

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 09-01-2016, and ending 08-31-2017

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

C Name of organization
SUNSET PARK HEALTH COUNCIL INC

Doing business as
FAMILY HEALTH CENTERS AT NYU LANGONE

Number and street (or P O box if mail is not delivered to street address) Room/suite
150 55TH STREET

City or town, state or province, country, and ZIP or foreign postal code
BROOKLYN, NY 112202559

F Name and address of principal officer
LARRY MCREYNOLDS
150 55TH STREET
BROOKLYN, NY 112202559

D Employer identification number
20-2508411

E Telephone number
(718) 630-7047

G Gross receipts \$ 168,320,532

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: ▶ [HTTPS //NYULANGONE ORG](https://nyulangone.org)
- K** Form of organization Corporation Trust Association Other ▶

L Year of formation 1975 **M** State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	720		
	6 Total number of volunteers (estimate if necessary)	6	205		
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	30,142,802	Current Year	31,509,316
	9 Program service revenue (Part VIII, line 2g)	125,547,432	133,923,386		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,370	165		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,339,456	2,887,665		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	160,036,060	168,320,532		
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	276,936	969,873	
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	115,192,233	125,188,972	
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
		b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,266,270	40,392,348		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		157,735,439	166,551,193		
19 Revenue less expenses Subtract line 18 from line 12	2,300,621	1,769,339			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	42,706,929	End of Year	36,024,492
	21 Total liabilities (Part X, line 26)	33,162,048	24,710,272		
	22 Net assets or fund balances Subtract line 21 from line 20	9,544,881	11,314,220		

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 2018-07-16
ASTRID GONZALEZ VP-FINANCE
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name CHRISTINE KAWECKI Preparer's signature CHRISTINE KAWECKI Date 2018-07-13 Check if self-employed PTIN P00743140
Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
Firm's address ▶ TWO JERICHO PLAZA Phone no (516) 918-7000
JERICHO, NY 11753

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

SEE SCHEDULE O

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 \$	38,429,742	including grants of \$	554,988	(Revenue \$	44,435,398)
	See Additional Data						

4b	(Code)	(Expenses \$	13,824,765	including grants of \$	378,215	(Revenue \$	11,469,489)
	See Additional Data						

4c	(Code)	(Expenses \$	7,199,742	including grants of \$	36,670	(Revenue \$	6,896,088)
	See Additional Data						

(Code)	(Expenses \$	89,485,574	including grants of \$		(Revenue \$	74,010,076)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	89,485,574	including grants of \$		(Revenue \$	74,010,076)
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4e	Total program service expenses ▶		148,939,823				
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

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

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 columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

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 (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (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? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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 3 columns: Question, Yes, No. 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 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, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (ASTRID GONZALEZ 150 55TH STREET BROOKLYN, NY 11220 (718) 630-7047).

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 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: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

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 columns (A) Name and business address, (B) Description of services, (C) Compensation. Rows include NYU SCHOOL OF MEDICINE - FACULTY PRACTIC, LIBERTY JANITORIAL SERVICES LLC, DARBY DENTAL SUPPLIES CO INC, MOUNT SINAI HOSPITAL, SMITH MEDICAL PARTNERS LLC.

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

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				
	e Government grants (contributions)	1e	27,551,537			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,957,779			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		31,509,316			
Program Service Revenue		Business Code				
	2a MEDICAID	900099	72,207,371	72,207,371		
	b MEDICARE	900099	34,723,745	34,723,745		
	c PATIENT SERVICE REVENUE	900099	18,076,712	18,076,712		
	d PREMIUM REVENUE	900099	7,453,691	7,453,691		
	e CMP CONTRACTED REVENUE	900099	1,461,867	1,461,867		
	f All other program service revenue					
g Total. Add lines 2a-2f		133,923,386				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		165		165	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a PHARMACY REVENUE	900099	1,093,795	1,093,795			
b HEALTH CHARGEBACK	900099	909,716	909,716			
c DELIVERY SYSTEM REVENUE	900099	754,204	754,204			
d All other revenue		129,950	129,950			
e Total. Add lines 11a-11d		2,887,665				
12 Total revenue. See Instructions		168,320,532	136,811,051	0	165	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	969,873	969,873		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,728,072	2,422,255	305,817	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	88,473,626	78,656,075	9,817,551	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,266,213	6,321,605	944,608	
9 Other employee benefits	20,412,821	17,801,230	2,611,591	
10 Payroll taxes	6,308,240	5,488,169	820,071	
11 Fees for services (non-employees)				
a Management	3,150,674	2,016,431	1,134,243	
b Legal	163,920		163,920	
c Accounting	123,806		123,806	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	663,209	663,209		
12 Advertising and promotion	10,115	9,847	268	
13 Office expenses	7,777,583	7,581,716	195,867	
14 Information technology	116,505	19,470	97,035	
15 Royalties				
16 Occupancy	2,021,084	2,004,299	16,785	
17 Travel	974,962	828,944	146,018	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	395,484	325,168	70,316	
20 Interest	15,396	15,396		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,873,439	1,686,962	186,477	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	14,945,336	14,388,011	557,325	
b PHYSICIAN PAYMENTS	2,459,618	2,459,618	0	
c REPAIRS AND MAINTENANCE	634,593	571,177	63,416	
d PATIENT TRANSPORTATION	521,247	370,346	150,901	
e All other expenses	4,545,377	4,340,022	205,355	
25 Total functional expenses. Add lines 1 through 24e	166,551,193	148,939,823	17,611,370	0
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	20,435	1	0
	2 Savings and temporary cash investments	5,017,719	2	4,698,512
	3 Pledges and grants receivable, net	13,704,871	3	7,248,814
	4 Accounts receivable, net	8,003,170	4	9,966,821
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	273,210	9	249,443
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 46,055,332		
	b Less accumulated depreciation	10b 32,913,782	14,422,728	10c 13,141,550
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,264,796	15	719,352
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,706,929	16	36,024,492	
Liabilities	17 Accounts payable and accrued expenses	12,187,827	17	11,586,818
	18 Grants payable		18	
	19 Deferred revenue	586,607	19	902,040
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	20,387,614	25	12,221,414
	26 Total liabilities. Add lines 17 through 25	33,162,048	26	24,710,272
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	8,556,034	27	10,223,348
	28 Temporarily restricted net assets	988,847	28	1,090,872
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	9,544,881	33	11,314,220
	34 Total liabilities and net assets/fund balances	42,706,929	34	36,024,492

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	168,320,532
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,551,193
3	Revenue less expenses Subtract line 2 from line 1	3	1,769,339
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,544,881
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,314,220

