

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 01-01-2018, and ending 12-31-2018

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

C Name of organization
New York Eye & Ear Infirmary
% MICHAEL PASTIER
Doing business as
NYEEI OF MOUNT SINAI
Number and street (or P O box if mail is not delivered to street address) Room/suite
310 East 14th Street
City or town, state or province, country, and ZIP or foreign postal code
New York, NY 10003

D Employer identification number
13-5562304
E Telephone number
(212) 979-4320
G Gross receipts \$ 159,574,604

F Name and address of principal officer
JAMES C TSAI MD
310 EAST 14TH STREET
NEW YORK, NY 10003

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number

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

J Website: www.nyee.edu

K Form of organization
Corporation Trust Association Other

L Year of formation 1820
M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE PATIENT CARE AT THE HIGHEST QUALITY, MOST TECHNOLOGICALLY ADVANCED AND CONSISTENT MULTIDISCIPLINARY CARE

Table with 2 columns: Line number, Amount. Rows 2-7b: 2 (checkbox), 3 (31), 4 (31), 5 (1,100), 6 (186), 7a (0), 7b (462,313)

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows 8-19: Revenue (8-12), Expenses (13-19), Net Assets or Fund Balances (20-22)

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-11-07
DONALD SCANLON EVP, SYSTEM CFO & CCS
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: ERNST & YOUNG US LLP
Preparer's signature:
Date:
Check if self-employed:
PTIN: P00740769
Firm's EIN:
Firm's address: 5 TIMES SQUARE, NEW YORK, NY 100366530
Phone no: (212) 773-3000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE PATIENT CARE AT THE HIGHEST QUALITY, MOST TECHNOLOGICALLY ADVANCED AND CONSISTENT MULTIDISCIPLINARY CARE IN AN ENVIRONMENT WHERE THE SAFETY, DIGNITY AND COMFORT OF EACH PATIENT ARE PARAMOUNT IN DELIVERING PATIENT CARE, NEW YORK EYE AND EAR INFIRMARY WILL STRIVE TO PROVIDE AN ERROR-FREE ENVIRONMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 130,175,988 including grants of \$ 0) (Revenue \$ 149,075,994)
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 ▶ 130,175,988

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), 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 (MICHAEL PASTIER 150 E 42ND STREET - 5TH FLOOR NEW YORK, NY 10017 (646) 605-4094)

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with values 2,752,937, 19,319,887, and 678,612.

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 108

Questions 3, 4, and 5 regarding compensation reporting, with Yes/No columns.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like CROTHALL HEALTHCARE SOLUTION LLC, MORRISON HEALTHCARE, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	504,721		
	e Government grants (contributions)	1e	0		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,558,230		
	g Noncash contributions included in lines 1a - 1f \$		1,126,642		
h Total. Add lines 1a-1f		5,062,951			

Program Service Revenue			Business Code			
	2a NET PATIENT SERVICES		621300	146,796,187	146,796,187	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			146,796,187			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			-573,457			-573,457	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		2,937,529						
		b Less rental expenses						
		c Rental income or (loss)		0				
	d Net rental income or (loss)			2,937,529			2,937,529	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		1,232,000						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)		1,232,000				
	d Net gain or (loss)			1,232,000			1,232,000	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0				
		b Less direct expenses	b	0				
c Net income or (loss) from fundraising events				0				
9a Gross income from gaming activities See Part IV, line 19	a		0					
	b Less direct expenses	b	0					
	c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a		0					
	b Less cost of goods sold	b	0					
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code						
11a OTHER PHYSICIAN SERVICES		900099	1,417,858	1,417,858				
	b CAFETERIA		722320	480,407			480,407	
	c OTHER REVENUE		900099	2,221,129	861,949		1,359,180	
	d All other revenue							
e Total. Add lines 11a-11d			4,119,394					
12 Total revenue. See Instructions			159,574,604	149,075,994		5,435,659		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,235,783	1,087,489	148,294	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	53,437,614	46,909,674	6,396,774	131,166
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,392,022	2,097,280	285,993	8,749
9 Other employee benefits.	7,874,519	6,913,174	942,706	18,639
10 Payroll taxes.	3,833,405	3,364,024	458,730	10,651
11 Fees for services (non-employees)				
a Management.	93,861	82,598	11,263	0
b Legal.	203,816	0	191,382	12,434
c Accounting.	44,500	0	44,500	0
d Lobbying.	24,525	24,525	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	145,543	0	145,543	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,760,869	19,754,158	3,006,711	
12 Advertising and promotion.	247,786	200,454	27,335	19,997
13 Office expenses.	4,347,576	4,336,326		11,250
14 Information technology.	1,331,066	1,167,640	159,224	4,202
15 Royalties.	0			
16 Occupancy.	7,473,660	6,576,821	896,839	0
17 Travel.	104,290	89,003	12,137	3,150
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	111,634	98,238	13,396	0
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	8,826,346	7,295,858	1,530,488	0
23 Insurance.	2,686,057	2,363,730	322,327	0
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 & SURGICAL SUPPLIES	26,985,151	26,985,151		
b DIETARY	943,006	829,845	113,161	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	145,103,029	130,175,988	14,706,803	220,238
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	27,926,965	1	37,017,390
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	1,402,125	3	54,911
	4 Accounts receivable, net	10,563,467	4	14,518,321
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,648,067	8	2,009,542
	9 Prepaid expenses and deferred charges	149,307	9	91,880
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 218,374,489		
	b Less accumulated depreciation	10b 172,396,762	47,741,592	10c 45,977,727
	11 Investments—publicly traded securities	37,873,921	11	37,822,178
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	230,177	13	0
	14 Intangible assets	428,200	14	193,800
	15 Other assets See Part IV, line 11	16,926,369	15	17,311,554
16 Total assets. Add lines 1 through 15 (must equal line 34)	144,890,190	16	154,997,303	
Liabilities	17 Accounts payable and accrued expenses	12,361,744	17	12,815,508
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	45,768,210	25	50,448,796
	26 Total liabilities. Add lines 17 through 25	58,129,954	26	63,264,304
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	66,139,610	27	69,818,000
	28 Temporarily restricted net assets	11,594,637	28	12,889,010
	29 Permanently restricted net assets	9,025,989	29	9,025,989
	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	86,760,236	33	91,732,999	
34 Total liabilities and net assets/fund balances	144,890,190	34	154,997,303	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,574,604
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,103,029
3	Revenue less expenses Subtract line 2 from line 1	3	14,471,575
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,760,236
5	Net unrealized gains (losses) on investments	5	-3,154,408
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	-6,344,404
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	91,732,999

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-5562304

Name: New York Eye & Ear Infirmary

Form 990 (2018)

Form 990, Part III, Line 4a:

THE HIGHEST QUALITY, MOST TECHNOLOGICALLY ADVANCED AND CONSISTENT MULTIDISCIPLINARY CARE IN A SAFE AND COMFORTABLE ENVIRONMENT PROVIDING AN ONGOING SERIES OF LECTURES, SEMINARS AND HEALTH SCREENINGS, DEVELOPMENT OF HIGHLY QUALIFIED, WELL TRAINED PHYSICIAN/SURGEONS THROUGH PROGRAMS OF RESIDENCY TRAINING NEW YORK EYE AND EAR INFIRMARY PROVIDED THE FOLLOWING SERVICES TO RESIDENTS OF ITS LOCAL COMMUNITY IN 2018 324 INPATIENT DISCHARGES 27,401 AMBULATORY SURGERY VISITS 58,380 REFERRED ABULATORY PROCEDURES INCLUDING 1,731 FOR THE SLEEP CENTERS 95,064 OUTPATIENT CLINIC VISITS IN ADDITION, PLEASE REFERENCE WWW NYEE EDU FOR OUR CAPABILITIES REPORT AND COMMUNITY INFORMATION REPORT LOCATED UNDER THE GENERAL INFORMATION SECTION OF THE WEBSITE

