

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
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

D Employer identification number
20-2508411

E Telephone number
(718) 630-7047

G Gross receipts \$ 194,447,065

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

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://WWW.NYULANGONE.ORG/LOCATIONS/FAMILY-HEALT](https://www.nyulangone.org/locations/family-health)

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1975

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	818
6 Total number of volunteers (estimate if necessary)	6	183
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	33,748,993	50,867,514
9 Program service revenue (Part VIII, line 2g)	135,721,944	140,783,291
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	99,234
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,476,670	2,697,026
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	174,947,607	194,447,065
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,027,838	1,398,174
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)	129,427,383	131,929,469
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	40,041,918	43,069,054
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	170,497,139	176,396,697
19 Revenue less expenses. Subtract line 18 from line 12	4,450,468	18,050,368
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	38,163,590	65,875,187
21 Total liabilities (Part X, line 26)	22,398,902	32,060,131
22 Net assets or fund balances. Subtract line 21 from line 20	15,764,688	33,815,056

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-07-14
ASTRID GONZALEZ VP FINANCE
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-07-14
Check if self-employed PTIN: P00743140
Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772
Firm's address ▶ TWO JERICO PLAZA Phone no. (516) 918-7000
JERICO, 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 \$ 44,084,238 including grants of \$ 1,398,174) (Revenue \$ 46,530,935)
 See Additional Data

4b (Code:) (Expenses \$ 16,365,601 including grants of \$) (Revenue \$ 12,997,400)
 See Additional Data

4c (Code:) (Expenses \$ 8,293,054 including grants of \$) (Revenue \$ 6,359,671)
 See Additional Data

(Code:) (Expenses \$ 88,612,081 including grants of \$) (Revenue \$ 77,592,311)

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 88,612,081 including grants of \$) (Revenue \$ 77,592,311)

4e Total program service expenses ▶ 157,354,974

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 818</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .</p> <p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>			4a	No
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
<p>8 Sponsoring organizations maintaining donor advised funds.</p>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
<p>10 Section 501(c)(7) organizations. Enter:</p>				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>			
<p>11 Section 501(c)(12) organizations. Enter:</p>				
<p>a Gross income from members or shareholders</p>	<p>11a</p>			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b</p>			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b</p>			
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>			
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ASTRID P 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)

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

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							4,922,489	0	829,467

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 ▶ 192

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NYU SCHOOL OF MEDICINE - FACULTY PRACTIC 550 FIRST AVENUE NEW YORK CITY, NY 10016	PROVISION OF SPECIALTY PHYSICIAN SERVICE	2,447,114
MT SINAI HOSPITAL 633 THIRD AVENUE 10TH FL NEW YORK CITY, NY 10017	NURSING STAFFING FOR COMMUNITY MEDICINE	535,182
ALLIED SECURITY HOLDINGS LLC 161 WASHINGTON ST STE 600 CONSHOHOCKEN, PA 19128	SECURITY SERVICES	253,810
POLARIS PLACEMENT LLC 10752 DEERWOOD PARK BLVD SOUTH JACKSONVILLE, FL 32256	PLACEMENT SERVICES FOR PROVIDERS	239,800
WINSTON SUPPORT SERVICES LLC DBA WINSTON 122 E 42ND ST STE 320 NEW YORK CITY, NY 10168	TEMPORARY SERVICES	224,743