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 20-2508411

Name: SUNSET PARK HEALTH COUNCIL INC

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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			
DR GABRIEL RINCON PRESIDENT	5 00	X		X				0	0	0
CHANG XIE VICE PRESIDENT	4 00	X		X				0	0	0
ANGELA MARTINEZ TREASURER	4 00	X		X				0	0	0
LUCY SANABRIA SECRETARY	4 00	X		X				0	0	0
ANTHONY SANTIAGO TRUSTEE	3 00	X						0	0	0
CATHERINE CHAN TRUSTEE	3 00	X						0	0	0
CYNTHIA FELIX JEFFERS TRUSTEE	3 00	X						0	0	0
GARY KALKUT MD TRUSTEE	3 00	X						0	0	0
REV LAWRENCE PITTA TRUSTEE	3 00	X						0	0	0
LESLIE SIMONETTI TRUSTEE	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MURAD AWAWDEH TRUSTEE	3 00	X						0	0	0
REV SAMUEL WONG TRUSTEE	3 00	X						0	0	0
SHEMALA LOVELL TRUSTEE	3 00	X						0	0	0
SYLVIA COOPER BURGESS TRUSTEE	3 00	X						0	0	0
VIOLETA MAYA TRUSTEE	3 00	X						0	0	0
LARRY MCREYNOLDS EXECUTIVE DIRECTOR AND SVP	37 50			X				818,566	0	54,222
ASTRID GONZALEZ VP FINANCE	37 50			X				355,231	0	35,657
SANDRA CONTI VP OPERATIONS	37 50			X				298,189	0	51,231
ISAAC DAPKINS MD CHIEF MEDICAL OFFICER FROM NOV 2016	37 50			X				67,500	0	33,721
NEAL DEMBY CHIEF, DENTAL DEPT	37 50				X			578,206	0	78,586

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			
KATHY HOPKINS VP COMMUNITY BASED PROGRAMS	37 50				X			219,648	0	28,198
GEORGE AGLIOLORO MD CHIEF, AMBULATORY OB/GYN	37 50				X			298,077	0	47,364
MARGARET MASON VP DENTAL MEDICINE	37 50				X			283,622	0	15,911
MARTIN LIEBERMAN VP, GRADUATE DENTAL EDUCATION	37 50				X			273,185	0	52,191
NORMA VILLANUEVA MD CHIEF, AMB PEDIATRICS	37 50				X			264,304	0	14,409
MEERA KESAVAN MD OB/GYN - DIR RESIDENCY PRGRM	37 50					X		333,854	0	40,771
GEORGE SHAHIN MD GASTROENTEROLOGIST	37 50					X		293,775	0	43,521
WOJCIECH RYNCARZ MD OB/GYN	37 50					X		285,781	0	41,390
BASMA FARIS MD OB/GYN	37 50					X		284,942	0	36,926
ERNESTO RODRIGUEZ-DUMONT MD OB/GYN	37 50					X		278,660	0	53,908

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 PAGANO MD VP MEDICAL AFFAIRS THRU MAY 2016	37 50						X	283,076	0	25,119

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SUNSET PARK HEALTH COUNCIL INC

Employer identification number

20-2508411

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	53,680,103	48,540,921	20,738,960	30,142,802	31,509,316	184,612,102
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	53,680,103	48,540,921	20,738,960	30,142,802	31,509,316	184,612,102
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						184,612,102

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	53,680,103	48,540,921	20,738,960	30,142,802	31,509,316	184,612,102
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,947	3,746	2,648	6,370	165	21,876
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.)	3,154,465	2,059,048	1,457,858	4,339,456	2,887,665	13,898,492
11	Total support. Add lines 7 through 10						198,532,470
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 2016 (line 6, column (f) divided by line 11, column (f))	14	92.990 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	94.050 %

- 16a 33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, SHORT YEAR EXPLANATION	SPHC AUTHORIZED A CHANGE IN ITS FISCAL YEAR END FROM DECEMBER 31 TO AUGUST 31 THIS CREATE D A SHORT PERIOD OF REPORTING FROM JANUARY 1, 2015 THROUGH AUGUST 31, 2015 TO CONFORM WIT H THE IRS REPORTING GUIDANCE THAT CUMULATIVE FIVE YEARS OF FINANCIAL DATA BE PRESENTED, TH E INFORMATION ON SCHEDULE A, PART II, SECTIONS A AND B, IS PRESENTED AS FOLLOWS THE 2012 COLUMN REPRESENTS CALENDAR YEAR 2013, THE 2013 COLUMN REPRESENTS CALENDAR YEAR 2014, THE 2 014 COLUMN REPRESENTS THE SHORT PERIOD 1/1/2015 TO 8/31/15, THE 2015 COLUMN REPRESENTS THE PERIOD 9/1/15 TO 8/31/16, AND THE 2016 COLUMN REPRESETNS THE PERIOD 9/1/16 TO 8/31/17

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization SUNSET PARK HEALTH COUNCIL INC

Employer identification number 20-2508411

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply) [Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure], 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 [2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register], 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

Table with 2 columns: Description, Amount. Rows include: 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, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items [(i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X], 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items [a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X]

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		286,500		286,500
b Buildings		14,919,294	7,365,332	7,553,962
c Leasehold improvements		9,924,852	8,246,455	1,678,397
d Equipment		20,375,863	17,301,995	3,073,868
e Other		548,823	0	548,823
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				13,141,550

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

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

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

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO THIRD PARTY PAYORS	11,894,866
DEFERRED RENT	127,749
DUE TO AFFILIATES	198,799
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	12,221,414

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	168,489,000
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	169,000	
e	Add lines 2a through 2d		2e	169,000
3	Subtract line 2e from line 1		3	168,320,000
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	532	
c	Add lines 4a and 4b		4c	532
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	168,320,532

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	166,720,000
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	169,000	
e	Add lines 2a through 2d		2e	169,000
3	Subtract line 2e from line 1		3	166,551,000
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	193	
c	Add lines 4a and 4b		4c	193
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	166,551,193

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: 20-2508411

Name: SUNSET PARK HEALTH COUNCIL INC

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTIONS 169,000

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ROUNDING 532

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTIONS 169,000

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ROUNDING 193

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization SUNSET PARK HEALTH COUNCIL INC