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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN R CULLMAN VICE CHAIRMAN/TRUSTEE	2 0 14 0	X		X				0	0	0
JOEL S EHRENKRANZ VICE CHAIRMAN/TRUSTEE	2 0 14 0	X		X				0	0	0
BLAINE V FOGG VICE CHAIR/SECRETARY/TRUSTEE	2 0 14 0	X		X				0	0	0
DONALD J GOGEL SENIOR VICE CHAIRMAN/TRUSTEE	2 0 14 0	X		X				0	0	0
STEVEN HOCHBERG SENIOR VICE CHAIRMAN/TRUSTEE	2 0 19 0	X		X				0	0	0
JOHN A LEVIN VICE CHAIRMAN/TRUSTEE	2 0 14 0	X		X				0	0	0
PETER W MAY CHAIRMAN OF BOARD OF TRUSTEES	2 0 14 0	X		X				0	0	0
ERIC MINDICH VICE CHAIRMAN/TRUSTEE	2 0 14 0	X		X				0	0	0
MICHAEL MINIKES SR VICE CHAIR/TRUSTEE/TREASURE	2 0 23 0	X		X				0	0	0
JOEL I PICKET VICE CHAIRMAN/TRUSTEE	2 0 17 0	X		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			
RICHARD RAVITCH VICE CHAIRMAN/TRUSTEE	2 0 17 0	X		X				0	0	0
JUDITH O RUBIN VICE CHAIRMAN/TRUSTEE	2 0 14 0	X		X				0	0	0
ANDREW M SAUL VICE CHAIRMAN/TRUSTEE	2 0 15 0	X		X				0	0	0
THOMAS W STRAUSS VICE CHAIRMAN/TRUSTEE	2 0 14 0	X		X				0	0	0
JAMES S TISCH SENIOR VICE CHAIRMAN/TRUSTEE	2 0 14 5	X		X				0	0	0
ANDREW M ALPER TRUSTEE	1 0 5 0	X						0	0	0
FRANK BISIGNANO TRUSTEE	1 0 4 0	X						0	0	0
JEFF T BLAU TRUSTEE	1 0 9 0	X						0	0	0
HENRY M CALDERON TRUSTEE	1 0 4 0	X						0	0	0
EDGAR M CULLMAN JR TRUSTEE	1 0 4 0	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			
JAMES E FLYNN TRUSTEE	1 0 6 0	X						0	0	0
JOHN B HESS TRUSTEE	1 0 4 5	X						0	0	0
JAMES KEMPNER TRUSTEE	1 0 5 0	X						0	0	0
MARC S LIPSCHULTZ TRUSTEE	1 0 5 0	X						0	0	0
JAMES NEARY TRUSTEE	1 0 4 0	X						0	0	0
ALICE NETTER TRUSTEE	1 0 5 0	X						0	0	0
BERNARD W NUSSBAUM TRUSTEE	1 0 6 0	X						0	0	0
ROBERT F SAVAGE JR TRUSTEE	1 0 5 0	X						0	0	0
DAVID WINDREICH TRUSTEE	1 0 5 0	X						0	0	0
JOHN S WINKLEMAN TRUSTEE	1 0 4 0	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 H WRIGHT II TRUSTEE	1 0 5 0	X						0	0	0
JAMES W CRYSTAL VICE CHAIRMAN	2 0 14 0			X				0	0	0
BONNIE M DAVIS MD VICE CHAIRMAN	2 0 14 0			X				0	0	0
GLENN DUBIN VICE CHAIRMAN	2 0 14 0			X				0	0	0
RICHARD A FRIEDMAN VICE CHAIRMAN	2 0 14 0			X				0	0	0
HENRY R KRAVIS VICE CHAIRMAN	2 0 14 0			X				0	0	0
HON ROBERT E RUBIN SENIOR VICE CHAIRMAN	2 0 14 0			X				0	0	0
JEREMY BOAL MD EVP, SYSTEM CMO	1 0 59 0			X				44,704	1,817,965	58,541
DENNIS CHARNEY MD 1 PRESIDENT, ACADEMIC AFFAIRS	1 0 59 0			X				49,818	2,025,951	46,346
KENNETH DAVIS MD CHIEF EXECUTIVE OFFICER	1 0 59 0			X				134,153	5,455,552	68,724

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			
BURTON P DRAYER EVP, SYSTEM CCA	0 5 59 5			X				0	1,502,632	46,011
BETH ESSIG ESQ EVP, GENERAL COUNSEL	1 0 59 0			X				37,298	1,516,778	29,277
ARTHUR KLEIN MD EVP, PRESIDENT OF HEALTH NTWK	0 5 59 5			X				0	1,640,448	38,559
MARGARET PASTUSZKO EVP, SYSTEM CIO	1 0 59 0			X				31,498	1,280,908	76,649
DONALD T SCANLON EVP, FINANCE & CHIEF CORP SERV	1 0 59 0			X				44,462	1,808,128	56,564
JEFFREY SILBERSTEIN EVP, SYSTTEM CAO	1 0 59 0			X				29,380	1,194,779	32,199
JAMES TSAI MD MBA PRESIDENT	36 0 24 0			X				806,384	537,590	57,639
FRANK CINO SVP, SYSTEM CHIEF RISK OFFICER	1 0 59 0				X			13,258	539,156	58,528
RONALD GENTILE ASST PROF CLIN OTOLARYNGOLOGY	60 0 0 0					X		317,732	0	923
STACEY CONKLIN VP FOR PATIENT CARE SERVICES	60 0 0 0					X		273,480	0	24,509

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			
RAYMOND GEARITY DIRECTOR OF FACILITIES MGMT	60 0 0 0					X		204,318	0	16,552
CHRISTOPHER SPINA SVP, CHIEF OPERATING OFFICER	60 0 0 0					X		392,402	0	49,084
MICHAEL STRAUSS CHIEF MEDICAL OFFICER	60 0 0 0					X		374,050	0	18,507

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
New York Eye & Ear Infirmary

Employer identification number
13-5562304

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 **section 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**

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

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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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: 13-5562304

Name: New York Eye & Ear Infirmary

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
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization New York Eye & Ear Infirmary	Employer identification number 13-5562304
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		24,525
j Total Add lines 1c through 1i			24,525
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?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
FORM 990, PART II-B, LINE 1I	THE NEW YORK EYE AND EAR INFIRMARY PAYS DUES TO THE GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), THE AMERICAN ASSOCIATION OF EYE AND EAR CENTERS OF EXCELLENCE (AAEEE) AND THE HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYS) IN ACCORDANCE WITH SECTION 6033(E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY GNYHA, AAEEE AND HANYS, A PORTION OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES

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
New York Eye & Ear Infirmary

Employer identification number
13-5562304

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,990,879	7,292,283	7,226,036	6,951,826	5,963,444
b Contributions	66,235	3,725	120,000	125,500	275,462
c Net investment earnings, gains, and losses	378,618	925,323	147,308	213,528	812,293
d Grants or scholarships					
e Other expenditures for facilities and programs	371,366	230,452	201,061	64,818	99,373
f Administrative expenses					
g End of year balance	8,064,366	7,990,879	7,292,283	7,226,036	6,951,826

