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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019

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

C Name of organization
NYU LANGONE HOSPITALS

Doing business as

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

550 FIRST AVENUE

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10016

F Name and address of principal officer:
DANIEL J WIDAWSKY
550 FIRST AVENUE
NEW YORK, NY 10016

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

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

H(c) Group exemption number ▶

D Employer identification number
13-3971298

E Telephone number
(212) 263-3092

G Gross receipts \$ 5,076,248,660

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

J Website: ▶ HTTP://WWW.NYULANGONE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998

M State of legal domicile: NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE NYU LANGONE HOSPITALS' MISSION IS: COMMITTED TO MAKING WORLD-CLASS CONTRIBUTIONS THAT PLACE SERVICE TO HUMAN HEALTH AT THE CENTER OF AN ACADEMIC CULTURE DEVOTED TO EXCELLENCE IN RESEARCH, PATIENT CARE, AND EDUCATION.

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶14,511,794

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

115,583,88880,795,665

4,054,422,7524,654,848,078

19,899,43029,566,076

128,434,446232,707,107

4,318,340,5164,997,916,926

813,952,510913,467,371

00

1,859,446,9052,010,318,550

2,768,9611,117,717

1,539,365,1691,680,036,548

4,215,533,5454,604,940,186

102,806,971392,976,740

Beginning of Current Year

End of Year

5,795,186,2907,749,093,233

3,360,280,8164,740,889,656

2,434,905,4743,008,203,577

Part II

Signature Block

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

Sign Here

Signature of officer

2020-07-08
Date

DANIEL J WIDAWSKY CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 5 TIMES SQUARE
NEW YORK, NY 10036

Check ☐ if self-employedPTIN P00740769

Firm's EIN ▶ 34-6565596

Phone no. (212) 773-3000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck 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") WILL OPERATE WITH NEW YORK UNIVERSITY'S MEDICAL SCHOOLS A HEALTH SYSTEM ("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 \$ 3,688,289,090 including grants of \$ 913,467,371) (Revenue \$ 4,891,473,817)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,688,289,090

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
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

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 1,720	
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	18,285	2b	Yes	
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?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	55	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	46	
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	
b	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:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								14,114,100	11,422,588	7,082,729

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 ▶ 3,923

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RTR FINANCIAL SERVICES 2 TELEPORT DRIVE SUITE 302 STATEN ISLAND, NY 10311	CONSULTING	16,198,199
HOSPITAL BILLING & COLLECTION SERVICE 118 LUKENS DRIVE NEW CASTLE, DE 19720	CONSULTING	16,050,007
AYA HEALTHCARE 5930 CORNERSTONE CT W STE 300 SAN DIEGO, CA 92121	STAFFING	15,609,059
TURNER CONSTRUCTION CO 375 HUDSON STREET 6TH FLOOR NEW YORK, NY 10014	CONSTRUCTION	12,218,038
FIDELUS TECHNOLOGIES 240 WEST 35TH STREET NEW YORK, NY 10001	CONSULTING	8,665,150

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 ▶ 386

Form 990 (2018)										Page 9							
Part VIII Statement of Revenue																	
Check if Schedule O contains a response or note to any line in this Part VIII												<input type="checkbox"/>					
										(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		2,768,388											
		d Related organizations		1d													
		e Government grants (contributions)		1e		27,216,005											
		f All other contributions, gifts, grants, and similar amounts not included above		1f		50,811,272											
		g Noncash contributions included in lines 1a - 1f:\$				39,035,098											
		h Total. Add lines 1a-1f				80,795,665											
Program Service Revenue				Business Code													
		2a NET PATIENT SERVICE				622110		4,540,787,485		4,540,637,602		149,883					
		b PHARMACY SALES				446110		114,060,593		113,058,793		1,001,800					
		c															
		d															
		e															
		f All other program service revenue.															
		9 Total. Add lines 2a-2f				4,654,848,078											
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				22,610,068				29,345		22,580,723					
		4 Income from investment of tax-exempt bond proceeds				2,399						2,399					
		5 Royalties				338,112						338,112					
		6a Gross rents		(i) Real (ii) Personal													
		8,796,130															
		b Less: rental expenses		13,931,590													
		c Rental income or (loss)		-5,135,460													
		d Net rental income or (loss)				-5,135,460				4,673,177		-9,808,637					
		7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other													
		70,771,561															
		b Less: cost or other basis and sales expenses		63,817,952													
		c Gain or (loss)		6,953,609													
		d Net gain or (loss)				6,953,609						6,953,609					
		8a Gross income from fundraising events (not including \$ 2,768,388 of contributions reported on line 1c). See Part IV, line 18		a		309,225											
		b Less: direct expenses		b		582,192											
		c Net income or (loss) from fundraising events				-272,967						-272,967					
		9a Gross income from gaming activities. See Part IV, line 19		a													
		b Less: direct expenses		b													
		c Net income or (loss) from gaming activities															
		10a Gross sales of inventory, less returns and allowances		a													
b Less: cost of goods sold		b															
c Net income or (loss) from sales of inventory																	
Miscellaneous Revenue		Business Code															
11a MEDICAL CENTER REVENUE		621110		32,176,580		32,176,580											
b AFFILIATION INCOME		621110		27,613,505		27,613,505											
c PROFESSIONAL REVENUE		621110		19,167,577		19,167,577											
d All other revenue				158,819,760		158,819,760											
e Total. Add lines 11a-11d				237,777,422													
12 Total revenue. See Instructions.				4,997,916,926		4,891,473,817		5,854,205		19,793,239							

Form 990 (2018)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	913,467,371	913,467,371		
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	8,329,847	6,402,923	1,591,319	335,605
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,459,656	2,770,983	688,673	
7 Other salaries and wages	1,469,642,721	1,177,098,289	285,367,218	7,177,214
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	109,463,002	87,673,494	21,789,508	
9 Other employee benefits	318,539,445	255,131,557	61,029,998	2,377,890
10 Payroll taxes	100,883,879	80,802,116	20,081,763	
11 Fees for services (non-employees):				
a Management				
b Legal	2,274,999	1,822,142	452,857	
c Accounting	2,493,861		2,493,861	
d Lobbying	841,888		841,888	
e Professional fundraising services. See Part IV, line 17	1,117,717			1,117,717
f Investment management fees	291,104		291,104	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	144,872,126		144,261,318	610,808
12 Advertising and promotion	22,183,136	17,767,401	4,415,735	
13 Office expenses	65,198,911	180,616	62,754,635	2,263,660
14 Information technology	89,745,060	62,190,384	27,237,352	317,324
15 Royalties				
16 Occupancy	160,642,964	128,665,665	31,938,568	38,731
17 Travel	4,337,290	3,473,917	810,177	53,196
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,790,009	1,433,693	136,667	219,649
20 Interest	93,228,459	74,670,570	18,557,889	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	312,182,964	250,040,386	62,142,578	
23 Insurance				
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	771,522,476	617,944,602	153,577,874	
b MTA TAX AND FEES	6,754,611	5,410,050	1,344,561	
c				
d				
e All other expenses	1,676,690	1,342,931	333,759	
25 Total functional expenses. Add lines 1 through 24e	4,604,940,186	3,688,289,090	902,139,302	14,511,794
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		313,019	1	484,464	
	2	Savings and temporary cash investments		290,359,982	2	1,203,775,809	
	3	Pledges and grants receivable, net		78,530,898	3	46,343,452	
	4	Accounts receivable, net		535,636,886	4	808,185,584	
	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		76,087,421	8	114,956,266	
	9	Prepaid expenses and deferred charges		72,783,223	9	130,309,992	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,684,557,047			
	b	Less: accumulated depreciation	10b	2,107,130,155	3,956,392,973	10c	4,577,426,892
	11	Investments—publicly traded securities		453,761,788	11	341,003,988	
	12	Investments—other securities. See Part IV, line 11		102,921,581	12	240,081,917	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		19,536,304	14	52,497,597	
	15	Other assets. See Part IV, line 11		208,862,215	15	234,027,272	
16	Total assets. Add lines 1 through 15 (must equal line 34)		5,795,186,290	16	7,749,093,233		
Liabilities	17	Accounts payable and accrued expenses		409,782,373	17	678,120,299	
	18	Grants payable			18		
	19	Deferred revenue		117,104,119	19	262,717,735	
	20	Tax-exempt bond liabilities		366,829,552	20	498,913,582	
	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		1,895,190,515	23	1,969,093,825	
	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		571,374,257	25	1,332,044,215	
	26	Total liabilities. Add lines 17 through 25		3,360,280,816	26	4,740,889,656	
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		2,313,825,410	27	2,901,035,830	
	28	Temporarily restricted net assets		109,237,542	28	85,616,014	
	29	Permanently restricted net assets		11,842,522	29	21,551,733	
	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		2,434,905,474	33	3,008,203,577		
34	Total liabilities and net assets/fund balances		5,795,186,290	34	7,749,093,233		

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	4,997,916,926
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,604,940,186
3	Revenue less expenses. Subtract line 2 from line 1	3	392,976,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,434,905,474
5	Net unrealized gains (losses) on investments	5	48,516,679
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	131,804,684
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,008,203,577

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 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE ONYU LANGONE HOSPITALS ("HOSPITALS") OWNS AND OPERATES FIVE INPATIENT ACUTE CARE FACILITIES AND OVER 35 AMBULATORY FACILITIES IN MANHATTAN, BROOKLYN, AND LONG ISLAND. THE MANHATTAN INPATIENT FACILITIES ARE THE KIMMEL PAVILION (WHICH ALSO HOUSES THE HASSENFELD CHILDREN'S HOSPITAL) AND TISCH HOSPITAL, LOCATED ON THE MAIN CAMPUS AT FIRST AVENUE AND EAST 34TH STREET WITH 844 LICENSED BEDS; NYU LANGONE ORTHOPEDIC HOSPITAL ("NYU ORTHOPEDICS"), A 225-BED FACILITY SPECIALIZING IN ORTHOPEDIC, NEUROLOGIC, AND RHEUMATOLOGIC SERVICES; NYU LANGONE HOSPITAL-BROOKLYN ("NYU BROOKLYN"), A 444-BED FACILITY IN THE SUNSET PARK SECTION OF BROOKLYN; AND NYU WINTHROP HOSPITAL ("WINTHROP"), A 591-BED FACILITY LOCATED IN MINEOLA, NEW YORK. AMBULATORY FACILITIES INCLUDE THE LAURA AND ISAAC PERLMUTTER CANCER CENTER ("CANCER CENTER"), THE AMBULATORY CARE CENTER, THE OUTPATIENT SURGERY CENTER, THE ORTHOPEDIC CENTER, A FREE-STANDING EMERGENCY DEPARTMENT IN THE COBBLE HILL SECTION OF BROOKLYN, THE BROOKLYN ENDOSCOPY AND AMBULATORY SURGERY CENTER IN THE MIDWOOD SECTION OF BROOKLYN AND LEVIT MEDICAL, A DIAGNOSTIC AND TREATMENT FACILITY WITH THREE LOCATIONS IN BROOKLYN.HOSPITALS HAD 100,682 DISCHARGES AND PROVIDED 1,659,163 OUTPATIENT VISITS (EMERGENCY ROOM - 284,599, CLINICAL CANCER CENTER - 405,062, 98,380 AMBULATORY SURGERY PROCEDURES AND 871,122 OTHER OUTPATIENT VISITS). PATIENTS REMAINED IN-HOUSE ON AVERAGE OF 4.9 DAYS, RESULTING IN 492,653 DAYS OF CARE PROVIDED.

