DLN: 93493030000583

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

| RICHARD BECKER  121 DEKALB AVENUE BROOKLYN, NY 11201    Tax-exempt status  | D Employer identification nu   | ımber              |
|--|--|--------------------|
| THE BROOKLYN HOSPITAL CENTER  Doing Business As    Number and street (or P O box if mail is not delivered to street address)   Room/suite   Terminated   RookLyn, NY 11201   F Name and address of principal officer   RICHARD BECKER   121 DEKALB AVENUE   BROOKLYN, NY 11201   F Name and address of principal officer   RICHARD BECKER   121 DEKALB AVENUE   BROOKLYN, NY 11201   Tax-exempt status   Stolic()(3)   Solic()()   (Insert no)   4947(a)(1) or   527   H(c) Git     Topology   Topol | 11-1630755   | 1mber              |
| Number of noting members of the governing body (Part VI, line 1a)  |  |                    |
| Name change Intital return Terminated Terminated Application pending Terminated Terminated Application pending Terminated Application pending Terminated Terminated Terminated Terminated Application pending Terminated Term | E Telephone number   |                    |
| Temmated  Amended return  Application pending  F Name and address of principal officer RICHARD BECKER 121 DEKALB AVENUE  F Name and address of principal officer RICHARD BECKER 121 DEKALB AVENUE BROOKLYN, NY 11201  H(b) Are 15 Name and address of principal officer RICHARD BECKER 121 DEKALB AVENUE BROOKLYN, NY 11201  H(c) Gi  Website: ► WWWTBH ORG  K Form of organization ▼ Corporation ▼ The BROOKLYN, NY 11201  Brefly describe the organization's mission or most significant activities THE BROOKLYN HOSPITAL CENTER IS DEDICATED TO PROVIDING OUTSTANDING AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEA  A Number of voting members of the governing body (Part VI, line 1a)  A Number of voting members of the governing body (Part VI, line 1a)  Total number of individuals employed in calendar year 2011 (Part V, line 2a)  Total outrelated business revenue from Part VIII, column (C), line 12  | ·  |                    |
| Amended return  Amended return  Amended return  Application pending  F. Name and address of principal officer RICHARD BECKER 121 DEKALB AVENUE BROOKLYN, NY 11201  H(b) Are 121 DEKALB AVENUE BROOKLYN, NY 11201  I Tax-exempt status  | (718) 250-6755   |                    |
| ## PROCKLYN, NY 11201    F Name and address of principal officer   RICHARD BECKER   121 DEKALB AVENUE   BROOKLYN, NY 11201   H(b) Are   121 DEKALB AVENUE   BROOKLYN, NY 11201   H(c) Grid   Mebsite: ► WWW TBH ORG   L Year of   Message    | <b>G</b> Gross receipts \$ 365,889,688   |                    |
| File Name and address of principal officer RICHARD BECKER 121 DEKALB AVENUE BROOKLYN, NY 11201   H(b) Are 121 DEKALB AVENUE BROOKLYN, NY 11201   H(c) Grid I Tax-exempt status   |  |                    |
| F Name and address of principal officer RICHARD BECKER 121 DEKALB AVENUE BROOKLYN,NY 11201  If Tax-exempt status   |  |                    |
| RICHARD BECKER  121 DEKALBA AVENUE BROOKLYN,NY 11201    Tax-exempt status  | <b>-</b>   |                    |
| BROOKLYN, NY 11201   | s this a group return for ffiliates?   | ✓ No               |
| Tax-exempt status  | ,  | · _                |
| Tax-exempt status  | · ·  | Yes No             |
| Website: ► WWWTBH ORG  | "No," attach a list (see instruc<br>Group exemption number 🕨   | :tions)            |
| Part I   Summary   | Toup exemption number F  |                    |
| Part I   Summary   1   Briefly describe the organization's mission or most significant activities THE BROOKLYN HOSPITAL CENTER IS DEDICATED TO PROVIDING OUTSTANDING AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD   2   Check this box   Tif the organization discontinued its operations or disposed of more than 3   Number of voting members of the governing body (Part VI, line 1a)  |  |                    |
| 1 Briefly describe the organization's mission or most significant activities THE BROOKLYN HOSPITAL CENTER IS DEDICATED TO PROVIDING OUTSTANDING AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEWYORK HEAD AND GREATER NEWYORK HEA   | of formation 1845 <b>M</b> State of legal  | domicile NY        |
| THE BROOKLYN HOSPITAL CENTER IS DEDICATED TO PROVIDING OUTSTANDING AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD AND RESEARCH TO KEEP THE PEOPLE OF BROOKLYN AND GREATER NEW YORK HEAD AND GREATER NEW |  |                    |
| Number of voting members of the governing body (Part VI, line 1a)  | •  | ΓΙΟΝ,              |
| Number of voting members of the governing body (Part VI, line 1a)  | an 25% of its net assets   |                    |
| ### Total unrelated business revenue from Part VIII, column (C), line 12   | 3  | 18                 |
| ### Total unrelated business revenue from Part VIII, column (C), line 12   | 4  | 15                 |
| ### Total unrelated business revenue from Part VIII, column (C), line 12   | 5  | 2,901              |
| B Net unrelated business taxable income from Form 990-T, line 34   | 6  | 110                |
| 8 Contributions and grants (Part VIII, line 1h)  | 7a   | 0                  |
| 8 Contributions and grants (Part VIII, line 1h)  | 7b   |                    |
| 9 Program service revenue (Part VIII, line 2g)   | Prior Year Current   |                    |
| Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |  | 3,656,282          |
| Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |  | 5,714,397          |
| Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |  | 5,768,062          |
| 12)  | 10,088,250 14  | 1,647,158          |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  Beginn  20 Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  | 365,986,535 355  | 5,785,899          |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  Beginn  20 Total assets (Part X, line 16)  | 0  | 0                  |
| Second   16a   Professional fundraising fees (Part IX, column (A), line 11e)   | 0  | 0                  |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  Beginn  20 Total assets (Part X, line 16)  | 200 150 605  | 7 556 262          |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  Beginn  20 Total assets (Part X, line 16)  |  | 7,556,263          |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  Beginn  20 Total assets (Part X, line 16)  | 0  | 0                  |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  Beginn 20 Total assets (Part X, line 16)   | 126 550 202  |                    |
| 19 Revenue less expenses Subtract line 18 from line 12   |  | 5,474,713          |
| Beginn  20 Total assets (Part X, line 16)  |  | 3,030,976          |
| Part II Signature Block  | ning of Current Fnd of N   | 2,754,923<br>Year  |
| Part II Signature Block  | Year   |                    |
| Part II Signature Block  |  | 3,019,298          |
| Part II Signature Block  |  | 7,716,198          |
|  | 138,148,671 160  | 3,303,100          |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based of knowledge.  Sign Here  JOSEPH GUARRACINO SR VP & CFO  | and statements, and to the best of on all information of which prepared and the best of on all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of one all information of which prepared are all the best of the | my<br> rer has any |
| Type or print name and title   |  |                    |
| Preparer's b Date Check if   | Preparer's taxpayer identificatio  | n number           |
| Preparer's signature Angelo Pirozzi CPA  Angelo Pirozzi CPA  Angelo Pirozzi CPA  employed • [  | (see instructions)   |                    |
| Preparer's Firm's name (or yours & Charles A Barragato & Co LLP  | 1  |                    |
| Ilse Only If self-employed),   | EIN Þ  |                    |
| address, and ZIP + 4 F 950 Third Avenue - 20th FL  | Phono no. b /212\ 271 4446   |                    |
| New York, NY 10022  May the IRS discuss this return with the preparer shown above? (see instructions)  | Phone no ► (212) 371-4446  |                    |

| FORM       | 1990 (2011)                                |                      |                  |  |  | Page <b>2</b> |
|------------|--|----------------------|------------------|--|--|---------------|
| Par        | <b>Statement of Pr</b> Check if Schedule O |                      |                  | <b>lishments</b><br>uestion in this Part III |  |               |
| 1          | Briefly describe the organia               | zation's mission     |                  |  |  |               |
| THE        | BROOKLYN HOSPITAL CEN                      |                      | ATED TO PRO      | OVIDING OUTSTAND                             | ING HEALTH SERVICES, E   | DUCATION, AND |
|            | EARCH TO KEEP THE PEOP                     |                      |                  |  |  | •             |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
| 2          | Did the organization undert                | ake anv significa    | ınt program se   | ervices during the vear                      | which were not listed on   |               |
|            | the prior Form 990 or 990-                 |                      |                  |  |  | ┌ Yes ┌ No    |
|            | If "Yes," describe these nev               | v services on Sc     | hedule O         |  |  |               |
| 3          | Did the organization cease services?       |                      | _                |  | nducts, any program  | ┌ Yes ┌ No    |
|            | If "Yes," describe these cha               | nges on Schedu       | le O             |  |  |               |
| 4          |  | 3) and 501(c)(4)     | organization:    | s and section 4947(a)                        | ree largest program services<br>(1) trusts are required to rep<br>h program service reported |               |
|            | (Code )                                    | (Expenses \$         | 281,489,968      | ıncludıng grants of \$                       | 0 ) (Revenue \$  | 337,918,652 ) |
| Tu         | ,  | ` ' '                |                  |  | S AND 99,000 PATIENT DAYS AS WI  |               |
|            | OUTPATIENT CLINICS THAT HAD                | APPROXIMATELY 22     | 25,000 VISITS DU | JRING 2011                                   | ,  |               |
|            |  |                      |                  |  |  |               |
| 4b         | (Code )                                    | (Expenses \$         |                  | including grants of \$                       | ) (Revenue \$  | )             |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            | _  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            | (0.1                                       | /F +                 |                  |  | ) (D +   |               |
| <b>4</b> c | (Code )                                    | (Expenses \$         |                  | including grants of \$                       | ) (Revenue \$  | )             |
|            | _  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
|            |  |                      |                  |  |  |               |
| 4d         | Other program services (                   | Describe in Sche     | edule O )        |  |  |               |
|            | (Expenses \$                               |                      | ıdıng grants o   | f \$   | ) (Revenue \$  | )             |
|            | Total program service exp                  | enses <b>&gt;</b> \$ | 281,489,96       | 58   |  |               |
|            |  | •                    | , ,              |  |  |               |

| Part TV     | Chec | klist of | Required | Schedules  |
|-------------|------|----------|----------|------------|
| 4 1 1 7 7 7 | CHEC | KIISL UI | Reduired | Scriedules |

|     | •   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$  | 2   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | No |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   | Yes |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1  | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\bullet}$  | 10  | Yes |    |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.   | 11a | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  | 11b |     | No |
| C   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c |     | No |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   | 11d | Yes |    |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e | Yes |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.   | 11f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12a |     | No |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  | 12b | Yes |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E   | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | Νo |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.   | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV  | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20a | Yes |    |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements   | 20b | Yes |    |

| Par | t IV Checklist of Required Schedules (continued)  |     |     |    |
|-----|---|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^{\circ}$ If "Yes," complete Schedule I, Parts I and II   | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |    |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  |     |     |    |
|     |   | 28a |     | No |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV   | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | Νο |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M   | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  | Yes |    |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?  | 35a | Yes |    |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2$  | 35b | Yes |    |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | 38  | Yes |    |

|        |   | _ |
|--------|---|---|
| Dart V | Statements Regarding Other IRS Filings and Tax Compliance |   |
|        | Statements Regarding other 185 inings and rax compliance  |   |

|                | Check if Schedule O contains a response to any question in this Part V  |                   |     |     |
|----------------|---|-------------------|-----|-----|
|                |   |                   | Yes | No  |
| a              | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   |                   |     |     |
|                |   |                   |     |     |
|                | 1a 231  |                   |     |     |
| b              | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |                   |     |     |
|                | <b>1b</b> 0   |                   |     |     |
| С              | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c                | Yes |     |
| а              | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |                   | 103 |     |
| a              | Statements filed for the calendar year ending with or within the year covered by this   |                   |     |     |
|                | return  |                   |     |     |
| b              | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b                | Yes |     |
|                | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | ZD                | res |     |
|                |   |                   |     |     |
| a              | Did the organization have unrelated business gross income of \$1,000 or more during the vear?   | За                |     | Νo  |
| b              | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>   | 3b                |     |     |
| a              | 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 or securities  | 4a                |     |     |
|                | account)?   | - <del>1</del> -a |     | Νo  |
| b              | If "Yes," enter the name of the foreign country   |                   |     |     |
|                | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   |                   |     |     |
| 3              | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a                |     | No  |
|                | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |                   |     | No  |
|                |   | 5b                |     | NO  |
| C              | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c                |     |     |
| 3              | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | 6a                |     | No  |
| 4              | organization solicit any contributions that were not tax deductible?  | Ja                |     | INO |
| b              | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |                   |     |     |
|                | were not tax deductible?  | 6b                |     |     |
|                | Organizations that may receive deductible contributions under section 170(c).   |                   |     |     |
| а              | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and   | 7a                |     | Νo  |
|                | services provided to the payor?   |                   |     |     |
|                | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b                |     |     |
| С              | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c                |     | Νo  |
| d              | If "Yes," indicate the number of Forms 8282 filed during the year   |                   |     |     |
| _              |   |                   |     |     |
| e              | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit   | _                 |     |     |
| _              | contract?   | 7e                |     | No  |
|                | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f                |     | Νo  |
| g              | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g                |     |     |
| h              | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a   | 79                |     |     |
|                | Form 1098-C?  | 7h                |     |     |
|                | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did  |                   |     |     |
|                | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess   |                   |     |     |
|                | business holdings at any time during the year?  | 8                 |     |     |
|                | Sponsoring organizations maintaining donor advised funds.   |                   |     |     |
| а              | Did the organization make any taxable distributions under section 4966?   | 9a                |     |     |
| b              | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b                |     |     |
| )              | Section 501(c)(7) organizations. Enter  |                   |     |     |
| а              | Initiation fees and capital contributions included on Part VIII, line 12 10a  |                   |     |     |
| b              | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  |                   |     |     |
|                | facilities  |                   |     |     |
|                | Section 501(c)(12) organizations. Enter   |                   |     |     |
|                | Gross income from members or shareholders   |                   |     |     |
| b              | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)   |                   |     |     |
|                | sources against amounts due or received from them)  |                   |     |     |
| 2a             | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a               |     |     |
| b              | If "Yes," enter the amount of tax-exempt interest received or accrued during the  |                   |     |     |
| _              | year  |                   |     |     |
|                | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                   |     |     |
| а              | Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue |                   |     |     |
|                | qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization  | ,                 |     |     |
|                | allocated to each state   | 13a               |     |     |
| b              | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                             |                   |     |     |
| _              | the states in which the organization is licensed to issue qualified health plans  Enter the aggregate amount of reserves on hand  |                   |     |     |
| C              | Enter the aggregate amount of reserves on hand  |                   |     |     |
| <del>1</del> a | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a               |     | Νo  |
|                | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  | 14b               |     |     |

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

| Se  | ection A. Governing Body and Management   |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
|     |   |     |     |    |
| 1a  | Enter the number of voting members of the governing body at the end of the tax  |     |     |    |
| Ia  | year  |     |     |    |
| b   | 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?   | 2   |     | No |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3   |     | No |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4   |     | No |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5   |     | No |
| 6   | Did the organization have members or stockholders?  | 6   | Yes |    |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a  | Yes |    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b  | Yes |    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |     |    |
| а   | The governing body?   | 8a  | Yes |    |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b  | Yes |    |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O          | 9   |     | No |
|     | ection B. Policies (This Section B requests information about policies not required by the Internal   |     |     |    |
| Re  | evenue Code.)   |     |     |    |
| 10- | Did the commented have lead about an househor confillators  | 10- | Yes | No |
|     | Did the organization have local chapters, branches, or affiliates?  | 10a |     | No |
| U   | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a | Yes |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review the Form 990   |     |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | Yes |    |
| b   | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |    |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  | 12c | Yes |    |
| 13  | Did the organization have a written whistleblower policy?   | 13  | Yes |    |
| 14  | Did the organization have a written document retention and destruction policy?  | 14  | Yes |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official  | 15a | Yes |    |
| b   | Other officers or key employees of the organization   | 15b | Yes |    |
|     | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a |     | No |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  |     |     |    |
|     | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?   | 16b |     |    |
| Se  | ection C. Disclosure  |     |     |    |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶NY   |     |     |    |
|     |   |     |     |    |

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
  THE BROOKLYN HOSPITAL CENTER
  121 DEKALB AVENUE

BROOKLYN, NY 11201

(718) 250-6755

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

Check if Schedule O contains a response to any question 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, and current key employees 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 orga | nızatıon nor any re                            | elated o                          | rgan                  | ızatı                 | ons                    | compe                        | ensat  | ed any current or fo   | ormer officer, direc   | tor, or trustee  |
|------------------------------------|--|-----------------------------------|-----------------------|-----------------------|------------------------|------------------------------|--------|--|--|--|
| <b>(A)</b><br>Name and Title       | (B) A verage hours per week (describe          | unles<br>an                       | on (d<br>e tha        | n one<br>son<br>er ar | e bo:<br>is bo<br>nd a | x,<br>oth                    |        | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|                                    | hours for related organizations in Schedule O) | Individual trustae<br>or director | Institutional Trustee | Officei               | Key employee           | Highest compensated employee | Former |  | MISC)  | related<br>organizations   |
| See Additional Data Table          |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |
|                                    |  |                                   |                       |                       |                        |                              |        |  |  |  |

