEDICINE PC (DISSOLVED 82818) 700 HICKSVILLE ROAD SUITE 205 BETHPAGE, NY 11714 45-3555961	HEALTHCARE	NY	N/A	C					No

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								Yes	No
ISLAND PULMONARY ASSOCIATES PC 4271 HEMPSTEAD TURNPIKE BETHPAGE, NY 11714 27-3630095	HEALTHCARE	NY	N/A	C					No
ISLAND WIDE MEDICAL ASSOCIATES PC 1401 FRANKLIN AVENUE GARDEN CITY, NY 11530 26-3200412	HEALTHCARE	NY	N/A	C					No
LONG ISLAND PRIMARY CARE ASSOCIATES 700 HICKSVILLE ROAD BETHPAGE, NY 11714 11-3307827	HEALTHCARE	NY	N/A	C					No
GREENPORT PRIMARY MEDICAL CARE PC 234 4TH AVENUE GREENPORT, NY 11944 45-2789485	HEALTHCARE	NY	N/A	C					No
PATCHOGUE CARDIOLOGY ASSOCIATES PC 285 SILLS ROAD BLDG 14 EAST PATCHOGUE, NY 11772 45-0914891	HEALTHCARE	NY	N/A	C					No
PETER KELT MD PC (DISSOLVED 52218) 44 SOUTH FERRY ROAD SHELTER ISLAND, NY 11964 45-3515316	HEALTHCARE	NY	N/A	C					No
PISCIOOTTO AND PISCIOOTTO MEDICAL PC 6835 MYRTLE AVENUE GLENDALE, NY 11385 45-4134328	HEALTHCARE	NY	N/A	C					No
PLAINVIEW INTERNAL MEDICINE PC 1097 OLD COUNTRY ROAD PLAINVIEW, NY 11803 45-4168609	HEALTHCARE	NY	N/A	C					No
RICHARD I ROBERTS MD PC (DISSOLVED 52218) 600 NORTHERN BLVD SUITE 106 GREAT NECK, NY 11021 45-3785015	HEALTHCARE	NY	N/A	C					No
ROBERT MUCCIOLO MD PC 20 HICKSVILLE ROAD SUITE 3 MASSAPEQUA, NY 11758 45-3613330	HEALTHCARE	NY	N/A	C					No
SHOREHAM MEDICAL SERVICES PC 45 ROUTE 25A SHOREHAM, NY 11786 90-0759703	HEALTHCARE	NY	N/A	C					No
SOUTH SHORE CARDIOVASCULAR MEDICINE PC 137 BROADWAY SUITE A AMITYVILLE, NY 11701 80-0563176	HEALTHCARE	NY	N/A	C					No
SSH CARDIOLOGY PC (THROUGH 52218) 242 MERRICK ROAD SUITE 402 ROCKVILLE CENTRE, NY 11570 45-3276278	HEALTHCARE	NY	N/A	C					No
SUFFOLK CARDIOVASCULAR CONSULTANTS PC 1920 DEER PARK AVENUE SUITE 104 DEER PARK, NY 11729 80-0683996	HEALTHCARE	NY	N/A	C					No
VINCENT ANZALONE PHYSICIAN PC (DISSOLVED 51518) 847 BROADWAY MASSAPEQUA, NY 11758 45-2506789	HEALTHCARE	NY	N/A	C					No