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	1.00	X						0	0	0
TRUDY E GOTTESMAN TRUSTEE	1.00	X						0	0	0
MEL KARMAZIN TRUSTEE	1.00	X						0	0	0
SIDNEY LAPIDUS TRUSTEE	1.00	X						0	0	0
THOMAS H LEE TRUSTEE	1.00	X						0	0	0
LAURENCE C LEEDS JR 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			
MARTIN LIPTON ESQ TRUSTEE	1.00 2.00	X						0	0	0
STEPHEN F MACK TRUSTEE	1.00 2.00	X						0	0	0
ROBERTO A MIGNONE TRUSTEE	1.00 2.00	X						0	0	0
EDWARD J MINSKOFF TRUSTEE	1.00 2.00	X						0	0	0
THOMAS K MONTAG TRUSTEE	1.00 2.00	X						0	0	0
THOMAS S MURPHY SR TRUSTEE	1.00 2.00	X						0	0	0
THOMAS S MURPHY JR TRUSTEE	1.00 2.00	X						0	0	0
FRANK T NICKELL TRUSTEE	1.00 2.00	X						0	0	0
DEBRA PERELMAN TRUSTEE	1.00 2.00	X						0	0	0
RONALD O PERELMAN TRUSTEE	1.00 2.00	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			
ISAAC PERLMUTTER TRUSTEE	1.00 1.00	X						0	0	0
LAURA PERLMUTTER TRUSTEE	1.00 1.00	X						0	0	0
DOUGLAS A PHILLIPS TRUSTEE	1.00 1.00	X						0	0	0
RICHARD P RICHMAN TRUSTEE	1.00 1.00	X						0	0	0
LINDA GOSDEN ROBINSON TRUSTEE	1.00 1.00	X						0	0	0
E JOHN ROSENWALD JR TRUSTEE	1.00 1.00	X						0	0	0
ALAN D SCHWARTZ TRUSTEE	1.00 1.00	X						0	0	0
BARRY F SCHWARTZ TRUSTEE	1.00 1.00	X						0	0	0
BERNARD L SCHWARTZ TRUSTEE	1.00 1.00	X						0	0	0
LARRY A SILVERSTEIN TRUSTEE	1.00 3.00	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			
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 11.00	X						0	0	0
CHANDRIKA TANDON TRUSTEE	1.00 1.00	X						0	0	0
ALLEN R THORPE TRUSTEE	1.00 1.00	X						0	0	0
ALICE M TISCH TRUSTEE	1.00 1.00	X						0	0	0
THOMAS J TISCH TRUSTEE	1.00 1.00	X						0	0	0
ROBERT M VALLETTA TRUSTEE	1.00 1.00	X						0	0	0
JAN T VILCEK MD PHD 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			
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	5.00 30.00 30.00	X		X				1,712,563	1,712,563	2,554,214
ANDREW HAMILTON PHD EX-OFFICIO	1.00 70.00	X						0	1,520,282	536,460
STEPHANIE PIANKA EX-OFFICIO	1.00 60.00	X						0	515,843	36,853
STEVEN B ABRAMSON MD SVP/VICE DEAN EDUCATION	18.60 41.40			X				362,220	806,232	253,742
DAFNA BAR-SAGI PHD SVP/VICE DEAN CHIEF SCI OFFCR	0.00 60.00			X				0	1,007,455	355,610
ANDREW W BROTMAN MD SVP/VICE DEAN CHIEF CLINICAL OFFCR	30.00 30.00			X				798,010	798,010	946,496
ROBERT J CERFOLIO MD MBA SVP CHIEF OF HOSP OPS	47.00 13.00			X				1,798,674	499,364	397,513
ANNETTE JOHNSON JD SVP/VICE DEAN, GENERAL COUNSEL	30.00 30.00			X				394,822	394,822	268,764

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			
GRACE Y KO SVP, DEVELOPMENT & ALUMNI AFFAIRS	30.00 30.00			X				283,579	283,579	59,692
JOSEPH LHOTA SVP/VICE DEAN, CHIEF OF STAFF	24.00 36.00			X				436,113	654,171	210,768
VICKI MATCH SUNA AIA SVP/VICE DEAN, REAL ESTATE	30.00 30.00			X				375,950	375,950	404,206
NADER MHERABI SVP/VICE DEAN, CIO	30.00 30.00			X				384,827	384,827	318,226
NANCY SANCHEZ SVP/VICE DEAN, HR AND ODL	30.00 30.00			X				335,982	335,982	406,096
DANIEL J WIDAWSKY SVP/VICE DEAN, CFO	30.00 30.00			X				458,759	458,759	105,658
ABRAHAM CHACHOUA ASSOC. DIR. CANCER SVCS.	49.70 10.30					X		1,269,063	263,992	27,501
KARIM HABIBI SVP, CHIEF OF MANAGED CARE	42.00 18.00					X		709,877	304,233	36,304
BRET RUDY SVP, NYU LANGONE HOSPITAL - BKLYN	60.00 0.00					X		909,516	0	31,238
FRITZ FRANCOIS CHIEF MEDICAL OFFICER	60.00 0.00					X		692,379	0	35,548

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			
DAVID DIBNER SVP, NYU LANGONE ORTHOPEDIC HOSPITAL	60.00 0.00					X		748,112	0	32,316
MICHAEL T BURKE FORMER SVP/VICE DEAN, CFO	0.00 0.00						X	1,106,524	1,106,524	33,672
ROBERT A PRESS MD PHD FORMER SVP CHIEF OF HOSP OPS	0.00 0.00						X	1,337,130	0	31,852

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

NYU LANGONE HOSPITALS

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. 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 ▶ ☐

b

33 1/3% support test—2017. 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 ▶ ☐

17a

10%-facts-and-circumstances test—2018. 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 ▶ ☐

b

10%-facts-and-circumstances test—2017. 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 ▶ ☐

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? If "Yes" to a, b, or c, provide detail in Part VI.		

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? 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.		
	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? 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.		
	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)? 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).		
	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

Section E. Type III Functionally-Integrated Supporting Organizations		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
	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? 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.		
	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? Provide details in Part VI.		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2018

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
---	--

Part I-A

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

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

Part I-B

Complete if the organization is exempt under section 501(c)(3).

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

Part I-C

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

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

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

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

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

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		354,939
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		486,749
j	Total. Add lines 1c through 1i			841,888
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 I-D (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 \$354,939. 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 \$486,749.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2018

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	30,602,661	28,435,688	26,454,384	26,623,225	27,817,995
b	Contributions	72,758,263	1,501,000	25,037	2,300	
c	Net investment earnings, gains, and losses	3,287,950	2,240,973	3,244,335	973,960	216,495
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,202,045	1,509,400	1,236,134	1,086,128	1,332,689
f	Administrative expenses	291,104	65,600	51,934	58,973	78,576
g	End of year balance	105,155,725	30,602,661	28,435,688	26,454,384	26,623,225

2

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

a

Board designated or quasi-endowment ▶ 74.450 %

b

Permanent endowment ▶ 14.340 %

c

Temporarily restricted endowment ▶ 11,210 %

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	162,677,356		162,677,356
b	Buildings	4,265,470,971	1,287,782,817	2,977,688,154
c	Leasehold improvements			
d	Equipment	1,774,919,908	819,347,338	955,572,570
e	Other	481,488,812		481,488,812
Total.	Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			4,577,426,892

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	735,947,544
ACCRUED POSTRETIREMENT LIABILITIES	103,421,926
OTHER PAYABLES & ACCRUED LIAB.	87,523,043
MALPRACTICE RESERVE	77,337,918
RATE ACCOUNTS	94,317,206
OTHER RESERVES	172,978,341
DUE TO RELATED ORGANIZATIONS	60,518,237
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,332,044,215

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:	<p>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 CONSOLIDATED FINANCIAL STATEMENTS. UNCERTAIN INCOME TAX POSITIONS DID NOT HAVE A SIGNIFICANT IMPACT ON LANGONE HOSPITALS' CONSOLIDATED FINANCIAL STATEMENTS DURING THE YEARS ENDED AUGUST 31, 2019 AND 2018.</p>

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
		2018
		Open to Public Inspection
Name of the organization NYU LANGONE HOSPITALS		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
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		50,398,161
3a Sub-total	0	0			50,398,161
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			50,398,161

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; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		NYU LANGONE MUSCULOSKELETAL BALL (event type)	HASSENFELD PLAYING FOR PEDIATRICS (event type)	1 (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,234,429	1,281,389	561,795	3,077,613
	2 Less: Contributions	1,176,404	1,167,539	424,445	2,768,388
	3 Gross income (line 1 minus line 2)	58,025	113,850	137,350	309,225
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	172,723	113,752	41,730	328,205
	8 Entertainment				
	9 Other direct expenses	74,306	84,310	95,371	253,987
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				582,192
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-272,967	

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))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

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

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			76,122,874	29,442,472	46,680,402	1.010 %
b Medicaid (from Worksheet 3, column a)			823,647,858	561,559,741	262,088,117	5.690 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			899,770,732	591,002,213	308,768,519	6.700 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			33,074,321		33,074,321	0.720 %
f Health professions education (from Worksheet 5)			289,460,036	82,545,521	206,914,515	4.490 %
g Subsidized health services (from Worksheet 6)			15,131,563		15,131,563	0.330 %
h Research (from Worksheet 7)			202,105,544		202,105,544	4.390 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			216,180		216,180	0 %
j Total. Other Benefits			539,987,644	82,545,521	457,442,123	9.930 %
k Total. Add lines 7d and 7j			1,439,758,376	673,547,734	766,210,642	16.630 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,708,840	
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		
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	602,582,773
6 Enter Medicare allowable costs of care relating to payments on line 5	6	830,015,514
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-227,432,741
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(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 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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
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>18</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 (LOWER CASE)</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>18</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 (LOWER CASE)</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 10</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PG 10</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 10</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
22		
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 GROSSMAN 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 12): AS A MATTER OF POLICY, LANGONE HOSPITALS CENTER PROVIDES SIGNIFICANT AMOUNTS OF PARTIALLY OR TOTALLY UNCOMPENSATED PATIENT CARE. FOR ACCOUNTING PURPOSES, SUCH UNCOMPENSATED CARE IS TREATED AS CHARITY CARE. 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 HAS 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 THIS 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. NET PATIENT SERVICE REVENUE RELATED TO UNINSURED PATIENTS WHO DO NOT QUALIFY FOR EITHER MEDICAID ASSISTANCE OR LANGONE HOSPITALS' FINANCIAL AID PROGRAM IS RECOGNIZED FOR THE AMOUNT OF CONSIDERATION TO WHICH LANGONE HOSPITALS EXPECTED TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE, NET OF IMPLICIT PRICE CONCESSIONS BASED ON HISTORICAL COLLECTIONS. IMPLICIT PRICE CONCESSION RATES FOR UNINSURED PATIENTS ARE REFINED ON AN ANNUAL BASIS. LANGONE HOSPITALS' CHARITY CARE POLICY, IN ACCORDANCE WITH THE NEW YORK STATE DEPARTMENT OF HEALTH'S 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.</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, 2019.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>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.</p>