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 58 800 %
 - b** Permanent endowment ▶ 41 200 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,049,967		2,049,967
b Buildings		94,847,478	67,901,070	23,946,408
c Leasehold improvements		10,018,229	7,078,633	2,939,596
d Equipment		111,168,451	97,417,059	13,751,392
e Other		3,290,364		3,290,364
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				45,977,727

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) DUE FROM HOLDING CORP	207,886
(2) REINSURANCE INSURANCE RECEIVAB	12,159,000
(3) EST THIRD PARTIES SETTLEMENT	2,533,778
(4) SUPPLIES	2,410,890
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	17,311,554

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED PENSION PAYABLE	25,296,406
INSURED LIABILTIES	12,159,000
OTHER NONCURRENT LIABILITIES	2,789,812
EST THIRD PARTY SETTLEMENTS	7,081,700
DUE TO RELATED ORGANIZATIONS	3,121,878
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	50,448,796

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: 13-5562304

Name: New York Eye & Ear Infirmary

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	<p>INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS NEW YORK EYE AND EAR INFIRMARY'S ENDOWMENT</p> <p>FUNDS ARE RESTRICTED TO INVESTMENTS IN PERPETUITY WITH THE INCOME EXPENDABLE TO SUPPORT PROGRAM ACTIVITIES AS STIPULATED BY THE DONORS THE HOSPITAL FOLLOWS THE REQUIREMENT OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UPMIFA") AS THEY ARE RELATED TO ITS ENDOWMENT CONTRIBUTIONS THE HOSPITAL HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER TO PROVIDE THAT SUFFICIENT ASSETS ARE AVAILABLE AS A SOURCE OF LIQUIDITY FOR THE INTENDED USE OF THE FUNDS, ACHIEVE THE OPTIMAL RETURN POSSIBLE WITH THE SPECIFIC PARAMETERS, AND PRUDENTLY INVEST ASSETS IN A HIGH-QUALITY DIVERSIFIED MANNER TO ADHERE TO ESTABLISHED GUIDELINES</p>

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
 New York Eye & Ear Infirmary

Employer identification number
 13-5562304

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2,935,430	2,026,944	908,486	0 630 %
b Medicaid (from Worksheet 3, column a)			42,943,549	40,065,464	2,878,085	1 980 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			45,878,979	42,092,408	3,786,571	2 610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			77,905		77,905	0 050 %
f Health professions education (from Worksheet 5)			5,397,497	974,336	4,423,161	3 050 %
g Subsidized health services (from Worksheet 6)			23,464		23,464	0 020 %
h Research (from Worksheet 7)			103,633	78,153	25,480	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			5,602,499	1,052,489	4,550,010	3 140 %
k Total. Add lines 7d and 7j			51,481,478	43,144,897	8,336,581	5 750 %

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			190,558		190,558	0 130 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			190,558		190,558	0 130 %

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		No
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		
			3,983,590
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		17,712,981
6 Enter Medicare allowable costs of care relating to payments on line 5	6		20,179,325
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7		-2,466,344
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 type="checkbox"/> Cost to charge ratio			
<input checked="" 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				
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)
NEW YORK EYE & EAR INFIRMARY

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input 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 <u>20 17</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 or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.nyee.edu/about/community</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.nyee.edu/about/community</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

NEW YORK EYE & EAR INFIRMARY

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>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>see PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input 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 type="checkbox"/> Other (describe in Section C)		

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

NEW YORK EYE & EAR INFIRMARY

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
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? If "No," indicate why	21	Yes	
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)