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 26

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, and All other contributions.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include MEDICAID, MEDICARE, PATIENT SERVICE REVENUE, CAPITATION REVENUE, and CMP CONTRACTED REVENUE.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Investment income, Royalties, Rental income, Net gain or loss from securities, Fundraising events, Gaming activities, Sales of inventory, and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,398,174	1,398,174		
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	2,756,720	2,447,692	309,028	
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	93,134,546	82,743,332	10,391,214	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,241,870	8,910,427	1,331,443	
9 Other employee benefits	19,040,328	16,579,340	2,460,988	
10 Payroll taxes	6,756,005	5,877,724	878,281	
11 Fees for services (non-employees):				
a Management	2,805,819	1,795,724	1,010,095	
b Legal	562,726		562,726	
c Accounting	194,380		194,380	
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)	22,955	22,955		
12 Advertising and promotion	90,387	87,992	2,395	
13 Office expenses	9,076,611	8,848,552	228,059	
14 Information technology	198,932	19,893	179,039	
15 Royalties				
16 Occupancy	2,119,987	2,100,593	19,394	
17 Travel	1,035,630	880,374	155,256	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	398,494	327,004	71,490	
20 Interest	4,653	4,653		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,589,189	1,431,251	157,938	
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	17,740,074	17,078,663	661,411	0
b PHYSICIAN PAYMENTS	2,314,822	2,314,822	0	0
c ENVIRONMENTAL SERVICES	1,596,323	1,523,202	73,121	0
d REPAIRS & MAINTENANCE	742,689	671,505	71,184	0
e All other expenses	2,575,383	2,291,102	284,281	
25 Total functional expenses. Add lines 1 through 24e	176,396,697	157,354,974	19,041,723	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		1	
	2 Savings and temporary cash investments	5,790,131	2	29,281,103
	3 Pledges and grants receivable, net	6,708,913	3	5,907,323
	4 Accounts receivable, net	9,825,296	4	8,520,130
	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	205,112	9	162,215
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,169,601		
	b Less: accumulated depreciation	10b 36,165,609	12,091,480	10c 16,003,992
	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	3,542,658	15	6,000,424
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,163,590	16	65,875,187	
Liabilities	17 Accounts payable and accrued expenses	13,863,492	17	15,570,217
	18 Grants payable		18	
	19 Deferred revenue	632,712	19	1,688,838
	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	7,902,698	25	14,801,076
	26 Total liabilities. Add lines 17 through 25	22,398,902	26	32,060,131
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,091,900	27	32,948,030
	28 Temporarily restricted net assets	672,788	28	867,026
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,764,688	33	33,815,056	
34 Total liabilities and net assets/fund balances	38,163,590	34	65,875,187	

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	194,447,065
2	Total expenses (must equal Part IX, column (A), line 25)	2	176,396,697
3	Revenue less expenses. Subtract line 2 from line 1	3	18,050,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,764,688
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	33,815,056

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 20-2508411

Name: SUNSET PARK HEALTH COUNCIL INC

Form 990 (2018)

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			
RINCON GABRIEL BOARD CHAIRMAN	5.00	X		X				0	0	0
WONG SAMUEL FOOK BOARD VICE CHAIRMAN	4.00	X		X				0	0	0
SANTIAGO ANTHONY BOARD TREASURER	4.00	X		X				0	0	0
SIMONETTI LESLIE BOARD SECRETARY	4.00	X		X				0	0	0
AWAWDEH MURAD TRUSTEE	3.00	X						0	0	0
BECKER DAVID TRUSTEE	3.00	X						0	0	0
CHAN WAI YEE TRUSTEE	3.00	X						0	0	0
COOPER BURGESS SYLVIA TRUSTEE	3.00	X						0	0	0
FELIX JEFFERS CYNTHIA TRUSTEE	3.00	X						0	0	0
GRANDELL BRENDA 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			
KAPLAN ROBERT TRUSTEE	3.00	X						0	0	0
LOVELL SHEMALA TRUSTEE	3.00	X						0	0	0
MARTINEZ ANGELA TRUSTEE	3.00	X						0	0	0
MAYA VIOLETA TRUSTEE	3.00	X						0	0	0
PITTA LAWRENCE TRUSTEE	3.00	X						0	0	0
SANABRIA LUCY TRUSTEE	3.00	X						0	0	0
VILLAR RICHARD TRUSTEE	3.00	X						0	0	0
XIE CHANG TRUSTEE	3.00	X						0	0	0
MCREYNOLDS LARRY EXECUTIVE DIRECTOR & SVP	37.50			X				748,743	0	98,487
GONZALEZ ASTRID VP FINANCE	37.50			X				332,829	0	61,467