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. THE FAMILY HEALTH CENTERS AT NYU LANGONE 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 WHICH BRINGS TOGETHER NYU LANGONE FACULTY AND STAFF, COMMUNITY PARTNERS, AND POLICYMAKERS, MEETS QUARTERLY TO OVERSEE PROGRAM IMPLEMENTATION, SHARE FINDINGS, PROVIDE INSIGHT INTO COMMUNITY NEED, AND IDENTIFY PRIORITIES. IN ADDITION, WE REGULARLY CONSULT WITH PUBLIC HEALTH AND POLICY EXPERTS IN THE CITY AND STATE HEALTH DEPARTMENTS, THE STATE OFFICE OF MENTAL HEALTH, THE CITY DEPARTMENT OF EDUCATION, THE NEW YORK CITY HOUSING AUTHORITY, THE NYC OFFICE OF HOUSING PRESERVATION AND DEVELOPMENT AND OTHER AGENCIES AND ORGANIZATIONS WITH EXPERTISE ON THE NEEDS OF LOW-INCOME POPULATIONS, INCLUDING COMMUNITY LEADERS, RESIDENT ASSOCIATIONS, COMMUNITY-BASED ORGANIZATIONS, ADVOCACY GROUPS, AND MEMBERS OF COMMUNITY BOARDS. A LIST OF ORGANIZATIONS AND INDIVIDUALS CONSULTED IS ATTACHED AS APPENDIX B TO THE CHNA. TO UNDERSTAND MORE ABOUT COMMUNITY NEED AND TO SUPPORT POLICYMAKERS, PROVIDERS AND COMMUNITY GROUPS IN UNDERSTANDING COMMUNITY DEMOGRAPHICS, AND HOUSING AND HEALTH OUTCOMES (A HIGH COMMUNITY PRIORITY), WE UNDERTOOK A COMPREHENSIVE ANALYSIS OF EXISTING SOURCES OF DATA, INCLUDING THE NYC DEPARTMENT OF CITY PLANNING FACT FINDER; THE NYC DEPARTMENT OF HEALTH NEIGHBORHOOD HEALTH ATLAS; AND THE NYULH CITY HEALTH DASHBOARD (SEE APPENDIX A OF THE CHNA FOR A LIST OF DATA SOURCES). SUMMARIES OF COMMUNITY HEALTH, SOCIAL, AND ECONOMIC DATA, AS WELL AS UPDATES ON THE CHNA AND CSP, WERE SHARED WITH BROOKLYN COMMUNITY BOARD 7 AND MANHATTAN COMMUNITY BOARDS 3 AND 6. THESE MEETINGS INCLUDED RESIDENTS, AS WELL AS REPRESENTATIVES FROM BUSINESS, AND GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS. THESE SUMMARIES WERE ALSO USED TO INFORM AND SOLICIT INPUT FROM NYULH - BROOKLYN AND FAMILY HEALTH CENTERS AT NYU LANGONE ADVISORY GROUPS AND FRONTLINE STAFF AND FROM THE CSP COORDINATING COUNCIL. SIMILAR SUMMARIES WERE COMPILED IN PARTNERSHIP WITH RED HOOK ORGANIZATIONS. OVER 600 PEOPLE WHO LIVE OR WORK IN RED HOOK PARTICIPATED IN THE RED HOOK COMMUNITY HEALTH NEEDS AND ASSETS ASSESSMENT, WHICH INCLUDED A REVIEW OF COMMUNITY DATA FROM DIFFERENT AGENCIES AND ORGANIZATIONS AND PRIMARY DATA COLLECTION THROUGH DOT VOTING, A SURVEY, AND SMALL GROUP CONVERSATIONS (THE LATTER TWO AVAILABLE IN ENGLISH, CANTONESE, AND SPANISH). NOTICE AND OUTREACH WAS FACILITATED THROUGH A NETWORK OF OVER 20 COMMUNITY-BASED ORGANIZATIONS AND PUBLIC POSTING OF TOOLS, DATA, AND REPORTS (HTTPS:REDHOOKCHNAA.WORDPRESS.COM). PARTICIPANTS WHO PROVIDED CONTACT INFORMATION RECEIVED INDIVIDUAL OUTREACH FOR ADDITIONAL OPPORTUNITIES TO SHARE FEEDBACK AND REVIEW FINDINGS AND NEXT STEPS. WE HAVE SOLICITED WRITTEN COMMENTS FROM THE PUBLIC ON OUR PREVIOUS CHNA AND IMPLEMENTATION PLAN BOTH THROUGH OUR WEBSITE AND AT PUBLIC MEETINGS. ALTHOUGH NO WRITTEN COMMENTS WERE RECEIVED, COMMENTS AND DISCUSSION FOLLOWED PUBLIC PRESENTATIONS AT COMMUNITY MEETINGS. THROUGH THIS IN-DEPTH AND COMMUNITY-ENGAGED PROCESS, WE HAVE COMPILED AND UPDATED OUR PROFILE OF THE HEALTH NEEDS AND STRENGTHS OF THE LOWER EAST SIDE AND CHINATOWN, SUNSET PARK AND RED HOOK. THIS ANALYSIS HAS, IN TURN, INFORMED THE PRIORITIES AND PARTNERSHIPS THAT COMPRISE OUR COMMUNITY SERVICE PLAN. WE HAVE CONTINUED TO ENGAGE OUR PARTNERS AND BROADER COMMUNITY THROUGH A VARIETY OF MECHANISMS WITH THE OBJECTIVE OF CREATING AN INFRASTRUCTURE FOR THE ONGOING EXCHANGE OF INFORMATION AND IDEALS AND A PLATFORM FOR CONTINUED CROSS-SECTOR WORK AT THE NEIGHBORHOOD LEVEL TO ADDRESS HIGH PRIORITY PUBLIC HEALTH ISSUES. WE EMBRACE COLLABORATION AS THE FOUNDATION OF SUCCESSFUL SERVICE DEVELOPMENT AND IMPLEMENTATION, AND ACTIVELY SEEK COMMUNITY INVOLVEMENT AS PART OF OUR PROGRAM MANAGEMENT PHILOSOPHY. THESE RELATIONSHIPS HAVE PROVIDED ONGOING OPPORTUNITIES FOR INTERACTION, INCLUDING THE JOINT DEVELOPMENT OF PROGRAMMING. THE 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 COMMUNITY SERVICE PLAN PROJECTS, ENSURING THAT THEY ARE MEET</p>

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>NG MILESTONES, MAXIMIZING THEIR IMPACT, AND FOSTERING COLLABORATION ACROSS INSTITUTIONS AND SECTORS. WE CONTINUE TO FIND OPPORTUNITIES TO LEARN AND TO WORK ACROSS PROJECTS AND WITH COLLEAGUES THROUGHOUT THE INSTITUTIONS AND IN THE COMMUNITY. WE ALSO USE THIS FORUM TO DISTRIBUTE INFORMATION ABOUT THE NYULH FINANCIAL ASSISTANCE POLICY. WITHIN THE PAST YEAR, A NETWORK GROUP WAS FORMED THAT INCLUDED FACULTY AND STAFF (FROM WITHIN NYU LANGONE HEALTH AND FROM COMMUNITY PARTNERS), TO EXPLORE CROSS-CUTTING TOPICS, THUS FAR INCLUDING: THE USE OF PHOTO-VOICE, HOW TO PRESENT QUANTITATIVE AND QUALITATIVE DATA TO COMMUNITY MEMBERS, SURVEY DEVELOPMENT, AND RECRUITMENT TECHNIQUES. WE ALSO PERIODICALLY INVITE OUTSIDE SPEAKERS TO THE MEETINGS OF THE COORDINATING COUNCIL. OVER THE PAST SEVERAL YEARS, TOPICS INCLUDED: REVERSE MIGRATION SEPARATION, AFFORDABLE HOUSING, OVERCOMING CHALLENGES TO MENTAL HEALTH SERVICES FOR ASIAN NEW YORKERS, PRECISION MEDICINE AND SOCIAL DETERMINANTS OF HEALTH, CANCER SCREENING OUTREACH, AND PROPOSED CHANGES TO THE PUBLIC CHARGE RULE. MEMBERS OF THE COORDINATING COUNCIL ALSO ATTEND PRESENTATIONS OF INTEREST AT THE NYULH. OVER A DOZEN LEADERS AND STAFF FROM OUR COMMUNITY REGULARLY ATTEND THE DEPARTMENT OF POPULATION HEALTH'S ANNUAL "HEALTH AND..." CONFERENCE, WHICH BRINGS TOGETHER LEADING INVESTIGATORS, POLICYMAKERS, PRACTITIONERS, AND COMMUNITY LEADERS TO BETTER LEVERAGE THE INTERSECTION BETWEEN "HEALTH AND..." ITS MANY DETERMINANTS. PROGRAM AND ADMINISTRATIVE STAFF PARTICIPATE IN A BROAD RANGE OF PLACE-BASED AND ISSUED-BASED NETWORKS TO STAY ABREAST OF EMERGING NEEDS AND PROMISING PRACTICES. WE CONTINUE TO MEET WITH ADVOCATES, SERVICE PROVIDERS, AND COMMUNITY GROUPS, INCLUDING COMMITTEES OF MANHATTAN COMMUNITY BOARDS 3 AND 6, AND BROOKLYN COMMUNITY BOARD 7 TO PROVIDE REGULAR UPDATES AND OPPORTUNITIES FOR INPUT. SEE APPENDIX B FOR THE LIST OF THESE NETWORKS AND AGENCIES. FINALLY, THE JOINING OF THE MANHATTAN CSP WITH THE 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.</p>

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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.