NEW YORK EYE & EAR INFIRMARY

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 NYEE - COLUMBUS CIRCLE 200 W 57TH STREET SUITE 1410 NEW YORK, NY 10019	PHYSICIAN PRACTICE OFFICE
2 NYEE - TRIBECA 77 WORTH STREET NEW YORK, NY 10013	PHYSICIAN PRACTICE OFFICE
3 NYEE - BAY RIDGE 9020 5TH AVENUE 3RD FLOOR BAY RIDGE, NY 11209	PHYSICIAN PRACTICE OFFICE
4 NYEE - MIDWOOD 1630 E 15TH STREET 203 BROOKLYN, NY 11229	PHYSICIAN PRACTICE OFFICE
5 NYEE - Williamsburg 101 BROADWAY 201 BROOKLYN, NY 11249	PHYSICIAN PRACTICE OFFICE
6 NYEE - MINEOLA 200 OLD COUNTRY ROAD 130 MINEOLA, NY 11501	PHYSICIAN PRACTICE OFFICE
7 NYEE - WHITE PLAINS 244 WESTCHESTER AVE 215 WHITE PLAINS, NY 10604	PHYSICIAN PRACTICE OFFICE
8 NYEE- 2nd Ave 380 2nd Avenue New York, NY 10010	PHYSICIAN PRACTICE OFFICE
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 6	<p>DESCRIPTION AND AVAILABILITY OF ANNUAL COMMUNITY BENEFIT REPORT NYEE PREPARED AN ANNUAL COMMUNITY BENEFIT REPORT (COMMUNITY SERVICE PLAN-CSP) THE CSP IS A SENT TO THE NYS DOH B POSTED ON OUR WEBSITE (WWW NYEE EDU) C AVAILABLE ON THE SITE FOR PATIENTS AND COMMUNITY MEMBERS D INCLUDES A SUMMARY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), EXECUTIVE SUMMARY IS ALSO AVAILABLE PART I, LINE 7 Financial and certain other Community Benefits at Cost Explanation of costing methodology NYEE costing methodology was based upon the 2018 NYS institutional cost report (ICR) and the 2018 Medicare (Form 2252) cost report These reports are filed with the NYS Department of Health and the applicable CMS intermediary, respectively The cost-to-charge ratio, derived from Worksheet 2 and the ratio of patient care cost-to-charges were used for the various sub-line items of Line #7 We utilized the worksheets from the Sch H instructions to calculate the total amounts Part VI (for part I # 1, page 1) 7a,7b,7c, 7d, 7e, 7f, 7g, 7h, 7i, 7j and 7k a Financial Assistance at Cost see Worksheet 1 b Medicaid see Worksheet 3 c Financial assistance and means-tested government programs are the sum of a and b d Community Health Improvement Services (CHIS), support groups for head and neck cancer survivors as well as for individuals with macular degeneration, uveitis, and glaucoma e Health Professions Education, GME (interns, residents and fellows), continuing medical education and community health education lectures We followed the instruction dividing the result (e) by the expense from part IX, Line 25 of Column A, regarding the health professions education training f Subsidized Health Services We provided pharmaceuticals to needy patients and to others for free or at discounted prices g Research totals for subsidized clinical trials open to the community All were Institutional review board (IRB) protocols approved for the protection of human subjects All costs are NET-(Total expense minus Revenue) See worksheet 7 h N/A i Total Other benefits (see page 1) j Total Lines 7d and 7</p>
PART II, LINE 3	<p>DESCRIPTION OF COMMUNITY SUPPORT, COMMUNITY BUILDING ACTIVITIES AND COMMUNITY HEALTH IMPROVEMENT SERVICES IN 2018 NYEE WAS INVOLVED IN A WIDE ARRAY OF OVER A DOZEN ANNUAL ACTIVITIES (COMMUNITY BENEFITS) TO PROMOTE THE HEALTH OF THE LOCAL COMMUNITY WITH INCLUDED A SPECIALTY MEDICAL MISSIONS, E.G. MISSION FOR FREE CATARACT SURGERY B VISION SCREENING IN SCHOOL AND SENIOR CITIZEN CENTER SETTINGS C WORLD VOICE SCREENING DAY D BREAST CANCER CHARITY WALKS E PRODUCING A HEARING LOSS AWARENESS MULTI-PLATFORM PUBLIC SERVICE WELLING CAMPAIGN F HEALTH AND WELLNESS FAIRS G AUDIOLOGY DAY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, LINE 4	ENVIRONMENTAL IMPROVEMENTS AND EMERGENCY PREPARENESS
PART III, LINE 2	NYEE'S AMOUNT OF BAD DEBT AND THE METHODOLOGY USED TO ESTIMATE THIS AMOUNT A BAD DEBT TOTALS \$3,983,590 B BAD DEBT EXPENSE METHODOLOGY- NYEE CALCULATED ITS BAD DEBT EXPENSE EXAMINATING NET PATIENT REVENUE AND APPLYS AN ESTIMATED PERCENTAGE THAT MANAGEMENT DEEM UNCOLLECTIBLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	BAD DEBT ATTRIBUTED TO CHARITY CARE AND RELATED METHODOLOGY ESTIMATED AMOUNT OF BAD DEBT ATTRIBUTED TO CHARITY CARE \$0
PART III, LINE 4	PAGE 19 AND 20 OF THE FOOTNOTE TO THE AFS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	SHORTFALL IN LINE 7 IS NONE MEDICARE ALLOWABLE COST CALULCATION METHOD- 2018 MEDICARE COST REPORT PER INSTRUCTION
PART III, LINE 9B	A NYEE HAS A WRITTEN DEBT COLLECTION POLICY B NYEE'S POLICY CONTAINS PROVISIONS FOR FAP ELIGIBLE PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	IN ADDITION TO THE CHNA REPORTED IN PART V, NYEE ASSESSED THE COMMUNITY HEALTH NEEDS EACH OF THE LAST SEVEN YEARS BY COMPLING THE COMMUNITY SERVICE AND PREVENTION PLAN NYEE EXAMINED DISTINCT CONSTITUENCIES FOR SERVICING OF BOTH SHORT AND LONG TERM SPECIALTY CARE HEALTH NEEDS THESE REPORTS ARE AVAILABLE ON THE HOSPITAL'S WEBSITE, WWW NYEE EDU
PART IV, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	FULL-TIME MEDICAID ENROLLMENT COUNSELORS ARE AVAILABLE ON PREMISE IN ADDITION TO AN ASSISTANT MANAGER WHOSE SOLE RESPONSIBILITY IS TO ASSIST PATIENTS UPON ARRIVAL AND MAKE ELIGIBILITY FOR FINANCIAL ASSISTANCE KNOWN TO THEM IN ACCORDANCE WITH NYS LAW, WE SUPPLY INFORMATION REGARDING MEDICAID APPLICATION NYEE HAS A ROBUST FINANCIAL COUNSELING DEPARTMENT FOR MEDICAID, NYS HEALTH EXCHANGE AND CHARITY CARE THE CHARITY CARE POLICY IS AVAILABLE IN FOUR LANGAGES ON OUR WEBSITE THROUGHOUT THE INSTITUTION AND IS AVAILABLE TO ALL PATIENTS UPON REQUESTS THE NYEE INDIGENT CARE POLICY ASSISTS INDIGENT AND UNINSURED PATIENTS TO RECEIVE QUALITY HEALTH CARE SERVICES PROVIDED BY NYEE FEE DISCOUNT INFORMATION MATERIAL IS AVAILABLE IN VENUES IN MULTIPLE LOCATIONS IN THE HOSPITAL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	NYEE'S PRIMARY SERVICE AREA (PSA) IS COMPRISED OF FIVE CONTIGUOUS ZIP CODES TO THE SOUTH, EAST AND WEST OF THE HOSPITAL ALTHOUGH WE SERVE THE ENTIRE METROPOLITAN AREA THE CLINICS FOCUS ON MANHATTAN'S LOWER EAST SIDE THIS AREA HAS BEEN DESIGNATED BY HRSA AS HEALTH PERSONNEL SHORTAGE AREA FOR OVER A DECADE OVER HALF OF THE POPULATION DON'T CONSIDER ENGLISH AS THEIR PRIMARY LANGUAGE and OVER A QUARTER OF THE POPULATION LIVE BELOW POVERTY LEVEL
PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	WE CONTINUE TO FURTHER OUR TAX-EXEMPT PURPOSE BY OUR EXTENSIVE COMMUNITY AFFAIRS PROGRAM INCLUDING COMMUNITY BENEFIT ACTIVITIES AND COMMUNITY BUILDING PROGRAMS DETAILED ELSEWHERE IN THIS SCHEDULE H WE HAVE ALSO PROMOTED THE HEALTH OF THE COMMUNITY BY, AS DETAILED ELSEWHERE, MAKING SIGNIFICANT ENVIRONMENTAL IMPROVEMENTS AND ENHANCEMENTS IN OUR ONGOING EMERGENCY PREPAREDNESS PROGRAM THE NYEE MEDICAL STAFF IS OPEN TO ALL PHYSICIANS WHO MEET THE STANDARDS OF THE MEDICAL BOARD SOME OF OUR MORE THAN 500 ATTENDINGS LIVE AND PRACTICE IN THE COMMUNITY THE NEW YORK EYE AND EAR INFIRMARY OF MOUNT SINAI IS THE ONLY SPECIALIZED HOSPITAL AND THERE ARE NO ACUTE CARE HOSPITALS IN NYEE'S IMMEDIATE PSA The Infirmary PLAYS A LEADERSHIP ROLE IN THE COMMUNITY, IT PARTICIPATES IN THE UNION SQUARE PARTNERSHIP AND AREA-WIDE TASK FORCES, SUCH AS THE LOWER EAST SIDE HEALTH CARE COALITION WITH OTHER COMMUNITY STAKEHOLDERS NYEEI HAS ONE OF THE STRONGEST VOLUNTEER PROGRAMS OF ANY HOSPITAL IN NYC AND IS RENOWNED FOR ITS VOLUNTEER AND OUTREACH PROGRAMS, WE HAVE MORE THAN 300 VOLUNTEERS PER ANNUM FROM TEENS TO OLDR ADULTS HELPING TO TRAIN AND PLACE THEM IN THE JOB WORLD, SOME AT NYEEI OF MOUNT SINAI A VITAL COMPONENT IS THE OUTREACH TO INFORM AND RECRUIT PEOPLE IN THE COMMUNITY WHO MAY BENEFIT FROM PARTICIPATION AT NO COST (E G , GLAUCOMA INCIDENCE IN AFRICAN AMERICANS) IN STATE-OF-THE-ART CLINICAL TRIALS ON THE DIAGNOSIS AND TREATMENT OF OCULAR AND OTOLARYNGOLOGICAL DISEASES, BLINDNESS, DEAFNESS AND HEAD & NECK CANCERS (SEE COMMUNITY BENEFIT RESEARCH SCHEDULE) NYEEI WORKS WITH THE COMMUNITY ADVISORY BOARDS OF MOUNT SINAI, BETH ISRAEL HOSPITAL (ONLY THREE BLOCKS AWAY), MOUNT SINAI, ROOSEVELT HOSPITAL AND Mount Sinai HOSPITAL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM	THE ORGANIZATION WORKS CLOSELY WITH ITS AFFILIATED HOSPITALS AS AN INTEGRATED HEALTH CARE PARTNERSHIP LEADERSHIP IS COMMITTED TO WORKING WITH THE COMMUNITY AND WILL REMAIN COMMITTED TO ALLOCATING SUFFICIENT RESOURCES TO ENSURE THAT THE CLINICAL AND OUTREACH SERVICES OF EACH OF THE AFFILIATED HOSPITALS IS RESPONSIVE TO THE COMMUNITY HEALTH NEEDS BY PROVIDING HIGH QUALITY, ACCESSIBLE, AND COMPASSIONATE HEALTH CARE TO THE MAXIMUM EXTENT POSSIBLE
PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT NEW YORK