Employer identification number 20-2508411

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	GRANTS MONITORING SUNSET PARK HEALTH COUNCIL (D/B/A FAMILY HEALTH CENTERS AT NYU LANGONE) IS THE RECIPIENT OF A NUMBER OF FEDERAL GOVERNMENT GRANTS (PLEASE REFER TO PART VIII, LINE 1E AND SCHEDULE B) THE ORGANIZATIONS LISTED ON SCHEDULE I ARE SUB-RECIPIENTS OF FEDERAL GRANTS RECEIVED BY SUNSET PARK HEALTH COUNCIL THESE ORGANIZATIONS CAN APPLY FOR GRANTS DIRECTLY, BUT FOR ADMINISTRATIVE PURPOSES, THEY HAVE PARTNERED WITH SUNSET PARK HEALTH COUNCIL (SINCE OUR ORGANIZATION IS ALREADY RECEIVING THE GRANT) FOR THE GRANTEEES LISTED IN SCHEDULE I, SUNSET PARK HEALTH COUNCIL APPLIED ON THEIR BEHALF FOR THE GRANT, ONCE THE PROJECT IS APPROVED, SUNSET PARK HEALTH COUNCIL RECEIVES A NOTICE OF GRANT AWARD THAT INDICATES THE AMOUNT OF FUNDS TO BE DISTRIBUTED TO THE SUB-RECIPIENT GRANTEEES SUNSET PARK HEALTH COUNCIL AND THE SUB-RECIPIENT GRANTEEES ENTER INTO AN AGREEMENT WHEREBY SUNSET PARK HEALTH COUNCIL PROVIDES THE GRANTEEES THE FUNDING MINUS AN ADMINISTRATIVE FEE

Additional Data**Software ID:****Software Version:****EIN:** 20-2508411**Name:** SUNSET PARK HEALTH COUNCIL INC**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALLEN LORDE COMMUNITY HEALTH CENTER 356 WEST 18TH STREET NEW YORK, NY 10011	13-3409680	501(C)(3)	493,872				TO PROVIDE PRIMARY CARE AND DENTAL SERVICES (ESPECIALLY TO PATIENTS WITH HIV) THIS IS AN OFFIIAL SUB-GRANTEE OF OUR 330 FEDERAL GRANT
PREMIUM HEALTH 620 FOSTER AVENUE SUITE 200 BROOKLYN, NY 11230	30-0640372	501(C)(3)	167,000				TO PROVIDE PRIMARY CARE SERVICES THIS IS AN OFFICIAL SUB-GRANTEE OF OUR 330 FEDERAL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DOOR A CENTER OF ALTERNATIVES INC 555 BROOME STREET NEW YORK, NY 10013	13-6127348	501(C)(3)	161,667				TO PROVIDE PRIMARY CARE SERVICES THIS IS AN OFFICIAL SUB-GRANTEE OF OUR 330 FEDERAL GRANT
METRO HEALTH COMMUNITY HEALTH CENTER 979 CROSS BRONX EXPRESSWAY SERVICE ROAD NORTH BRONX, NY 14060	46-1317334	501(C)(3)	115,334				TO PROVIDE PRIMARY CARE SERVICES THIS IS AN OFFICIAL SUB-GRANTEE OF OUR 330 FEDERAL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HASC 1221 EAST 14TH STREET BROOKLYN, NY 11230	11-3570946	501(C)(3)	32,000				TO PROVIDE PRIMARY CARE SERVICES THIS IS AN OFFICIAL SUB-GRANTEE OF OUR 330 FEDERAL GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

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

Name of the organization SUNSET PARK HEALTH COUNCIL INC	Employer identification number 20-2508411
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Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	LARRY MCREYNOLDS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (457F PLAN) AND THE REPORTING YEAR DEFERRALS ARE INCLUDED IN THE FORM 990, SCHEDULE J, PART II, COLUMN C
PART I, LINE 7	OFFICERS SUNSET PARK HEALTH COUNCIL INC , D B A LUTHERAN FAMILY HEALTH CENTERS DOES NOT HAVE A FORMAL EXECUTIVE INCENTIVE PROGRAM IN PLACE EXECUTIVE INCENTIVE AWARDS ARE DISCRETIONARY THE CEO'S INCENTIVE AWARD IS DETERMINED BY THE BOARD OF DIRECTORS, CONSIDERING ITEMS SUCH AS FINANCIAL GOALS OF THE NETWORK, INCREASING THE OVERALL GRANT REVENUE, QUALITY AND QUANTITY OF PROGRAMS OF THE HEALTH CENTER, SERVICE DELIVERY SITES AND INCREASING THE NATIONAL REPUTATION OF THE HEALTH CENTER (FOR EXAMPLE, THROUGH REPRESENTATION AT THE WHITE HOUSE AND OTHER PROMINENT VENUES) THE CEO RECOMMENDS TO THE BOARD OF DIRECTORS INCENTIVE AWARDS FOR OTHER SENIOR EXECUTIVES BASED ON WORK PERFORMANCE DURING THE YEAR SUCH AS FINANCIAL PERFORMANCE, PATIENT SATISFACTION, QUALITY OF CARE, ETC THE BOARD OF DIRECTORS, VIA THE EXECUTIVE COMPENSATION COMMITTEE, RETAINS THE RIGHT TO APPROVE OR DISAPPROVE ALL INCENTIVE COMPENSATION AND MAKES ITS DECISIONS IN THE CONTEXT OF MARKET DATA PROVIDED BY THE EXTERNAL CONSULTING FIRM RETAINED BY THE COMMITTEE TO ASSIST IN EXECUTIVE COMPENSATION MATTERS KEY EMPLOYEES INCENTIVES FOR KEY EMPLOYEES ARE BASED ON ANNUAL GOALS PRE-ESTABLISHED WITH THEIR DIRECT SUPERVISOR GOALS ARE RELATED TO THEIR PARTICULAR UNITS AND AREAS OF EXPERTISE, AND THEY INCLUDE AREAS SUCH AS QUALITY IMPROVEMENT, PROVIDER RECRUITMENT, AND PROGRAM REDESIGN AMONG OTHERS INCENTIVES ARE PART OF THE OVERALL COMPENSATION PACKAGE PROVIDED IN ACCORDANCE WITH THEIR CONTRACTS AND THESE CONTRACTS ARE DEVELOPED BASED UPON MARKET DATA PROVIDED BY THE EXTERNAL CONSULTING FIRM THE HEALTH CENTER USES