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>AS A MAJOR ACADEMIC MEDICAL CENTER, NYULH SERVES A BROAD COMMUNITY OF DIVERSE POPULATIONS WITH A WIDE RANGE OF HEALTH CARE NEEDS. ITS PRIMARY SERVICE AREA INCLUDES MANHATTAN, BROOKLYN AND QUEENS; AND THE SECONDARY SERVICE AREA EXTENDS INTO STATEN ISLAND, LONG ISLAND, WESTCHESTER, AND NEW JERSEY. WITH 235+ OUTPATIENT LOCATIONS AND 6+ MILLION OUTPATIENT VISITS IN 2017, NYULH'S COMMUNITY EXTENDS BEYOND ITS CONTIGUOUS BOUNDARIES 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. BASED ON THAT REVIEW AND IN LIGHT OF OUR COMMITMENT TO CONTINUING OUR CSP PARTNERSHIP AND WORK, THE 2019-2021 COMMUNITY SERVICE PLAN CONTINUES TO FOCUS ON THE COMMUNITIES SERVED THROUGH THE PREVIOUS PLANS; THE LOWER EAST SIDE AND CHINATOWN IN MANHATTAN, AND SUNSET PARK IN BROOKLYN. IN ADDITION, OVER THE COURSE OF THE PAST 1.5 YEARS, WE HAVE WORKED CLOSELY WITH PARTNERS IN RED HOOK, BROOKLYN TO UNDERSTAND THE NEEDS AND PRIORITIES OF THIS VIBRANT BUT UNDER-RESOURCED AND MEDICALLY UNDERSERVED COMMUNITY. OUR 2019-2021 PLAN EXTENDS TO THAT COMMUNITY AS WELL. THESE COMMUNITIES - THE LOWER EAST SIDE AND CHINATOWN IN MANHATTAN AND SUNSET PARK AND RED HOOK IN BROOKLYN - WERE SELECTED BASED ON THE NEED FOR SERVICE AS EVIDENCED BY SOCIAL DETERMINANTS OF HEALTH, HEALTH DISPARITIES, RISK FACTORS, AND UTILIZATION DATA. ALTHOUGH THESE COMMUNITIES ARE NOT GEOGRAPHICALLY CONTIGUOUS, THEY SHARE IMPORTANT SIMILARITIES, INCLUDING THE DIVERSITY OF THEIR POPULATIONS, AN INFRASTRUCTURE OF STRONG COMMUNITY-BASED ORGANIZATIONS, AND POCKETS OF POVERTY AMIDST GENTRIFICATION. SUNSET PARK RESIDENTS MAKE UP THE HIGHEST PERCENTAGE OF RESIDENTS WHO USE NYULH - BROOKLYN AND FAMILY HEALTH CENTERS AT NYU LANGONE. SUNSET PARK IS A MIXED RESIDENTIAL, INDUSTRIAL, AND COMMERCIAL NEIGHBORHOOD IN SOUTHWEST BROOKLYN, ADJOINING THE WATERFRONT. THE SUNSET PARK COMMUNITY DISTRICT (BROOKLYN CD 7), WHICH INCLUDES NEIGHBORING WINDSOR TERRACE, IS HOME TO ABOUT 150,000 RESIDENTS. MORE THAN 1/4 OF ITS RESIDENTS (26%) ARE UNDER THE AGE OF 20. FOR NEARLY 200 YEARS, SUNSET PARK HAS SERVED AS A FIRST DESTINATION FOR IMMIGRANTS - TODAY, 47% OF RESIDENTS ARE FOREIGN BORN. 2 CROWDED AND VIBRANT COMMERCIAL CORRIDORS OF SHOPS, RESTAURANTS, AND SMALL BUSINESSES SERVE AS THE LARGE LATINX (41%) AND ASIAN (32%) COMMUNITIES. ABOUT 40% OF THE LATINX RESIDENTS ARE OF MEXICAN ORIGIN, AND ABOUT 90% OF THE ASIAN RESIDENTS ARE OF CHINESE ORIGIN. SOCIAL, ECONOMIC, AND ENVIRONMENTAL ISSUES IMPACTING THE COMMUNITY CONTINUE TO BE TOP AREAS OF NEED AND TOP PRIORITIES IDENTIFIED BY COMMUNITY MEMBERS. SUNSET PARK IS A COMMUNITY THAT GRAPPLES WITH HIGH LEVELS OF POVERTY, LOW EDUCATIONAL ATTAINMENT, AND HEALTH DISPARITIES. 27% OF RESIDENTS LIVE BELOW THE FEDERAL POVERTY LEVEL COMPARED TO 20% OF RESIDENTS IN NEW YORK CITY; 24% OF FAMILIES LIVE BELOW THE FEDERAL POVERTY LEVEL COMPARED WITH 16% OF FAMILIES IN NEW YORK CITY AS A WHOLE. POVERTY IS PARTICULARLY ACUTE AMONG FAMILIES WITH CHILDREN - 31% OF FAMILIES WITH CHILDREN UNDER 18 LIVE BELOW THE POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IS \$51,714. SUNSET PARK RANKS AMONG THE NEIGHBORHOOD WITH THE HIGHEST LEVEL OF ADULTS 25 YEARS AND OLDER WITH LESS THAN A HIGH SCHOOL EDUCATION - 40% HAVE LESS THAN A HIGH SCHOOL EDUCATION, INCLUDING 21% WHO HAVE LESS THAN A 9TH GRADE EDUCATION. UNEMPLOYMENT IS SLIGHTLY LOWER IN SUNSET PARK (7%) THAN IN NYC (8%), YET MANY WORKERS LACK HEALTH INSURANCE (24% IN SUNSET PARK COMPARED WITH 13% CITYWIDE). A HIGH PERCENT OF THE SUNSET PARK POPULATION HAS ACCESS TO HEALTH INSURANCE THROUGH MEDICAID - WITH NEARLY 2/3 (65%) CHILDREN UNDER AGE 19 YEARS AND ABOUT 1/3 (32%) ADULTS AGES 19 - 64 YEARS COVERED ONLY BY MEDICAID. ENGLISH LANGUAGE PROFICIENCY IS A MAJOR BARRIER FOR SUNSET PARK RESIDENTS: 74% OF RESIDENTS AGES 5 YEARS AND OLDER SPEAK A PRIMARY LANGUAGE OTHER THAN ENGLISH AT HOME. 49% OF RESIDENTS AGES 5 YEARS AND OLDER HAVE LIMITED ENGLISH PROFICIENCY. IN ADDITION, SUNSET PARK HAS THE 2ND OLDEST HOUSING STOCK IN NYC AND RESIDENTS OFTEN HAVE NO CHOICE BUT TO RENT UNITS IN POOR CONDITION. 1/3 OF RENTER HOUSEHOLDS IS SEVERELY RENT BURDENED, MEANING THAT THEIR GROSS RENT IS MORE THAN 1/2 OF THEIR HOUSEHOLD INCOME. SUNSET PARK RANKS 3RD IN THE CITY FOR SEVERE OVERCROWDING AND COMMUNITY MEMBERS ARE CONCERNED ABOUT HOUSING STABILITY AND BEING DISPLACED FROM THE COMMUNITY. THE LOWER EAST SIDE AND CHINATOWN TO INCREASE OUR IMPACT AND CREATE OPPORTUNITIES FOR SYNERGY ACROSS PROGRAMS, STARTING WITH THE 2013-2016 CHNA, NYULH FOCUSED ON THE AREA CLOSEST TO THE MANHATTAN CAMPUS WITH THE GREATEST NEED: THE LOWER EAST SIDE AND CHINATOWN. THE LOWER EAST SIDE / CHINATOWN COMMUNITY DISTRICT, WHICH INCLUDES NEIGHBORING EAST VILLAGE (MANHATTAN COMMUNITY DISTRICT 3), IS A COMMUNITY WITH CONCENTRATED POCKETS OF POVERTY AND A HIGH PERCENTAGE OF LATINOS AND ASIANS - GROUPS THAT EXPERIENCE DISPARITIES</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>IN MANY HEALTH OUTCOMES. LOCATED ALONG THE EASTERN SHORE OF LOWER MANHATTAN, THIS NEIGHBORHOOD IS ONE OF THE EARLIEST AREAS SETTLED IN NYC AND WAS A HISTORIC STOP FOR IMMIGRANTS IN THE 19TH AND EARLY 20TH CENTURY. TODAY, THE COMMUNITY DISTRICT IS HOME TO ABOUT 160,000 RESIDENTS, INCLUDING 35% FOREIGN-BORN. IMMIGRANT POPULATIONS COMPRISE A LARGE PERCENTAGE (52%) OF RESIDENTS IN THE CHINATOWN NEIGHBORHOOD. IN RECENT YEARS, THE ASIAN POPULATION HAS DECLINED WHILE THERE HAS BEEN AN INCREASE IN WHITE RESIDENTS. TODAY, THE POPULATIONS IS ABOUT 33% WHITE, 32% ASIAN, AND 25% LATINX.OVERALL, 29% OF THE POPULATION IN MANHATTAN CD 3 HAVE LIMITED ENGLISH PROFICIENCY. AMONG THE CHINESE LANGUAGE SPEAKERS, 77% SPEAK ENGLISH "LESS THAN VERY WELL" COMPARED WITH 60% FOR CHINESE LANGUAGE SPEAKERS IN MANHATTAN AS A WHOLE. MANHATTAN CD 3 RANKS AMONG THE NEIGHBORHOODS WITH THE HIGHEST PERCENT OF ADULTS AGES 65 YEARS AND OLDER - 17% OF THE POPULATION OVERALL, WITH HIGHER PERCENTS IN THE LOWER EAST SIDE AND CHINATOWN NEIGHBORHOOD AREAS. IN ITS MOST RECENT NEEDS STATEMENT, THE COMMUNITY BOARD HIGHLIGHTED THE GROWING NEED FOR SENIOR SERVICES.WITH 26% OF INDIVIDUALS LIVING BELOW POVERTY, THE LOWER EAST SIDE / CHINATOWN STANDS IN STARK CONTRAST TO THE SURROUNDING NEIGHBORHOODS IN LOWER MANHATTAN - THE FINANCIAL DISTRICT AND GREENWICH VILLAGE / SOHO - WHICH RANK AMONG THE NEIGHBORHOODS WITH THE LOWEST POVERTY RATES IN ALL OF NEW YORK CITY (8%). YET EVEN WITHIN THE COMMUNITY DISTRICT, THERE ARE AREAS OF WEALTH, WITH 26% OF RESIDENTS HAVING INCOMES FIVE TIMES HIGHER THAN POVERTY LEVEL. NEWER WEALTHIER DEVELOPMENTS ARE ARISING ALONGSIDE OLDER HOUSING STOCK HOME TO RESIDENTS WITH LOWER INCOMES.NEARLY 27% OF ALL PUBLIC HOUSING UNITS IN MANHATTAN ARE LOCATED IN COMMUNITY DISTRICT 3 (ABOUT 8% OF THE TOTAL FOR NYC), YET AS THE NEIGHBORHOOD CONTINUES TO GENTRIFY, THERE IS GROWING COMMUNITY CONCERN ABOUT ACCESS TO AFFORDABLE HOUSING.RED HOOKOVER THE PAST 1.5 YEARS, WE CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNAA) AND COLLABORATIVELY DEVELOPED A PLAN TO PRIORITIZE AND ADDRESS PRESSING HEALTH CONCERNS AND ISSUES IN RED HOOK, BROOKLYN. THE ASSESSMENT WAS PARTICULARLY IMPORTANT BECAUSE READILY AVAILABLE DATA FOR RED HOOK - SUCH AS THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE COMMUNITY DISTRICT PROFILE - ARE OFTEN AGGREGATED WITH MORE AFFLUENT NEIGHBORING COMMUNITIES, THEREBY MASKING RED HOOK'S POVERTY AND NEED. THE IN-DEPTH ASSESSMENT WAS PLANNED BY A TEAM OF SIX ORGANIZATIONS: THE ALEX HOUSE PROJECT, FAMILY HEALTH CENTERS AT NYU LANGONE, GOOD SHEPHERD SERVICES, NYUHL DEPARTMENT OF POPULATION HEALTH, THE RED HOOK COMMUNITY JUSTICE CENTER, AND THE RED HOOK INITIATIVE. DURING THE ASSESSMENT PROCESS, THE CHNAA TEAM:- REVIEWED DATA FROM ORGANIZATIONS AND AGENCIES, AND IDENTIFIED MISSING DATA NEEDING FURTHER EXPLORATION;- COLLECTED ADDITIONAL INFORMATION FROM PEOPLE WHO LIVE AND WORK IN RED HOOK THROUGH DOT VOTING, SURVEYING, AND SMALL-GROUP CONVERSATIONS;- IDENTIFIED STRENGTHS AND EXISTING PROGRAMS AND RESOURCES; AND - IDENTIFIED POTENTIAL FUTURE ACTIONS TO ADDRESS TOP HEALTH CONCERNS.RED HOOK IS A RESILIENT, DIVERSE AND LIVELY WATERFRONT COMMUNITY IN BROOKLYN. THE NEIGHBORHOOD IS HOME TO NYC'S 2ND LARGEST PUBLIC HOUSING COMPLEX, THE RED HOOK HOUSES. MORE THAN 1/2 OF RED HOOK RESIDENTS LIVE IN PUBLIC HOUSING. THE MAJORITY OF RED HOOK RESIDENTS ARE RACIAL AND ETHNIC MINORITIES. 41% IDENTIFY AS LATINX, 33% AFRICAN AMERICAN, 19% WHITE, AND APPROXIMATELY 4% ASIAN. 23% OF RED HOOK'S APPROXIMATELY 11,000 RESIDENTS ARE UNDER THE AGE OF 18. LIKE MANY NYC NEIGHBORHOODS, RED HOOK, IS EXPERIENCING GENTRIFICATION. THE PERCENTAGE OF RESIDENTS WITH INCOMES BELOW THE FEDERAL POVERTY LEVEL STAYED ABOUT THE SAME FROM 2006-2016, BUT THE PERCENTAGE OF THE WEALTHIER RESIDENTS (INCOMES OF AT LEAST 5 TIMES HIGHER THAN POVERTY LEVEL) INCREASED IN AREAS SURROUNDING THE RED HOOK HOUSES.</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, SUNSET PARK AND RED HOOK. 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 COMMUNITY SERVICE PLAN COORDINATING COUNCIL COMPOSED OF NYULH FACULTY AND STAFF FROM ACROSS THE INSTITUTION, LEADERSHIP AND STAFF OF OUR COMMUNITY PARTNERS AND OTHER INTERESTED PARTNERS AND POLICYMAKERS CONTINUES TO MEET EVERY 3 MONTHS TO COORDINATE THE VARIOUS PROJECTS AND ENSURE THAT THEY ARE MEETING MILESTONES, MAXIMIZING THEIR IMPACT, AND FOSTERING COLLABORATION ACROSS INSTITUTIONS AND SECTORS. WE CONTINUE TO FIND OPPORTUNITIES TO LEARN AND TO WORK ACROSS PROJECTS WITH COLLEAGUES THROUGHOUT THE INSTITUTION AND IN THE COMMUNITY. WITHIN THIS PAST YEAR, A NETWORK GROUP HAS FORMED THAT INCLUDES FACULTY AND STAFF (FROM WITHIN NYULH AND FROM COMMUNITY PARTNERS), TO EXPLORE CROSS-CUTTING TOPICS, THUS FAR, INCLUDING: THE USE OF PHOTO-VOICE, HOW TO PRESENT QUANTITATIVE AND QUALITATIVE DATA TO COMMUNITY MEMBERS, SURVEY DEVELOPMENT, AND RECRUITMENT TECHNIQUES. WE ALSO PERIODICALLY INVITE OUTSIDE SPEAKERS TO THE MEETINGS OF THE COORDINATING COUNCIL. OVER THE PAST SEVERAL YEARS, TOPICS HAVE INCLUDED: REVERSE MIGRATION SEPARATION, AFFORDABLE HOUSING, OVERCOMING CHALLENGES TO MENTAL HEALTH SERVICES FOR ASIAN NEW YORKERS, PRECISION MEDICINE AND SOCIAL DETERMINANTS OF HEALTH, CANCER SCREENING OUTREACH, AND PROPOSED CHANGES TO THE PUBLIC CHARGE RULE. MEMBERS OF THE COORDINATING COUNCIL ALSO ATTEND PRESENTATIONS OF INTEREST AT THE NYULH. OVER A DOZEN LEADERS AND STAFF FROM OUR COMMUNITY PARTNERS REGULARLY ATTEND THE DEPARTMENT OF POPULATION HEALTH'S ANNUAL "HEALTH AND..." CONFERENCE, WHICH BRINGS TOGETHER LEADING INVESTIGATORS, POLICYMAKERS, PRACTITIONERS, AND COMMUNITY LEADERS TO BETTER LEVERAGE THE INTERSECTION BETWEEN "HEALTH AND..." ITS MANY DETERMINANTS. PROGRAM AND ADMINISTRATIVE STAFF PARTICIPATE IN A BROAD RANGE OF PLACE-BASED AND ISSUE-BASED NETWORKS TO STAY ABREAST OF EMERGING NEEDS AND PROMISING PRACTICES. WE CONTINUE TO MEET WITH ADVOCATES, SERVICE PROVIDERS, AND COMMUNITY GROUPS, INCLUDING COMMITTEES OF MANHATTAN COMMUNITY BOARDS 3 AND 6, AND BROOKLYN COMMUNITY BOARD 7 TO PROVIDE REGULAR UPDATES AND OPPORTUNITIES FOR INPUT. FINALLY, THE JOINING OF THE MANHATTAN CSP WITH THE 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. THE COORDINATING COUNCIL WILL CONTINUE TO OVERSEE PROGRAM IMPLEMENTATION, WORK COLLABORATIVELY TO FIND POINTS OF SYNERGY ACROSS PROGRAMS AND NEIGHBORHOODS, AND ASSESS PROGRESS AND MAKE MID-COURSE CORRECTIONS. IN ADDITION, EACH PROGRAM COLLECTS DATA ABOUT LEVELS OF PARTICIPATION, PARTICIPANT SATISFACTION, AND IMPACT ON HEALTH AND WELL-BEING. THIS IS DONE THROUGH ATTENDANCE RECORDS, SURVEYS, AND OTHER FORMS OF DATA COLLECTION. GROWING OUT OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") AND ALIGNING WITH THE NYS PREVENTION AGENDA AND NYC PUBLIC HEALTH PRIORITIES, THE NYULH 3-YEAR IMPLEMENTATION PLAN FOCUSES ON PREVENTING CHRONIC DISEASES BY REDUCING RISK FACTORS FOR OBESITY AND CARDIOVASCULAR DISEASE AND DECREASING TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE, AND ON PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN THROUGH PARENTING, EARLY CHILDHOOD AND TEEN PREGNANCY PREVENTION PROGRAMS. OUR COMMUNITY SERVICE PLAN PROGRAMS SPAN MULTIPLE SECTORS: EARLY CHILDHOOD SETTINGS AND SCHOOLS, PRIMARY CARE, HOUSING, AND COMMUNITY SETTINGS, SUCH AS FAITH-BASED ORGANIZATIONS AND SOCIAL SERVICE PROVIDERS. DRAWING ON ITS EXPERTISE IN DEVELOPING AND IMPLEMENTING EFFECTIVE APPROACHES TO HEALTH PROMOTION AT THE COMMUNITY LEVEL, THE DEPARTMENT OF POPULATION HEALTH ("DPH") HAS SERVED AS THE ARCHITECT FOR THE CHNA AND CSP SINCE 2013. SINCE 2016, DPH AND THE FAMILY HEALTH CENTERS AT NYU LANGONE HAVE WORKED TOGETHER TO DEVELOP A CSP DESIGNED TO CREATE SYNERGIES ACROSS PROGRAMS AND TO TAKE ADVANTAGE OF THE COMBINED EXPERTISE OF OUR LARGER INSTITUTION, THE STRONG FOUNDATION OF WORK UNDER BOTH OF OUR PREVIOUS PLANS, AND THE STRENGTHS OF OUR COMMUNITY PARTNERSHIPS. THROUGH ITS CSP, NYULH BRINGS TO BEAR A WIDE RANGE OF EXPERTISE IN OBESITY PREVENTION, HEALTH LITERACY, FAMILY AND COMMUNITY ENGAGEMENT, SMOKING CESSATION, PREVENTION SCIENCE, AND POPULATION HEALTH. THE PROGRAMS AND PRIORITIES REMAIN CONSISTENT WITH NYULH PRIOR YEARS' CSPS, BUT UNDER THE CURRENT CSP, EXISTING PROGRAMS HAVE BEEN EXTENDED AND NEW INITIATIVES ADDED. THE CSP'S GEOGRAPHIC SCOPE INCLUDES THE LOWER EAST SIDE AND CHINATOWN IN MANHATTAN, AND SUNSET PARK IN BROOKLYN; WE RECENTLY ALSO CO</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	MPLETED A NEEDS AND ASSET ASSESSMENT IN RED HOOK, BROOKLYN, AND ARE BEGINNING TO IMPLEMENT CSP PROGRAMS THERE AS WELL.