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			
DAPKINS ISAAC VP MEDICAL AFFAIRS	37.50			X				518,902	0	70,285
HOPKINS KATHY VP COMMUNITY BASED PROGRAMS	37.50				X			224,873	0	53,054
MASON MARGARET VP DENTAL MEDICINE	37.50				X			349,482	0	32,541
LIEBERMAN MARTY VP DENTAL GME	37.50				X			322,247	0	67,532
AGLIALORO GEORGE OB/GYN DIRECTOR	37.50				X			321,643	0	54,741
DEMBY NEAL CHIEF, DENTAL MEDICINE	37.50				X			514,673	0	87,668
OKUJI DAVID DDS	37.50					X		309,953	0	32,109
BATRA JASKANWAR DIRECTOR, BEHAVIORAL HEALTH	37.50					X		327,939	0	92,559
BESSON GAIL OB/GYN	37.50					X		303,226	0	66,936
RYNCARZ WOJCIECH OB/GYN	37.50					X		348,292	0	44,556

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			
JERROLD LAURENCE ORTHODONTICS DIRECTOR	37.50					X		299,687	0	67,532

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	20,738,960	30,142,802	31,509,316	33,748,993	50,867,514	167,007,585
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	20,738,960	30,142,802	31,509,316	33,748,993	50,867,514	167,007,585
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.						167,007,585

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4.	20,738,960	30,142,802	31,509,316	33,748,993	50,867,514	167,007,585
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,648	6,370	165	0	99,234	108,417
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.).	1,457,858	4,339,456	2,887,665	6,785,670	2,697,026	18,167,675
11 Total support. Add lines 7 through 10						185,283,677

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	90.140 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	90.370 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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) .		
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).		
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 .		
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 .		
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 .		
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.		
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).		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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 CREATED A SHORT PERIOD OF REPORTING FROM JANUARY 1, 2015 THROUGH AUGUST 31, 2015. TO CONFORM WITH THE IRS REPORTING GUIDANCE THAT CUMULATIVE FIVE YEARS OF FINANCIAL DATA BE PRESENTED, THE INFORMATION ON SCHEDULE A, PART II, SECTIONS A AND B, IS PRESENTED AS FOLLOWS: THE 2014 COLUMN REPRESENTS THE SHORT PERIOD 1/1/2015 TO 8/31/15, THE 2015 COLUMN REPRESENTS THE PERIOD OF 9/1/15 TO 8/31/16, THE 2016 COLUMN REPRESENTS THE PERIOD OF 9/1/16 TO 8/31/17, THE 2017 COLUMN REPRESENTS THE PERIOD OF 9/1/17 TO 8/31/18, AND THE 2018 COLUMN REPRESENTS THE PERIOD OF 9/1/18 TO 8/31/19

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

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

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		286,500		286,500
b Buildings		20,478,557	8,342,191	12,136,366
c Leasehold improvements		10,123,157	8,962,918	1,160,239
d Equipment		21,281,387	18,860,500	2,420,887
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				16,003,992

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	227,000
(2) ASSETS LIMITED AS TO USE - BOARD DESIGNATED	5,000,415
(3) 457B ASSETS - ASSETS WHOSE USE IS LIMITED LT	451,001
(4) SECURITY DEPOSITS	322,008
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	6,000,424

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	6,409,944
DUE TO THIRD PARTY PAYORS	7,324,000
OTHER LONG-TERM LIABILITIES	1,067,132
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	14,801,076

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	194,524,000
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	78,000	
e	Add lines 2a through 2d		2e	78,000
3	Subtract line 2e from line 1		3	194,446,000
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	1,065	
c	Add lines 4a and 4b		4c	1,065
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	194,447,065

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	176,475,000
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	78,000	
e	Add lines 2a through 2d		2e	78,000
3	Subtract line 2e from line 1		3	176,397,000
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	-303	
c	Add lines 4a and 4b		4c	-303
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	176,396,697