Additional Data

Software ID:
Software Version:
EIN: 20-2508411
Name: SUNSET PARK HEALTH COUNCIL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LARRY MCREYNOLDS EXECUTIVE DIRECTOR AND SVP	(i)	567,948	240,580	10,038	40,500	13,722	872,788	0
	(ii)	0	0	0	0	0	0	0
1 ASTRID GONZALEZ VP FINANCE	(i)	257,082	88,700	9,449	33,992	1,665	390,888	0
	(ii)	0	0	0	0	0	0	0
2 SANDRA CONTI VP OPERATIONS	(i)	227,888	58,240	12,061	38,397	12,834	349,420	0
	(ii)	0	0	0	0	0	0	0
3 NEAL DEMBY CHIEF, DENTAL DEPT	(i)	431,832	122,946	23,428	58,500	20,086	656,792	0
	(ii)	0	0	0	0	0	0	0
4 KATHY HOPKINS VP COMMUNITY BASED PROGRAMS	(i)	165,742	42,900	11,006	21,005	7,193	247,846	0
	(ii)	0	0	0	0	0	0	0
5 GEORGE AGLIOLORO MD CHIEF, AMBULATORY OB/GYN	(i)	290,480	6,890	707	40,500	6,864	345,441	0
	(ii)	0	0	0	0	0	0	0
6 MARGARET MASON VP DENTAL MEDICINE	(i)	248,304	35,000	318	14,917	994	299,533	0
	(ii)	0	0	0	0	0	0	0
7 MARTIN LIEBERMAN VP, GRADUATE DENTAL EDUCATION	(i)	272,059	0	1,126	39,675	12,516	325,376	0
	(ii)	0	0	0	0	0	0	0
8 NORMA VILLANUEVA MD CHIEF, AMB PEDIATRICS	(i)	228,597	35,000	707	13,758	651	278,713	0
	(ii)	0	0	0	0	0	0	0
9 MEERA KESAVAN MD OB/GYN - DIR RESIDENCY PRGRM	(i)	312,842	20,700	312	32,100	8,671	374,625	0
	(ii)	0	0	0	0	0	0	0
10 GEORGE SHAHIN MD GASTROENTEROLOGIST	(i)	293,495	0	280	33,998	9,523	337,296	0
	(ii)	0	0	0	0	0	0	0
11 WOJCIECH RYNCARZ MD OB/GYN	(i)	283,944	1,260	577	34,500	6,890	327,171	0
	(ii)	0	0	0	0	0	0	0
12 BASMA FARIS M DOB/GYN	(i)	281,862	1,740	1,340	29,500	7,426	321,868	0
	(ii)	0	0	0	0	0	0	0
ERNESTO RODRIGUEZ- 13 DUMONT MD OB/GYN	(i)	273,616	4,600	444	34,865	19,043	332,568	0
	(ii)	0	0	0	0	0	0	0
14 WILLIAM PAGANO MD VP MEDICAL AFFAIRS THRU MAY 2016	(i)	183,583	93,210	6,283	18,911	6,208	308,195	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

2016

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Department of the Treasury Internal Revenue Service

Name of the organization SUNSET PARK HEALTH COUNCIL INC

Employer identification number 20-2508411

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHERRY BEHRLE	WIFE OF KEY EMPLOYEE	19,500	CONSULTING SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
SUNSET PARK HEALTH COUNCIL INC**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