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								Yes	No
WILLIAM J KORNRICH MD PC 715 ROANOKE AVENUE RIVERHEAD, NY 11901 46-2275951	HEALTHCARE	NY	N/A	C					No
WINTHROP CARDIOLOGY ASSOCIATES PC (DISSOLVED 51518) 120 MINEOLA BOULEVARD MINEOLA, NY 11501 11-3028843	HEALTHCARE	NY	N/A	C					No
WINTHROP CARDIOVASCULAR & THORACIC SURGERY 120 MINEOLA BOULEVARD SUITE 300 MINEOLA, NY 11501 11-3038306	HEALTHCARE	NY	N/A	C					No
WINTHROP CHILD NEUROLOGY ASSOCIATES PC 173 MINEOLA BOULEVARD SUITE 101 MINEOLA, NY 11501 20-5682886	HEALTHCARE	NY	N/A	C					No
WINTHROP COMMUNITY ENDOCRINOLOGY SERVICE 1401 FRANKLIN AVENUE GARDEN CITY, NY 11530 45-4367224	HEALTHCARE	NY	N/A	C					No
WINTHROP DENTAL PC 700 HICKSVILLE ROAD BETHPAGE, NY 11714 45-4055800	HEALTHCARE	NY	N/A	C					No
WINTHROP FIRST CARE MEDICAL SERVICES PC 259 FIRST STREET MINEOLA, NY 11501 46-2271522	HEALTHCARE	NY	N/A	C					No
WINTHROP GASTROENTEROLOGY PC (DISSOLVED 52218) 222 STATION PLAZA NORTH SUITE 428 MINEOLA, NY 11501 11-3018561	HEALTHCARE	NY	N/A	C					No
WINTHROP GERIATRIC MEDICINE ASSOCIATES 700 HICKSVILLE ROAD SUITE 205 BETHPAGE, NY 11714 11-3158967	HEALTHCARE	NY	N/A	C					No
WINTHROP HOSPITALIST ASSOCIATES PC 700 HICKSVILLE ROAD SUITE 205 BETHPAGE, NY 11714 46-0617556	HEALTHCARE	NY	N/A	C					No
WINTHROP HYPERBARIC AND WOUND CARE PC 700 HICKSVILLE ROAD SUITE 205 BETHPAGE, NY 11714 26-0448673	HEALTHCARE	NY	N/A	C					No
WINTHROP INFECTIOUS DISEASE ASSOCIATES 222 STATION PLAZA MINEOLA, NY 11501 45-4122895	HEALTHCARE	NY	N/A	C					No
WINTHROP INFECTIOUS DISEASE ASSOCIATES UFPC 222 STATION PLAZA MINEOLA, NY 11501 45-2440032	HEALTHCARE	NY	N/A	C					No
WINTHROP INTERNAL MEDICINE ASSOCIATES PC 222 STATION PLAZA SUITE 306 MINEOLA, NY 11501 11-2741804	HEALTHCARE	NY	N/A	C					No
WINTHROP NEPHROLOGY ASSOCIATES PC 200 OLD COUNTRY ROAD SUITE 140 MINEOLA, NY 11501 26-1208176	HEALTHCARE	NY	N/A	C					No

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								Yes	No
WINTHROP NEURO-SCIENCE MEDICAL PC 700 HICKSVILLE ROAD SUITE 205 BETHPAGE, NY 11714 45-5398689	HEALTHCARE	NY	N/A	C					No
WINTHROP ONCOLOGY-HEMATOLOGY ASSOCIATES 200 OLD COUNTRY ROAD MINEOLA, NY 11501 11-3619191	HEALTHCARE	NY	N/A	C					No
WINTHROP ORTHOPAEDIC ASSOCIATES PC (DISSOLVED 52318) 1300 FRANKLIN AVENUE SUITE UL3A GARDEN CITY, NY 11530 14-1882259	HEALTHCARE	NY	N/A	C					No
WINTHROP PATHOLOGY SERVICES PC 259 FIRST STREET MINEOLA, NY 11501 20-8734460	HEALTHCARE	NY	N/A	C					No
WINTHROP PEDIATRIC ASSOCIATES PC 222 STATION PLAZA MINEOLA, NY 11501 11-2891904	HEALTHCARE	NY	N/A	C					No
WINTHROP PHYSICAL THERAPY PLLC (DISSOLVED 8118) 700 HICKSVILLE ROAD SUITE 205 BETHPAGE, NY 11714 26-2476432	HEALTHCARE	NY	N/A	C					No
WINTHROP PULMONARY ASSOCIATES PC 222 STATION PLAZA NORTH MINEOLA, NY 11501 11-2941756	HEALTHCARE	NY	N/A	C					No
WINTHROP RHEUMATOLOGY ALLERGY AND IMMUN 120 MINEOLA BOULEVARD SUITE 410 MINEOLA, NY 11501 46-0618686	HEALTHCARE	NY	N/A	C					No
WINTHROP SURGICAL ASSOCIATES PC 120 MINEOLA BOULEVARD SUITE 320 MINEOLA, NY 11501 65-1173675	HEALTHCARE	NY	N/A	C					No
WINTHROP UROLOGY PC 1300 FRANKLIN AVENUE GARDEN CITY, NY 11530 45-4440389	HEALTHCARE	NY	N/A	C					No
WOMEN'S CONTEMPORARY CARE ASSOCIATES PC 120 MINEOLA BOULEVARD SUITE 100 MINEOLA, NY 11501 11-2707087	HEALTHCARE	NY	N/A	C					No
WINTHROP RADIOLOGY SERVICES PC 121 MINEOLA BOULEVARD MINEOLA, NY 11501 11-3016374	HEALTHCARE	NY	N/A	C					No
MEDICAL GROUP OF MINEOLA PC 222 STATION PLAZA MINEOLA, NY 11501 81-1000704	HEALTHCARE	NY	N/A	C					No
WINTHROP PHO INC 259 FIRST STREET MINEOLA, NY 11501 35-2460335	HEALTHCARE	NY	N/A	C					No
WINTHROP PHO IPA INC 222 STATION PLAZA MINEOLA, NY 11501 81-0904684	HEALTHCARE	NY	N/A	C					No