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

|                | (A)<br>Name and Title   | (B) Average hours per week (describe           | more<br>unles<br>an                | (C) sition (do not check lore than one box, less person is both an officer and a director/trustee) |          |              |                              | Rep<br>comp<br>fro<br>organiz | (D)<br>ortable<br>ensation<br>m the<br>zation (W-<br>9-MISC) | (E) Reportable compensatio from related organizations (W- 2/1099 | l<br>s                     | Estimamount of compen from organizat | ated<br>of other<br>sation<br>the<br>ion and |         |
|----------------|---|--|------------------------------------|--|----------|--------------|------------------------------|-------------------------------|--|--|----------------------------|--------------------------------------|--|---------|
|                |   | hours for related organizations in Schedule O) | Individual trustiee<br>or director | Institutional Trustee  | Officei  | Key employee | Highest compensated employee | Former                        |  |  | MISC)                      |                                      | relat<br>organız                             |         |
| See A          | ddıtıonal Data Table  |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            | _                                    |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            | +                                    |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            | +                                    |  |         |
|                |   |  |                                    |  |          |              |                              |                               |  |  |                            | -                                    |  |         |
| 1b             | Sub-Total   |  | <u> </u>                           | <u>.                                    </u>   | <u> </u> | <u> </u>     |                              | <u> </u><br> ►                |  |  |                            |                                      |  |         |
| С              | Total from continuation sheets  | to Part VII, Sec                               | tion A                             |  |          |              |                              | <b>&gt;</b>                   |  |  |                            |                                      |  |         |
| <u>d</u>       | Total (add lines 1b and 1c) .  Total number of individuals (incl                                    |  |                                    |  |          |              |                              | <b>&gt;</b>                   |  | 11,042,372   | 2,332,                     | 741                                  |  | 542,950 |
|                | \$100,000 of reportable compens   |  |                                    |  |          |              | above                        | ) WIIC                        | receive  | ed more th   | 211                        |                                      |  |         |
| 3              | Did the organization list any <b>form</b> on line 1a? If "Yes," complete Sch.                       |  |                                    |  |          |              |                              |                               |  |  |                            |                                      | Yes  | No      |
| 4              | For any individual listed on line 1 organization and related organization                           | La, is the sum of                              | freport                            | able   | com      | pens         | sation                       | and                           | other co   | mpensatio  | n from the                 | 3                                    | Yes  |         |
| _              | ındıvıdual  |  |                                    | •  | •        | •            |                              | •                             |  |  |                            | 4                                    | Yes  |         |
| 5              | Did any person listed on line 1a services rendered to the organiz                                   |  |                                    |  |          |              |                              |                               | _  | •  | or individual for<br>•     | 5                                    |  | No      |
|                | ection B. Independent Con   |  |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
| 1              | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | the organizatio                                |                                    |  |          |              |                              |                               |  |  |                            |                                      |  |         |
|                | Nan   | (A)<br>ne and business add                     | dress                              |  |          |              |                              |                               |  | Desc   | (B)<br>ription of services |                                      | Compe  |         |
| 240 W<br>BROO  | NTOWN UROLOGY<br>VILLOUGHBY STREET<br>KLYN, NY 11201  |  |                                    |  |          |              |                              |                               |  | MEDICAL SE   | RVICES                     |                                      |  | 525,000 |
| 44 CH<br>NEWA  | CONTRACTING LLC<br>IAPEL STREET<br>IRK, NJ 07105  |  |                                    |  |          |              |                              |                               |  | CONSTRUC   | TION                       |                                      |  | 443,534 |
| 5 TIM<br>NEW ' | T YOUNG LLP<br>ES SQUARE<br>YORK, NY 10036  |  |                                    |  |          |              |                              |                               |  | ACCOUNTIN  | G                          |                                      |  | 431,128 |
| 2080<br>BROO   | ANARAYAN ANAND<br>OCEAN AVENUE<br>KLYN, NY 11230  |  |                                    |  |          |              |                              |                               |  | MEDICAL SE   | RVICES                     |                                      |  | 412,500 |
| 120 B<br>NEW ' | MAN BORGEST RYAN LLC<br>ROADWAY 14TH FLR<br>YORK, NY 10271  |  |                                    |  |          |              |                              |                               |  | LEGAL SERV   |                            |                                      |  | 200,773 |
|                | Total number of independent cont<br>\$100,000 of compensation from t                                |  |                                    | ot lir   | nited    | d to         | those                        | liste                         | d above)   | ) who recei  | ved more than              |                                      |  |         |

| Form 99   |         | Statement of                        | of Revenue                                     |               |                             |  |   | Page <b>9</b>   |
|---|---------|-------------------------------------|--|---------------|-----------------------------|--|---|---|
|   |         |                                     |  |               | <b>(A)</b><br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| 発   | 1a      | Federated cam                       | paigns 1a                                      |               |                             |  |   |   |
| 흔   | ь       | Membership du                       | ıes <b>1b</b>                                  |               |                             |  |   |   |
| Contributions, gifts, grants<br>and other similar amounts | c       | Fundraising ev                      | ents <b>1c</b>                                 |               |                             |  |   |   |
| 無無  | d       | Related organiz                     | zations <b>1d</b>                              | 334,166       |                             |  |   |   |
| ωE  | e       | Government grant                    | s (contributions) <b>1e</b>                    | 7,370,623     |                             |  |   |   |
| ें<br>इ.स.  | f       |                                     | ons, gifts, grants, and <b>1f</b>              | 951,493       | j                           |  |   | İ   |
| 5<br>2 €  | g       | sımılar amounts no<br>Noncash contr | ibutions included in                           |               |                             |  |   |   |
| ξç  | -       | lines 1a-1f\$_                      |  |               |                             |  |   |   |
| သင်   | h       | Total. Add line:                    | s 1a-1f  | ▶             | 8,656,282                   |  |   |   |
|   |         |                                     |  | Business Code |                             |  |   |   |
| Щe  | 2a      | PATIENT SERVICES                    | S  | 621300        | 340,593,106                 | 340,593,106  |   |   |
| e Ke  | ь       | PROVISION FOR B                     | AD DEBTS - SEE                                 | 621300        | -14,878,709                 | -14,878,709  |   |   |
| ብ<br>ጨ  |         | SCHEDULE 0                          |  |               |                             |  |   | +   |
| 7 ¥ C   | d       |                                     |  |               |                             |  |   | _   |
| 33  |         |                                     |  |               |                             |  |   |   |
| ia<br>E   | e       | A II - +1                           |  |               |                             |  |   |   |
| Program Service Revenue                                   | f       | All other progra                    | am service revenue                             |               |                             |  |   |   |
|   | g       | Total. Add line:                    | s 2a-2f  |               | 325,714,397                 |  |   |   |
|   | 3       | Investment inc                      | ome (including divider                         | ids, interest |                             |  |   |   |
|   |         |                                     | aramounts)                                     |               | 6,662,691                   |  |   | 6,662,691   |
|   | 4       |                                     | stment of tax-exempt bond                      | proceeds      | 0                           |  |   |   |
|   | 5       | Royalties                           |  |               | 0                           |  |   |   |
|   |         | C                                   | (ı) Real<br>950,673                            | (II) Personal |                             |  |   |   |
|   | 6a<br>b | Gross rents<br>Less rental          | 330,073  |               |                             |  |   |   |
|   | -       | expenses<br>Rental income           | 050.672  |               |                             |  |   |   |
|   | C       | or (loss)                           | 950,673  |               |                             |  |   |   |
|   | d       | Net rental inco                     | me or (loss)                                   |               | 950,673                     |  |   | 950,673   |
|   |         | C                                   | (i) Securities                                 | (II) Other    |                             |  |   |   |
|   | 7a      | Gross amount<br>from sales of       | 10,209,160                                     |               |                             |  |   |   |
|   |         | assets other<br>than inventory      |  |               |                             |  |   |   |
|   | b       | Less cost or other basis and        | 10,103,789                                     |               |                             |  |   |   |
|   |         | sales expenses                      | 105,371  |               |                             |  |   |   |
|   | C       | Gain or (loss)                      |  | <u> </u>      | 105,371                     |  |   | 105,371   |
|   | d<br>8a |                                     | SS)  |               | 103,371                     |  |   | 103,371   |
|   | 64      | events (not inc                     | from fundraising<br>luding                     |               |                             |  |   |   |
| ne  |         | \$                                  |  |               |                             |  |   |   |
| 듄   |         |                                     | s reported on line 1c)                         |               |                             |  |   |   |
| é   |         | ,                                   | a  |               |                             |  |   |   |
| <u>.</u>  | ь       | Less direct ex                      | penses b                                       |               |                             |  |   |   |
| Other Revenue   | С       | Net income or                       | (loss) from fundraising                        | events        | 0                           |  |   |   |
| ,   | 9a      |                                     | from gaming activities                         | [             | Ţ                           |  |   |   |
|   |         | See Part IV, III                    | ne 19 <b>a</b>                                 |               |                             |  |   |   |
|   | ь       | Less directex                       | penses b                                       |               |                             |  |   |   |
|   | c       |                                     | (loss) from gaming act                         |               | o                           |  |   |   |
|   | 10a     | Gross sales of                      | inventory, less                                | l t           |                             |  |   | †   |
|   |         | returns and allo                    | owances .                                      |               |                             |  |   |   |
|   |         |                                     | a .  |               |                             |  |   |   |
|   | b       | _                                   | oods sold <b>b</b><br>(loss) from sales of inv | entory •      |                             |  |   |   |
|   | С       | Miscellaneous                       |  | Business Code |                             |  |   | +   |
|   | 11a     | ELECTRONIC                          |  | 900099        | 5,291,968                   | 5,291,968  |   | 1   |
|   |         | RECORDS INC                         |  | ]             |                             | . ,  |   |   |
|   | .       | PAYMENTS                            |  | 900099        | 3,204,400                   | 3,204,400  |   | +   |
|   | b       | RESIDENT RO                         |  |               |                             |  |   |   |
|   | c       | RESIDENCYT                          |  | 900099        | 1,207,382                   | 1,207,382  |   | 1 400 000   |
|   | d       |                                     | ue   |               | 3,992,735                   | 2,500,505  |   | 1,492,230   |
|   | e       | iotal. A dd line:                   | s 11a-11d                                      | <b>.</b> .    | 13,696,485                  |  |   |   |
|   | 12      | Total revenue.                      | See Instructions .                             | ▶             |                             |  |   | †   |

355,785,899

337,918,652

### 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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

| Do no | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D</b> ) Fundraising expenses |
|-------|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| 1     | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 0                     | ·                            |                                     | <u> </u>                          |
| 2     | Grants and other assistance to individuals in the United States See Part IV, line 22   | 0                     |                              |                                     |                                   |
| 3     | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  | 0                     |                              |                                     |                                   |
| 4     | Benefits paid to or for members  | 0                     |                              |                                     |                                   |
| 5     | Compensation of current officers, directors, trustees, and key employees   | 8,959,334             | 7,615,434                    | 1,343,900                           |                                   |
| 6     | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   | 109,975               | 93,478                       | 16,497                              | 0                                 |
| 7     | Other salaries and wages   | 154,182,392           | 131,055,033                  | 23,127,359                          | 0                                 |
| 8     | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 9,227,011             | 7,842,959                    | 1,384,052                           | 0                                 |
| 9     | Other employee benefits  | 22,057,532            | 18,748,903                   | 3,308,629                           | 0                                 |
| 10    | Payroll taxes  | 13,020,019            | 11,067,016                   | 1,953,003                           | 0                                 |
| 11    | Fees for services (non-employees)  |                       |                              |                                     |                                   |
| а     | Management   | 0                     |                              |                                     |                                   |
| b     | Legal  | 1,383,574             | 0                            | 1,383,574                           | 0                                 |
| С     | Accounting   | 482,733               | 0                            | 482,733                             | 0                                 |
| d     | Lobbying   | 0                     |                              | ,                                   |                                   |
| e     | Professional fundraising See Part IV, line 17  | 0                     |                              |                                     |                                   |
| f     | Investment management fees   | 0                     |                              |                                     |                                   |
| g     | Other  | 33,574,548            | 28,538,366                   | 5,036,182                           | 0                                 |
| 12    | Advertising and promotion  | 673,183               | 572,206                      | 100,977                             | 0                                 |
| 13    | Office expenses  | 8,112,828             | 7,265,653                    | 847,175                             | 0                                 |
| 14    | Information technology   | 0                     |                              | ,                                   |                                   |
| 15    | Royalties  | 0                     |                              |                                     |                                   |
| 16    | Occupancy  | 8,595,503             | 7,306,178                    | 1,289,325                           | 0                                 |
| 17    | Travel   | 452,995               | 385,046                      | 67,949                              | 0                                 |
| 18    | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     |                              | ,                                   |                                   |
| 19    | Conferences, conventions, and meetings   | 259,524               | 220,595                      | 38,929                              | 0                                 |
| 20    | Interest   | 5,484,957             | 4,662,213                    | 822,744                             | 0                                 |
| 21    | Payments to affiliates   | 0                     |                              |                                     |                                   |
| 22    | Depreciation, depletion, and amortization  | 12,024,457            | 10,220,788                   | 1,803,669                           | 0                                 |
| 23    | Insurance  | 8,327,380             | 7,078,273                    | 1,249,107                           | 0                                 |
| 24    | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)                   |                       |                              |                                     |                                   |
| а     | MEDICAL SUPPLIES   | 27,958,424            | 23,764,661                   | 4,193,763                           |                                   |
| b     | REPAIRS & MAINTENANCE  | 11,995,498            | 10,196,173                   | 1,799,325                           | 0                                 |
| c     | PURCHASED SERVICES   | 5,692,935             | 4,838,995                    | 853,940                             | 0                                 |
| d     | GROUNDS  | 21,174                | 17,998                       | 3,176                               | 0                                 |
| e     |  |                       |                              |                                     |                                   |
| f     | All other expenses   | 435,000               |                              | 435,000                             |                                   |
| 25    | Total functional expenses. Add lines 1 through 24f   | 333,030,976           | 281,489,968                  | 51,541,008                          | 0                                 |
| 26    | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                              |                                     | rm <b>990</b> (2011)              |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 9,189,159 13,749,099 1 9.979.222 13.238.471 2 2 3 1,544,913 1,184,608 41.574.364 46.437.997 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 Schedule L . . . . . 6 0 0 7 3.088.031 8 3.299.087 9 1.575,779 1.823.595 Prepaid expenses and deferred charges . . . . . . 10a 313,587,592 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 226,877,046 b Less accumulated depreciation . . . . 88,685,359 10c 86,710,546 17,686,271 11 20,570,182 11 12 12 0 Investments—other securities See Part IV, line 11 . . . . . . 13 745,611 13 745,611 Investments—program-related See Part IV, line 11 . . 14 14 124,192,538 15 140,260,102 15 298,261,247 328,019,298 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 50,963,017 17 53,903,126 17 Accounts payable and accrued expenses . 18 18 0 19 19 0 20 38.636.391 20 36.921.441 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . 57.000.000 23 55.000.000 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 13,513,168 25 21,891,631 D . . . . . 26 160,112,576 26 167,716,198 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 134,285,479 **27** 156,190,031 Unrestricted net assets . . . . 784,123 28 1,034,000 28 Temporarily restricted net assets . . . . . Fund 29 3,079,069 29 3,079,069 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 138.148.671 33 160.303.100 298.261,247 34 Total liabilities and net assets/fund balances . . . . . 34 328.019.298

| 14:1 | Check if Schedule O contains a response to any question in this Part XI  |          |    | 河.    |         |
|------|--|----------|----|-------|---------|
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |    | 355.3 | 785,89  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        |    |       | 030,97  |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3        |    | 22,7  | 754,92  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4        |    | 138,  | 148,67  |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)   | 5        |    | - (   | 500,49  |
| 6    | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  | 6        |    | 160,3 | 303,100 |
| Par  | TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII   |          |    |       |         |
|      |  |          |    | Yes   | No      |
| 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? . $$ .   |          | 2a |       | No      |
| b    | Were the organization's financial statements audited by an independent accountant?   |          | 2b | Yes   |         |
| c    | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O |          | 2c | Yes   |         |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both   | ıssued   |    |       |         |
|      | Separate basis Consolidated basis Both consolidated and separated basis  |          |    |       |         |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t<br>Single Audit Act and OMB Circular A-133?  | he       | 3a | Yes   |         |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | required | 3b | Yes   |         |