Additional Data**Software ID:****Software Version:****EIN:** 13-5562304**Name:** New York Eye & Ear Infirmary**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	NEW YORK EAR & EYE INFIRMARY 310 EAST 14TH STREET NEW YORK, NY 10003 WWW NYEE EDU 7002026H	X			X		X			SPECIALTY EYE & EAR HOSPITAL	

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

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3e</p>	<p>The significant health needs of the community identified in the CNHA are prioritized according to the community needs SCHEDULE H, PART V, SECTION B, LINE 5 The hospital facility took into account input from persons who represent the community, including those with special knowledge of or expertise in public health, through key informant interviews and focus groups conducted from September through December 2017 Input was obtained from 104 individuals representing 40 community organizations Collectively, these 40 organizations serve a wide-range of community residents, individually, these serve medically underserved communities (such as LGBTQ individuals, immigrant populations, and community members with limited English proficiency), low-income communities (notably children and seniors), and minority populations (including Chinese and Hispanic residents) In addition to the New York City Department of Health and Mental Hygiene, participating organizations included ACMH Inc , Astoria Blue Feather Early Learning Center, BRC Senior Services Center, Callen-Lorde Community Health Center, Center for Independence of the Disabled in NY, Consolidated Edison, Inc , Coordinated Behavioral Care (CBC), Dominican Women's Development Center, Educational Alliance, Hearing Loss Association of America, New York City Chapter, Hellenic American Neighborhood Action Committee, Instituto Duarteano de Nueva York, La Academia Mundial de Bomberos Inc EEUU, Long Island City Partnership, Lower Eastside Power Partnership, Manhattan Community Board 3, Manhattan Community Board 4, Manhattan Community Board 5, Manhattan Community Board 6, Manhattan Community Board 7, Morningside Heights Residents' Association, Mount Sinai - Mount Sinai Queens, Mount Sinai - Mount Sinai Queens - Community Advisory Board, Mount Sinai Beth Israel - Mount Sinai Brooklyn, Mount Sinai Community Advisory Council, Mount Sinai Health System, Mount Sinai St Luke's - Mount Sinai West, MSSL & MSW, New York Common Pantry, New York Eye & Ear Infirmary of Mount Sinai, New York Political Club New Generation, Queens Community Board 1, Residents of the New York City Housing Authority, SHAREing & CAREing, STRIVE New York, Stuyvesant Town Peter Cooper Village Tenants Association, Union Square Partnership, William F Ryan Community Health Center, and William F Ryan Community Health Network</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
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>The 2017 CHNA identified a number of significant health needs in the community. The CHNA process considered and assessed a wide range of primary and secondary data sources including structured interviews with persons who represent the broad interests of the community and those with expertise in public health, and assessments and studies prepared by other organizations. The CHNA report identified eleven health needs as significant in the community, as listed below in alphabetical order - Aging Population - Access to Mental Health Care and Poor Mental Health Status - Access to Primary Health Care Services by Individuals with Limited Resources - Chronic Diseases and Contributing Lifestyle Factors - Environmental Determinants of Health - Homelessness - Navigating a Changing Health Care Provider Environment - Poverty, Financial Hardship, and Basic Needs Insecurity - Safe and Affordable Housing - Socio-Economic, Racial, Cultural, Ethnic, and Linguistic Barriers to Care - Substance Abuse. The hospital selected the following significant needs to focus its efforts during the 2018-2020 time period - Aging Population, and - Chronic Diseases and Contributing Lifestyle Factors.</p> <p>A Aging Population The 2017 NYEE CHNA found that the population is aging and aging in place, and that this aging population will increase needed support for healthcare, housing, transportation, and nutrition assistance. Planned activities for healthcare directly and indirectly related to an aging population are described below. These activities are in addition to the NYEE activities that impact multiple needs.</p> <p>Specialty Medical Services Specialty medical services provided by NYEE treat conditions and diseases that are more prevalent in older populations. Treatments for these conditions and diseases enable seniors to be healthier and live independently. Specific special medical treatments provided by NYEE include the following - Cataracts surgery and vision rehabilitation, - Medical and surgical management of glaucoma, - Treatment of retinal diseases, including macular degeneration. Low vision services, - Services for facial paralysis and associated movement disorders, - Facial paralysis rehabilitation, - Head and neck oncology services, and - Voice and swallowing services.</p> <p>Events New York Eye and Ear Infirmary of Mount Sinai conducts special events throughout the year. Examples of special events include a Holiday Drive for Eyeglass Donations, Free Seminars on Senior Eye Health, and the Local Museum Offering Tours and More for People with Low Vision.</p> <p>B Chronic Diseases and Contributing Lifestyle Factors The 2017 NYEE CHNA found that chronic diseases in the community include asthma, diabetes, heart disease, HIV, hypertension, obesity, and strokes. Contributing lifestyle factors might also include other sexually transmitted infections. Planned activities to help reduce the incidence of and manage current chronic disease, including increasing healthy life factors, are described below. T</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
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>these activities are in addition to the NYEE activities that impact multiple needs Health Professions Education The health professions education activities of NYEE respond to both the current and future community health needs for chronic disease services NYEE actively participates in the following resident and fellow training programs related to the management of chronic conditions - Ophthalmology Residency - Glaucoma Fellowship - Cornea Fellow ship - Retina-vitreous Fellowship - Uveitis Fellowship - Otolaryngology Residency - Chronic Disease Services The hospital provides specialty care at its Manhattan campus, as well as physician practices throughout Manhattan The hospital, together with The Mount Sinai Health System, is a leader in providing quality health care to its patients regardless of their ability to pay Specific specialty health care services related to the management of chronic diseases include ones listed below NYEE's Department of Ophthalmology The Department of Ophthalmology at NYEE offers patients the most advanced and comprehensive treatments for all eye conditions NYEE physicians are experts in managing all eye problems, including cataracts, glaucoma, age-related macular degeneration, corneal disease, retina conditions, and many other ophthalmologic disorders NYEE physicians specialize in cornea and refractive surgery, eye trauma, neuro-ophthalmology, ocular immunology and uveitis, ocular oncology, oculoplastic and orbital surgery, ophthalmologic pathology, pediatric ophthalmology, and strabismus A pilot project in teleophthalmology is being conducted which aims to increase retina screening for diabetic patients NYEE's Department of Otolaryngology The Department of Otolaryngology at NYEE provides a full range of services for all conditions of the ear, nose, throat, sinuses, head, and neck NYEE physicians are experts in the treatment of thyroid/parathyroid tumors, sinus problems, voice and throat conditions, hearing disorders, sleeping and airway difficulties, and cosmetic issues of the face and neck When advanced care is needed, NYEE head and neck surgeons treat cancer of the mouth, larynx, nose, sinuses, throat, tonsils, tongue, thyroid, and parathyroid NYEE's highly skilled head and neck surgeons work closely with radiation therapists, medical oncologists, oral and maxillofacial surgeons, radiologists, and pathologists to discuss the patient's staging, treatment, and prognosis NYEE's Plastic and Reconstructive Surgery Department The Plastic and Reconstructive Surgery Department at New York Eye and Ear Infirmary of Mount Sinai is staffed by more than 50 of the most outstanding plastic surgeons in the region Patients in need of reconstructive surgery following trauma, disease, or congenital malformation, or those desiring elective cosmetic surgery, can benefit from the specialty care provided at New York Eye and Ear Infirmary NYEE's multidisciplinary approach to care ensures that patients have the best opportunity</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
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>for a successful outcome—regardless of the type of procedure Research New York Eye and Ear Infirmary of Mount Sinai conducts numerous research activities, including activities internally funded by NYEE and activities funded, in whole or in part, by external sponsors Research activities are related to hearing and vision Research activities require approval by the Mount Sinai Institutional Review Board (IRB) Support Groups New York Eye and Ear Infirmary of Mount Sinai offers support groups so patients can share their stories, ask questions, and find out about useful resources Educational topics are also discussed Specific support groups include Uveitis Support Groups, Macular Degeneration Support Group, and Head and Neck Cancer Support Groups Support groups are facilitated by NYEE professionals, including nurses and social workers II Anticipated impact of these actions and a plan to evaluate that impact The anticipated impact of activities is improved mental and physical health of community residents Reviews of individual activities are ongoing and an inclusion of an evaluation is anticipated in the next CHNA Metrics used to assess activities include frequency measures, such as the number of services provided While it is hoped that the intended impact will improve community health, identifying valid outcomes-based impact measures is difficult for multiple reasons, including lags in data collection, analysis, and reporting of community health indicators by independent measures of changes Adding to the difficulty in measuring outcomes-based impact includes the size of the community population, changes in the population through in-migration and out-migration, and changes in the overall environment Furthermore, assessing the causal impact of any correlation between this activity and outcome measures may not be possible Each health professions education activity is also evaluated individually Evaluation criteria include interest from prospective students, participation by individual practicing professionals, and assessments by accrediting agencies III Planned collaborations between the hospital and other organizations Activities are provided through partnerships and collaborative contributions from numerous community entities and members Collaborating partners include the following - Icahn School of Medicine at Mount Sinai - Individual practicing professionals - Local religious leaders Health professions education involves numerous entities including educational institutions (such as schools, colleges, and universities), accrediting organizations (such as the Liaison Committee on Medical Education, the Accreditation Council for Graduate Medical Education, the Council on Podiatric Medical Education, the Accreditation Council for Pharmacy Education, and the Accreditation Commission for Education in Nursing), and individual practicing professionals IV Planned commitments of resources Planned commitments of resources include direct su</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A, 16B, & 16C	THE FAP, THE FAP APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THE FAP ARE ALL AVAILABLE AT THE FOLLOWING LINK http //www wehealny org/services/financialassistance/index.html