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 ("NYULH"). NYULH OWNS AND OPERATES FIVE INPATIENT ACUTE CARE FACILITIES AND OVER 35 AMBULATORY FACILITIES IN MANHATTAN, BROOKLYN, AND LONG ISLAND. THE MANHATTAN INPATIENT FACILITIES ARE THE KIMMEL PAVILION (WHICH ALSO HOUSES THE HASSENFELD CHILDREN'S HOSPITAL) AND TISCH HOSPITAL, LOCATED ON THE MAIN CAMPUS AT FIRST AVENUE AND EAST 34TH STREET WITH 844 LICENSED BEDS; NYU LANGONE ORTHOPEDIC HOSPITAL ("NYU ORTHOPEDICS"), A 225-BED FACILITY SPECIALIZING IN ORTHOPEDIC, NEUROLOGIC, AND RHEUMATOLOGIC SERVICES; NYU LANGONE HOSPITAL-BROOKLYN ("NYU BROOKLYN"), A 440 BED FACILITY IN THE SUNSET PARK SECTION OF BROOKLYN; AND NYU WINTHROP HOSPITAL ("WINTHROP"), A 591-BED FACILITY LOCATED IN MINEOLA, NEW YORK. AMBULATORY FACILITIES INCLUDE THE LAURA AND ISAAC PERLMUTTER CANCER CENTER ("CANCER CENTER"), THE AMBULATORY CARE CENTER, THE OUTPATIENT SURGERY CENTER, THE ORTHOPEDIC CENTER, A FREE-STANDING EMERGENCY DEPARTMENT IN THE COBBLE HILL SECTION OF BROOKLYN, THE BROOKLYN ENDOSCOPY AND AMBULATORY SURGERY CENTER IN THE MIDWOOD SECTION OF BROOKLYN AND LEVIT MEDICAL, A DIAGNOSTIC AND TREATMENT FACILITY WITH THREE LOCATIONS IN BROOKLYN. 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 NYULH AND FHC WHICH WILL REMAIN IN EFFECT FOR AS LONG AS NYULH REMAINS A CO-OPERATOR OF THE FQHC.</p>