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As Filed Data -

DLN: 93493030000583

OMB No 1545-0047

**SCHEDULE A** 

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

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

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Name of the organization

Employer identification number

|   |          | YN HOSPIT          | AL CENTER               |  |  |                         |  |                      |   |                          |                                       |
|---|----------|--------------------|-------------------------|--|--|-------------------------|--|----------------------|---|--------------------------|---------------------------------------|
|   |          |                    |                         |  |  |                         |  |                      | 11-1630   | 755                      |                                       |
| Pa  | rt I     | Reas               | on for Pu               | blic Charity Sta   | tus (All org   | ganızatıons             | must comp                                    | olete this p         | art.) See ı   | nstructions              |                                       |
| he o  | rganı    | zatıon ıs          | not a privat            | te foundation becaus   | eitis (Forl  | ınes 1 throu            | gh 11, check                                 | only one bo          | x )   |                          |                                       |
| 1   | Γ        | A chur             | ch, convent             | ion of churches, or a  | ssociation of  | churches <b>s</b>       | ection 170(b                                 | )(1)(A)(i).          |   |                          |                                       |
| 2   | $\Gamma$ | A scho             | ol described            | d in <b>section 170(b)(1</b>   | L)( <b>A)(ii).</b> (At                               | tach Schedu             | ıle E)                                       |                      |   |                          |                                       |
| 3   | 굣        | A hosp             | ital or a coo           | perative hospital se   | rvice organiz  | atıon descri            | bed ın <b>sectio</b>                         | n 170(b)(1)          | (A)(iii).   |                          |                                       |
| 4   | Γ        |                    |                         | h organization opera<br>ity, and state   | ted in conjun  | ction with a            | hospital desc                                | cribed in <b>sec</b> | tion 170(b)(  | ( <b>1)(A)(iii).</b> Ei  | nter the                              |
| 5   | Г        | _                  | •                       | erated for the benefi<br>(A)(iv). (Complete P                                  | _  | or universit            | y owned or o                                 | perated by a         | governmen   | tal unit desci           | ribed in                              |
| 6   | $\Gamma$ | A feder            | al, state, or           | local government o   | r government   | al unit desc            | rıbed ın <b>secti</b>                        | on 170(b)(1          | )(A)(v).  |                          |                                       |
| 7   | Γ        | An orga<br>describ | anızatıon tha<br>oed ın | at normally receives (A)(vi) (Complete P                                       | a substantia   |                         |  |                      |   | rom the gene             | ral public                            |
| 8   | $\Gamma$ | A comr             | nunity trust            | described in <b>section</b>  | 170(b)(1)(   | <b>A)(vi)</b> (Com      | nplete Part II                               | )                    |   |                          |                                       |
| 9   | Γ        | An orga            | anization th            | at normally receives   | (1) more th  | an 331/3% d             | of its support                               | from contrib         | outions, men  | nbership fees            | , and gross                           |
|   |          | receipt            | s from activ            | rities related to its e  | xempt function                                       | ons—subject             | to certain ex                                | xceptions, a         | nd (2) no mo  | ore than 331/            | 3% of                                 |
|   |          | ıts sup            | port from gr            | oss investment inco  | me and unrel   | ated busine             | ss taxable in                                | come (less s         | section 511   | tax) from bus            | sinesses                              |
|   |          | acquire            | ed by the org           | ganızatıon after June  | 30,1975 S  | ee <b>section 5</b>     | <b>609(a)(2).</b> (C                         | omplete Par          | tIII)   |                          |                                       |
| 10  | $\Gamma$ | An orga            | anızatıon or            | ganized and operated   | d exclusively  | to test for p           | ublic safety                                 | See <b>section</b>   | 509(a)(4).  |                          |                                       |
| 11  | $\Gamma$ | An orga            | anızatıon or            | ganized and operated   | d exclusively  | for the bene            | efit of, to perf                             | orm the func         | tions of, or  | to carry out tl          | ne purposes of                        |
|   |          | the box            |                         | ly supported organiz<br>ibes the type of supp<br><b>b</b> Type I               | orting organ   | ı <u>za</u> tıon and c  |  | s 11e throu          | gh 11h  | _                        | <b>99(a)(3).</b> Check<br>III - Other |
| е   | Γ        | other tl           |                         | ox, I certify that the<br>ion managers and ot                                  |  |                         |  |                      |   |                          |                                       |
| f   |          | If the o           |                         | received a written d   | etermination   | from the IRS            | 5 that it is a <sup>-</sup>                  | Гуре I, Туре         | e II or Type  | III supportın            | g organization,                       |
| g   |          | followir           | ng persons?             |  | •  |                         |  |                      |   |                          |                                       |
|   |          |                    |                         | rectly or indirectly c   |  |                         | -  | persons des          | cribed in (ii)  |                          | Yes No                                |
|   |          | •                  |                         | governing body of th   | • •  | <del>-</del>            | ition  |                      |   | 11g(                     |                                       |
|   |          | ` '                | •                       | er of a person descri  | ` ,  |                         |  |                      |   | 11g(                     |                                       |
|   |          |                    |                         | lled entity of a perso   |  |                         |  |                      |   | 11g(                     |                                       |
| h   |          | Provide            | tne rollowii            | ng information about   | tne supporte   | ed organizati           | on(s)  |                      |   |                          |                                       |
| (i)<br>Name of<br>supported<br>organization |          | e of<br>rted       | (ii)<br>EIN             | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see | (iv) Is the organizati col (i) list your gove docume | on in<br>ed in<br>rning | (v) Did you not organizati col (i) of suppor | on in<br>your        | (vi)<br>Is the<br>organizate<br>col (i) org<br>in the U | ne<br>tion in<br>ganized | (vii)<br>A mount of<br>support?       |
|   |          |                    |                         | instructions))   | Yes  | No                      | Yes  | No                   | Yes   | No                       |                                       |
|   |          |                    |                         | ,,,  |  |                         |  |                      |   |                          |                                       |
|   |          |                    |                         |  |  |                         |  |                      |   |                          |                                       |
|   |          |                    |                         |  |  |                         |  |                      |   |                          |                                       |
|   |          |                    |                         |  |  |                         |  |                      |   |                          |                                       |

Total

instructions

| Sch    | edule A (Form 990 or 99                             | 90-EZ)2011       |                         |                     |                        |   |                     | Page <b>2</b>      |
|--------|---|------------------|-------------------------|---------------------|------------------------|---|---------------------|--------------------|
|        | (Complet  | e only if you    | checked the             | box on line 5,      | 7, or 8 of Part        | <b>(b)(1)(A)(iv)</b><br>I or if the orgar | nızatıon faıle      | d to qualify       |
|        |   |                  | <u>organızatıon f</u>   | fails to qualify ι  | <u>under the tests</u> | listed below, pl                          | <u>lease comple</u> | ete Part III.)     |
|        | ection A. Public Su                                 |                  |                         | 1                   |                        | Т   | 1                   |                    |
| Cal    | endar year (or fiscal ye<br>in)                     | ar beginning     | <b>(a)</b> 2007         | <b>(b)</b> 2008     | <b>(c)</b> 2009        | (d) 2010                                  | (e) 2011            | ( <b>f</b> ) Total |
| 1      | Gifts, grants, contribut                            | ions, and        |                         |                     |                        |   |                     |                    |
|        | membership fees recei                               |                  |                         |                     |                        |   |                     |                    |
|        | ınclude any "unusual                                |                  |                         |                     |                        |   |                     |                    |
| _      | grants ")<br>Tax revenues levied fo                 | rtho             |                         |                     |                        |   |                     |                    |
| 2      | organization's benefit a                            |                  |                         |                     |                        |   |                     |                    |
|        | paid to or expended on                              |                  |                         |                     |                        |   |                     |                    |
|        | behalf  |                  |                         |                     |                        |   |                     |                    |
| 3      | The value of services of                            |                  |                         |                     |                        |   |                     |                    |
|        | furnished by a governme<br>the organization withou  |                  |                         |                     |                        |   |                     |                    |
| 4      | Total. Add lines 1 thro                             | _                |                         |                     |                        |   |                     |                    |
| 5      | The portion of total cor                            | -                |                         |                     |                        |   |                     |                    |
| -      | by each person (other                               | than a           |                         |                     |                        |   |                     |                    |
|        | governmental unit or p                              | •                |                         |                     |                        |   |                     |                    |
|        | supported organization line 1 that exceeds 2%       |                  |                         |                     |                        |   |                     |                    |
|        | amount shown on line 1                              |                  |                         |                     |                        |   |                     |                    |
|        | (f)   | 21,0014          |                         |                     |                        |   |                     |                    |
| 6      | Public Support. Subtractine 4                       | ct line 5 from   |                         |                     |                        |   |                     |                    |
| S      | ection B. Total Sup                                 | port             |                         |                     |                        |   |                     |                    |
| Cal    | <b>endar year</b> (or fiscal yea                    | r beginning      | <b>(a)</b> 2007         | <b>(b)</b> 2008     | <b>(c)</b> 2009        | (d) 2010                                  | <b>(e)</b> 2011     | (f) Total          |
| _      | ın)   | _                | (4) 2007                | (2) 2000            | (4) 2005               | (4) 2020                                  | (0) 2022            | (1) 1 3 4 4        |
| 7<br>8 | A mounts from line 4 Gross income from inte         | rost –           |                         |                     |                        |   |                     |                    |
| 0      | dividends, payments re                              |                  |                         |                     |                        |   |                     |                    |
|        | securities loans, rents                             |                  |                         |                     |                        |   |                     |                    |
|        | and income from simila                              | ır               |                         |                     |                        |   |                     |                    |
| _      | sources   |                  |                         |                     |                        |   |                     |                    |
| 9      | Net income from unrela<br>business activities, wh   |                  |                         |                     |                        |   |                     |                    |
|        | not the business is reg                             |                  |                         |                     |                        |   |                     |                    |
|        | carried on  |                  |                         |                     |                        |   |                     |                    |
| 10     | Other income (Explain                               |                  |                         |                     |                        |   |                     |                    |
|        | IV ) Do not include gai<br>from the sale of capital |                  |                         |                     |                        |   |                     |                    |
| 11     | Total support (Add line                             |                  |                         |                     |                        |   |                     |                    |
|        | through 10)   |                  |                         |                     |                        |   |                     |                    |
| 12     | Gross receipts from re                              | lated activities | s, etc (See inst        | ructions )          |                        |   | 12                  |                    |
| 13     | First Five Years If the                             |                  | r the organizati        | on's first, second  | l, thırd, fourth, or   | fıfth tax year as a                       | 501(c)(3) or        |                    |
|        | check this box and <b>sto</b>                       | p here           |                         |                     |                        |   |                     | <b>▶</b> □         |
| S      | ection C. Computat                                  | ion of Publ      | ic Support F            | Percentage          |                        |   |                     |                    |
| 14     | Public Support Percen                               | tage for 2011    | (line 6 column          | (f) dıvıded by lıne | 11 column (f))         |   | 14                  |                    |
| 15     | Public Support Percen                               | tage for 2010    | Schedule A , Pa         | rt II, line 14      |                        |   | 15                  |                    |
| 16a    | 33 1/3% support test-                               |                  |                         |                     |                        | line 14 is 33 1/3%                        | % or more, che      |                    |
| h      | and <b>stop here.</b> The org  33 1/3% support test |                  |                         |                     |                        | 6a and line 15 is                         | 33 1/20% or m       | ore check this     |
| D      | box and <b>stop here.</b> The                       |                  |                         |                     |                        | oa, and inte 15 IS                        | 1/3%0 UI M          | ore, check this    |
| 17a    | 10%-facts-and-circum                                | -                | •                       |                     | -                      | ne 13, 16a, or 16                         | b and line 14       | ٠,                 |
|        | ıs 10% or more, and ıf                              |                  |                         |                     |                        |   |                     |                    |
|        | in Part IV how the orga                             | anızatıon meet   | s the "facts and        | d circumstances"    | test The organiz       | zatıon qualıfıes as                       | a publicly su       |                    |
| b      | organization 10%-facts-and-circum                   | stances test—    | <b>2010.</b> If the ora | anization did not   | check a hov on li      | ne 13, 16a 16b                            | or 17a and lin      | <b>▶</b>           |
| ,      | 15 is 10% or more, an                               |                  |                         |                     |                        |   |                     | -                  |
|        | Explain in Part IV how                              | the organizati   |                         |                     |                        |   |                     |                    |
| 10     | supported organization  Private Foundation If t     |                  | n did not chools        | a hov on line 12    | 16a 16h 17a a          | or 17h chack this                         | hov and coc         | <b>►</b> □         |

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

| Part IV | <b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). |
|---------|--|
|         |  |
|         | Facts And Circumstances Test   |
|         |  |
|         | Explanation  |
|         |  |
|         |  |
|         |  |
|         |  |

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493030000583

OMB No 1545-0047

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

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

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

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

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

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

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|-------|-------|--------|-------|-------|------|---|
| THE E | BROOI | KLYN I | HOSPI | TAL ( | CENT | E |

Volunteer hours

Employer identification number

11-1630755

| <u>Par</u> | <b>t I-A</b> Complete if the organization is exempt under section 501(c) or is a section  | on 527 | 7 organization. |
|------------|---|--------|-----------------|
| 1          | Provide a description of the organization's direct and indirect political campaign activities on behalf of in opposition to candidates for public office in Part IV | or     |                 |
| 2          | Political expenditures  | ►      | \$              |

| 1   | Enter the amount of any excise tax incurred by the organization under section 4955             | <b>&gt;</b> | \$ |       |      | _ |
|-----|--|-------------|----|-------|------|---|
| 2   | Enter the amount of any excise tax incurred by organization managers under section 4955        | <b>&gt;</b> | \$ |       |      |   |
| 3   | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?          |             |    | ☐ Yes | ┌ No |   |
| 4a  | Was a correction made?   |             |    | ☐ Yes | ┌ No |   |
| b   | If "Yes," describe in Part IV  |             |    |       |      |   |
| Par | Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). |             |    |       |      |   |

|   |  |             | _ \ _ / . | <u>,                                    </u> |  |
|---|--|-------------|-----------|--|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                         | <b>F</b>    | \$        |  |  |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities | <b>.</b>    | \$        |  |  |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                   | <b>&gt;</b> | \$        |  |  |
| 4 | Did the filing organization file Form 1120-POL for this year?  |             |           |  |  |

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | ( <b>b)</b> Address | <b>(c)</b> EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0- |
|----------|---------------------|----------------|--|--|
|          |                     |                |  |  |
|          |                     |                |  |  |
|          |                     |                |  |  |
|          |                     |                |  |  |
|          |                     |                |  |  |
|          |                     |                |  |  |

**f** Grassroots lobbying expenditures

| (The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)   | ווטפ | edule C (F   | 01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1      |                           |                       |                  |   | Page <b>∠</b>    |
|--|------|--------------|--|---------------------------|-----------------------|------------------|---|------------------|
| A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)   | Pa   | rt II-A      |  | n is exempt under         | section 501(          | c)(3) and fi     | iled Form 5768                          | (election        |
| expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,  | ١    | Check        |  | an affiliated group (and  | lıst ın Part IV ea    | ch affiliated gr | oup member's nam                        | e, address, EIN, |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. Soon over \$1,000,000  Fig. Soon ov   |      |              | expenses, and share of excess lob        | bying expenditures)       |                       | _                | •                                       |                  |
| Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0  | 3    | Check        | ıf the filing organization checked bo    | ox A and "limited contro  | ol" provisions app    | ly               | 1                                       | 1                |
| (The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but  |      |              | Limits on Lobbying                       | Expenditures              |                       |                  | (a) Filing                              | (b) Affiliated   |
| Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00  |      |              |  |                           | l.)                   |                  | Organization's<br>Totals                | Group<br>Totals  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  F17,000   |      | <b>-</b>     |  |                           | 1 \                   |                  | 100013                                  | Totals           |
| c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1g from line 1a If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  |      |              |  | · -                       |                       |                  |   |                  |
| d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000  |      |              |  |                           | ying)                 |                  |   |                  |
| Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:  |      |              | ,  | b)                        |                       |                  |   |                  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$1,500,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,00   | d    | Otherexe     | empt purpose expenditures                |                           |                       |                  |   |                  |
| Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000  | e    | Total exe    | mpt purpose expenditures (add lines 1    | .c and 1d)                |                       |                  |   |                  |
| Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount   | f    |              | nontaxable amount Enter the amount       | from the following table  | in both               |                  |   |                  |
| Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00         |      | If the an    | ount on line 1e, column (a) or (b) is:   | The lobbying nontax       | able amount is:       |                  |   |                  |
| Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount  |      | Not over \$5 | 500,000                                  | 20% of the amount on lii  | ne 1e                 |                  |   |                  |
| Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00 |      | Over \$500,  | 000 but not over \$1,000,000             | \$100,000 plus 15% of the | e excess over \$500,0 | 000              |   |                  |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount   |      | Over \$1,00  | 0,000 but not over \$1,500,000           | \$175,000 plus 10% of the | e excess over \$1,000 | ,000             |   |                  |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount  |      | Over \$1,50  | 0,000 but not over \$17,000,000          | \$225,000 plus 5% of the  | excess over \$1,500,  | 000              |   |                  |
| h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount   |      | Over \$17,0  | 00,000                                   | \$1,000,000               |                       |                  |   |                  |
| h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount   |      |              |  |                           |                       |                  |   |                  |
| i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount  |      | Grassroo     | ts nontaxable amount (enter 25% of li    | ne 1f)                    |                       |                  |   |                  |
| i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount  | h    | Subtract     | line 1a from line 1a If zero or less. en | ter -0 -                  |                       |                  |   |                  |
| Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount  |      |              |  |                           |                       |                  |   |                  |
| 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount   |      |              |  |                           | organization file     | Form 4720 re     | portina                                 |                  |
| (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount  |      |              |  |                           |                       |                  | F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | ┌ Yes ┌ No       |
| Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount  |      | (Sor         | ne organizations that made a             | section 501(h) el         | ection do not         | have to co       |   | ne five          |
| beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount  |      |              | Lobbying Exp                             | enditures During          | 4-Year Avera          | ging Period      | d                                       |                  |
| <b>b</b> Lobbying ceiling amount   |      |              |  | (a) 2008                  | <b>(b)</b> 2009       | (c) 2010         | (d) 2011                                | <b>(e)</b> Total |
|  | 2a   | Lobbyin      | g non-taxable amount                     |                           |                       |                  |   |                  |
|  | b    |              |  |                           |                       |                  |   |                  |
| c Total lobbying expenditures  | c    | Total loi    | obying expenditures                      |                           |                       |                  |   |                  |
|  |      |              |  |                           |                       |                  |   |                  |
| d Grassroots non-taxable amount  | d    | Grassro      | ots non-taxable amount                   |                           |                       |                  |   |                  |
| e Grassroots ceiling amount (150% of line 2d, column (e))  | e    |              |  |                           |                       |                  |   |                  |

|           |                    | · · · · · · · · · · · · · · · · · · ·                                   |   |
|-----------|--------------------|---|---|
| Part II-B | Complete if the or | ganization is exempt under section 501(c)(3) and has NOT filed Form 576 | 8 |
|           | (election under se | ction 501(h)).  |   |

|    |  | (6    | a)       | (b)    |
|----|--|-------|----------|--------|
|    |  | Yes   | No       | Amount |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |       |          |        |
| а  | Volunteers?  |       | No       |        |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |       | No       |        |
| c  | Media advertisements?  |       | No       |        |
| d  | Mailings to members, legislators, or the public?   |       | Νo       |        |
| е  | Publications, or published or broadcast statements?  |       | No       |        |
| f  | Grants to other organizations for lobbying purposes?   |       | No       |        |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?  |       | No       |        |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |       | No       |        |
| i  | Other activities? If "Yes," describe in Part IV  | Yes   |          | 122,81 |
| j  | Total lines 1c through 1i  |       |          | 122,81 |
| 2a | Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?   |       | No       |        |
| b  | If "Yes," enter the amount of any tax incurred under section 4912  |       | '        |        |
| c  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |       |          |        |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |       | Νo       |        |
| D  | + TIT A Complete if the exempleation is exempt under section EQ1(s)(4) section   | F01/- | <u> </u> |        |