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:	LESS NET ASSETS RELEASED FROM RESTRICTIONS 78,000.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ROUNDING 1,065.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	NET ASSETS RELEASED FROM RESTRICTION 78,000.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ROUNDING -303.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	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)	652,198				TO PROVIDE PRIMARY HEALTH AND DENTAL CARE (ESPECIALLY TO PATIENTS WITH HIV). THIS IS AN OFFICIAL SUB-GRANTEE OF OUR 330 FEDERAL GRANT
THE DOOR A CENTER OF ALTERNATIVES INC 555 BROOME STREET NEW YORK, NY 10013	13-6127348	501(C)(3)	267,193				TO PROVIDE PRIMARY HEALTH CARE. THIS IS AN OFFICIAL SUBGRANTEE 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
PREMIUM HEALTH INC 620 FOSTER AVENUE SUITE 200 BROOKLYN, NY 11230	30-0640372	501(C)(3)	259,383				TO PROVIDE PRIMARY HEALTH CARE. THIS IS AN OFFICIAL SUBGRANTEE OF OUR 330 FEDERAL GRANT
METRO HEALTH COMMUNITY CENTERS INC 979 CROSS BRONX EXPRESSWAY SERVICE ROAD NORTH BRONX, NY 14060	46-1317334	501(C)(3)	183,400				TO PROVIDE PRIMARY HEALTH CARE. THIS IS AN OFFICIAL SUBGRANTEE 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
HEBREW ACADEMY FOR SPECIAL CHILDREN 1221 EAST 14TH STREET BROOKLYN, NY 11230	11-3570946	501(C)(3)	36,000				TO PROVIDE PRIMARY HEALTH CARE. THIS IS AN OFFICIAL SUBGRANTEE OF OUR 330 FEDERAL GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
SUNSET PARK HEALTH COUNCIL INC

Employer identification number
20-2508411

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"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input 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 checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

Return Reference	Explanation
PART I, LINE 7	<p>SUNSET PARK HEALTH COUNCIL INC., D.B.A. 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.</p>

2019 Schedule J (Form 990) 2018

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				
MCREYNOLDS LARRY EXECUTIVE DIRECTOR & SVP	(i)	638,069	100,000	10,674	59,500	38,987	847,230	0
	(ii)	0	0	0	0	0	0	0
GONZALEZ ASTRID VP FINANCE	(i)	302,317	20,000	10,512	35,000	26,467	394,296	0
	(ii)	0	0	0	0	0	0	0
DAPKINS ISAAC VP MEDICAL AFFAIRS	(i)	326,244	80,000	112,658	52,500	17,785	589,187	0
	(ii)	0	0	0	0	0	0	0
HOPKINS KATHY VP COMMUNITY BASED PROGRAMS	(i)	203,481	20,000	1,392	36,937	16,117	277,927	0
	(ii)	0	0	0	0	0	0	0
MASON MARGARET VP DENTAL MEDICINE	(i)	304,357	43,733	1,392	16,500	16,041	382,023	0
	(ii)	0	0	0	0	0	0	0
LIEBERMAN MARTY VP DENTAL GME	(i)	317,794	0	4,453	41,000	26,532	389,779	0
	(ii)	0	0	0	0	0	0	0
AGLIALORO GEORGE OB/GYN DIRECTOR	(i)	301,339	18,750	1,554	39,132	15,609	376,384	0
	(ii)	0	0	0	0	0	0	0
DEMBY NEAL CHIEF, DENTAL MEDICINE	(i)	454,705	50,000	9,968	59,450	28,218	602,341	0
	(ii)	0	0	0	0	0	0	0
OKUJI DAVID DDS	(i)	274,018	30,000	5,935	16,500	15,609	342,062	0
	(ii)	0	0	0	0	0	0	0
BATRA JASKANWAR DIRECTOR, BEHAVIORAL HEALTH	(i)	298,776	28,333	830	53,500	39,059	420,498	0
	(ii)	0	0	0	0	0	0	0
BESSON GAIL OB/GYN	(i)	260,929	40,150	2,147	40,404	26,532	370,162	0
	(ii)	0	0	0	0	0	0	0
RYNCARZ WOJCIECH OB/GYN	(i)	261,015	86,150	1,127	40,077	4,479	392,848	0
	(ii)	0	0	0	0	0	0	0
JERROLD LAURENCE ORTHODONTICS DIRECTOR	(i)	279,719	10,000	9,968	41,000	26,532	367,219	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. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization 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 4 main 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 main 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)