990 Schedule H, Supplemental Information

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

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. THE FAMILY HEALTH CENTERS AT NYU LANGONE 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 NYU LANGONE HOSPITALS ("NYULH") COMMUNITY SERVICE PLAN ("CSP") COORDINATING COUNCIL, BRINGS TOGETHER NYU LANGONE FACULTY AND STAFF, COMMUNITY PARTNERS, AND POLICYMAKERS, MEETS QUARTERLY TO OVERSEE PROGRAM IMPLEMENTATION, SHARE FINDINGS, PROVIDE INSIGHT INTO COMMUNITY NEED, AND IDENTIFY PRIORITIES. IN ADDITION, WE REGULARLY CONSULT WITH PUBLIC HEALTH AND POLICY EXPERTS IN THE CITY AND STATE HEALTH DEPARTMENTS, THE STATE OFFICE OF MENTAL HEALTH, THE CITY DEPARTMENT OF EDUCATION, THE NEW YORK CITY HOUSING AUTHORITY, THE NYC OFFICE OF HOUSING PRESERVATION AND DEVELOPMENT, AND OTHER AGENCIES AND ORGANIZATIONS WITH EXPERTISE ON THE NEEDS OF LOW-INCOME POPULATIONS, INCLUDING COMMUNITY LEADERS, RESIDENT ASSOCIATIONS, COMMUNITY-BASED ORGANIZATIONS, ADVOCACY GROUPS, AND MEMBERS OF COMMUNITY BOARDS. TO UNDERSTAND MORE ABOUT COMMUNITY NEED AND TO SUPPORT POLICYMAKERS, PROVIDERS AND COMMUNITY GROUPS IN UNDERSTANDING COMMUNITY DEMOGRAPHICS, AND HOUSING AND HEALTH OUTCOMES (A HIGH COMMUNITY PRIORITY), WE UNDERTOOK A COMPREHENSIVE ANALYSIS OF EXISTING SOURCES OF DATA, INCLUDING THE NYC DEPARTMENT OF CITY PLANNING FACT FINDER; THE NYC DEPARTMENT OF HEALTH NEIGHBORHOOD HEALTH ATLAS; AND THE NYULHC CITY HEALTH DASHBOARD. SUMMARIES OF COMMUNITY HEALTH, SOCIAL AND ECONOMIC DATA, AS WELL AS UPDATES ON THE CHNA AND CSP, WERE SHARED WITH BROOKLYN COMMUNITY BOARD 7 AND MANHATTAN COMMUNITY BOARDS 3 AND 6. THESE MEETINGS INCLUDED RESIDENTS, AS WELL AS REPRESENTATIVES FROM BUSINESSES, AND GOVERNMENT AND COMMUNITY-BASED ORGANIZATIONS. THESE SUMMARIES WERE ALSO USED TO INFORM AND SOLICIT INPUT FROM NYULH - BROOKLYN AND FAMILY HEALTH CENTERS AT NYU LANGONE ADVISORY GROUPS AND FRONTLINE STAFF AND FROM THE CSP COORDINATING COUNCIL. SIMILAR SUMMARIES WERE COMPILED IN PARTNERSHIP WITH RED HOOK ORGANIZATIONS. OVER 600 PEOPLE WHO LIVE OR WORK IN RED HOOK PARTICIPATED IN THE RED HOOK COMMUNITY HEALTH NEEDS AND ASSETS ASSESSMENT, WHICH INCLUDED A REVIEW OF COMMUNITY DATA FROM DIFFERENT AGENCIES AND ORGANIZATIONS AND PRIMARY DATA COLLECTION THROUGH DOT VOTING, A SURVEY, AND SMALL GROUP CONVERSATIONS (THE LATTER TWO AVAILABLE IN ENGLISH, CANTONESE, AND SPANISH). NOTICE AND OUTREACH</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	<p>H WAS FACILITATED THROUGH A NETWORK OF OVER 20 COMMUNITY-BASED ORGANIZATIONS AND PUBLIC PO STING OF TOOLS, DATA, AND REPORTS (HTTPS://REDHOOKCHNAA.WORDPRESS.COM). PARTICIPANTS WHO P ROVIDED CONTACT INFORMATION RECEIVED INDIVIDUAL OUTREACH FOR ADDITIONAL OPPORTUNITIES TO S HARE FEEDBACK AND REVIEW FINDINGS AND NEXT STEPS.WE HAVE SOLICITED WRITTEN COMMENTS FROM T HE PUBLIC ON OUR PREVIOUS CHNA AND IMPLEMENTATION PLAN BOTH THROUGH OUR WEBSITE AND AT PUB LIC MEETINGS. ALTHOUGH NO WRITTEN COMMENTS WERE RECEIVED, COMMENTS AND DISCUSSIONS FOLLOWE D PUBLIC PRESENTATIONS AT COMMUNITY MEETINGS. THROUGH THIS IN-DEPTH AND COMMUNITY-ENGAGED PROCESS, WE HAVE COMPILED AND UPDATED OUR PROFILE OF THE HEALTH NEEDS AND STRENGTHS OF THE LOWER EAST SIDE AND CHINATOWN, SUNSET PARK AND RED HOOK. THIS ANALYSIS HAS, IN TURN, INFO RMED THE PRIORITIES THAT COMPRISE OUR COMMUNITY SERVICE PLAN. FOLLOWING IS A LIST OF ORGAN IZATIONS CONSULTED TO DATE (SEE CHNA APPENDIX B FOR GREATER DETAIL):- GREATER NEW YORK HOS PITALS ASSOCIATION- NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE - THE PRIMARY CA RE INFORMATION PROJECT- NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE - NEW YORK C ITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE - BROOKLYN COMMUNITY ACTION TEAM- NEW YORK CIT Y DEPARTMENT OF HEALTH AND MENTAL HYGIENE - BROOKLYN KNOWS STEERING COMMITTEE- NEW YORK CI TY DEPARTMENT OF HEALTH AND MENTAL HYGIENE - BROOKLYN KNOWS YOUTH SUBCOMMITTEE "BROOKLYN U NITED"- NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE - EARLY CHILDHOOD HEALTH & D EVELOPMENT UNIT - DIVISION OF FAMILY & CHILD HEALTH- NEW YORK CITY DEPARTMENT OF HEALTH AN D MENTAL HYGIENE - OFFICE OF FAITH-BASED INITIATIVES- NEW YORK CITY DEPARTMENT OF HEALTH A ND MENTAL HYGIENE - TAKE CARE BEW YORK NEIGHBORHOOD HEALTH INITIATIVE ADVISORY COMMITTEE- NY STATE DEPARTMENT OF HEALTH- NY STATE MEDICAID REDESIGN - FIRST 1,000 DAYS ON MEDICAID- NYS OFFICE OF MENTAL HEALTH- NY LINKS- NYC DEPARTMENT OF EDUCATION - OFFICE OF FAMILY COMM UNITY ENGAGEMENT, DIVISION OF EARLY CHILDHOOD- NYC DEPARTMENT OF EDUCATION - DATA & ANALYT ICS- NYC DEPARTMENT OF EDUCATION - RESEARCH & POLICY SUPPORT GROUP- NYC HEALTH + HOSPITALS - NEW YORK IMMIGRATION COALITTON- CHARLES B. WANG COMMUNITY HEALTH CENTER- GOUVERNEUR HEAL TH- AIRNYC- ASIAN HEALTH & SOCIAL SERVICE COALITION- ASIAN SMOKERS QUITLINE- BRONX HEALTH AND HOUSING CONSORTIUM- ARCHCARE- ASIAN AMERICANS FOR EQUALITY- BREAKING GROUND- BROOKLYN BOROUGH PRESIDENT'S OFFICE- BROOKLYN COLLEGE COMMUNITY PARTNERSHIP- BROOKLYN FAMILY JUSTIC E CENTER- BROOKLYN PRIDE- BROOKLYN PUBLIC LIBRARY - COMMON SENSE PANEL ON MEDIA AND YOUNG CHILDREN- CAMBA, INC.- CARIBBEAN WOMEN'S HEALTH ASSOCIATION- CENTER FOR FAMILY LIFE, PART OF SCO FAMILY OF SERVICES- CHINATOWN PARTNERSHIP- CHINATOWN YMCA - CORNERSTONE @ TWO BRIDG ES COMMUNITY CENTER- CHINESE AMERICAN MEDICAL SOCIETY- COALITION OF ASIAN AMERICAN INDEPEN DENT PRACTICE ASSOCIATION- COMMUNITY BOARD 3 (MANHATTAN)- COMMUNITY BOARD 6 (MANHATTAN)- C OMMUNITY BOARD 7 (BROOKLYN)- D</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	ELANCEY STREET ASSOCIATES / ESSEX CROSSING- DIASPORA COMMUNITY SERVICES- EARTH SCHOOL- EMP IRE BLUECROSS BLUE SHIELD HEALTHPLUS- ENTERPRISE COMMUNITY PARTNERS, INC.- FIFTH AVENUE CO MMITTEE- GOOD SHEPHERD SERVICES- GRAND STREET RESIDENT ASSOCIATION- GRAND STREET SETTLEMEN T- HAMILTON-MADISON HOUSE- HEALTHFIRST / DOHMH PEDIATRIC BUNDLE- HEALTHY FAMILIES NEW YORK BROOKLYN ADVISORY MEETINGS- HEALTHY VILLAGE AT CLAREMONT PEDIATRIC BUNDLE INITIATIVE- HEN RY STREET SETTLEMENT- HER JUSTICE- HESTER STREET COLLABORATIVE- HIV HEALTH & HUMAN SERVICE S PLANNING COUNCIL OF NYC- LEGAL AID SOCIETY- LOCAL INITIATIVES SUPPORT CORPORATION - NEW YORK CITY- MAIMONIDES MEDICAL CENTER- MAYOR'S COMMITTEE FOR COMMUNITY SCHOOLS- MIXTECA COM MUNITY ORGANIZATION- NYC DEPARTMENT OF EDUCATION 0-3 ADVISORY COMMITTEE- NEW YORK CITY HOU SING AUTHORITY- NEW YORK COUNCIL EARLY LITERACY INITIATIVE- NYC DEPARTMENT OF HOUSING, PRE SERVATION AND DEVELOPMENT- NYC SMOKE FREE- NEW YORK PRESBYTERIAN / BROOKLYN METHODIST HOSP ITAL- NYU LH LATINO COMMUNITY MEETING- NYU LH BROOKLYN ARAB COMMUNITY ADVISORY COUNCIL- NY U LH BROOKLYN CHINESE COMMUNITY ADVISORY COUNCIL- OPPORTUNITIES FOR A BETTER TOMORROW- PRO VIDERS OF HEALTH CARE FOR THE HOMELESS IN NEW YORK CITY- REACH OUT AND READ OF GREATER NEW YORK - EXTERNAL ADVISORY BOARD- RED HOOK COMMUNITY JUSTICE CENTER- RED HOOK INITIATIVE- R ISEBORO COMMUNITY PARTNERSHIP- SOUTHWEST BROOKLYN INDUSTRIAL DEVELOPMENT CORPORATION- SUNY DOWNSTATE THEO PROGRAM - BATES PLANNING COMMITTEE- SUNSET PARK EARLY LEARNING NETWORK- SU NSET PARK SHAPE UP NY ADVISORY BOARD- SUNSET PARK ROUNDTABLE- THE ALEX HOUSE PROJECT- THE DOOR- TWO BRIDGES NEIGHBORHOOD COUNCIL- TWO BRIDGES NYCHA RESIDENT ASSOCIATION- UNITED HOS PITAL FUND- UNIVERSITY SETTLEMENT- 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. 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. IN ADDITION, INFORMATION ABOUT COMMUNITY SERVICE PLAN PROJECTS HAS BEEN PRESENTED AT CONFERENCES AND PRESENTATIONS TO PRIMARY CARE RESIDENTS, MEDICAL STUDENTS AND UNDERGRADUATE STUDENTS, OFTEN IN COLLABORATION WITH COMMUNITY PARTNERS.

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 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 NYULH'S COMMUNITY SERVICE PLAN AND USING RESOURCES EFFICIENTLY AND EFFECTIVELY NECESSARILY MEANS CONCENTRATING ON SOME SPECIFIC CHALLENGES AND AFFORDING LESS ATTENTION TO OTHERS. ACCESS TO CULTURALLY AND LINGUISTICALLY COMPETENT MENTAL HEALTH SERVICES, SENIOR SERVICES AND FACILITIES, DRUG OVERDOSE SERVICES, HOMELESSNESS PREVENTION, TRAFFIC SAFETY, AND DIABETES PREVENTION AND MANAGEMENT WERE ALL IDENTIFIED AS CONCERNS. WHILE SOME OF THESE NEEDS ARE BEING MET BY OTHER NYULH 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, ENABLING US TO MAXIMIZE OUR COLLECTIVE IMPACT TO IMPROVE THE COMMUNITIES' 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
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: HTTPS://NYULANGONE.ORG/INSURANCE-BILLING-FINANCIAL-ASSISTANCE (LOWER CASE)

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

Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 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 105 EAST 17TH STREET 2ND FL NEW YORK, NY 10003	13-5562308	501(C)(3)	882,312,690				SUPPORT CLINICAL, EDUCATIONAL, AND RESEARCH ACTIVITIES OF NYU SCHOOL OF MEDICINE.
(2) SUNSET PARK HEALTH COUNCIL INC DBA FAMILY HEALTH CENTERS AT NYU LANGONE 150 55TH STREET BROOKLYN, NY 11220	20-2508411	501(C)(3)	31,154,681				SUPPORT EDUCATIONAL TRAINING ACTIVITIES AT FAMILY HEALTH CENTERS AT NYU LANGONE.

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 FAMILY HEALTH CENTERS AT NYU LANGONE IS FEDERALLY QUALIFIED HEALTH CENTER THAT IS CO-OPERATED WITH HOSPITAL.

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	Compensation Information		OMB No. 1545-0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		2018
		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		
Name of the organization NYU LANGONE HOSPITALS		Employer identification number 13-3971298		

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input 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 idemnification 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	No
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.

[illegible]

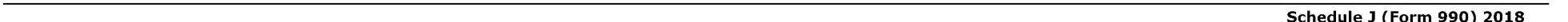
Part III **Supplemental Information**

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	TWO 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. TWO OFFICERS 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.

Return Reference	Explanation
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.