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

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

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

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

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

| Identifier                   | Return Reference   | Explanation   |
|------------------------------|--------------------|---|
| OTHER ACTIVITIES DESCRIPTION | PART II-B, LINE 1I | THE BROOKLYN HOSPITAL CENTER PAYS DUES TO HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYS), GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), AND LOCAL 1199 - HEALTH EDUCATION PROJECT (LOCAL 1199) IN ACCORDANCE WITH CODE SECTION 6033(E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY HANYS, GNYHA, AND LOCAL 1199, A PORTION OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES THE LOBBYING ACTIVITIES APPLICABLE TO 2011 HANYS, GNYHA, AND LOCAL 1199 ANNUAL DUES WERE \$7,117,\$44,396, AND \$71,297 RESPECTIVELY |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493030000583

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Open to Public Inspection

|    | me of the organization  BROOKLYN HOSPITAL CENTER  | Emp  | Employer identification number |                        |           |           |  |  |  |
|----|---|--|--------------------------------|------------------------|-----------|-----------|--|--|--|
|    |   |  | 11-3                           | 1630755                |           |           |  |  |  |
| Pa | organizations Maintaining Donor Acorganization answered "Yes" to Form 99  |  | unds                           | or Accounts.           | Comple    | te if the |  |  |  |
|    |   | (a) Donor advised funds                              | (                              | <b>b)</b> Funds and ot | her accou | nts       |  |  |  |
| 1  | Total number at end of year   |  |                                |                        |           |           |  |  |  |
| 2  | Aggregate contributions to (during year)  |  |                                |                        |           |           |  |  |  |
| 3  | Aggregate grants from (during year)   |  |                                |                        |           |           |  |  |  |
| 4  | Aggregate value at end of year  |  |                                |                        |           |           |  |  |  |
| 5  | Did the organization inform all donors and donor adviduds are the organization's property, subject to the   | _  | ıor advı                       | sed                    | ┌ Yes     | ┌ No      |  |  |  |
| 6  | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben   |  |                                |                        | ┌ Yes     | □ No      |  |  |  |
| Da | rt II Conservation Easements. Complete  | if the organization answered "Ves" t                 | o Forn                         | n 990 Part IV          | •         | 1 140     |  |  |  |
| 1  | Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year | on or pleasure) Preservation of an Preservation of a | certifie                       | d historic structi     | •         | a         |  |  |  |
|    | ,,,,,   |  |                                | Held at the I          | nd of the | Year      |  |  |  |
| а  | Total number of conservation easements  |  | 2a                             |                        |           |           |  |  |  |
| b  | Total acreage restricted by conservation easements  |  | 2b                             |                        |           |           |  |  |  |
| c  | Number of conservation easements on a certified his   | storic structure included in (a)                     | 2c                             |                        |           |           |  |  |  |
| d  | Number of conservation easements included in (c) a  | cquired after 8/17/06                                | 2d                             |                        |           |           |  |  |  |
| 3  | Number of conservation easements modified, transfer the taxable year ►  | erred, released, extinguished, or terminate          | ed by th                       | ie organization d      | urıng     |           |  |  |  |
| 4  | Number of states where property subject to conserva   | ation easement is located ►                          |                                |                        |           |           |  |  |  |
| 5  | Does the organization have a written policy regarding enforcement of the conservation easements it holds:   |  | dlıng of                       | violations, and        | ┌ Yes     | ┌ No      |  |  |  |
| 6  | Staff and volunteer hours devoted to monitoring, insp   | pecting and enforcing conservation easem             | nents d                        | uring the year 🛌       |           |           |  |  |  |
| 7  | A mount of expenses incurred in monitoring, inspecti  | ng, and enforcing conservation easement              | s durinç                       | g the year             |           |           |  |  |  |
| 8  | Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  | 2(d) above satisfy the requirements of sec           | tion                           |                        | ┌ Yes     | ┌ No      |  |  |  |
| 9  | In Part XIV, describe how the organization reports c<br>balance sheet, and include, if applicable, the text of the<br>the organization's accounting for conservation easer  | the footnote to the organization's financia          |                                |                        |           |           |  |  |  |
| ar | Organizations Maintaining Collection Complete of the organization answered  | ons of Art, Historical Treasures,                    | or Otl                         | her Similar A          | ssets.    |           |  |  |  |
| 1a | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir  | for public exhibition, education or resear           | ch ın fu                       |                        |           | ≘,        |  |  |  |
| b  | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items   | public exhibition, education, or research i          |                                |                        |           |           |  |  |  |
|    | (i) Revenues included in Form 990, Part VIII, line 1  |  |                                | <b>►</b> \$            |           |           |  |  |  |
|    | (ii) Assets included in Form 990, Part X  |  |                                | <b>►</b> \$            |           |           |  |  |  |
| 2  | If the organization received or held works of art, hist following amounts required to be reported under SFA   |  | or finan                       | cıal gaın, provid      | e the     |           |  |  |  |
| а  | Revenues included in Form 990, Part VIII, line 1  |  |                                | <b>►</b> \$            |           |           |  |  |  |

**b** Assets included in Form 990, Part X

| Paru         | Organizations Maintaining Co   | liections of Art,      | HIS    | tori    | <u>cai ir</u>           | eas   | ures, or O                              | nei   | r Similar A                    | <u>sse</u>          | ts (co          | ntinued)  |
|--------------|--|------------------------|--------|---------|-------------------------|-------|---|-------|--------------------------------|---------------------|-----------------|-----------|
| 3            | Using the organization's accession and othe items (check all that apply)                         | r records, check any   | of th  | ne fol  | lowing t                | hat a | ire a significa                         | nt us | se of its collec               | tior                | ı               |           |
| a            | Public exhibition  |                        | d      | Γ       | Loan                    | orex  | change progra                           | ams   |                                |                     |                 |           |
| b            | Scholarly research   |                        | e      | Γ       | Other                   |       |   |       |                                |                     |                 |           |
| c            | Preservation for future generations  |                        |        |         |                         |       |   |       |                                |                     |                 |           |
| 4            | Provide a description of the organization's co   | ollections and explai  | n hov  | w the   | y furthe                | r the | organization'                           | s ex  | empt purpose                   | ın                  |                 |           |
| 5            | During the year, did the organization solicit of assets to be sold to raise funds rather than to |                        |        |         |                         |       |   |       | ılar                           | $\Gamma$            | Yes             | ┌ No      |
| Par          | Escrow and Custodial Arrang Part IV, line 9, or reported an ar                                   | ements. Comple         | te ıf  | the     | organı                  | zatıc |   |       | es" to Form                    | 990                 | ),              |           |
| 1a           | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?                   | lian or other interme  | dıary  | forc    | ontribu                 | tions | or other asse                           | ets r | iot                            | Γ.                  | Yes             | ┌ No      |
| b            | If "Yes," explain the arrangement in Part XI   | / and complete the f   | ollow  | /ıng t  | able                    |       | Г                                       | 1     | Α.                             | mou                 | ınt             |           |
| c            | Beginning balance  |                        |        |         |                         |       |   | 1c    |                                |                     |                 |           |
| d            | Additions during the year  |                        |        |         |                         |       |   | 1d    |                                |                     |                 |           |
| e            | Distributions during the year  |                        |        |         |                         |       |   | 1e    |                                |                     |                 |           |
| f            | Ending balance   |                        |        |         |                         |       | <b>-</b>                                | 1f    |                                |                     |                 |           |
| 2a           | Did the organization include an amount on Fo   | orm 990. Part X. line  | 21?    |         |                         |       | _                                       |       |                                | $\overline{\Gamma}$ | Yes             | ┌ No      |
|              | If "Yes," explain the arrangement in Part XI\  |                        |        |         |                         |       |   |       |                                | •                   |                 | ,         |
|              | t V Endowment Funds. Complete  |                        | ans    | wer     | ed "Ye                  | s" to | Form 990,                               | Par   | t IV, line 10.                 |                     |                 |           |
|              | ·  | (a)Current Year        |        | Prior ' | Year                    |       | wo Years Back                           |       | Three Years Back               |                     | Four Y          | ears Back |
| 1a           | Beginning of year balance  | 3,863,192              |        | 3       | ,561,754                |       | 3,546,402                               |       | 3,464,08                       | 0                   |                 |           |
| b            | Contributions  |                        |        |         |                         |       |   |       |                                | _                   |                 |           |
| C            | Investment earnings or losses  | -28,019                |        |         | 301,438                 |       | 15,352                                  |       | 82,32                          | 2                   |                 |           |
| d            | Grants or scholarships   |                        |        |         |                         |       |   |       |                                | -                   |                 |           |
|              | Other expenditures for facilities and programs   |                        |        |         |                         |       |   |       |                                |                     |                 |           |
| f            | Administrative expenses  | 2 025 172              |        |         | 062 102                 |       | 2 561 754                               |       | 2 546 40                       | 1                   |                 |           |
| g            | End of year balance  | 3,835,173              |        |         | ,863,192                |       | 3,561,754                               | 1     | 3,546,40                       | 2                   |                 |           |
| 2            | Provide the estimated percentage of the year   |                        | S      |         |                         |       |   |       |                                |                     |                 |           |
| а            | Board designated or quasi-endowment 🕨  | 19 715 %               |        |         |                         |       |   |       |                                |                     |                 |           |
| b            | Permanent endowment ► 80 285 %   |                        |        |         |                         |       |   |       |                                |                     |                 |           |
| C            | Term endowment ► 0 %   |                        |        |         |                         |       |   |       |                                |                     |                 |           |
| 3a           | Are there endowment funds not in the posse organization by                                       | ssion of the organiza  | tion   | that    | are held                | land  | administered                            | for   | the                            |                     | Yes             | No        |
|              | (i) unrelated organizations  |                        |        |         |                         |       |   |       | За                             | (i)                 | 163             | No        |
|              | (ii) related organizations   |                        |        |         |                         |       |   |       |                                | (ii)                |                 | No        |
| b            | If "Yes" to 3a(II), are the related organization   |                        |        |         |                         |       |   |       | 3                              | Bb                  |                 |           |
| 4            | Describe in Part XIV the intended uses of the  | e organızatıon's end   | owm    | ent fu  | ınds                    |       |   |       |                                |                     |                 |           |
| Par          | t VI Land, Buildings, and Equipme  | ent. See Form 990      | 0, Pa  | rt X    | , line 1                | .0.   |   |       |                                |                     |                 |           |
|              | Description of property  |                        |        |         | Cost or c<br>s (investn |       | <b>(b)</b> Cost or oth<br>basıs (other) |       | (c) Accumulate<br>depreciation | d                   | ( <b>d</b> ) Bo | ok value  |
| <b>1</b> a L | and  |                        |        |         |                         |       | 719,3                                   | 344   |                                |                     |                 | 719,344   |
| b E          | Buildings  |                        | •      |         |                         |       | 131,887,3                               | 327   | 79,571,0                       | 94                  | 5.              | 2,316,233 |
| <b>c</b> L   | easehold improvements  |                        |        |         |                         |       | 716,0                                   | 079   | 639,2                          | 279                 |                 | 76,800    |
| d E          | Equipment  |                        |        |         |                         |       | 174,372,3                               | 306   | 1,466,666,6                    | 573                 | 2               | 7,705,633 |
|              | Other  |                        |        |         |                         |       | 5,892,5                                 | 536   |                                | 0                   |                 | 5,892,536 |
| Total        | . Add lines 1a-1e <i>(Column (d) should equal Fo</i>   | orm 990, Part X, colum | nn (B, | ), line | 10(c).)                 |       |   |       | ▶                              | T                   | 8               | 5,710,546 |

| Part VIII Investments—Other Securities. See                                  | Form 990, Part X, line 1 | 2.             |                       |
|--|--------------------------|----------------|-----------------------|
| (a) Description of security or category                                      | (b)Book value            |                | d of valuation        |
| (including name of security)   | (-,                      | Cost or end-of | -year market value    |
| (1)Financial derivatives   |                          |                |                       |
| (2)Closely-held equity interests   |                          |                |                       |
| Other  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
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|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  | 4                        |                |                       |
| Total (Seram (2) shear equal rem 350, rately ser(2) mis 12)                  | o Form 000 Part V June   | 12             |                       |
| Part VIII Investments—Program Related. Se                                    |                          |                | d of valuation        |
| (a) Description of investment type   | (b) Book value           |                | year market value     |
|  |                          |                | •                     |
|  |                          |                |                       |
|  |                          |                |                       |
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|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )          | •                        |                |                       |
| Part IX Other Assets. See Form 990, Part X, II                               | ne 15.                   |                |                       |
| (a) Descri   | ption                    |                | <b>(b)</b> Book value |
| (1) DEFERRED FINANCING FEES  |                          |                | 282,474               |
| (2) DUE FROM 3RD PARTY PAYORS  |                          |                | 8,025,075             |
| (3) DUE FROM AFFILIATES  |                          |                | 97,147,681            |
| (4) HEALTHFIRST LLC INVESTMENT   |                          |                | 13,677,143            |
| (5) HEALTHFIRST MHI  |                          |                | 6,088,539             |
| (6) HEALTHFIRST PHSP   |                          |                | 7,356,584             |
| (7) OTHER RECEIVABLES  |                          |                | 6,517,867             |
| (8) INSURANCE RECEIVABLE   |                          |                | 1,164,739             |
|  |                          |                |                       |
|  |                          |                |                       |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line :             |                          |                | 140,260,102           |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability | ľ                        |                |                       |
|  | (b) A mount              |                |                       |
| Federal Income Taxes   | 0                        |                |                       |
| DUE TO AFFILIATES  | 404,433                  |                |                       |
| ESTIMATED LIABILITIES DUE TO 3RD PARTY PAYORS                                | 10,298,302               |                |                       |
| LEASE FROM VARIOUS VENDORS   | 6,441,693                |                |                       |
| OTHER NONCURRENT LIABILITIES   | 3,208,933                |                |                       |
| PROFESSIONAL INSURANCE LIABILITIES   | 1,538,270                |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
|  |                          |                |                       |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶        | 21,891,631               |                |                       |

| Рог  | Reconciliation of Change in Net Assets from Form 990 to Financial Statemen                     | ITS   |        |
|------|--|-------|--------|
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                       | 1     |        |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)  | 2     |        |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1                                   | 3     |        |
| 4    | Net unrealized gains (losses) on investments   | 4     |        |
| 5    | Donated services and use of facilities   | 5     |        |
| 6    | Investment expenses  | 6     |        |
| 7    | Prior period adjustments   | 7     |        |
| 8    | Other (Describe in Part XIV)   | 8     |        |
| 9    | Total adjustments (net) Add lines 4 - 8  | 9     |        |
| 10   | Excess or (deficit) for the year per financial statements Combine lines 3 and 9                | 10    |        |
| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue p                      | er Re | turn   |
| 1    | Total revenue, gains, and other support per audited financial statements                       | 1     |        |
| 2    | A mounts included on line 1 but not on Form 990, Part VIII, line 12                            |       |        |
| а    | Net unrealized gains on investments  |       |        |
| b    | Donated services and use of facilities   |       |        |
| c    | Recoveries of prior year grants  |       |        |
| d    | Other (Describe in Part XIV)   |       |        |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e    |        |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3     |        |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1                            |       |        |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a                          |       |        |
| b    | Other (Describe in Part XIV)   |       |        |
| С    | Add lines <b>4a</b> and <b>4b</b>  | 4c    |        |
| 5    | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)                | 5     |        |
|      | Reconciliation of Expenses per Audited Financial Statements With Expenses                      | per   | Return |
| 1    | Total expenses and losses per audited financial statements                                     | 1     |        |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25                               |       |        |
| а    | Donated services and use of facilities   |       |        |
| b    | Prior year adjustments   |       |        |
| С    | Other losses   |       |        |
| d    | Other (Describe in Part XIV)   |       |        |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e    |        |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3     |        |
| 4    | A mounts included on Form 990, Part IX, line 25, but not on line 1:                            |       |        |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a                            | _     |        |
| b    | Other (Describe in Part XIV)   | _     |        |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c    |        |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18) | 5     |        |
| Par  | t XIV Supplemental Information   |       |        |
| _    |  |       |        |