20-2508411

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	THE MISSION OF THE FAMILY HEALTH CENTERS AT NYU LANGONE IS TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES IT SERVES BY DELIVERING HIGH QUALITY, CULTURALLY-COMPETENT PRIMARY CARE AND RELATED SERVICES WITHIN COMMUNITY-BASED SETTINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>SUNSET PARK HEALTH COUNCIL, INC (D/B/A FAMILY HEALTH CENTERS AT NYU LANGONE) (FHC) CONTINUES TO BUILD ON ITS FIFTY YEAR HISTORY AS THE PRIMARY PROVIDER OF AMBULATORY HEALTH CARE SERVICES FOR UNDERSERVED COMMUNITIES MOSTLY IN SOUTHWEST BROOKLYN SINCE ITS FOUNDING IN 1967, FHC HAS GROWN TO BECOME ONE OF THE NATION'S LARGEST, MOST COMPREHENSIVE FEDERALLY FUNDED COMMUNITY HEALTH CENTER NETWORKS IN 2017, FHC DELIVERED CARE TO 135,808 PATIENTS IN OVER 858,000 PATIENT VISITS OF FHC'S USERS, 61% LIVE IN HOUSEHOLDS WITH INCOMES LESS THAN 100% OF THE FEDERAL POVERTY LEVEL, 50.4% RECEIVE MEDICAID, AND 23.5% ARE UNINSURED, 31.7% ARE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES RECOGNIZED FHC FOR ITS LOCAL IMPACT AND NATIONAL LEADERSHIP IN 2008 BY AWARDING THE ORGANIZATION THE FIRST-EVER DISTINGUISHED HEALTH CARE SERVICE AWARD DR ELIZABETH DUKE, THEN ADMINISTRATOR OF HRSA, CITED FHC AS "A WONDERFUL DEMONSTRATION OF THE REMARKABLE WORK THAT OUR NATION'S COMMUNITY HEALTH CENTERS ARE DOING WITH ITS STRONG EMPHASIS ON PREVENTION AND EDUCATION, AND THE SUPPORT OF SUCH A DIVERSE GROUP OF COMMUNITY PARTNERS, THIS PROGRAM PROMISES TO HAVE A LONG-TERM POSITIVE IMPACT ON THE HEALTH OF (ITS NEIGHBORS) " CURRENTLY, HFC OPERATES EIGHT NINE TIME PRIMARY CARE SITES (FIVE OF WHICH OFFER COMPREHENSIVE DENTISTRY), TWENTY-TWO SCHOOL-BASED HEALTH CENTERS, A COMMUNITY MEDICINE PROGRAM THAT PROVIDES SERVICES AT TEN HOMELESS SHELTERS, AND A BEHAVIORAL HEALTH PROGRAM THAT CO-LOCATES MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES WITH HIV PRIMARY CARE IN ADDITION, FHC OFFERS A FULL ARRAY OF ANCILLARY AND DIAGNOSTIC SERVICES AND REHABILITATION PROGRAMS, SOCIAL WORK/CASE MANAGEMENT SERVICES, AND COMPREHENSIVE HEALTH PROMOTION/DISEASE PREVENTION ACTIVITIES FHC ALSO OPERATES AN EXTENSIVE DEPARTMENT OF COMMUNITY-BASED PROGRAMS WHICH INCLUDES ADULT AND FAMILY EDUCATION, WOMEN, INFANTS, CHILDREN (WIC) SITES AT THREE LOCATIONS, REACH OUT AND READ, AMERICORPS/VISTA, AN EVEN START FAMILY LITERACY PARTNERSHIP, FOUR COMMUNITY DAYCARE/EARLY CHILDHOOD CENTERS, AND FOUR COMMUNITY CENTERS FOR OLDER ADULTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	SUNSET PARK HEALTH COUNCIL, INC (D/B/A FAMILY HEALTH CENTERS AT NYU LANGONE) ADDED THE PROVISION OF DENTAL SERVICES TO MORE SCHOOLS AS FOLLOWS PS 62, PS 92 AND PS 335 IN ADDITION, WE ADDED THE PROVISION OF MEDICAL SERVICES AT THE FOLLOWING SCHOOLS MICHAEL E BERDY - PS 188 AND ABRAHAM LINCOLN H S WE ALSO TOOK OVER THE 7TH AVENUE PRE-SCHOOL AND IT'S PROGRAMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>DENTISTRY FHC OPERATES ONE OF THE LARGEST AND MOST COMPREHENSIVE DENTAL PROGRAMS OF ANY COMMUNITY HEALTH CENTER IN THE COUNTRY SIX OF FHC'S HEALTH CENTER SITES INCLUDE COMPREHENSIVE DENTAL CLINICS, OPERATING A TOTAL OF ALMOST FORTY DENTAL OPERATORIES IN TOTAL, FHC'S 63.5 DENTISTS AND 9.6 DENTAL HYGIENISTS PROVIDED GENERAL DENTISTRY AND SPECIALTY CARE TO 4,088.6 PATIENTS IN 132,040 VISITS IN 2017 THE RANGE OF SERVICES PROVIDED BY FHC'S DEPARTMENT OF DENTAL MEDICINE IS EXTENSIVE DENTAL ANESTHESIOLOGISTS, FOR EXAMPLE TREAT SELECT PATIENTS UNDER CONSCIOUS SEDATION IN THE DENTAL CLINIC CANDIDATES FOR SUCH CARE RANGE FROM CHILDREN WITH HANDICAPPING CONDITIONS, ANXIETY, PATIENTS WITH BEHAVIORAL MANAGEMENT PROBLEMS, AND REFERRALS FROM COMMUNITY AGENCIES FOR SPECIAL CARE PATIENTS IN CONJUNCTION WITH THE SCHOOL HEALTH PROGRAM AND HEAD START PROGRAMS, DENTAL STAFF VISITS THE SCHOOLS TO IDENTIFY CHILDREN WITH DENTAL NEEDS CHILDREN WHO DO NOT HAVE A DENTIST ARE OFFERED TREATMENT AT FHC FACILITIES PATIENTS WHO CANNOT BE TREATED IN THE USUAL OUTPATIENT SETTING ARE CARED FOR ON AN INPATIENT/AMBULATORY SURGERY BASIS BY DENTAL ATTENDING THAT HAVE ADMITTING PRIVILEGES AT NYU LANGONE HOSPITALS CENTER (BROOKLYN CAMPUS) THE FHC DEPARTMENT OF DENTAL MEDICINE, IN PARTNERSHIP WITH NYU LANGONE HOSPITALS CENTER, IS THE EDUCATIONAL SPONSOR OF SEVEN AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION ACCREDITED DENTAL RESIDENT TRAINING PROGRAMS FOR THREE DECADES, FHC HAS FORGED PARTNERSHIPS WITH CHCS THROUGHOUT THE COUNTRY AS A STRATEGY TO INCREASE ACCESS TO CARE BY PLACEMENT OF FULL-TIME RESIDENTS IN EXTRAMURAL PRACTICE SETTINGS FOR ONE OR TWO YEARS OF ADVANCED CLINICAL TRAINING THIS IS CONSISTENT WITH THE MISSION OF FHC IN ITS ROLE AS AN INSTITUTION WITHOUT WALLS, WHICH PROVIDES A MEANS OF INCREASING ACCESS AND ASSURING EQUITY IN ORAL HEALTH CARE FOR COMMUNITY RESIDENTS AND THE UNDERSERVED OVER A YEAR OF TRAINING, A GENERAL DENTISTRY RESIDENT WILL PROVIDE APPROXIMATELY 1,500 PATIENT VISITS COMMUNITY HEALTH CENTERS (CHC) AND INDIAN HEALTH SERVICES (IHS) THROUGHOUT THE COUNTRY HAVE SEARCHED FOR RELIEF FROM CHRONIC DENTAL WORK FORCE SHORTAGES OCCURRING IN URBAN AND RURAL GEOGRAPHIC AREAS THESE HAVE BEEN A RESOURCE FOR AMELIORATING WORKFORCE SHORTAGES IN CHCS WHO HAVE DEVELOPED A SERVICE-LEARNING ENVIRONMENT WITHIN THE DENTAL CENTER AND OFFERED THE RESIDENTS ALTERNATIVE DENTAL PRACTICE AND CAREER PATHWAYS LONG TERM DATA OF WHERE FHC GRADUATES CURRENTLY PRACTICE INDICATE THAT CLOSE TO 30% REMAIN IN PRACTICES CARING FOR UNDERSERVED AND VULNERABLE POPULATIONS FHC, AT ITS BROOKLYN SITES, ACCOUNTS FOR OVER 132,000 VISITS ANNUALLY AND WELL OVER 600,000 VISITS AT ITS EXTRAMURAL TRAINING PARTNERSHIPS THESE VISITS ARE TO THE MOST VULNERABLE IN THE COUNTRY AND THOSE WITH LEAST ACCESS TO CARE THE FHC PROGRAM ALONE IS A SIGNIFICANT RESOURCE THAT SERVES TO MAINTAIN AND GROW THE ORAL HEALTH SAFETY NET OF THE NATION THE FHC DEPARTMENT OF DENTAL MEDICINE HAS A L</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>LONG HISTORY OF TRAINING DENTAL RESIDENTS THE DEPARTMENT HAS PILOTTED THE USE OF DISTANCE LEARNING TECHNOLOGY