Return Reference	Explanation
PART I, LINE 4B	<p>DR. GROSSMAN PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ("SERP") DURING CALENDAR YEAR 2018. THE EMPLOYER CONTRIBUTION TO THIS PLAN WAS \$2,519,839 FOR CALENDAR YEAR 2018. THIS AMOUNT IS REPORTED AS A SHARED COST BETWEEN NYULH AND NYU GROSSMAN 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. THE FOLLOWING OFFICERS PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ("SERP") DURING CALENDAR YEAR 2018. THE AMOUNTS LISTED BELOW REPRESENT THE EMPLOYER CONTRIBUTIONS TO THIS PLAN FOR CALENDAR YEAR 2018. THESE AMOUNTS ARE REPORTED AS SHARED COSTS BETWEEN NYULH AND NYU GROSSMAN SCHOOL OF MEDICINE. STEVEN B. ABRAMSON, MD - \$220,610; DAFNA BAR-SAGI, PHD - \$324,673; ANDREW W. BROTMAN, MD - \$918,996; ROBERT J. CERFOLIO, MD, MBA - \$373,291; ANNETTE JOHNSON, JD - \$235,648; GRACE Y. KO - \$24,968; JOSEPH LHOTA - \$174,731; VICKI MATCH SUNA, AIA - \$367,709; NADER MHERABI - \$283,151; NANCY SANCHEZ - \$373,991; DANIEL J. WIDAWSKY - \$101,257. THE SUPPLEMENTAL SERP CONTRIBUTIONS WERE MADE PURSUANT TO NEGOTIATED AGREEMENTS WITH THE OFFICERS.</p>



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				
ROBERT I GROSSMAN MD EX-OFFICIO, DEAN & CEO	(i)	1,672,589	0	39,974	1,273,670	3,437	2,989,670	0
	(ii)	1,672,589	0	39,974	1,273,670	3,437	2,989,670	0
ANDREW HAMILTON PHD EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,520,282	0	0	343,470	192,990	2,056,742	0
STEPHANIE PIANKA EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	491,193	24,650	0	27,500	9,353	552,696	0
STEVEN B ABRAMSON MD SVP/VICE DEAN EDUCATION	(i)	339,132	0	23,088	76,914	1,746	440,880	0
	(ii)	754,842	0	51,390	171,196	3,886	981,314	0
DAFNA BAR-SAGI PHD SVP/VICE DEAN CHIEF SCI OFFCR	(i)	0	0	0	0	0	0	0
	(ii)	998,596	0	8,859	352,173	3,437	1,363,065	0
ANDREW W BROTMAN MD SVP/VICE DEAN CHIEF CLINICAL OFFCR	(i)	793,709	0	4,301	473,248	0	1,271,258	0
	(ii)	793,709	0	4,301	473,248	0	1,271,258	0
ROBERT J CERFOLIO MD MBA SVP CHIEF OF HOSP OPS	(i)	1,797,738	0	936	306,329	4,804	2,109,807	0
	(ii)	499,104	0	260	85,046	1,334	585,744	0
ANNETTE JOHNSON JD SVP/VICE DEAN, GENERAL COUNSEL	(i)	394,822	0	0	131,574	2,808	529,204	0
	(ii)	394,822	0	0	131,574	2,808	529,204	0
GRACE Y KO SVP, DEVELOPMENT & ALUMNI AFFAIRS	(i)	283,229	0	350	26,234	3,612	313,425	0
	(ii)	283,229	0	350	26,234	3,612	313,425	0
JOSEPH LHOTA SVP/VICE DEAN, CHIEF OF STAFF	(i)	432,673	0	3,440	80,892	3,415	520,420	0
	(ii)	649,010	0	5,161	121,339	5,122	780,632	0
VICKI MATCH SUNA AIA SVP/VICE DEAN, REAL ESTATE	(i)	373,124	0	2,826	197,605	4,498	578,053	0
	(ii)	373,124	0	2,826	197,605	4,498	578,053	0
NADER MHERABI SVP/VICE DEAN, CIO	(i)	376,073	0	8,754	155,326	3,787	543,940	0
	(ii)	376,073	0	8,754	155,326	3,787	543,940	0
NANCY SANCHEZ SVP/VICE DEAN, HR AND ODL	(i)	333,560	0	2,422	200,746	2,302	539,030	0
	(ii)	333,560	0	2,422	200,746	2,302	539,030	0
DANIEL J WIDAWSKY SVP/VICE DEAN, CFO	(i)	458,759	0	0	50,629	2,200	511,588	0
	(ii)	458,759	0	0	50,629	2,200	511,588	0
ABRAHAM CHACHOUA ASSOC. DIR. CANCER SVCS.	(i)	1,259,319	0	9,744	22,765	0	1,291,828	0
	(ii)	261,965	0	2,027	4,736	0	268,728	0
KARIM HABIBI SVP, CHIEF OF MANAGED CARE	(i)	646,849	0	63,028	19,250	6,163	735,290	0
	(ii)	277,221	0	27,012	8,250	2,641	315,124	0
BRET RUDY SVP, NYU LANGONE HOSPITAL - BKLYN	(i)	905,323	0	4,193	27,500	3,738	940,754	0
	(ii)	0	0	0	0	0	0	0
FRITZ FRANCOIS CHIEF MEDICAL OFFICER	(i)	692,379	0	0	27,500	8,048	727,927	0
	(ii)	0	0	0	0	0	0	0
DAVID DIBNER SVP, NYU LANGONE ORTHOPEDIC HOSPITAL	(i)	720,374	0	27,738	27,500	4,816	780,428	0
	(ii)	0	0	0	0	0	0	0
MICHAEL T BURKE FORMER SVP/VICE DEAN, CFO	(i)	1,104,531	0	1,993	13,750	3,086	1,123,360	0
	(ii)	1,104,531	0	1,993	13,750	3,086	1,123,360	0

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

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NYU LANGONE HOSPITALS

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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	10,754,544		8,305,000		17,050,000		22,700,000	
2	Amount of bonds legally defeased	115,955,456							
3	Total proceeds of issue	155,990,030		87,286,623		13,577,512		181,008,769	
4	Gross proceeds in reserve funds	17,013,974		163,391		307,848		159,020	
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			86,159,950		134,227,620		62,717,956	
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		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X		X		X	
16	Has the final allocation of proceeds been made?	X		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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)									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			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											
<div>-----</div> 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?				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
				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: 09/27/2019 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK DATE THE REBATE COMPUTATION WAS PERFORMED: 09/27/2019 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK DATE THE REBATE COMPUTATION WAS PERFORMED: 09/27/2019 ISSUER NAME: NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE CORP. DATE THE REBATE COMPUTATION WAS PERFORMED: 10/23/2019 ISSUER NAME: NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE CORP. DATE THE REBATE COMPUTATION WAS PERFORMED: 08/30/2018

Return Reference	Explanation
FORM 990, SCH. 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. SERIES 2014 - DASNY - NYU HOSPITALS CENTER REVENUE BONDS, 2014 - TO REFINANCE SERIES 2007B (ISSUED ON DECEMBER 5, 2007). 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. SERIES 2014 ISSUED JANUARY 2015 - DASNY - NYU HOSPITALS CENTER REVENUE BONDS, 2014 ISSUED JANUARY 2015 - TO REFINANCE SERIES 2007A (ISSUED ON FEBRUARY 6, 2007). 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. SERIES 2016A ISSUED - DASNY - NYU HOSPITALS CENTER REVENUE BONDS,</p>

Return Reference	Explanation
FORM 990, SCH. K, PART I - DESCRIPTION OF PURPOSE	<p>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. SERIES 2012- NCLEAC - NYU WINTHROP HOSPITAL ASSOCIATION SERIES 2012 REVENUE BONDS - TO REFINANCE WINTHROP'S PRIOR BONDS F ROM JULY 15, 2001 AND MAY 1, 2003, WHICH WERE USED TO RAISE FUNDS FOR CAPITAL ADDITIONS AN D IMPROVEMENTS, AND TO FINANCE A PORTION OF THE COST OF A NEW MEDICAL RESEARCH FACILITY. S ERIES 2014- NCLEAC - NYU WINTHROP HOSPITAL ASSOCIATION SERIES 2014 REVENUE BONDS - TO RAIS E ADDITIONAL FUNDS FOR THE CONSTRUCTION RELATED TO THE RESEARCH INSTITUTE AS WELL AS VARIO US IT PROJECTS.</p>

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

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NYU LANGONE HOSPITALS

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

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 NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE CORP	27-4291221	63166LBEO	10-23-2012	140,658,451	SRS 2012 NCLEAC /SEE SCH K, PT VI		X		X		X
B NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE CORP	27-4291221		08-14-2014	39,750,000	SRS 2014 NCLEAC/ SEE SCH K, PT VI		X		X		X

Part II

Proceeds

	A	B	C	D				
1 Amount of bonds retired	18,765,000	6,878,000						
2 Amount of bonds legally defeased								
3 Total proceeds of issue	140,806,591	39,797,023						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	2,330,048	432,980						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	67,840,603	39,364,043						
11 Other spent proceeds	70,635,940							
12 Other unspent proceeds								
13 Year of substantial completion	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				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Cat. No. 50193E

Schedule K (Form 990) 2018

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				
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				
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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		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				
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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				
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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2018

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 #47	SUBSTANTIAL CONTRIBUTOR	148,257	VENDOR		No
(2) DONOR #165	SUBSTANTIAL CONTRIBUTOR	1,505,413	INDEPENDENT CONTRACTOR		No
(3) DONOR #187	SUBSTANTIAL CONTRIBUTOR	441,958	VENDOR		No
(4) SARAH DRUCKENMILLER	FAMILY MEMBER OF TRUSTEE	72,435	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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SCHEDULE M
(Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2018

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

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	X	1	2,004	COST OF FRAMING
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	9	39,004,094	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT FOR INFANTS</u>)	X	1	15,000	FMV
26 Other ► (<u>SCHOOL SUPPLIES FOR CHILDREN</u>)	X	1	12,000	FMV
27 Other ► (<u>GROCERY GIFT CARDS</u>)	X	1	2,000	FMV
28 Other ► (_____)				

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

29

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

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?

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

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.

Yes

No

30a

No

31

Yes

32a

No

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

Cat. No. 51227J

Schedule M (Form 990) (2018)

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.

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

OMB No. 1545-0047

2018**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. JAMIE DIMON AND E. JOHN ROSENWALD, 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	THE HOSPITAL'S BYLAWS WERE AMENDED AS OF AUGUST 1, 2019 TO UPDATE SECTION 1.02 DESCRIBING THE ORGANIZATION'S PURPOSES TO REFLECT THE ADDITIONAL MEDICAL SCHOOL AT NEW YORK UNIVERSITY.