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier                      | Return Reference | Explanation           |
|---------------------------------|------------------|-----------------------|
| INTENDED USES OF ENDOWMENT FUND | PART V, LINE 4   | TO HOLD IN PERPETUITY |

#### **Additional Data**

Software ID: Software Version:

**EIN:** 11-1630755

Name: THE BROOKLYN HOSPITAL CENTER

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description            | (b) Book value |
|----------------------------|----------------|
| DEFERRED FINANCING FEES    | 282,474        |
| DUE FROM 3RD PARTY PAYORS  | 8,025,075      |
| DUE FROM AFFILIATES        | 97,147,681     |
| HEALTHFIRST LLC INVESTMENT | 13,677,143     |
| HEALTHFIRST MHI            | 6,088,539      |
| HEALTHFIRST PHSP           | 7,356,584      |
| OTHER RECEIVABLES          | 6,517,867      |
| INSURANCE RECEIVABLE       | 1,164,739      |

### OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Hospitals** 

Name of the organization
THE BROOKLYN HOSPITAL CENTER

**Employer identification number** 

|         |   |                                      |                                     |  |                               | 1630755                        |           |                  |          |
|---------|---|--------------------------------------|-------------------------------------|--|-------------------------------|--------------------------------|-----------|------------------|----------|
| Pa      | rt I Charity Care and   | Certain O                            | ther Comr                           | nunity Benefits at                     | Cost                          |                                |           |                  |          |
| 1a      | Did the organization have a c   | harity care n                        | alicy2 If "Na                       | " skin to question 63                  |                               |                                |           | Yes              | No       |
| та<br>b |   |                                      |                                     |  |                               |                                | 1a        | Yes              | <u> </u> |
| 2<br>2  | If the organization had multip  |                                      |                                     |  | describes application of      | f the charity                  | 1b        | Yes              |          |
| 2       | care policy to the various hos  |                                      | mulcate winc                        |  | describes application c       | i the chanty                   |           |                  |          |
|         | Applied uniformly to all ho   | -                                    |                                     | Applied uniformly                      | to most hospitals             |                                |           |                  |          |
|         | Generally tailored to indiv   | ıdual hospita                        | ls                                  |  |                               |                                |           |                  |          |
| 3       | Answer the following based o organization's patients during   |                                      |                                     | y criteria that applies t              | o the largest number o        | fthe                           |           |                  |          |
| а       | Did the organization use Fede<br>If "Yes," indicate which of the                                      |                                      |                                     |  |                               | are?                           | 2-        | Vaa              |          |
|         | Γ 100% Γ 150%   |                                      | 00% <b>~</b>                        |  | 400. %                        |                                | 3a        | Yes              | <u> </u> |
|         |   |                                      |                                     |  |                               |                                |           |                  |          |
| Ь       | Did the organization use FPG "Yes," indicate which of the fo  |                                      | - '                                 | •                                      |                               |                                |           |                  |          |
|         |   | _                                    | ·                                   |  | _                             |                                | 3b        | Yes              |          |
|         | 200% 250%   | Г 30                                 | о% Г                                | 350% <b>~</b> 40                       | 0% Cher_                      | <u>%</u>                       |           |                  |          |
| С       | If the organization did not use<br>determining eligibility for free<br>test or other threshold, regar | or discounte                         | d care Inclu                        | de in the description wh               | nether the organization       |                                |           |                  |          |
| 4       | Did the organization's policy   |                                      |                                     |  |                               |                                | 4         | Yes              |          |
|         | Did the organization budget a the tax year?   | mounts for fr                        |                                     | ·                                      | -                             |                                |           |                  |          |
| L       | If "Yes," did the organization  |                                      | 0.000000000                         | · · · · · · · · ·                      |                               |                                | <u>5a</u> | Yes              | <u> </u> |
| b       | If "Yes" to line 5b, as a resul   | -                                    | -                                   | <del>-</del>                           |                               |                                | <u>5b</u> |                  | No       |
| С       | care to a patient who was elig  |                                      |                                     |  |                               |                                | 5c        |                  |          |
| 6a      | Did the organization prepare  |                                      |                                     |  |                               |                                | 6a        | Yes              |          |
| 6b      | If "Yes," did the organization  | make ıt avaıl                        | able to the p                       | ublic?                                 |                               |                                | 6b        | Yes              |          |
|         | Complete the following table worksheets with the Schedule   |                                      | ksheets prov                        | ıded ın the Schedule H                 | instructions Do not s         | ubmit these                    |           |                  |          |
| 7       | Charity Care and Certain C  | ther Commu                           | nıty Benefits                       | at Cost                                |                               |                                |           |                  |          |
|         | Charity Care and<br>Means-Tested  | (a) Number of activities or programs | (b) Persons<br>served<br>(optional) | (c) Total community<br>benefit expense | (d) Direct offsetting revenue | (e) Net community t<br>expense | enefit    | (f) Perototal ex |          |
| _       | Government Programs   | (optional)                           | (Spaintin)                          |  |                               |                                |           |                  |          |
|         | Charity care at cost (from Worksheet 1)   |                                      |                                     | 13,610,873                             | 10,491,367                    | 3,11                           | .9,506    | 0                | 940 %    |
|         | Medicaid (from Worksheet 3, column a)   |                                      |                                     | 106,859,145                            | 99,583,975                    | 7,27                           | '5,170    | 2                | 180 %    |
| С       | Costs of other means-tested government programs (from Worksheet 3, column b)                          |                                      |                                     |  |                               |                                |           |                  |          |
| d       | <b>Total</b> Charity Care and Means-Tested Government Programs  |                                      |                                     | 120,470,018                            | 110,075,342                   | 10,39                          | 4,676     | 3                | 120 %    |
|         | Other Benefits  |                                      |                                     |  |                               |                                |           |                  |          |
| е       | Community health improvement services and community benefit operations (from (Worksheet 4)            |                                      |                                     |  |                               |                                |           |                  |          |
| f       | Health professions education  |                                      |                                     | 40 004 600                             | 15 220 072                    | 25.65                          | 2 716     | 7                | 700 %    |
| g       | (from Worksheet 5) Subsidized health services   |                                      |                                     | 40,984,689                             | 15,330,973                    | •                              | 3,716     |                  |          |
| h       | (from Worksheet 6) Research (from Worksheet 7)  |                                      |                                     | 15,721,767                             | 5,488,955                     | 10,23                          | 32,812    | 3                | 070 %    |
|         | Cash and in-kind contributions for community benefit (from Worksheet 8)                               |                                      |                                     |  |                               |                                |           |                  |          |
| j 1     | <b>Total</b> Other Benefits   |                                      |                                     | 56,706,456                             | 20,819,928                    | 35,88                          | 6,528     | 10               | 770 %    |
| k '     | Total. Add lines 7d and 71  |                                      |                                     | 177,176,474                            | 130,895,270                   | 46,28                          | 1,204     | 13               | 890 %    |

|        |   | (a) Number of<br>activities or<br>programs<br>(optional)            | <b>(b)</b> Persons<br>served (optional)                                      | (c) Total community<br>building expense                                  | (d) Direct offsetting<br>revenue |          |          | <b>(e)</b> Net communi<br>building expense                   |         | (f) Pero<br>total ex |       |
|--------|---|---|--|--|----------------------------------|----------|----------|--|---------|----------------------|-------|
| 1      | Physical improvements and housing   | , ,   |  |  |                                  |          |          |  |         |                      |       |
| 2      | Economic development  |   |  |  |                                  |          |          |  |         |                      |       |
| 3      | Community support   |   |  |  |                                  |          |          |  |         |                      |       |
| ļ      | Environmental improvements  |   |  |  |                                  |          |          |  |         |                      |       |
|        |   |   |  |  |                                  |          |          |  |         |                      |       |
|        | for community members   |   |  |  |                                  |          |          |  |         |                      |       |
|        | Coalition building  Community health improvement  |   |  |  |                                  |          |          |  |         |                      |       |
|        | advocacy  |   |  | 8,510  |                                  |          |          | 8  | ,510    |                      |       |
| 3<br>— | Workforce development   |   |  |  |                                  |          |          |  |         |                      |       |
| •      | Other Total   |   |  | 0.510  |                                  |          |          |  | ,510    |                      |       |
|        | t IIII Bad Debt, Medicar  | e. & Collec   | tion Practic   | 8,510<br><b>es</b>   |                                  |          |          | <u> </u> 8   | ,510    |                      |       |
|        | Enter the amount of the organi<br>Enter the estimated amount of<br>patients eligible under the organisms.<br>Provide in Part VI the text of the In addition, describe the costinationale for including a portion  | the organizat<br>anization's cha<br>he footnote to<br>ng methodolog | ion's bad debt of<br>arity care polic<br>the organization<br>by used in dete | expense attributable y · · · · on's financial statem rmining the amounts | to<br>• •<br>ents tha            |          |          |  |         |                      |       |
| ct     | ion B. Medicare   |   |  | ,  |                                  |          |          |  |         |                      |       |
|        | Enter total revenue received fr   | om Medicare   | (including DSH   | and IME)   |                                  | 5        |          | 61,396,843   |         |                      |       |
|        | Enter Medicare allowable cost   | s of care relat   | ing to payment   | s on line 5  |                                  | 6        |          | 72,370,090   |         |                      |       |
|        | Subtract line 6 from line 5 This Describe in Part VI the extent Also describe in Part VI the conclude the box that describes to the conclude the box that describes to the conclude the box that describes to the box that describes | to which any osting method the method us                            | shortfall report<br>ology or source<br>ed                                    | ed in line 7 should be used to determine                                 | e treated<br>the amo             |          |          |  |         |                      |       |
|        | Cost accounting system  | <b>l</b> ✓ Co   | st to charge ra  | tio <b>I</b>   | Other                            |          |          |  |         |                      |       |
| ct     | ion C. Collection Practices   |   |  |  |                                  |          |          |  |         |                      |       |
| a      | Did the organization have a wr<br>If "Yes," did the organization's  |   |  | = -  |                                  |          |          |  | 9a      | Yes                  |       |
| b      | contain provisions on the colle<br>assistance? Describe in Part \   | ection practice   | s to be followe  | d for patients who ar  | e known                          | to qua   | lify for | financial  | 9b      | Yes                  |       |
| •      | rt IV Management Com  (a) Name of entity  | 1   | ) Description of pi  |  | ons)<br>c) Organi                | zation's | (4       | l) Officers, directors,                                      | 1 (4    | <b>≘)</b> Physi      | rianc |
|        | (a) Name of endry   | (.  | activity of entit  |  | orofit % o<br>ownersh            | r stock  | e        | trustees, or key<br>mployees' profit %<br>r stock ownership% | pro     | ofit % or<br>ownersh | stoc  |
|        |   |   |  |  |                                  |          | $\perp$  |  | $\perp$ |                      |       |
|        |   |   |  |  |                                  |          |          |  |         |                      |       |
|        |   |   |  |  |                                  |          |          |  |         |                      |       |
|        |   |   |  |  |                                  |          | +        |  |         |                      |       |
|        |   |   |  |  |                                  |          |          |  |         |                      |       |
|        |   |   |  |  |                                  | _        |          |  |         |                      |       |
|        |   |   |  |  |                                  |          |          |  | $\top$  |                      |       |
|        |   |   |  |  |                                  |          | +        |  |         |                      |       |
|        |   |   |  |  |                                  |          | $\top$   |  | +       |                      |       |
| )      |   |   |  |  |                                  |          | +        |  |         |                      |       |
| L      |   |   |  |  |                                  |          | +        |  |         |                      |       |
| 2      |   |   |  |  |                                  |          | $\top$   |  | +       |                      |       |
| 3      |   | +   |  |  |                                  |          |          |  | +       |                      |       |

| Part  | V Facility Information   |                   |                   |            |                   |  |                   |             |          |                  |
|---|--|-------------------|-------------------|------------|-------------------|--|-------------------|-------------|----------|------------------|
|   | on A. Hospital Facilities  | Licens            | Gener             | Children's | Teach             | Ortica   | Resea             | ER-24 hours | ER-other |                  |
| (list in order of size from largest to smallest)                                |  | Licensed hospital | General medical & | en's hos   | Teaching hospital | acces.   | Research facility | houre       | her<br>  |                  |
| How many hospital facilities did the organization operate during the tax year?1 |  | pital             | cal & surgical    | . hospital | pta               | Critical access hospital                         | lity              |             |          |                  |
| Name  | and address  |                   |                   |            |                   |  |                   |             |          |                  |
| Nume  | una address  |                   |                   |            |                   |  |                   |             |          | Other (Describe) |
| 1   | THE BROOKLYN HOSPITAL CENTER 121 DEKALB AVENUE BROOKLYN,NY 11201 | x                 | х                 |            | х                 |  |                   | х           |          |                  |
|   |  |                   |                   |            |                   |  |                   |             |          |                  |
|   |  | -                 |                   |            | -                 | <u> </u>   |                   |             |          |                  |
|   |  | <u> </u>          |                   |            |                   | <del>                                     </del> |                   |             |          |                  |
|   |  | +                 |                   |            |                   | <del>                                     </del> |                   |             |          |                  |
|   |  |                   |                   |            |                   |  |                   |             |          |                  |
|   |  |                   |                   |            |                   |  |                   |             |          |                  |
|   |  | _                 |                   |            |                   | <u> </u>   |                   |             |          |                  |
|   |  | +                 |                   |            |                   | -  |                   |             |          |                  |
|   |  | -                 |                   |            |                   | -  |                   |             |          |                  |
|   |  | +                 |                   |            |                   | <del>                                     </del> |                   |             |          |                  |
|   |  |                   |                   |            |                   |  |                   |             |          |                  |
|   |  |                   |                   |            |                   |  |                   |             |          |                  |
|   |  |                   |                   |            |                   |  |                   |             |          |                  |

# Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

THE BROOKLYN HOSPITAL CENTER

| Name of Hospital Facility:   |   |
|--|---|
| ine Number of Hospital Facility (from Schedule H, Part V, Section A):_ | 1 |

|     |  |        | Yes | No   |
|-----|--|--------|-----|------|
| Со  | mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)  |        |     |      |
| 1   | During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8                                     | 1      |     |      |
|     | If "Yes," indicate what the Needs Assessment describes (check all that apply)  | -      |     |      |
|     | a A definition of the community served by the hospital facility  |        |     |      |
|     | b Demographics of the community  |        |     |      |
|     |  |        |     |      |
|     | Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |        |     |      |
|     | d How data was obtained  |        |     |      |
|     | e The health needs of the community  |        |     |      |
|     |  |        |     |      |
|     | Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |        |     |      |
|     | The process for identifying and prioritizing community health needs and services to meet those needs   |        |     |      |
|     | h The process for consulting with persons representing the community's interests   |        |     |      |
|     | i Information gaps that limit the hospital facility's ability to assess the community's health needs   |        |     |      |
|     | j Other (describe in Part VI)  |        |     |      |
| 2   |  |        |     |      |
|     | Indicate the tax year the hospital facility last conducted a Needs Assessment 20<br>In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who |        |     |      |
| ,   | represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into   |        |     |      |
|     | account input from persons who represent the community, and identify the persons the hospital facility consulted   | 3      |     |      |
| 4   | Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the  | ١.,    |     |      |
| _   | other hospital facilities in Part VI   | 4      |     |      |
| ,   | Did the hospital facility make its Needs Assessment widely available to the public?  | 5      |     |      |
|     | Thespital facility's website   |        |     |      |
|     |  |        |     |      |
|     | <b>b</b> Available upon request from the hospital facility   |        |     |      |
| _   | c Other (describe in Part VI)  |        |     |      |
| 6   | If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)   |        |     |      |
|     | a Adoption of an implementation strategy to address the health needs of the hospital facility's community  |        |     |      |
|     | <b>b</b> Execution of the implementation strategy  |        |     |      |
|     | c Development of a community-wide community benefit plan for the facility  |        |     |      |
|     | d Participation in community-wide community benefit plan   |        |     |      |
|     | e 「 Inclusion of a community benefit section in operational plans  |        |     |      |
|     | f Adoption of a budget for provision of services that address the needs identified in the CHNA   |        |     |      |
|     | g Prioritization of health needs in the community  |        |     |      |
|     | h Prioritization of services that the hospital facility will undertake to meet health needs in its community   |        |     |      |
|     | i  Other (describe in Part VI)   |        |     |      |
| 7   | Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"  |        |     |      |
|     | explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs  | 7      |     |      |
| Fir | ancial Assistance Policy   | 1      |     |      |
|     | Did the hospital facility have in place during the tax year a written financial assistance policy that   |        |     |      |
|     | Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?  | 8      | Yes |      |
| 9   | Used federal poverty guidelines (FPG) to determine eligibility for providing free care?  | 9      | Yes |      |
|     | If "Yes," indicate the FPG family income limit for eligibility for free care 400 %   |        |     |      |
| —   | If "No," explain in Part VI the criteria the hospital facility used  | U /Fa= | 000 | 2011 |