IN ITS RESIDENCY TRAINING, LINKING PRIMARY CARE AND EXTRAMURAL TRAINING SITES IN SEVERAL STATES LISTED BELOW THE PROGRAM ENABLES QUALIFIED DENTISTS TO ALLAY WORKFORCE SHORTAGES IN SOME OF THE NATION'S MOST ISOLATED COMMUNITIES, WHILE RECEIVING ADVANCED DIDACTIC TRAINING OF THE HIGHEST QUALITY VIA LIVE VIDEO TELECONFERENCING THE GENERAL PRACTICE RESIDENCY BEGAN IN 1974, THE ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) IN 1988, THE ADVANCED SPECIALTY EDUCATION IN PEDIATRIC DENTISTRY IN 1994, THE ADVANCED SPECIALTY EDUCATION IN ENDODONTICS IN 2004, DENTAL ANESTHESIOLOGY IN 2008, ADVANCED SPECIALTY EDUCATION IN PERIODONTICS IN 2012, AND OROFACIAL PAIN IN 2012, DENTAL PUBLIC HEALTH IN 2014 AND ORTHODONTICS IN 2015 THE PROGRAMS HAVE GROWN FROM 2 RESIDENTS IN BROOKLYN TO 400+ RESIDENTS ASSIGNED TO CHC AND IHS SERVICE UNITS THROUGHOUT THE UNITED STATES CURRENTLY, THE GEOGRAPHIC AREAS OF CLINICAL TRAINING SITES INCLUDE ALASKA, ALABAMA, ARIZONA, CALIFORNIA, COLORADO, FLORIDA, GEORGIA, HAWAII, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MISSOURI, MONTANA, NEW JERSEY, NEW MEXICO, METROPOLITAN NEW YORK CITY, UPSTATE NEW YORK, NORTH CAROLINA, OHIO, PUERTO RICO, RHODE ISLAND, TENNESSEE, TEXAS, UTAH, WASHINGTON AND THE UNITED STATES VIRGIN ISLANDS ALL TRAINING SITES FOR RESIDENTS ARE LOCATED IN HEALTH PROFESSIONS SHORTAGE AREAS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>MENTAL HEALTH IN 2017, FHC PROVIDED 142,669 MENTAL HEALTH RELATED VISITS TO 16,541 PATIENTS WITH A TEAM OF OVER 124 PSYCHIATRISTS, CLINICAL PSYCHOLOGISTS, LICENSED CLINICAL SOCIAL WORKERS, INTERNS AND OTHER MENTAL HEALTH STAFF FHC'S SUNSET TERRACE FACILITY HEALTH CENTER (STFHC) PROVIDES INTAKE ASSESSMENT, CRISIS INTERVENTION, INDIVIDUAL AND GROUP PSYCHOTHERAPY, MARRIAGE AND FAMILY COUNSELING, AND PSYCHIATRIC SERVICES FOR ADULTS, ADOLESCENTS AND CHILDREN THE FACILITY'S COMMUNITY SUPPORT SERVICES, PSYCHOSOCIAL PROGRAM PROVIDES CULTURALLY COMPETENT AND LINGUISTICALLY APPROPRIATE MENTAL HEALTH SUPPORT SERVICES TO SEVERELY MENTAL ILL PATIENTS A STAFF OF LICENSED MENTAL HEALTH PROVIDERS INCLUDES PROFESSIONALS WHO ARE FLUENT IN SPANISH, MANDARIN, CANTONESE, ITALIAN, URDU, HEBREW AND YIDDISH THE SUNSET TERRACE MENTAL HEALTH PROGRAM ALSO OFFERS A CHILD/ADOLESCENT AND FAMILIES TRACK, A GERIATRIC TRACK, A SERIOUSLY MENTALLY ILL TRACK, A TRAUMA-FOCUSED TRACK, AND A TRACK FOR CHILD SEXUAL OFFENDERS (PROJECT SECOND TRY) WHO ARE REFERRED BY THE COURTS THE CHILD/ADOLESCENT AND FAMILY CLINICIANS ARE ALL TRAINED IN SHORT-TERM THERAPIES (I E , CBT) AND THERAPEUTIC PLAY THERAPIES SOME OF THE INSTRUMENTS OR ASSESSMENT TOOLS UTILIZED BY THESE CLINICIANS INCLUDE THE WISC-IV, SENTENCE COMPLETION, TAT, TEMAS, BENDER GESTALT AND THE CONNORS SCALE THE STFHC PROVIDES SEVERAL EVIDENCED-BASED TREATMENTS FOR ADULTS (CBT, DBT AND WELLNESS SELF MANAGEMENT) STFHC ALSO OPERATES THE HEALTHY CONNECTIONS CLINIC, A CLINIC THAT WAS CREATED POST-911 WITH A PRIMARY MISSION OF WORKING WITH PATIENTS WITH CURRENT TRAUMAS OR HISTORIES OF TRAUMA, DOMESTIC VIOLENCE VICTIMS, CRIME VICTIMS AND OTHER TYPES OF ABUSIVE RELATIONSHIPS OR HISTORIES THE STFHC ALSO OFFERS A COMPREHENSIVE TRACK FOR PATIENTS WITH CO-OCCURRING DISORDERS, WHO HAVE BOTH A MENTAL ILLNESS AND A SUBSTANCE ABUSE PROBLEM THE CO-OCCURRING TRACK OFFERS OUTPATIENT OPIATE DETOX AND MAINTENANCE (SUBOXONE) TREATMENT PATIENTS REQUIRING INPATIENT DETOXIFICATION FOR DRUGS OR ALCOHOL ARE REFERRED TO LOCAL INPATIENT DETOX UNIT AND PATIENTS THAT REQUIRE EMERGENCY OR INPATIENT PSYCHIATRIC ARE REFERRED TO NYU LANGONE HOSPITALS CENTER (BROOKLYN CAMPUS)INPATIENT PSYCHIATRIC UNIT FOR CARE COUNSELING AND REFERRAL SERVICES ARE PROVIDED BY OUR SUBSTANCE ABUSE COUNSELOR WHO OFFERS DRUG AND ALCOHOL ABUSE EDUCATION THROUGH ONE-TO-ONE DISCUSSION WITH PATIENTS AND THROUGH GROUP MEETINGS PATIENTS ARE SCREENED TO DETERMINE SUBSTANCE USE DISORDERS IN ADDITION, FHC SENDS TEAMS OF LICENSED SOCIAL WORKERS, SUBSTANCE ABUSE WORKERS, CASE MANAGERS AND PSYCHIATRISTS TO PROVIDE BEHAVIORAL HEALTH AND RELATED SUPPORT SERVICES TO HOMELESS INDIVIDUALS THROUGH ITS COMMUNITY MEDICINE PROGRAM, A NETWORK OF 10 SHELTER-BASED CLINICS THROUGHOUT NEW YORK CITY IN 2017, FHC PROVIDED 5,043 MENTAL HEALTH VISITS TO 2,113 INDIVIDUAL HOMELESS USERS THROUGH THIS PROGRAM</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>OBSTETRICS/GYNECOLOGY IN 2017, FHC PROVIDED PRENATAL CARE TO 2,645 PATIENTS, 1503 OF WHOM DELIVERED DURING THE YEAR COMPARED TO NATIONWIDE DATA FOR POPULATIONS WITH SIMILAR SOCIO-ECONOMIC AND RACIAL/ETHNIC BACKGROUNDS, BIRTH OUTCOMES FOR FHC'S PATIENT POPULATION ARE OUTSTANDING 93.87% OF CHILDREN DELIVERED BY FHC PROVIDERS HAVE HEALTHY BIRTH WEIGHT (2,500 GRAMS OR GREATER) FURTHERMORE, IT PROVIDED A TOTAL OF 29,183 PATIENT VISITS FOR BOTH SERVICES COMBINED OB/GYN PROGRAMS AT ALL OF FHC'S PRIMARY CARE CENTERS PROVIDE ENHANCED SERVICES DESIGNED TO PROMOTE EARLY ENROLLMENT INTO PRENATAL CARE, KNOWLEDGE AND PRACTICE OF HEALTHY BEHAVIORS DURING PREGNANCY, REFERRAL TO FULL-TIME HIGH-RISK PREGNANCY SPECIALISTS WITHIN THE NYU LANGONE HOSPITALS CENTER HEALTHCARE SYSTEM (BROOKLYN CAMPUS, WHO PROVIDE ONGOING CO-MANAGEMENT OF HIGH-RISK PREGNANCIES), ACCESS TO SOCIAL AND CULTURALLY-SENSITIVE NUTRITIONAL SERVICES, HIGH RATES OF BREAST-FEEDING, AND TIMELY WELL-CHILD CARE INCLUDING EARLY IMMUNIZATIONS FOR VACCINE-PREVENTABLE DISEASES OVER THE COURSE OF 2017, FHC WOMEN'S HEALTH CENTER ADDED PERTINENT EDUCATIONAL PROGRAMS THAT SUPPORT FULL TERM, SAFE VAGINAL DELIVERIES, VIA ITS VBAC (VAGINAL BIRTH AFTER CESAREAN SECTION) CLASSES HELD TWICE A MONTH, AS WELL AS PARENTAL EDUCATION GIVEN IN ITS WEEKLY ANTENATAL CLASSES HOSTED COLLABORATIVELY BY NURSING AND PEDIATRIC PROVIDERS THE VBAC CLASSES HAVE SUCCESSFULLY DECREASED THE C/SECTION RATE THE PRENATAL CARE ASSISTANCE PROGRAM (PCAP) IS DESIGNED TO ELIMINATE ANY FINANCIAL OBSTACLES TO EARLY PRENATAL CARE BY EXPEDITING ENTRY INTO MEDICAID UNINSURED AND UNDER-INSURED PREGNANT WOMEN RECEIVE FULL MEDICAID COVERAGE FOR COMPREHENSIVE PRENATAL, POSTPARTUM, AND INFANT CARE</p>