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and 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	44,500	CONSULTING SERVICES FOR DENTAL FACULTY DEVELOPMENT CONFERENCE		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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

SUNSET PARK HEALTH COUNCIL INC

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) (LFHC) CONTINUES TO BUILD ON ITS FIFTY-SIX 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 2019, FHC DELIVERED CARE TO 140,054 PATIENTS IN OVER 850,925 PATIENT VISITS. OF FHC'S USERS, 57% LIVE IN HOUSEHOLDS WITH INCOMES LESS THAN 100% OF THE FEDERAL POVERTY LEVEL; 51.6% RECEIVE MEDICAID; AND 18.6% ARE UNINSURED; 31.3% 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	WE OPENED DENTAL SERVICES AT OUR 49TH STREET BUILDING IN JUNE OF 2019 WITH FIVE NEW DENTAL OPERATORIES. IN ADDITION, WE OPENED MEDICAL SERVICES AT THE FRANK J. MACCHIAROLA EDUCATIONAL COMPLEX SCHOOL. IN ADDITION, WE OPENED DENTAL SERVICES AT THE FOLLOWING SCHOOLS: PS 92, PS 2,,PS 44, PS12/MS 484, PS 157,PS 92 AND PS 243

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 67.8 DENTISTS AND 10.9 DENTAL HYGIENISTS PROVIDED GENERAL DENTISTRY AND SPECIALTY CARE TO 43,062 PATIENTS IN 135,414 VISITS IN 2019. 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 RESIDENCY 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 WORKFORCE 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 135,000 VISITS ANNUALLY AND WELL OVER 650,000 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</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 2019, FHC PROVIDED 158,555 MENTAL HEALTH RELATED VISITS TO 16,656 PATIENTS WITH A TEAM OF OVER 139 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 9 SHELTER-BASED CLINICS THROUGHOUT NEW YORK CITY. IN 2019, FHC PROVIDED 4,175 MENTAL HEALTH VISITS TO 1,798 INDIVIDUAL HOMELESS USERS THROUGH THIS PROGRAM.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C:	<p>OBSTETRICS/GYNECOLOGY: IN 2019, FHC PROVIDED PRENATAL CARE TO 2,430 PATIENTS, 945 OF WHOM DELIVERED DURING THE YEAR. COMPARED TO NATIONWIDE DATA FOR POPULATIONS WITH SIMILAR SOCIO-ECONOMIC AND RACIAL/ETHNIC BACKGROUNDS, BIRTH OUTCOMES FOR LFHC'S PATIENT POPULATION ARE OUTSTANDING. 93.12% OF CHILDREN DELIVERED BY FHC PROVIDERS HAVE HEALTHY BIRTH WEIGHT (2,500 GRAMS OR GREATER). FURTHERMORE, IT PROVIDED A TOTAL OF 34,984 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 2019, 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 12B	FHC IS INCLUDED IN A COMBINED AUDITED FINANCIAL STATEMENT FOR THE YEAR ENDED AUGUST 31, 2019. 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 7A	EFFECTIVE JULY 1, 2007 ("EFFECTLVE 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 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 HOSPITALS CENTER IS PERMITTED TO APPOINT ONE BOARD MEMBER TO THE SUNSET PARK HEALTH COUNCIL, INC BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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), THRU 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 2018

990 Schedule O, Supplemental Information

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

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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) SOUTH WEST BROOKLYN DENTAL PRACTICE PLLC 150 55TH STREET BROOKLYN, NY 11220 42-2932907	DENTAL ORTHODONTICS	NY	222,000	625,000	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).

Return Reference	Explanation