| P  | art V Facility Information (continued)   |    |     |    |
|----|--|----|-----|----|
|    |  |    | Yes | No |
| 10 | Used FPG to determine eligibility for providing discounted care?   | 10 | Yes |    |
|    | If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used |    |     |    |
| 11 | Explained the basis for calculating amounts charged to patients?   | 11 | Yes |    |
|    | If "Yes," indicate the factors used in determining such amounts (check all that apply)   |    |     |    |
|    | a 🔽 Income level   |    |     |    |
|    | <b>b</b> Asset level   |    |     |    |
|    | c Medical indigency  |    |     |    |
|    | d Insurance status   |    |     |    |
|    | e Uninsured discount   |    |     |    |
|    | f Medicaid/Medicare  |    |     |    |
|    | g State regulation   |    |     |    |
|    | h Other (describe in Part VI)  |    |     |    |
| 12 | Explained the method for applying for financial assistance?  | 12 | Yes |    |
|    | Included measures to publicize the policy within the community served by the hospital facility?  | 13 | Yes |    |
|    | If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  |    |     |    |
|    | a ▼ The policy was posted at all times on the hospital facility's web site   |    |     |    |
|    | b The policy was attached to all billing invoices  |    |     |    |
|    | c ▼ The policy was posted in the hospital facility's emergency rooms or waiting rooms  |    |     |    |
|    | d ✓ The policy was posted in the hospital facility's admissions offices  |    |     |    |
|    | e ✓ The policy was provided, in writing, to patients upon admission to the hospital facility   |    |     |    |
|    | f ▼ The policy was available upon request  |    |     |    |
|    | g Other (describe in Part VI)  |    |     |    |
|    | ling and Collections   |    |     |    |
|    | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial                                |    |     |    |
|    | assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?  | 14 | Yes |    |
| 15 | Check all of the following collection actions against an individual that were permitted under the hospital facility's  |    |     |    |
|    | policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP                                |    |     |    |
|    | a Reporting to credit agency   |    |     |    |
|    | b Lawsuits   |    |     |    |
|    | c Liens on residences  |    |     |    |
|    | d Body attachments or arrests  |    |     |    |
|    | e Other similar actions (describe in Part VI)  |    |     |    |
| 16 | Did the hospital facility or an authorized third party perform any of the following actions during the tax year before                                       |    |     |    |
|    | making reasonable efforts to determine the patient's eligibility under the facility's FAP?   | 16 |     | No |
|    | If "Yes," check all actions in which the hospital facility or a third party engaged  |    |     |    |
|    | a Reporting to credit agency   |    |     |    |
|    | b T Lawsuits   |    |     |    |
|    | c Liens on residences  |    |     |    |
|    | d Body attachments   |    |     |    |
|    | e / Other similar actions (describe in Part VI)  |    |     |    |
| 17 | Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)                         |    |     |    |
|    | a Notified patients of the financial assistance policy upon admission  |    |     |    |
|    | <b>b</b> Notified patients of the financial assistance policy prior to discharge   |    |     |    |
|    | c Notified patients of the financial assistance policy in communications with the patients regarding the patients'   |    |     |    |
|    | bills  |    |     |    |
|    | d Documented its determination of whether patients were eligible for financial assistance under the hospital   |    |     |    |
|    | facility's financial assistance policy   |    |     |    |
|    | e Cother (describe in Part VI)   |    | , 1 |    |

## Part V Facility Information (continued)

| <b>P</b> 0 | nicy Relating to Emergency Medical Care  |    |     |    |
|------------|--|----|-----|----|
|            |  |    | Yes | No |
| 18         | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?  | 18 | Yes |    |
|            |  | i  |     |    |
|            | The hospital facility did not provide care for any emergency medical conditions  | i  |     |    |
|            | <b>b</b> The hospital facility's policy was not in writing   |    |     |    |
|            | c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part  | i  |     |    |
|            | <u>VI</u> )  | i  |     |    |
|            | d \ Other (describe in Part VI)  |    |     |    |
| Inc        | dividuals Eligible for Financial Assistance  |    |     |    |
| 19         | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care  |    |     |    |
|            | The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged  |    |     |    |
|            | b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged   |    |     |    |
|            | The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged   |    |     |    |
|            | d \ Other (describe in Part VI)  |    |     |    |
| 20         | Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? | 20 |     | No |
|            | If "Yes," explain in Part VI   |    |     |    |
| 21         | Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?   |    |     |    |
|            |  | 21 |     | Νo |
|            | If "Yes," explain in Part VI   |    |     |    |

| Part V | Facility | Information | (continued) |
|--------|----------|-------------|-------------|
| Part V | Facility | Information | (continued  |

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

| ame and address   | Type of Facility (Describe) |
|---|-----------------------------|
| PATH CENTER   | HIV SERVICES                |
| 2222 CHURCH AVENUE<br>BROOKLYN,NY 11226                                     |                             |
| WILLIAMSBURG HEALTH CARE CENTER<br>99-101 DIVISION AVENUE                   | OUTPATIENT CLINIC           |
| BROOKLYN,NY 11211   |                             |
| LAPROVIDENCIA HEALTH CENTER   | OUTPATIENT CLINIC           |
| 1280 DEKALB AVENUE<br>BROOKLYN,NY 11221                                     |                             |
| MANHATTAN AVENUE HEALTH CENTER<br>960 MANHATTAN AVENUE<br>BROOKLYN,NY 11222 | OUTPATIENT CLINIC           |
| 61ST STREET FAMILY HEALTH CENTER<br>771 61ST STREET<br>BROOKLYN,NY 11220    | OUTPATIENT CLINIC           |
| BROOKETN, NT 11220  |                             |
|   |                             |
|   |                             |
|   |                             |
| n   |                             |

#### Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 11, 3, 4, 5c, 61, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier                            | ReturnReference | Explanation  |
|---------------------------------------|-----------------|--|
| EXPLANATION OF COSTING<br>METHODOLOGY | PART I, LINE /  | THE HOSPITAL USED THE COSTING METHODOLOGY THAT WAS USED TO PREPARE THE HOSPITAL'S INSTITUTIONAL COST REPORT THE COST-TO-CHARGE RATIO AMOUNT FROM THE COST REPORT WAS USED TO CALCULATE LINE 7A,7B AND 7G |

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| Identifier                              | ReturnReference  | Explanation   |
|---|------------------|---|
| COSTS ASSOCIATED WITH PHYSICANS CLINICS | PART I, LINE / G | THE HOSPITAL INCLUDED COSTS TOTALING \$8,335,426<br>FROM PHYSICIAN CLINICS AS SUBSIDIZED HEALTH<br>SERVICES |

| Identifier       | ReturnReference  | Explanation  |
|------------------|------------------|--|
| BAD DEBT EXPENSE | PART III, LINE 4 | A/F/S FOOTNOTE - ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE THE AMOUNT OF THE ALLO WANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENTS ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS ADDITIONS TO THE ALLO WANCE FOR DOUBTFUL ACCOUNTS RESULT FROM THE PROVISION FOR BAD DEBTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLO WANCE FOR DOUBTFUL ACCOUNTS BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENT IS \$14,878,709 |

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| Identifier                                    | ReturnReference | Explanation  |
|---|-----------------|--|
| EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT |                 | THE AMOUNT REPORTED ON LINE 6 WAS DERIVED BY USING THE MEDICARE ALLOWABLE COSTS AS REPORTED ON THE HOSPITAL'S NEW YORK STATE INSTITUTIONAL COST REPORT AND THE APPLICABLE ADJUSTMENTS FROM WORKSHEET B |

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| Identifier  | ReturnReference   | Explanation   |
|---|-------------------|---|
| PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS | PART III, LINE 98 | THE DEBT COLLECTION POLICY IS ADDRESSED IN THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY PATIENTS THAT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE ASSIGNED TO THE APPROPRIATE FINANCIAL CLASS THE HOSPITAL MAKES AN ATTEMPT TO NEGOTIATE PAYMENT PLANS FOR ANY REMAINING BALANCE DUE AFTER FINANCIAL ASSISTANCE IS PROVIDED |

| Identifier       | ReturnReference | Explanation   |
|------------------|-----------------|---|
| NEEDS ASSESSMENT | PART VI         | PURSUANT TO NEW YORK STATE PUBLIC HEALTH LAW SECTION 2803-L, THE BROOKLYN HOSPITAL CENTER IS    |
|                  |                 | REQUIRED TO FILE A COMPREHENSIVE COMMUNITY  |
|                  |                 | SERVICE PLAN ("CSP") WITH THE NEW YORK STATE DEPARTMENT OF HEALTH ("DOH") EVERY 3 YEARS A       |
|                  |                 | COPY OF THE BROOKLYN HOSPITAL CENTER'S CSP CAN BE FOUND ON THE HOSPITAL'S WEBSITE AT            |
|                  |                 | WWW TBH ORG UNDER THE "COMMUNITY OUTREACH"  |
|                  |                 | TAB THE COMPREHENSIVE DATA AND INFORMATION CONTAINED IN THIS CSP WILL EXHAUSTIVELY ADDRESS      |
|                  |                 | PART VI OF THIS SCHEDULE H, AND ITS CONTENTS ARE  |
|                  |                 | INCORPORATED HEREIN BY REFERENCE IN KEEPING WITH ITS TRADITION OF MEETING THE HEALTH CARE       |
|                  |                 | NEEDS OF THE COMMUNITY, THE BROOKLYN HOSPITAL   |
|                  |                 | CENTER WELCOMES INPUT ON ITS SERVICE GOALS AND DELIVERY COLLABORATORS IN THIS PROCESS INCLUDE   |
|                  |                 | THE HOSPITAL'S BOARD OF TRUSTEES, ITS COMMUNITY   |
|                  |                 | ADVISORY BOARD (CAB), ELECTED AND APPOINTED OFFICIALS, AND A RANGE OF COMMUNITY-BASED           |
|                  |                 | ORGANIZATIONS (CBOS) LEADERSHIP - THE BROOKLYN HOSPITAL CENTER IS GOVERNED BY A BOARD OF        |
|                  |                 | TRUSTEES, WHICH ENCOURAGES COMMUNICATION  |
|                  |                 | BETWEEN THE HOSPITAL AND THE LOCAL HEALTH DEPARTMENT, AREA LEGISLATORS, COMMUNITY               |
|                  |                 | ADVISORS, AND COMMUNITY-BASED ORGANIZATIONS   |
|                  |                 | TRUSTEES PRESENT ORAL AND WRITTEN REPORTS OF COMMUNITY ACTIVITIES WHICH ARE RELEVANT TO THE     |
|                  |                 | HOSPITAL'S VIABILITY AS PART OF ITS CORPORATE   |
|                  |                 | FUNCTION, THE BOARD OVERSEES THE DEVELOPMENT AND IMPLEMENTATION OF THE HOSPITAL'S STRATEGIC     |
|                  |                 | PLAN A GENERAL AIM OF THE STRATEGIC PLAN IS TO  |
|                  |                 | DEVELOP STRONG POLICIES TO HELP THE HOSPITAL CONTINUE TO FULFILL ITS MISSION THE CURRENT        |
|                  |                 | STRATEGIC PLAN SPECIFICALLY OUTLINES THE GOAL OF CONTINUING MEANINGFUL ENGAGEMENT WITH          |
|                  |                 | COMMUNITY STAKEHOLDERS COMMUNITY ADVISORY   |
|                  |                 | BOARD - THE BROOKLYN HOSPITAL CENTER'S COMMUNITY ADVISORY BOARD IS MADE UP OF                   |
|                  |                 | DEDICATED, CIVIC-MINDED PEOPLE FROM THE   |
|                  |                 | COMMUNITY WHO HELP TO ASSESS AND IDENTIFY LOCAL HEALTH NEEDS AND OFFER GUIDANCE REGARDING THE   |
|                  |                 | SCOPE AND QUALITY OF CARE THAT THE BROOKLYN<br>HOSPITAL CENTER RENDERS IN THE COMMUNITY CAB     |
|                  |                 | MEMBERS MEET FORMALLY ONCE A MONTH TO RECEIVE   |
|                  |                 | UPDATES ABOUT THE HOSPITAL AND TO SHARE INFORMATION ABOUT THE COMMUNITY WITH THE                |
|                  |                 | BROOKLYN HOSPITAL CENTER LEADERS ADVISORS ARE   |
|                  |                 | KEPT WELL INFORMED ABOUT THE HOSPITAL IN BETWEEN MEETINGS, SO THAT THEY CAN BE ACTIVE           |
|                  |                 | REPRESENTATIVES OF THE INSTITUTION IN THE COMMUNITY ADDITIONALLY, THE CAB HELPS HOSPITAL        |
|                  |                 | ADMINISTRATORS WITH COMMUNITY OUTREACH  |
|                  |                 | EFFORTS, AND THE MEMBERS MONITOR THE BROOKLYN HOSPITAL CENTER'S PATIENT SATISFACTION PROCESS    |
|                  |                 | TO ENSURE THAT ISSUES ARE ADDRESSED AND   |
|                  |                 | RESOLVED APPROPRIATELY ADVISORS REFLECT THE NEEDS AND CONCERNS OF VARIOUS ETHNIC, ECONOMIC      |
|                  |                 | AND CULTURAL GROUPS CURRENT MEMBERS INCLUDE HEALTH CARE PROFESSIONALS, THE BROOKLYN             |
|                  |                 | HOSPITAL CENTER CONSUMERS, CIVIC LEADERS,   |
|                  |                 | CLERGY, BUSINESS OWNERS, AND RETIREES GOVERNMENT RELATIONS - THE BROOKLYN HOSPITAL              |
|                  |                 | CENTER PROACTIVELY CULTIVATES STRONG  |
|                  |                 | RELATIONSHIPS WITH ITS COMMUNITY BOARD AND LEGISLATIVE OFFICIALS ON THE FEDERAL, STATE, AND     |
|                  |                 | CITY LEVELS THE BROOKLYN HOSPITAL CENTER KEEPS THESE ELECTED AND APPOINTED REPRESENTATIVES      |
|                  |                 | INFORMED ABOUT HEALTH ISSUES WHICH RELATE TO  |
|                  |                 | THEIR DISTRICTS AND THE IMMEDIATE NEIGHBORHOOD THE HOSPITAL BRIEFS LAWMAKERS ON THE CHALLENGES  |
|                  |                 | AND OPPORTUNITIES THE HOSPITAL FACES IN MEETING   |
|                  |                 | THE HEALTH CARE NEEDS OF AREA RESIDENTS, AND ON THE IMPACT OF EXISTING AND PROPOSED LEGISLATION |
|                  |                 | ON THAT PROCESS COMMUNITY BASED ORGANIZATIONS (CBOS) - THE BROOKLYN HOSPITAL CENTER'S           |
|                  |                 | COLLABORATION WITH SOCIAL SERVICE AGENCIES,   |
|                  |                 | HEALTH MAINTENANCE ORGANIZATIONS (HMOS) AND PHYSICIAN GROUPS, EDUCATIONAL INSTITUTIONS,         |
|                  |                 | CORPORATE NEIGHBORS, AND CIVIC AND FAITH-BASED ORGANIZATIONS HAS CEMENTED ITS STANDING AS A     |
|                  |                 | GOOD NEIGHBOR WHILE SOME OF THESE ALLIANCES   |
|                  |                 | STRENGTHEN BUSINESS, ADVANCE STRATEGIC GOALS, AND BUILD GOODWILL, THE BROOKLYN HOSPITAL         |
|                  |                 | CENTER'S PRIMARY FOCUS IS TO CULTIVATE  |
|                  |                 | PARTNERSHIPS THAT ENHANCE ITS HEALTH CARE DELIVERY IN THE COMMUNITY INPUT FROM EACH             |
|                  |                 | PARTICIPANT CATEGORY WILL BE USED TO INFORM THE   |
|                  |                 | PROCESS OF ADDRESSING THE HOSPITAL'S PREVENTION AGENDA PRIORITIES AND ASSESSING COMMUNITY       |
|                  |                 | HEALTH NEEDS  |
|                  |                 | Schedule H (Form 990) 2011  |

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| Identifier                                      | ReturnReference | Explanation   |
|---|-----------------|---|
| PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE | PART VI         | WHILE THE BROOKLYN HOSPITAL CENTER PROVIDES FINANCIAL AID TO PATIENTS IN ACCORDANCE WITH PUBLIC HEALTH LAW 2807 (K) (9-A), THE UNDERLYING MOTIVATION FOR ITS FINANCIAL ASSISTANCE PROGRAM (FAP) IS TO ADDRESS THE NEEDS OF THE INDIGENT, UNDERINSURED AND UNINSURED IN THE COMMUNITY FAP INFORMATION IS DISTRIBUTED TO ALL PATIENTS THROUGH ADMISSIONS MATERIAL, A BROCHURE, AND FINANCIAL COUNSELING THE APPLICATION PROCESS IS SIMPLE AND THE PROGRAM OFFERS A FEE-SCALE FOR THOSE WHO QUALIFY FAP FACILITATES ACCESS TO CARE FOR ALL WHO NEED IT, DESPITE THEIR ABILITY TO PAY IN 2011, NEARLY 1,500 PATIENTS BENEFITED FROM FAP IN RESPONSE TO THE ECONOMIC DOWNTURN, THE BROOKLYN HOSPITAL CENTER HAS INCREASED DISSEMINATION OF FAP INFORMATION TO PATIENTS THE BROOKLYN HOSPITAL CENTER IS COMMITTED TO PROVIDING THESE PATIENTS WITH THE SAME QUALITY CARE RENDERED TO ALL PATIENTS |