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Return Reference	Explanation
FORM 990, PART IV, LINE 12B	FHC IS INCLUDED IN A COMBINED AUDITED FINANCIAL STATEMENT FOR THE YEAR ENDED AUGUST 31, 2017 THE COMBINED FINANCIAL STATEMENTS ARE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES OF AMERICA ("GAAP") THE COMBINED FINANCIAL STATEMENTS INCLUDE THE ACCOUNTS OF NYU LANGONE HEALTH SYSTEM AND ALL OF ITS AFFILIATED ORGANIZATIONS PER THE INSTRUCTIONS TO THE FORM 990, THE ORGANIZATION IS REQUIRED TO RESPOND "YES" TO PART IV, QUESTION 12B IF THE ORGANIZATION IS PART OF A CONSOLIDATED FINANCIAL STATEMENT SINCE SELECTING "YES" TO THIS QUESTION MAY BE MISCONSTRUED, FHC IS ATTACHING THIS EXPLANATION TO ITS FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE UPDATED FOR THE FOLLOWING ITEMS 1) BOARD MEMBERSHIP LANGUAGE WAS MODIFIED TO REFLECT THAT (A) AT LEAST 51% OF THE BOARD MEMBERS SHALL BE INDIVIDUALS WHO ARE PATIENTS OR PARENTS OF PATIENTS OF THE HEALTH CENTERS AND WHO, AS A GROUP, REPRESENT THE HEALTH CENTERS' PATIENT BASE, AND (B) FOR THE AVOIDANCE OF DOUBT, CONSUMER BOARD MEMBERS MUST BE INDIVIDUALS OR PARENTS OF INDIVIDUALS WHO ACCESSED THE HEALTH CENTERS' SERVICES WITHIN THE 24 MONTHS PRECEDING THEIR ELECTION 2) BOARD SIZE MINIMUM CHANGED FROM 16 MEMBERS TO 11 MEMBERS 3) CHANGE OF TITLE FROM PRESIDENT TO EXECUTIVE DIRECTOR 4) CONFLICTS OF INTEREST LANGUAGE WAS MODIFIED TO REFLECT (A) THE BOARD WILL COMMIT TO ADOPTING POLICIES RELATING TO CONFLICTS OF INTEREST AS WELL AS THE CODE OF CONDUCT WHICH THE BYLAWS CURRENTLY PROVIDE FOR, AND (B) WHERE CONFLICTS OR POTENTIAL CONFLICTS ARE BEING EVALUATED BY THE BOARD, THE INVOLVED TRUSTEE SHOULD ABSENT HIM/HERSELF FROM THE DISCUSSIONS AND THE VOTE 5) UNANIMOUS CONSENT THIS SECTION WAS UPDATED TO CONFORM WITH NOT-FOR-PROFIT REVITALIZATION ACT LANGUAGE ON WRITTEN AND/OR ELECTRONIC CONSENT FOR ANY ACTION REQUIRE OR PERMITTED TO BE TAKEN AT ANY BOARD OR COMMITTEE MEETING WAS ELABORATED ON TO INCLUDE INFORMATION REGARDING SIGNATURE AND ELECTRONIC TRANSMISSION OF CONSENT 6) BOARD MEMBERSHIP RESPONSIBILITY LANGUAGE WAS REMOVED REGARDING OVERRIDING APPROVAL OR VETO RIGHTS OF BOARD MEMBER RESPONSIBILITIES 7) ELECTED OFFICERS LANGUAGE WAS MODIFIED TO CLARIFY THAT "NO BOARD MEMBER SHALL SERVE MORE THAN THREE CONSECUTIVE TERMS IN ANY OFFICE AND THE WORDS " EXCEPT THE POSITION OF TREASURER" WERE REMOVED 8) EXECUTIVE COMMITTEE LANGUAGE WAS MODIFIED TO REFLECT (A) THE MEMBERS SHALL THE ELECTED OFFICERS TO THE BOARD AND MUST BE VOTING BOARD MEMBERS, (B) THE CHAIRMAN OF THE BOARD SHALL SERVE AS THE CHAIR OF EXECUTIVE COMMITTEE, (C) THE EXECUTIVE COMMITTEE SHALL MEET AS NEEDED, (D) THE EXECUTIVE COMMITTEE HAS SOME RESTRICTIONS ON ITS AUTHORITY TO ACT, AND (E) THE COMMITTEE SHALL REPORT ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE AT THE NEXT BOARD MEETING