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
New York Eye & Ear Infirmary

Employer identification number
13-5562304

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	2				
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a	Yes			
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b	Yes			
<p>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</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Supplemental Information	<p>COMPENSATION FOOTNOTES OFFICERS OF THE BOARD OF TRUSTEES HOURS REFLECT SERVICE TO ALL RELATED ORGANIZATIONS OF MOUNT SINAI HEALTH SYSTEM, INC (1) EMPLOYEE HAS AN OUTSTANDING LOAN REFLECTED IN SCHEDULE L, PART II OF THE ICHAN SCHOOL OF MEDICINE AT MOUNT SINAI FORM 990 OTHER REPORTABLE COMPENSATION FOR OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES AS IDENTIFIED IN THE FORM 990, PART VII, AND LISTED ON SCHEDULE J MAY INCLUDE VARIOUS TYPES OF SUPPLEMENTAL WAGES SCHEDULE J, PART I, LINES 6A & 6B THE MOUNT SINAI HOSPITAL, A RELATED ORGANIZATION, ANSWERED YES TO QUESTIONS 6A AND 6B IN SCHEDULE J AS THE INSTITUTION UTILIZES AN INCENTIVE BASED BONUS PROGRAM FOR CERTAIN EMPLOYEES, INCLUDING SEVERAL OF THOSE EMPLOYEES LISTED IN SCHEDULE J NET EARNINGS IS ONE OF SEVERAL METRICS UTILIZED BY THE INSTITUTION IN THE ANNUAL BONUS CALCULATION OTHER METRICS UTILIZED IN THE INCENTIVE COMPENSATION MODEL INCLUDE THE ORGANIZATION'S PERFORMANCE ON THE JCAHO HOSPITAL CORE MEASURES, PATIENT SATISFACTION SCORES, AND OTHER ORGANIZATIONAL GOALS SUCH AS LENGTH OF STAY INITIATIVES INDIVIDUALS THAT HAVE RESPONSIBILITIES IN RELATED ORGANIZATIONS TO THE HOSPITAL MAY HAVE INCENTIVES BASED ON THE PERFORMANCE OF THESE ORGANIZATIONS AS WELL AS THAT OF THE HOSPITAL ORGANIZATIONS TO THE HOSPITAL MAY HAVE INCENTIVES BASED ON THE PERFORMANCE OF THESE ORGANIZATIONS AS WELL AS THAT OF THE HOSPITAL</p>



Schedule J (Form 990) 2018

Additional Data

Software ID:
Software Version:
EIN: 13-5562304
Name: New York Eye & Ear Infirmary

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				
JEREMY BOAL MD EVP, SYSTEM CMO	(i)	24,000	4,618	16,086	660	745	46,109	0
	(ii)	976,000	187,782	654,183	26,840	30,296	1,875,101	0
DENNIS CHARNEY MD 1 PRESIDENT, ACADEMIC AFFAIRS	(i)	26,000	9,235	14,583	660	452	50,930	0
	(ii)	1,057,333	375,565	593,053	26,840	18,394	2,071,185	0
KENNETH DAVIS MD CHIEF EXECUTIVE OFFICER	(i)	57,600	36,000	40,553	660	989	135,802	0
	(ii)	2,342,400	1,464,000	1,649,152	26,840	40,235	5,522,627	0
BURTON P DRAYER EVP, SYSTEM CCA	(i)	0	0	0	0	0	0	0
	(ii)	300,000	192,400	1,010,232	27,500	18,511	1,548,643	0
BETH ESSIG ESQ EVP, GENERAL COUNSEL	(i)	24,000	11,544	1,754	660	43	38,001	0
	(ii)	976,000	469,456	71,322	26,840	1,734	1,545,352	0
ARTHUR KLEIN MD EVP, PRESIDENT OF HEALTH NTWK	(i)	0	0	0	0	0	0	0
	(ii)	1,000,000	150,000	490,448	27,500	11,059	1,679,007	0
MARGARET PASTUSZKO EVP, SYSTEM CIO	(i)	18,840	12,237	421	660	1,180	33,338	0
	(ii)	766,160	497,623	17,125	26,840	47,969	1,355,717	0
DONALD T SCANLON EVP, FINANCE & CHIEF CORP SERV	(i)	24,720	11,544	8,198	660	698	45,820	0
	(ii)	1,005,280	469,456	333,392	26,840	28,366	1,863,334	0
JEFFREY SILBERSTEIN EVP, SYSTEM CAO	(i)	18,816	7,954	2,610	660	113	30,153	0
	(ii)	765,184	323,455	106,140	26,840	4,586	1,226,205	0
JAMES TSAI MD MBA PRESIDENT	(i)	480,000	174,300	152,084	16,500	18,083	840,967	0
	(ii)	320,000	116,200	101,390	11,000	12,056	560,646	0
FRANK CINO SVP, SYSTEM CHIEF RISK OFFICER	(i)	9,240	3,671	347	660	745	14,663	0
	(ii)	375,760	149,287	14,109	26,840	30,283	596,279	0
RONALD GENTILE ASST PROF CLIN OTOLARYNGOLOGY	(i)	12,308	0	305,424	923	0	318,655	0
	(ii)	0	0	0	0	0	0	0
STACEY CONKLIN VP FOR PATIENT CARE SERVICES	(i)	250,231	23,249	0	7,165	17,344	297,989	0
	(ii)	0	0	0	0	0	0	0
RAYMOND GEARTY DIRECTOR OF FACILITIES MGMT	(i)	199,818	4,500	0	5,995	10,557	220,870	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER SPINA SVP, CHIEF OPERATING OFFICER	(i)	350,000	33,022	9,380	22,000	27,084	441,486	0
	(ii)	0	0	0	0	0	0	0
MICHAEL STRAUSS CHIEF MEDICAL OFFICER	(i)	350,000	24,050	0	7,950	10,557	392,557	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
New York Eye & Ear Infirmary