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 AND HEALTH SYSTEM ALSO KNOWN AS "NYU LANGONE HEALTH". ALL MEMBERS OF THE NYU LANGONE HEALTH COMMUNITY, INCLUDING EMPLOYEES, TRUSTEES, OFFICERS, FACULTY, MEDICAL STAFF, RESIDENTS, FELLOWS, STUDENTS, VOLUNTEERS, TRAINEES, VENDORS, CONTRACTORS, CONSULTANTS, SPONSORED INDIVIDUALS, AND AGENTS, HAVE AN OBLIGATION TO CONDUCT THEIR NYU LANGONE HEALTH DUTIES AND THE AFFAIRS OF NYU LANGONE HEALTH IN A MANNER THAT PROMOTES THE BEST INTERESTS OF THE ORGANIZATION AND THAT COMPLIES WITH LEGAL AND REGULATORY REQUIREMENTS. MEMBERS OF THE NYU LANGONE HEALTH COMMUNITY (AS NOTED IN SECTION I BELOW) WHO ARE INVOLVED IN RESEARCH, BUSINESS DECISIONS, OR THE MENTORING OR SUPERVISION OF TRAINEES AND STUDENTS, AS WELL AS CERTAIN OTHER SPECIFIC MEMBERS, HAVE A DUTY TO DISCLOSE ON AN ONGOING BASIS ANY ACTIVITIES OR FINANCIAL INTERESTS RELATED TO THEIR INSTITUTIONAL RESPONSIBILITIES. THESE ACTIVITIES AND FINANCIAL MAY PRESENT ACTUAL, POTENTIAL, OR APPARENT CONFLICT OF INTEREST WHEN THEY INFLUENCE OR APPEAR TO INFLUENCE ONE'S ABILITY TO OBJECTIVELY PROMOTE THE BEST INTERESTS OF NYU LANGONE HEALTH. I. INITIAL AND ANNUAL DISCLOSURES: IN ACCORDANCE WITH NYU LANGONE HEALTH'S CONFLICT OF INTEREST POLICIES, THE FOLLOWING NYU LANGONE HEALTH INDIVIDUALS ARE CONSIDERED COVERED PERSONS AND MUST SUBMIT TO THE OFFICE OF INTERNAL AUDIT, COMPLIANCE AND ENTERPRISE RISK MANAGEMENT'S ("IACERM") CONFLICTS OF INTEREST MANAGEMENT UNIT ("CIMU") A DISCLOSURE STATEMENT UPON APPOINTMENT OR HIRE AND ANNUALLY THEREAFTER. IN ADDITION, ALL COVERED PERSONS 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. COVERED PERSONS INCLUDE: - CHAIRS, VICE CHAIRS, VICE PRESIDENTS, DEANS, ASSOCIATE AND ASSISTANT DEANS, DEPARTMENT AND DIVISION ADMINISTRATORS - DIRECTOR LEVEL AND ABOVE EMPLOYEES - FULL-TIME FACULTY MEMBERS AND PART-TIME EMPLOYED FACULTY MEMBERS; - ANYONE RESPONSIBLE FOR THE DESIGN, CONDUCT, OR REPORTING OF RESEARCH OR OTHER SPONSORED PROJECTS (I.E., INVESTIGATORS AND OTHER KEY RESEARCH PERSONNEL) - SUPPLY CHAIN MANAGEMENT/PURCHASING EMPLOYEES AND ANYONE INVOLVED IN PURCHASING DECISIONS AND/OR CONTRACT NEGOTIATIONS ON BEHALF OF NYU LANGONE HEALTH; AND - MEMBERS OF OVERSIGHT COMMITTEES RELATED TO PATIENT CARE, PURCHASING, RESEARCH, OR EDUCATION - EMPLOYEES OF IACERM, THE OFFICE OF LEGAL COUNSEL, THE OFFICE OF GOVERNMENT AFFAIRS, AND CERTAIN MEMBERS OF THE OFFICE OF SCIENCE AND RESEARCH - TRUSTEES, OFFICERS, AND KEY PERSONS IN THE DISCLOSURE STATEMENT, A COVERED PERSON MUST DISCLOSE ALL INTERESTS HELD IN ENTITIES THAT THEY REASONABLY BELIEVES DOES OR MAY HAVE A DIRECT BUSINESS RELATIONSHIP WITH OR COMPETES OR MAY COMPETE WITH NYU LANGONE HEALTH, OR COULD OTHERWISE REASONABLY APPEAR TO BE RELATED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>D TO THE COVERED PERSONS' RESPONSIBILITIES AT NYU LANGONE HEALTH. TRUSTEES, OFFICERS, AND KEY PERSONS MUST ALSO DISCLOSE, AMONG OTHER THINGS: - ANY ENTITY IN WHICH THE COVERED PERSONS AND/OR A RELATIVE HAS A DIRECTOR, OFFICER OR TRUSTEE POSITION; - ANY FAMILY OR BUSINESS RELATIONSHIP BETWEEN THE COVERED PERSON AND/OR RELATIVE AND A TRUSTEE, OR AN EMPLOYEE OF NYU LANGONE HEALTH, INCLUDING AN OFFICER OR KEY PERSON; - ANY DIRECT BUSINESS RELATIONSHIP BETWEEN THE COVERED PERSON AND/OR RELATIVE WITH ANY NYU LANGONE HEALTH ENTITY OR ANY COMPETITOR OF NYU LANGONE HEALTH; - ANY ANTICIPATED TRANSACTION IN WHICH THE COVERED PERSON AND/OR RELATIVE HAS A DIRECT OR INDIRECT FINANCIAL INTEREST THAT WOULD CONSTITUTE A RELATED PARTY TRANSACTION WITH NYU LANGONE HEALTH. THE COVERED PERSON MUST ALSO CERTIFY COMPLIANCE WITH THE APPLICABLE CONFLICTS OF INTEREST POLICY AS PART OF THE DISCLOSURE STATEMENT. IACERM PROVIDES THE ANNUAL DISCLOSURE FORM TO COVERED PERSONS EITHER VIA AN ELECTRONIC SYSTEM OR VIA EMAIL (FOR TRUSTEES, OFFICERS, AND KEY PERSONS) WITH THE REQUIREMENT IT IS COMPLETE AND RETURNED TO IACERM. II. REVIEW AND EVALUATION IACERM IS RESPONSIBLE FOR REVIEWING AND EVALUATING EACH DISCLOSURE AND FOR DETERMINING WHETHER A REAL OR POTENTIAL CONFLICT OF INTEREST EXISTS UNDER THE CIRCUMSTANCES. WITH RESPECT TO EMPLOYEES, CIMU MAY ISSUE MANAGEMENT PLANS FOR CONFLICTS OF INTEREST AND/OR SUBMIT CERTAIN MATTERS FOR FURTHER REVIEW TO NYU LANGONE HEALTH'S BUSINESS CONFLICT OF INTEREST COMMITTEE ("BCOIC"). PER NYU LANGONE HEALTH'S CONFLICTS OF INTEREST POLICIES, A MATTER IS NOT APPROVED UNLESS THE CIMU AND/OR BCOIC DETERMINES, AFTER REVIEWING ALL MATERIAL FACTS, THAT CIRCUMSTANCES MERIT AN EXCEPTION AND THAT A PLAN IS ADOPTED FOR MANAGING AND MONITORING THE CONFLICT OF INTEREST WHICH IS FAIR, REASONABLE, AND IN THE BEST INTERESTS OF NYU LANGONE HEALTH. WITH RESPECT TO TRUSTEES, OFFICERS, AND KEY PERSONS, IN CASES WHERE IACERM BELIEVES THAT A CONFLICT OF INTEREST OR RELATED PARTY TRANSACTION EXISTS, IACERM WILL SUBMIT THE MATTER TO THE NYU LANGONE HEALTH AUDIT AND COMPLIANCE COMMITTEE ("A&CC") FOR REVIEW IN ACCORDANCE WITH POLICY. WHEN APPROPRIATE, IACERM WILL ISSUE, AND THE A&CC WILL APPROVE, A MANAGEMENT PLAN IN ORDER TO MANAGE ANY POTENTIAL CONFLICT OF INTEREST (OR RELATED PARTY TRANSACTION), WHICH DEPENDS UPON THE FACTS AND CIRCUMSTANCES OF THE SPECIFIC MATTER. WITH RESPECT TO RELATED PARTY TRANSACTIONS, THE A&CC WILL NOT APPROVE A MATTER UNLESS THE A&CC HAS MADE A DETERMINATION THAT THE TRANSACTION IS FAIR, REASONABLE, AND IN NYU LANGONE HEALTH'S BEST INTEREST. WITH RESPECT TO RELATED PARTY TRANSACTIONS WHERE THE RELATED PARTY HAS A SUBSTANTIAL FINANCIAL INTEREST, THE A&CC WILL ENSURE ALSO CONSIDER THE ALTERNATIVES TO THE TRANSACTION TO THE EXTENT AVAILABLE, APPROVE THE TRANSACTION BY NOT LESS THAN A MAJORITY VOTE OF THE A&CC MEMBERS PRESENT AT THE MEETING, AND CONTEMPORANEOUSLY DOCUMENT IN WRITING THE BASIS FOR THE A&CC'S APPROVAL, INCLUDING ITS CONSIDERATION OF A</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALTERNATIVE TRANSACTIONS. III. RECUSAL NO COVERED PERSON OF THE NYU LANGONE HEALTH COMMUNITY SHALL PARTICIPATE IN THE DELIBERATION OF ANY MATTER THAT GIVES RISE TO A REAL OR POTENTIAL CONFLICT OF INTEREST. IN SUCH EVENT, THE COVERED PERSON MUST RECUSE THEMSELVES.

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: THE EXECUTIVE COMPENSATION PROCESS AT NYU LANGONE HOSPITALS ("NYULH") 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 NYULH. 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 NYULH, 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 XI, LINE 9:	CHANGES IN PENSION & POSTRETIREMENT OBLIGATIONS -279,355,426. EQUITY TRANSFER - NYU GROSSMAN SCHOOL OF MEDICINE 47,424,940. NET EQUITY TRANSFER - NYU WINTHROP HOSPITAL 431,070,114. TRANSFER FOR SELF-INSURANCE -67,334,944.

eFile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493192010320	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2018
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
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.

See Additional Data Table

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CCC550 INSURANCE SCC	B	67,334,944	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).

Return Reference	Explanation

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 1	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	
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	
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	
150 55TH STREET BROOKLYN, NY 11220 11-2439925	DAY CARE & SENIOR SERVICES	NY	501(C)(3)	LINE 7	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	

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
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 12A, I	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 LANGONE HOSPITALS	Yes	
222 STATION PLAZA NORTH MINEOLA, NY 11501 46-2439597	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU LANGONE HOSPITALS	Yes	
222 STATION PLAZA NORTH MINEOLA, NY 11501 46-5482775	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU LANGONE HOSPITALS	Yes	
222 STATION PLAZA NORTH SUITE 350 MINEOLA, NY 11501 47-2665045	HEALTHCARE	NY	501(C)(3)	LINE 12A, I	NYU LANGONE HOSPITALS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CCC 550 INSURANCE SCC 550 FIRST AVENUE NEW YORK, NY 10016	SELF-INSURANCE	BB	NYU LANGONE HOSPITALS	C	56,212,000	809,702,000	100.000 %	Yes	
(1) LA PIETRA SRL VIA BOLOGNESE 120 FLORENCE 50139 IT	HOLDS PROPERTY COMPRISING NYU'S FLORENCE CAMPUS	IT	N/A	C				Yes	
(2) NIU DA ED INFOR CONSULTING CO LTD 1555 CENTURY AVENUE ROOM 1063 PUDONG NEW AREA, SHANGHAI 200062 CH	SUPPORT NYU'S PROGRAM IN CHINA	CH	N/A	C				Yes	
(3) SHORE HILL HOUSING ASSOCIATES GP INC 150 55TH STREET BROOKLYN, NY 11220 26-2243695	HOUSING	NY	N/A	C				Yes	
(4) WINTHROP CLINICAL PARTNERS INC 259 FIRST STREET MINEOLA, NY 11501 45-4088169	HEALTHCARE	NY	N/A	C					No
(5) CARDIOVASCULAR MEDICAL ASSOCIATES PC 975 STEWART AVENUE GARDEN CITY, NY 11530 27-3629386	HEALTHCARE	NY	N/A	C					No
(6) WINTHROP IPA 700 HICKSVILLE ROAD BETHPAGE, NY 11714 45-4951888	MANAGEMENT SERVICES	NY	N/A	C					No
(7) LONG ISLAND PRIMARY CARE ASSOCIATES 700 HICKSVILLE ROAD BETHPAGE, NY 11714 11-3307827	HEALTHCARE	NY	N/A	C					No
(8) WINTHROP CHILD NEUROLOGY ASSOCIATES PC 173 MINEOLA BOULEVARD SUITE 101 MINEOLA, NY 11501 20-5682886	HEALTHCARE	NY	N/A	C					No
(9) WINTHROP DENTAL PC 700 HICKSVILLE ROAD BETHPAGE, NY 11714 45-4055800	HEALTHCARE	NY	N/A	C					No
(10) WINTHROP PEDIATRIC ASSOCIATES PC 222 STATION PLAZA MINEOLA, NY 11501 11-2891904	HEALTHCARE	NY	N/A	C					No
(11) WOMEN'S CONTEMPORARY CARE ASSOCIATES PC 120 MINEOLA BOULEVARD SUITE 100 MINEOLA, NY 11501 11-2707087	HEALTHCARE	NY	N/A	C					No
(12) WINTHROP RADIOLOGY SERVICES PC 121 MINEOLA BOULEVARD MINEOLA, NY 11501 11-3016374	HEALTHCARE	NY	N/A	C					No
(13) MEDICAL GROUP OF MINEOLA PC 222 STATION PLAZA MINEOLA, NY 11501 81-1000704	HEALTHCARE	NY	N/A	C					No