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EFFECTIVE JULY 1, 2007 ("EFFECTIVE DATE"), LMC TRANSFERRED THE OPERATIONS OF THE HEALTH CENTER TO SUNSET PARK TO COMPLY WITH THE REQUIREMENTS OF THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (WITHIN THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES) IN ORDER TO MAINTAIN ELIGIBILITY FOR A FEDERAL SECTION 330 GRANT ("330 GRANT") SUNSET PARK HAS ITS OWN INDEPENDENT GOVERNING BOARD RESPONSIBLE FOR THE ENTIRE SCOPE OF OPERATIONS AND FINANCES FOR THE HEALTH CENTER NEVERTHELESS, PURSUANT TO THE AFFILIATION AGREEMENT BETWEEN NYU LANGONE HOSPITALS CENTER AND SUNSET PARK SUNSET PARK HEALTH COUNCIL, INC 20-2508411 HEALTH COUNCIL, INC (D/B/A FAMILY HEALTH CENTERS AT NYU LANGONE), NYU LANGONE HOSPITALS CENTER IS PERMITTED TO APPOINT ONE BOARD MEMBER TO THE SUNSET PARK HEALTH COUNCIL, INC BOARD OF DIRECTORS

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A FULL COPY OF THE IRS FORM 990 AND CORRESPONDING SCHEDULES WILL BE DISTRIBUTED TO THE ENTIRE BOARD VIA E-MAIL PRIOR TO FILING AND WILL REQUEST QUESTIONS/COMMENTS ON LINE OR VIA PHONE IN ADDITION, THE ENTIRE DOCUMENT WILL BE FURTHER REVIEWED BY AUDIT COMMITTEE AS WELL AS THE FULL BOARD

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS ADOPTED A WRITTEN STANDARDS OF CONDUCT APPLICABLE TO BOARD MEMBERS, OFFICERS, EMPLOYEES AND AGENTS THAT ESTABLISHES PROCEDURES FOR, AMONG OTHER THINGS (I) DISCLOSING, AND ADDRESSING CONFLICTS OF INTEREST OR THE APPEARANCE OF CONFLICTS OF INTEREST BY BOARD MEMBERS, OFFICERS, EMPLOYEES, AND/OR AGENTS WHO PROVIDE SERVICES OR FURNISH GOODS TO THE CORPORATION, (II) MAINTAINING THE CONFIDENTIALITY OF INFORMATION OBTAINED BY A BOARD MEMBER, OFFICER, EMPLOYEE, AND/OR AGENT BY VIRTUE OF HIS OR HER POSITION AS SUCH, DIRECTLY OR INDIRECTLY RELATED TO THE ORGANIZATION'S ADMINISTRATIVE, MANAGERIAL AND CLINICAL OPERATIONS, (III) PROHIBITING THE ACCEPTANCE OR SOLICITATION OF GIFTS OR GRATUITIES OF SUBSTANTIAL MONETARY VALUE, AND (IV) ADDRESSING VIOLATIONS OF THE STANDARDS OF CONDUCT FURTHERMORE, THE HAS ESTABLISHED POLICIES WITH RESPECT TO CONFLICTS OF INTEREST BY BOARD MEMBERS, OFFICERS OF THE CORPORATION AND SUCH OTHER PERSONS ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT MAY GIVE RISE TO CONFLICTS THE DEPARTMENT OF CORPORATE COMPLIANCE DISTRIBUTES AND REVIEWS THESE DOCUMENTS ON AN ANNUAL BASIS FOR BOARD MEMBER, THE CONFLICT OF INTEREST FORMS ARE DISTRIBUTED ANNUALLY AND REVIEWED BY THE EXECUTIVE COMMITTEE

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS OF SPHC (D B A FAMILY HEALTH CENTERS AT NYU LANGONE), THROUGH ITS EXECUTIVE COMMITTEE, ENGAGES SULLIVAN COTTER AND ASSOCIATES, INC TO PROVIDE ANNUAL EXECUTIVE COMPENSATION SERVICES SULLIVAN, COTTER AND ASSOCIATES PROVIDES SPHC'S BOARD WITH A REPORT THAT INCLUDES 1) MARKET ANALYSIS OF THE TOTAL COMPENSATION LEVELS OF SENIOR EXECUTIVES IN RELATIONSHIP WITH THEIR PEER IN THE MARKETPLACE, 2) A REVIEW OF CURRENT COMPENSATION AND BENEFIT PLAN DESIGNS TO ENSURE THEIR COMPETITIVENESS TO THE MARKETPLACE, AND 3) TO ENSURE COMPLIANCE WITH ANY STATE OR FEDERAL REGULATIONS THE BOARD RELIES UPON THE DATA AND RECOMMENDATIONS PROVIDED BY SULLIVAN COTTER TO DETERMINE THE COMPENSATION LEVEL OF THE CEO FOR OTHER POSITIONS, THE CEO RECOMMENDS ADJUSTMENTS TO THE BOARD OF TRUSTEES BASED ON DATA AND RECOMMENDATIONS FROM SULLIVAN COTTER THIS PROCESS IS DONE ANNUALLY AND THE LAST ONE DONE WAS IN DECEMBER OF 2017 THE BOARD'S DISCUSSIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED DOCUMENTATION INCLUDES THE TERMS OF THE TRANSACTION AND THE DATE IT WAS APPROVED, THE MEMBERS PRESENT DURING DELIBERATIONS AND THOSE WHO VOTED ON IT, AND THE COMPARABILITY DATA RELIED UPON AND HOW IT WAS OBTAINED THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER OFFICERS AND KEY EMPLOYEES THE CEO RECOMMENDS ADJUSTMENTS TO THE BOARD OF TRUSTEES BASED ON DATA AND RECOMMENDATIONS FROM SULLIVAN COTTER

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT THE DISCRETION OF SPHC'S (D/B/A FAMILY HEALTH CENTERS AT NYU LANGONE) GENERAL COUNSEL

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

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

Department of the Treasury
Internal Revenue Service
Name of the organization
SUNSET PARK HEALTH COUNCIL INC

Employer identification number
20-2508411

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
(1) SOUTHWEST BROOKLYN DENTAL PRACTICE PLLC 219 54TH STREET BROOKLYN, NY 11220 42-2932907	DENTAL ORTHODONTICS	NY	1,661,000	1,201,000	SUNSET PARK HEALTH COUNCIL INC

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.

(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.

(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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

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)