Employer identification number
13-5562304

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,500	RESALE VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	1,124,142	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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

	Yes	No
30a		No

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

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

31	Yes	
----	-----	--

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

32a		No
-----	--	----

b If "Yes," describe in Part II

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

Part II Supplemental Information.

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

Return Reference	Explanation
LINE 9 COLUMN B	THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

New York Eye & Ear Infirmary

Employer identification number

13-5562304

990 Schedule O, Supplemental Information

Return Reference	Explanation
Supplemental Information FORM 990	<p>PART VI, SECTION A, LINE 2 Trustees Edgar Cullman, Jr and Susan Cullman have a family relationship Trustees Steven Hochberg and James Flynn have a business relationship Trustees Steven Hochberg and Joel Pickett have a business relationship Trustees Marc Lipshultz and John Hess have a business relationship Officers Bonnie Davis and Kenneth Davis, MD have a family relationship Officers Kenneth Davis, MD and Dennis Charney, MD have a business relationship Officer Kenneth Davis, MD and Trustee David Windreich have a business relationship Officer Dennis Charney, MD and Trustee David Windreich have a business relationship</p> <p>PART VI, SECTION A, LINE 4 Governing Documents On January 22, 2018, the Bylaws for The New York Eye and Ear Infirmary were amended to (i) provide that the Board of Trustees of those entities shall meet at least four (4) times each year and (ii) change the name of the "Medical Education Committee" to the "Education Committee to eliminate the "Graduate School Committee" Then on November 26, 2018, the Bylaws of The New York Eye and Ear Infirmary were amended to (i) permit the role of Chairman of the Board to be held by one or two people, as determined by the Board of Trustees and (ii) to create the position of Emeritus Chair, to be held by a former Chairman and setting forth the powers and duties of that position</p> <p>FORM 990, PART VI, SECTION A, LINE 6 MOUNT SINAI HOSPITALS GROUP, INC IS THE SOLE MEMBER OF THE ORGANIZATION</p> <p>FORM 990, PART VI, SECTION A, LINE 7A The Member has the power to elect the members of the governing body of the organization</p> <p>FORM 990, PART VI, SECTION A, LINE 7B The Member has the power to elect the members of the governing body of the organization</p> <p>In addition, the Board of Trustees of the organization cannot amend the bylaws without the consent of the Member if such amendment removed any powers of the Member amendment removed any powers of the Member</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>MONITORING & ENFORCING COMPLIANCE WITH THE POLICY Compliance with the Organization's Business Conflicts of Interest Policy (the "Policy") is required of trustees, employees, medical staff and non-employee members of institutional committees and includes an ongoing duty to disclose potential conflicts. Compliance with the Policy is monitored and enforced regularly and consistently. All disclosures with the potential for conflict are reviewed by an appropriate committee where they are carefully evaluated. When appropriate, a plan, which may involve measures including, but not limited to, recusal from participating in affected transactions, is developed to manage the potential conflict.</p> <p>FORM 990, PART VI, LINE 15A & 15B PROCESS FOR DETERMINATION OF COMPENSATION The Compensation, Employee Benefits and Employee Relations Committee of the Board of Trustees (the "Compensation Committee") determines the compensation for the CEO and other executives, including physician leaders, who are or may be "disqualified persons" as that term is defined IRC Section 4958. The Compensation Committee also reviews the compensation of other senior and/or highly compensated personnel. The Compensation Committees' Operating Procedures are designed to ensure that the compensation of all such officers and key employees is reasonable (i.e. the value of services is the amount that would ordinarily be paid for like services by like enterprises under like circumstances), and with respect to "disqualified persons" to follow the specific steps outlined in the IRC regulations for establishing the rebuttable presumption of reasonableness that a transaction is not an excess benefit transaction. The Compensation Committee consists exclusively of independent trustees without any conflict of interest (as defined in the applicable IRC regulations) with regard to the compensation arrangements being reviewed or approved. The absence of any conflict of interest with respect to items on that meeting's agenda is confirmed at the beginning of each meeting of the Compensation Committee. The Compensation Committee selects and engages an independent, qualified compensation consultant which performs such valuations on a regular basis to provide appropriate comparability data. Comparability data includes, but is not limited to, compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions, the availability of similar services in Mount Sinai's geographic area, current compensation surveys compiled by independent firms, customized surveys in specific circumstances, and actual written offers from similar institutions competing for the services of the disqualified person. The sources of the comparability data used by the compensation consultant are provided to the Compensation Committee. In appropriate circumstances formal written opinions are obtained from the Compensation Consultant. With respect to "Executives" as they are defined in</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>the policy which includes all of the institution's "disqualified persons," the Compensation Committee receives and reviews the comparability data and any analysis provided by the Compensation Consultant, as well as information provided by management, or in the case of the CEO, by the Chairman of the Board of Trustees, including information about the individual's performance, and for new employees, the individual's job description. When a written opinion is obtained from the Compensation Consultant, that written opinion is also reviewed by the Compensation Committee. After considering all of the facts, the Compensation Committee then determines the appropriate compensation in relation to the comparability data and in light of the written opinion, recommendations of the Compensation Consultant. As more fully set forth in the Compensation Committee's Operating Guidelines, the Compensation Committee also reviews the compensation arrangements for those other senior management and /or highly compensated personnel who are not "Executives." The compensation committee is provided details of the compensation arrangement of the individual's job and job performance, the benchmark(s) used and, in certain cases, a description of the role of the Compensation Consultant and a brief description of why the arrangement is appropriate. The Compensation Committee contemporaneously documents in written minutes the terms of the transaction that was approved and the date it was approved, the members of the Compensation Committee who were present, the discussion at the Compensation Committee meeting, the comparability data and any other information obtained and relied on, how the comparability data was obtained, and the Compensation Committee's basis for the decisions, if the approved compensation is outside the range of comparability data. These minutes are prepared before the later of the next meeting of the Compensation Committee or 60 days after the final actions of the Compensation Committee are taken with respect to the compensation decisions made. The minutes are reviewed and approved by the Compensation Committee within a reasonable time thereafter.</p> <p>FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC The organization makes its Business Conflicts of Interest Policy available on its website (www.mountsinai.org) and makes its governing documents and financial statements available upon request.</p> <p>FORM 990, PART XI, LINE 9 PENSION RELATED CHANGES \$(6,344,404) NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL \$308,822</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CARTS TOTAL FEES 11334117

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 11426752

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
New York Eye & Ear Infirmary

Employer identification number

13-5562304

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

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

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

See Additional Data Table

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

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

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

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

See Additional Data Table

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MOUNT SINAI HOSPITAL	P	8,830,406	COST
(2) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	P	11,526,968	COST
(3) MOUNT SINAI MEDICAL CENTER	I	877,383	COST
(4) NEW YORK EYE AND EAR INFIRMARY FOUNDATION	C	504,721	COST
(5) MOUNT SINAI MEDICAL CENTER	O	12,306,784	COST
(6) BETH ISRAEL MEDICAL CENTER	S	1,320,757	cost

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
Part II, Line 5, column F - MSMC Realty Corporation	DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, the MOUNT SINAI HOSPITAL and MOUNT SINAI MEDICAL CENTER ARE ALL MEMBERS OF THIS ENTITY Part II, Line 6, column F - MSMC RESIDENTIAL REALTY LLC DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, the MOUNT SINAI HOSPITAL, THE MSMC REALTY CORPORATION AND THE MSMC RESIDENTIAL REALTY MANAGER, INC ARE ALL MEMBERS OF THIS ENTITY Part II, Line 8, column F - MSMC RESIDENTIAL REALTY MANAGER, INC DIRECT CONTROLLING ENTITY ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, THE MOUNT SINAI HOSPITAL, and THE MSMC REALTY CORPORATION ARE ALL MEMBERS OF THIS ENTITY

Schedule Form 2016

Additional Data

Software ID:
Software Version:
EIN: 13-5562304
Name: New York Eye & Ear Infirmary

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
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-6271888	SUPPORT	NY	501(C)(3)	12 TYPE II	MSHS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-1624096	HOSPITAL	NY	501(C)(3)	3	MSHG	Yes	
1190 FIFTH AVENUE NEW YORK, NY 10029 80-0468600	RESEARCH	NY	501(C)(3)	12 TYPE I	ISMMS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 22-3059294	SUPPORT	NY	501(C)(3)	12 TYPE I	ISMMS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-3852596	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SEE PART VII	Yes	
1425 MADISON AVENUE NEW YORK, NY 10029 20-0244426	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SEE PART VII	Yes	
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 45-0537391	DIAG CLINIC	NY	501(C)(3)	3	MSH	Yes	
1425 MADISON AVENUE NEW YORK, NY 10029 20-1289396	MGMT	NY	501(C)(3)	12 TYPE II	SEE PART VII	Yes	
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 80-0952088	SUPPORT	NY	501(C)(3)	12 TYPE I	ISMMS & MSH	Yes	
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 46-4248304	HOLDING CO	NY	501(C)(3)	12 TYPE II	NA		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 46-4242915	HOLDING CO	NY	501(C)(3)	12 TYPE II	MSHS		No
ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029 13-6171197	SCHOOL	NY	501(C)(3)	2	MSHS		No
150 EAST 42nd STREET NEW YORK, NY 10017 13-3939476	HOLDING CO	NY	501(C)(3)	12 TYPE I	NA		No
FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-3444730	HOLDING CO	NY	501(C)(3)	11 TYPE I	BIMC	Yes	
150 EAST 42ND STREET NEW YORK, NY 10017 13-3838460	SURGICENTER	NY	501(C)(3)	3	BIMC HOLDCO	Yes	
327 EAST 17TH STREET NEW YORK, NY 10003 13-3627753	NURSING HOME	NY	501(C)(3)	3	BIMC HOLDCO	Yes	
150 EAST 42ND STREET NEW YORK, NY 10017 13-3547502	REAL ESTATE	NY	501(C)(3)	10	BIMC HOLDCO	Yes	
150 EAST 42ND STREET NEW YORK, NY 10017 11-1018985	HOSPITAL	NY	501(C)(3)	3	CHP		No
1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2997301	HOSPITAL	NY	501(C)(3)	3	MSHG	Yes	
150 EAST 42ND STREET NEW YORK, NY 10017 13-3392851	REAL ESTATE	NY	501(C)(3)	12 TYPE I	SLR	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
1111 AMSTERDAM AVENUE NEW YORK, NY 10025 13-2914343	RESEARCH	NY	501(C)(3)	4	SLR	Yes	
310 EAST 14TH STREET NEW YORK, NY 10003 13-4012469	PRIVATE FDN	NY	501(C)(3)	PF	NYEE	Yes	
317-327 EAST 13TH STREET NEW YORK, NY 10003 31-1696826	REAL ESTATE	NY	501(C)(2)	N/A	NYEE	Yes	
150 EAST 42ND STREET NEW YORK, NY 10017 30-0571387	FUNDRAISING	NY	501(C)(3)	7	BIMC	Yes	
150 EAST 42ND STREET NEW YORK, NY 10017 30-0571390	FUNDRAISING	NY	501(C)(3)	7	SLR	Yes	
FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003 13-5564934	HOSPITAL	NY	501(C)(3)	3	MSHG	Yes	
28 EAST 28TH STREET NEW YORK, NY 10016 13-2914141	INSURANCE	NY	501(C)(3)	11 TYPE III	NA		No
150 E 42ND STREET 5TH FLOOR NEW YORK, NY 10017 81-2057452	HEALTHCARE	NY	501(c)3	10	msh	Yes	
ONE HEALTHY WAY OCEANSIDE, NY 115721551 11-1352310	hospital	NY	501(C)(3)	3	MSHG		No
150 EAST 42ND STREET NEW YORK, NY 10017 82-3994798	SUPPORT	NY	501(C)(3)	12 TYPE I	MSHS		No

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) GREATER METROPOLITAN IPA II 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3977019	INACTIVE	NY	BIMCSLR	c					No
(1) GREATER METROPOLITAN IPA V 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-4141695	INACTIVE	NY	BIMCSLR	c					No
(2) MANHATTAN MANAGEMENT SERVICES 1780 BROADWAY 7TH FL NEW YORK, NY 10019 13-3618543	MGMT SERVICES	NY	SLR	c					No
(3) SLR MANAGEMENT SERVICES 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3853145	MGMT SERVICES	NY	SLR	c					No
(4) WEST CARE MEDICAL PC 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 13-3811203	INACTIVE	NY	SLR	c					No
(5) CHP VENTURES INC 555 WEST 57TH STREET 5TH FL NEW YORK, NY 10019 46-0953126	HEALTH CARE MGMT	NY	BIMC HOLDCO	c					No
(6) HIBER-CELL INC 850 NEW BURTON ROAD SUITE 201 DOVER, DE 19904 82-0608182	CLINICAL LAB	DE	ISMMS	C					No
(7) AMATHUS THERAPEUTICS INC 1506 BOSTON PROVIDENCE HIGHWAY STE NORWOOD, MA 814373501 81-4373501	BIOTECH/PHARM	MA	ISMMS	C					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) MOUNT SINAI HOSPITAL	P	8,830,406	COST
(1) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	P	11,526,968	COST
(2) MOUNT SINAI MEDICAL CENTER	I	877,383	COST
(3) NEW YORK EYE AND EAR INFIRMARY FOUNDATION	C	504,721	COST
(4) MOUNT SINAI MEDICAL CENTER	O	12,306,784	COST
(5) BETH ISRAEL MEDICAL CENTER	S	1,320,757	cost