Schedule H (Form 990) 2011

| I dentifier                      | ReturnReference | Explanation   |  |  |  |  |
|----------------------------------|-----------------|---|--|--|--|--|
| Identifier COMMUNITY INFORMATION | PART VI         | Explanation  THE BROOKLYN HOSPITAL CENTER IS AN EXISTING, 464-BED FULL SERVICE COMMUNITY TEACHING HOSPITAL LOCATED AT 121 DEKALB AVENUE, BROOKLYN (KINGS COUNTY), NY 11201 FOUNDED IN 1845, THE BROOKLYN HOSPITAL IN 1998, THE HOSPITAL ENTERED INTO A SPONSORSHIP AGREEMENT WITH NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM, INC THE BROOKLYN HOSPITAL CENTER IS NOT ONLY THE FIRST VOLUNTARY HOSPITAL ESTABLISHED IN THE BOROUGH OF BROOKLYN, BUT ONE THAT THROUGHOUT ITS HISTORY HAS BEEN AT THE FOREFRONT OF MEDICINE AND THE CARE OF THE SICK IN ITS NEIGHBORHOOD TODAY, MORE THAN EVER, THE BROOKLYN HOSPITAL CENTER PLAYS A CRITICAL ROLE IN MEETING THE HEALTH CARE NEEDS OF THE OVER ONE MILLION RESIDENTS WHO LIVE IN THE COMMUNITIES SERVED BY THE HOSPITAL THESE COMMUNITIES ARE WITHIN THE FOLLOWING ZIP CODES 11201, 11203, 11204, 11205, 11206, 11207, 11208, 11209, 11210, 11211, 11212, 11213, 11216, 11217, 11219, 11220, 11221, 11222, 11223, 11225, 11226, 11228, 11232, 11233, 11236, 11237, AND 11238 THE BROOKLYN HOSPITAL CENTER'S PRIMARY SERVICES AREAS INCLUDE CENTRAL AND NORTHWEST BROOKLYN THESE NEIGHBORHOODS INCLUDE FORT GREENE, DOWNTOWN BROOKLYN, BUSHWICK, WILLIAMSBURG, FLATBUSH, CROWN HEIGHTS, BEDFORD STUYVESANT, GREENPOINT, EAST NEW YORK, BROWNSVILLE, BORO PARK, SUNSET PARK, FORT HAMILTON PARKWAY, AND BENSONHURST THE BROOKLYN HOSPITAL CENTER'S SECONDARY SERVICE AREAS COVER THE BOROUGH OF BROOKLYN AND LOWER MANHATTAN THE BROOKLYN HOSPITAL CENTER'S SERVICE POPULATION IS CULTURALLY AND ETHNICALLY DIVERSE IT IS COMPRISED LARGELY OF MINORITY RACIAL AND ETHNIC GROUPS MORE THAN 80% OF THE RESIDENTS IN THE COMMUNITY ARE BLACK OR HISPANIC WITHIN THESE GROUPINGS, THERE ARE LARGE NUMBERS OF RESIDENTS FROM JAMAICA, THE DOMINICAN REPUBLIC, HAITI, TRINIDAD AND TOBAGO, |  |  |  |  |
| <u>J</u>                         | 1               | MEXICO, AND OTHER CARIBBEAN COUNTRIES   |  |  |  |  |

| Identifier         | ReturnReference | Explanation  |
|--------------------|-----------------|--|
| COMMUNITY BUILDING | PART VI         | THE BROOKLYN HOSPITAL CENTER'S COMMUNITY OUTREACH PROGRAM IS BASED ON OUR DEDICATION TO PROVIDE OUR COMMUNITY ACCESS TO EXCELLENT CARE AND OUR COMMITMENT TO BECOMING THE HEALTH CARE INSTITUTION OF CHOICE FOR RESIDENTS OF BROOKLYN AND BEYOND THROUGH COMMUNITY OUTREACH, THE BROOKLYN HOSPITAL CENTER SEEKS TO ESTABLISH MEANINGFUL PARTNERSHIPS WITH THE FAITH-BASED COMMUNITY, EDUCATIONAL INSTITUTIONS, LEGISLATIVE AND APPOINTED OFFICIALS, THE BUSINESS AND NONPROFIT SECTORS, COMMUNITY-BASED ORGANIZATIONS (CBOS), AND OTHER GROUPS TO PROMOTE WELLNESS AND A HEALTHIER LIFESTYLE FOR ALL COMMUNITY RESIDENTS SOME OF OUR COMMUNITY OUTREACH INITIATIVES INCLUDE COMMUNITY EVENTS - THE BROOKLYN HOSPITAL CENTER CONNECTS WITH THE COMMUNITY BY PARTICIPATING IN EVENTS OF MUTUAL INTEREST TO THE HOSPITAL AND ITS PATIENT POPULATION BY ATTENDING RELEVANT MEETINGS, HOLDING MEMBERSHIPS ON KEY COMMITTEES AND IN CBOS, SUPPORTING ORGANIZATIONS AND WORTHY CAUSES THROUGH SPONSORSHIPS, AND PARTICIPATING IN THE BOROUGH'S MAJOR EVENTS, THE BROOKLYN HOSPITAL CENTER REINFORCES ITS COMMUNITY OUTREACH PROGRAM HEALTH FAIRS - THE BROOKLYN HOSPITAL CENTER REINFORCES ITS COMMUNITY OUTREACH PROGRAM HEALTH FAIRS - THE BROOKLYN HOSPITAL CENTER PARTICIPATES IN SCORES OF LOCAL HEALTH FAIRS EACH YEAR UPON REQUEST FROM CHURCHES, SCHOOLS, SERVICE AGENCIES, BUSINESSES, AND OTHER CBOS THE HOSPITAL PROVIDES FREE CLINICAL SCREENINGS, DISTRIBUTES HEALTH LITERATURE, OFFERS HEALTH EDUCATION, CONDUCTS WORKSHOPS, AND MAKES REFERRALS TO ITS SERVICES AND PROGRAMS SPEAKERS BUREAU - THE BROOKLYN HOSPITAL CENTER PARTICIPATES IN SCORES OF LOCAL HEALTH FAIRS EACH YEAR UPON REQUEST FROM CHURCHES, SCHOOLS, SERVICE AGENCIES, BUSINESSES, AND OTHER CBOS THE HOSPITAL PROVIDES FREE CLINICAL SCREENINGS, DISTRIBUTES HEALTH LITERATURE, OFFERS HEALTH EDUCATION, CONDUCTS WORKSHOPS, AND MAKES REFERRALS TO ITS SERVICES AND PROGRAMS SPEAKERS BUREAU - THE BROOKLYN HOSPITAL CENTER HAS CREATED AN EXPERTS' LIST FROM ITS PHYSICIANS, NURSES, NUTRITIONISTS, THERAPISTS, PHARMACISTS AND OTHER HEALTH CAR |
|                    |                 | LONG ISLAND, THROUGHOUT THE BOROUGH, AND IN OUR LOCAL NEIGHBORHOODS ON A RANGE OF HEALTH TOPICS  |

|  | Explanation  |  |  |  |  |
|--|--|--|--|--|--|
| ORGANIZATION FURTHERS ITS EXEMPT PURPOSE  TO THE ADVI OF IN COMM UNDE KNOV AND: CENT THE F GUID WEAK THRE RELA COMM GROU COMM ITS C COMM BROC MONI SATI: ADDR COMM BROC MONI SATI: SATI: ADDR COMM BROC COMM B | MMUNITY ADVISORY BOARD - ONE OF THE WAYS THAT E BROOKLYN HOSPITAL CENTER KEEPS CONNECTED THE COMMUNITY IS THROUGH ITS COMMUNITY VISORY BOARD (CAB) THE CAB IS A DIVERSE GROUP INDIVIDUALS WITH STRONG TIES TO THE MMUNITY WE SERVE EACH ADVISOR HAS A KEEN DERSTANDING OF HOW OUR HOSPITAL WORKS THIS OWLEDGE ENABLES US TO TAILOR OUR PROGRAMS D SERVICES SO THAT THE BROOKLYN HOSPITAL NITER MEETS THE PRECISE HEALTH CARE NEEDS OF E FAMILIES IN OUR NEIGHBORHOODS PURPOSE OF E CAB - ASSIST IN ASSESSING AND INDENTIFYING E HEALTH NEEDS OF THE COMMMUNITY - OFFER IDANCE IN IDENTIFYING LOCAL STRENGTHS, AKNESSES, OPPORTUNITIES AND POTENTIAL REATS TO THBC - CULTIVATE AND MAINTAIN LATIONSHIPS WITH COMMUNITY LEADERS, MMUNITY BASED ORGANIZATIONS (CBOS), AND CIVIC OUPS TO STRENGTHEN THE HOSPITAL'S LINK TO THE MMUNITY - ASSIST HOSPITAL ADMINISTRATION IN GOMMUNITY OUTREACH EFFORTS ORGANIZE MMUNITY FORUMS OF MUTUAL INTEREST TO THE COKLYN HOSPITAL CENTER AND THE COMMUNITY - NITOR THE BROOKLYN HOSPITAL CENTER'S PATIENT TISFACTION PROCESS TO ENSURE THAT ISSUES ARE DRESSED AND RESOLVED APPROPRIATELY - MMUNICATE HOW OUR COMMUNITY VIEWS THE COMMUNITY VIEWS THE COMMUNITY OF REMAINING INFORMED ABOUT THE SPITAL'S MISSION, PROGRAMS, ACTIVITIES, COMPLISHMENTS, AND STRATEGIC PLAN PATH NTER COMMUNITY ACTIVITIES - THBC HAS AN FERSIVE HIV OUTREACH PROGRAM THAT INVOLVES - SITE TESTING AT LOCAL ORGANIZATIONS AS WELL AN ANNUAL HIV TESTING DAY THE BROOKLYN SPITAL CENTER ALSO IS A MEMBER OF A PATH MMUNITY ADVISORY BOARDS THAT MEETS ON A ARTERLY BASIS TO DISCUSS AND SHAPE THE COGRAM TO ENSURE THAT IT IS RESPONSIVE TO THE EDSO OF THE COMMUNITY |  |  |  |  |

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| Identifier                                     | ReturnReference | Explanation |
|--|-----------------|-------------|
| STATES WHERE COMMUNITY<br>BENEFIT REPORT FILED | PART VI         | NY          |

Schedule H (Form 990) 2011

DLN: 93493030000583

OMB No 1545-0047

**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" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Name of the organization THE BROOKLYN HOSPITAL CENTER | Employer identification num | ber |    |
|---|-----------------------------|-----|----|
|   | 11-1630755                  |     |    |
| Part I Questions Regarding Compensation               |                             |     |    |
|   |                             | Yes | Νo |

|    |   |          |  |    | res | 1/1 0 |
|----|---|----------|--|----|-----|-------|
| 1a | Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to  |          |  |    |     |       |
|    | First-class or charter travel   |          | Housing allowance or residence for personal use              |    |     |       |
|    | Travel for companions   | $\Gamma$ | Payments for business use of personal residence              |    |     |       |
|    | Tax idemnification and gross-up payments  | $\Gamma$ | Health or social club dues or initiation fees                |    |     |       |
|    | ☐ Discretionary spending account  | $\sqcap$ | Personal services (e g , maid, chauffeur, chef)              |    |     |       |
|    |   |          |  |    |     |       |
| b  | If any of the boxes in line 1a are checked, did the organ<br>reimbursement orprovision of all the expenses describe   |          |  | 1b |     |       |
| 2  | Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Dir  |          |  | 2  |     |       |
| 3  | Indicate which, if any, of the following the organization used organization's CEO/Executive Director Check all that a   | appl     | y  |    |     |       |
|    | Compensation committee  |          | Written employment contract                                  |    |     |       |
|    | Independent compensation consultant   | 고        | Compensation survey or study                                 |    |     |       |
|    | Form 990 of other organizations   | 굣        | Approval by the board or compensation committee              |    |     |       |
| 4  | During the year, did any person listed in Form 990, Part<br>or a related organization   | :VII     | , Section A, line 1a with respect to the filing organization |    |     |       |
| а  | Receive a severance payment or change-of-control pay  | men      | t?   | 4a | Yes |       |
| Ь  |   |          |  |    |     |       |
| С  | Participate in, or receive payment from, an equity-base   |          |  | 4c |     | Νο    |
|    | If "Yes" to any of lines 4a-c, list the persons and provide   |          |  |    |     |       |
|    |   |          |  |    |     |       |
|    | Only 501(c)(3) and 501(c)(4) organizations only must o  | omp      | plete lines 5-9.   |    |     |       |
| 5  | For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of  | 1a,      | did the organization pay or accrue any                       |    |     |       |
| а  | The organization?   |          |  | 5a |     | Νo    |
| b  | Any related organization?   |          |  | 5b |     | Νο    |
|    | If "Yes," to line 5a or 5b, describe in Part III  |          |  |    |     |       |
| 6  | For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of  | : 1a,    | did the organization pay or accrue any                       |    |     |       |
| а  | The organization?   |          |  | 6a |     | Νo    |
| b  | Any related organization?   |          |  | 6b |     | Νo    |
|    | If "Yes," to line 6a or 6b, describe in Part III  |          |  |    |     |       |
| 7  | For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 6 and 6 |          |  | 7  |     | No    |
| 8  | Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re   |          |  |    |     |       |
|    | ın Part III   |          |  | 8  |     | Νo    |
| 9  | If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$ ?   | butt     | able presumption procedure described in Regulations          | 9  |     |       |

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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, columns (D) and (E) for that individual

| (A) Name                  | (B) Breakdown of      | W-2 and/or 1099-MI  | SC compensation | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation                                |  |
|---------------------------|-----------------------|---|-----------------|--------------------------------|----------------|----------------------|---|--|
| (A) Nume                  | (i) Base compensation | (ii) Bonus & (iii) Other reportable compensation compensation |                 | other deferred<br>compensation | benefits       | (B)(i)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |  |
| See Additional Data Table |                       |   |                 |                                |                |                      |   |  |
|                           |                       |   |                 |                                |                |                      |   |  |
|                           |                       |   |                 |                                |                |                      |   |  |
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|                           |                       |   |                 |                                |                |                      |   |  |
|                           |                       |   |                 |                                |                |                      |   |  |

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

|  | •                   |   |
|--|---------------------|---|
| Identifier   | Return<br>Reference | Explanation   |
| RECEIVED<br>SEVERANCE,<br>SUPPLEMENTAL<br>NQ RETIREMENT,<br>EQUITY-BASED<br>COMPENSATION | PART I, LINE<br>4   | PAUL ALBERTSON RECEIVED SEVERANCE PAYMENTS OF \$45,013 IN 2011 JOHN RICHARD LUDGIN RECEIVED SEVERANCE PAYMENTS OF<br>\$109,975 IN 2011  |
| ADDITIONAL<br>INFORMATION  | PART III            | Certain officers and key employees of the New York and Presbyterian Hospital that are identified in Part VII as officers or Trustees of THE BROO KLYN HOSPITAL CENTER, NAMELY WAYNE OSTEN AND GARY ZUAR, are responsible for executing the mission and management of The New York and Presbyterian Hospital (NYP) and its affiliated entities Compensation for 2011 of these upper level executives includes the payout of an annual incentive plan and a long-term incentive plan and its affiliated entities Compensation for 2011 of these upper level executives includes the payout of an annual incentive plan and a long-term incentive plan. This performance—oriented program conditions payments upon the achievement of multiple individual and group performance measures Measures to monitor performance include operational and financial sturplus. Patient quality and safety, patient satisfaction, advancement of patient care, and people development and partnership. Incentive awards may only be granted if the organization achieves a financial surplus. Even if all relevant performance measurements are achieved, the NYP Board of Trustees retains full discretion to make or not make any incentive awards, or to reduce the amount of any incentive award. This initiative is critical to assuring that NYP has the requisite leadership to create and manage a highly motivated and engaged workforce, to drive superior performance throughout the organization and to achieve top their medical center status. As a separate matter, due to restrictions imposed by the Internal Revenue Code, upper level executives are limited in the amount of benefits received under a tax-qualified retirement plan. Like many employers, NYP supplements these executives' pension benefits through a supplemental ("nonqualified") retirement plan the supplemental retirement plan (SERP) is subject to a multi-year vesting requirement which places an executive's supplemental retirement benefit at risk of forfeiture if the vesting requirements are included in the part of the supplemental |

Software ID: Software Version:

**EIN:** 11-1630755

Name: THE BROOKLYN HOSPITAL CENTER

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

| (A) Name           |             | (B) Breakdown of         | f W-2 and/or 1099-MI                      | SC compensation             | (C) Deferred | ( <b>D)</b> Nontaxable | (E) Total of columns    | <b>(F)</b> Compensation reported in prior Form |
|--------------------|-------------|--------------------------|---|-----------------------------|--------------|------------------------|-------------------------|--|
|                    |             | (i) Base<br>Compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>compensation | compensation | benefits               | (B)(ı)-(D)              | 990 or Form 990-EZ                             |
| Wayne Olsten       | (I)<br>(II) | 0<br>502,861             | 0<br>322,439                              | 0<br>62,600                 | 0<br>190,543 | 0<br>25,163            | 0<br>1,103,606          | 0<br>0   |
| Gary Zuar          | (I)<br>(II) | 0<br>496,343             | 0<br>354,000                              | 0<br>157,048                | 0<br>99,883  | 0<br>34,298            | 0<br>1,1 <b>4</b> 1,572 | 0<br>37,252                                    |
| Rıchard Becker     | (1)<br>(11) | 934,859<br>0             | 375,000<br>0                              | 0 0                         | 2,450<br>0   | 8,579<br>0             | 1,320,888               | 0  |
| Joseph Guarracino  | (1)<br>(11) |                          | 100,000                                   | 0                           | 1,750<br>0   | 6,901<br>0             | 508,691<br>0            | 0  |
| Gary Stephens MD   | (1)<br>(11) |                          | 25,000<br>0                               | 0                           | 0            | 1,620<br>0             | 382,916<br>0            | 0  |
| Stacy Friedman Esq | (1)<br>(11) |                          | 75,000<br>0                               | 0                           | 2,450<br>0   | 8,161<br>0             | 366,831<br>0            | 0  |
| Patricia Winston   | (1)<br>(11) |                          | 60,000                                    | 0                           | 2,154<br>0   | 5,310<br>0             | 335,906<br>0            | 0  |
| J Anders Cohen     | (1)<br>(11) | 750,000<br>0             | 20,000                                    | 0                           | 2,450<br>0   | 3,983<br>0             | 776,433<br>0            | 0  |
| Mıchael Cabbad     | (1)<br>(11) |                          | 140,000                                   | 0                           | 2,398<br>0   | 6,834<br>0             | 7 <b>4</b> 1,558<br>0   | 0  |
| Dr Peter Pappas    | (1)<br>(11) |                          | 25,000<br>0                               | 0                           | 0            | 6,834<br>0             | 631,834<br>0            | 0  |
| Lısandro Irızarry  | (1)<br>(11) | 0<br>427,450             | 0<br>10,000                               | 0                           | 0<br>2,450   | 0<br>7,252             | 0<br>447,152            | 0  |
| Harry Dym          | (1)<br>(11) |                          | 15,000<br>0                               | 0                           | 2,471<br>0   | 6,834<br>0             | 402,305                 | 0  |
| Vasantha Kondamudı | (1)<br>(11) |                          | 32,500<br>0                               | 0                           | 2,440<br>0   | 293<br>0               | 373,444<br>0            | 0  |
| Kenneth Bromberg   | (1)<br>(11) | 350,200<br>0             | 15,000                                    | 0                           | 2,463<br>0   | 6,834<br>0             | 374,497<br>0            | 0  |
| Kenneth Ong        | (1)<br>(11) | 295,000<br>0             | 30,000                                    | 0                           | 2,445<br>0   | 7,252<br>0             | 334,697<br>0            | 0  |
| Benson Yeh         | (1)<br>(11) |                          | 45,000<br>0                               | 0                           | 2,361<br>0   | 7,252<br>0             | 310,943<br>0            | 0  |
| Irene Farrelly     | (I)<br>(II) | 245,761<br>0             | 50,000                                    | 0                           | 2,235<br>0   | 3,983                  | 301,979<br>0            | 0  |
| Lora B Myers       | (1)<br>(11) | 242,596<br>0             | 35,000<br>0                               |                             | 2,238        | 3,782                  | 283,616<br>0            | 0  |

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

| (A) Name            |             | (B) Breakdown of         | f W-2 and/or 1099-MI                      | SC compensation              | (C) Deferred | ( <b>D)</b> Nontaxable | (E) Total of columns | (F) Compensation                             |
|---------------------|-------------|--------------------------|---|------------------------------|--------------|------------------------|----------------------|--|
|                     |             | (i) Base<br>Compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) O ther<br>compensation | compensation | benefits               | (B)(ı)-(D)           | reported in prior Form<br>990 or Form 990-EZ |
| Paul Wong           | (ı)<br>(ıı) | 220,051<br>0             | 35,000<br>0                               | 0                            | 1,766<br>0   | 7,252<br>0             | 264,069<br>0         | 0<br>0                                       |
| Karen Mılano        | (I)<br>(II) | 212,718<br>0             | 35,000<br>0                               | 0 0                          | 2,127<br>0   | 6,834<br>0             | 256,679<br>0         | 0  |
| Donald Minarcik     | (I)<br>(II) | 216,996<br>0             | 25,000<br>0                               | 0                            | 1,881<br>0   | 6,834<br>0             | 250,711<br>0         | 0  |
| Armand Asarıan      | (ı)<br>(ıı) |                          | 20,000                                    | 0                            | 2,363<br>0   | 6,834<br>0             | 479,197<br>0         | 0  |
| Mohammed Alladın    | (ı)<br>(ıı) |                          | 10,000                                    | 0                            | 0            | 6,834<br>0             | 440,405<br>0         | 0  |
| Geoffey Phillips    | (ı)<br>(ıı) | 375,000<br>0             | 40,000                                    | 0                            | 0            | 450<br>0               | 415,450<br>0         | 0  |
| Angela Kerr         | (ı)<br>(ıı) | 312,019<br>0             | 100,000                                   | 0                            | 2,226<br>0   | 293<br>0               | 414,538<br>0         | 0  |
| Joshua Halpern      | (I)<br>(II) | 385,000<br>0             | 15,000<br>0                               | 0                            | 0            | 6,834<br>0             | 406,834<br>0         | 0  |
| Paul Albertson      | (ı)<br>(ıı) | 312,076<br>0             | 60,000<br>0                               | 45,013<br>0                  | 2,450<br>0   | 3,690<br>0             | 423,229<br>0         | 0  |
| John Richard Ludgin | (ı)<br>(ıı) |                          | 0   | 109,975<br>0                 | 0            | 0                      | 109,975<br>0         | 0<br>0                                       |
| Ira Warm            | (ı)<br>(ıı) |                          | 20,000                                    | 0                            | 0            | 9,936<br>0             | 318,108<br>0         | 0  |

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## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization THE BROOKLYN HOSPITAL CENTER

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

11-1630755

| ldentifier                             | Return<br>Reference  | Explanation  |
|--|--|--|
| Presenation of provision for bad debts | FORM 990,<br>PART VIII, LINE<br>2b - Program<br>Service<br>Revenue | In July 2011, the FASB issued ASU No 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. The provisions of ASU No 2011-07 require certain health care entities that recognize significant amounts of patient service revenue at the time the services are rendered without assessing the patients ability to pay to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue in the statement of operations rather than as an operating expense. Additional disclosures relating to sources of patient service revenue and the allowance for uncollectible accounts are also required. This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Hospital adopted the provisions of ASU No. 2011-07 in the fourth quarter of 2011 and retrospectively applied the presentation requirements. |

| ldentifier               | Return<br>Reference | Explanation  |
|--------------------------|---------------------|--|
| FORM<br>990, PART<br>VII |                     | CERTAIN OFFICERS AND KEY EMPLOYEES OF THE NEW YORK AND PRESBYTERIAN HOSPITAL THAT ARE IDENTIFIED IN FORM 990, PART VII AS OFFICERS OR TRUSTEES OF THE BROOKLYN HOSPITAL CENTER NAMELY WAYNE OSTEN AND GARY ZUAR, are responsible for executing the mission and management of The New York and Presbyterian Hospital (NYP) and its affiliated entities Compensation for 2011 of these upper level executives includes the payout of an annual incentive plan and a long-term incentive plan. This performance-oriented program conditions payments upon the achievement of multiple individual and group performance measures. Measures to monitor performance include operational and financial strength, patient quality and safety, patient satisfaction, advancement of patient care, and people development and partnership incentive awards may only be granted if the organization achieves a financial surplus. Even if all relevant performance measurements are achieved, the NYP Board of Trustees retains full discretion to make or not make any incentive awards, or to reduce the amount of any incentive award. This initiative is critical to assuring that NYP has the requisite leadership to create and manage a highly motivated and engaged workforce, to drive superior performance throughout the organization and to achieve top their medical center status. As a separate matter, due to restrictions imposed by the internal Revenue Code, upper level executives are limited in the amount of benefits received under a tax-qualified retirement plan. (Ike many employers, NYP supplemental executive retirement plan (SERP) is subject to a multi-year vesting requirement which places an executive's supplemental retirement benefit at risk of forfeiture if the vesting requirement which places an executive's supplemental retirement benefit as current income, the supplemental retirement benefit as current incom |

| ldentifier  | Return<br>Reference | Explanation  |
|---|---------------------|--|
| FORM 990, PART VI, LINE 6<br>- EXPLANATION OF<br>CLASSES OF MEMBERS<br>OR SHAREHOLD |                     | THE BROOKLYN HOSPITAL CENTER (THE "ORGANIZATION") IS A MEMBERSHIP CORPORATION, WHOSE MEMBERS ARE APPOINTED BY NEW YORK-PRESBYTERIAN HEALTHCARE SYSTEM, INC ("SYSTEM INC") SYSTEM INC IS A TAX-EXEMPT ORGANIZATION WHOSE MEMBERS ARE APPOINTED BY NEW YORK-PRESBYTERIAN FOUNDATION, INC, WHICH IS ALSO A TAX-EXEMPT ORGANIZATION THE MEMBERS OF THE ORGANIZATION ELECT THE ORGANIZATION'S BOARD OF TRUSTEES |

| ldentifier   | Return<br>Reference | Explanation  |
|--|---------------------|--|
| FORM 990, PART VI,<br>LINE 7A - HOW<br>MEMBERS OR<br>SHAREHOLDERS<br>ELECT GOVERNING B |                     | THE MEMBERS SHALL HAVE THE SOLE AUTHORITY TO ESTABLISH FROM TIME TO TIME THE NUMBERS OF TRUSTEES THAT SHALL COMPRISE THE ENTIRE BOARD TO ELECT TRUSTEES AND REMOVE TRUSTEES, WITH OR WITHOUT CAUSE, PROVIDED THAT NO DECREASE IN THE SIZE OF THE BOARD MAY AFFECT THE TERMS TO WHICH CURRENT TRUSTEES ARE ELECTED OR HAVE THE RIGHT TO BE RE-ELECTED AND NO SUCH CURRENT TRUSTEE MAY BE REMOVED DURING SUCH TERMS WITHOUT CAUSE THE APPROVAL OF MEMBERS SHALL BE REQUIRED FOR (1) THE APPOINTMENT OR THE REMOVAL BY THE BOARD OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, (2) THE APPOINTMENT BY THE BOARD OF THE CHIEF FINANCIAL OFFICER, CHIEF MEDICAL OFFICER AND CHIEF INFORMATION OFFICER, IF ANY, (3)THE AMENDMENT OF THE HOSPITAL'S CERTIFICATE OF INCORPORATION OR BY LAWS, (4) THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE HOSPITAL, (5) THE MERGER OR CONSOLIDATION OF THE HOSPITAL WITH ANOTHER ENTITY, OR (6) THE DISSOLUTION OF THE HOSPITAL |

| ldentifier   | Return<br>Reference | Explanation  |
|--|---------------------|--|
| FORM 990, PART VI,<br>LINE 7B - DECISIONS<br>OF GOVERNING<br>BODY APPROVAL<br>BY MEMBE |                     | THE APPROVAL OF THE MEMBERS SHALL BE REQUIRED FOR (1) THE APPOINTMENT OR THE REMOVAL BY THE BOARD OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, (2) THE APPOINTMENT BY THE BOARD OF THE CHIEF FINANCIAL OFFICER, CHIEF MEDICAL OFFICER (ALSO REFERRED TO AS THE "MEDICAL DIRECTOR") AND CHIEF INFORMATION OFFICER, IF ANY, (3) THE AMENDMENT OF THE CORPORATIONS CERTIFICATE OF INCORPORATION OR BYLAWS, (4) THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, (5) THE MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANOTHER ENTITY, OR (6) THE DISSOLUTION OF THE CORPORATION |

| ldentifier  | Return<br>Reference | Explanation   |
|---|---------------------|---|
| FORM 990, PART VI, LINE<br>11B - FORM 990 REVIEW<br>PROCESS |                     | THE FORM 990 WAS REVIEWED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES, THE CHAIRMAN OF THE FINANCE COMMITTEE, THE PRESIDENT & CEO AND THE CHIEF FINANCIAL OFFICER THE FORM 990 WAS ALSO PROVIDED TO THE MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING |

| ldentifier  | Return<br>Reference | Explanation  |
|---|---------------------|--|
| FORM 990, PART VI,<br>LINE 12C -<br>EXPLANATION OF<br>MONITORING AND<br>ENFORCEMENT |                     | THE VP OF AUDIT AND COMPLIANCE REVIEWS ALL STATEMENTS ALL POSITIVE RESPONSES ARE REVIEWED WITH THE CEO AND GENERAL COUNSEL ALL MATERIAL RESPONSES ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD, ALONG WITH RECOMMENDED ACTIONS IF A CONFLICT ARISES THEN THE VP OF AUDIT AND COMPLIANCE GATHERS ADDITIONAL INFORMATION FROM THE REPORTER AS NECESSARY POSITIVE RESPONSES ARE REVIEWED BY THE VP OF AUDIT AND COMPLIANCE, CEO, AND COUNSEL, AND THIS GROUP DETERMINES WHICH IF ANY RESPONSES REPRESENT A CONFLICT THE CEO WILL THEN TAKE SUCH ACTION AS IS DEEMED APPROPRIATE TO ELIMINATE THE CONFLICT OF INTEREST, INCLUDING SUCH STEPS AS REASSIGNMENT OF RESPONSIBILITIES OR ESTABLISHMENT OF PROTECTIVE ARRANGEMENTS IF THE MATTER INVOLVES A BOARD MEMBER OR OFFICER, APPROPRIATE ACTION WILL BE DETERMINED BY THE BOARD |

| ldentifier   | Return<br>Reference | Explanation   |
|--|---------------------|---|
| FORM 990, PART VI,<br>LINE 15B -<br>COMPENSATION<br>REVIEW & APPROVAL<br>PROCESS FOR O |                     | THE COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES COMPRISED OF INDEPENDENT PERSONS WHO ARE MEMBERS OF THE BOARD OF TRUSTEES MEET TO REVIEW AND DISCUSS COMPARABLE MARKET DATA FOR SIMILAR POSITIONS AT SIMILAR INSTITUTIONS AND OTHER RELEVANT ISSUES AND CHALLENGES AT THE HOSPITAL AS WELL AS HOSPITAL AND CEO PERFORMANCE AFTER REVIEW AND DELIBERATION, THE COMMITTEE APPROVES ACTIONS TO BE IMPLEMENTED MINUTES OF COMMITTEE MEETINGS INCLUDING DELIBERATIONS AND DECISIONS ARE RECORDED DURING THE MEETING AND REVIEWED AND APPROVED AS APPROPRIATE AT THE FOLLOWING MEETING THE SAME PROCESS APPLIES TO MEMBERS OF THE EXECUTIVE STAFF, DEPARTMENT CHAIRS AND OTHER HIGHLY COMPENSATED STAFF EXCEPT THAT THE PRESIDENT AND CEO MAKES COMPENSATION RECOMMENDATIONS TO THE COMMITTEE FOR THOSE EMPLOYEES |

| ldentifier   | Return<br>Reference | Explanation   |
|--|---------------------|---|
| FORM 990, PART VI, LINE 19 - OTHER<br>ORGANIZATION DOCUMENTS PUBLICLY<br>AVAILAB |                     | UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS |

| ldentifier                                       | Return<br>Reference | Explanation  |
|--|---------------------|--|
| FORM 990, PART VII -<br>COMPENSATION EXPLANATION |                     | WAYNE OSTEN AND GARY ZUAR ARE EMPLOYED AND COMPENSATED BY A RELATED ORGANIZATION, THE NEW YORK AND PRESBYTERIAN HOSPITAL |

| Identifier                                       | Return Reference                                      | Explanation   |
|--|---|---|
| Form 990, Part XI - Reconciliation of Net Assets | Line 5 - Other changes in net assets or fund balances | Unrealized Losses 10,493 Prior period adjustment 590,001 Total line 5 600,494 |

| ldentifier                             | Return Reference  | Explanation                                 |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Carlos P Naudon TITLE Chairman HOURS 3 |

| ldentifier                             | Return Reference  | Explanation   |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEAnne Elizabeth Fontaine TITLE Vice Chairman HOURS 3 |

| ldentifier                             | Return Reference  | Explanation  |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Calvin Simons, M.D. TITLE Vice Chairman HOURS 2 |

| ldentifier                             | Return Reference  | Explanation                                |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Earl D Weiner TITLE Secretary HOURS 1 |

| ldentifier                             | Return Reference  | Explanation                                |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEWillard N Archie TITLE Trustee HOURS 3 |

| ldentifier                             | Return Reference  | Explanation                                     |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEJ Barclay Collins, Il TITLE Trustee HOURS 2 |

| ldentifier                             | Return Reference  | Explanation                                 |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEEmme Levin Deland TITLE Trustee HOURS 1 |

| ldentifier                             | Return Reference  | Explanation                                |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Bernard Drayton TITLE Trustee HOURS 3 |

| ldentifier                             | Return Reference  | Explanation                                |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME George   Harris TITLE Trustee HOURS 3 |

| ldentifier                             | Return Reference  | Explanation   |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Gale Stevens Haynes, Esq TITLE Trustee HOURS 1 |

| ldentifier                             | Return Reference  | Explanation                                 |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEHon Milton Mollen TITLE Trustee HOURS 1 |

| ldentifier                             | Return Reference  | Explanation                             |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEJohn E Osnato TITLE Trustee HOURS 1 |

| ldentifier                             | Return Reference  | Explanation                                     |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEMaria Fiorini Ramirez TITLE Trustee HOURS 1 |

| ldentifier                             | Return Reference  | Explanation                              |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Dino Veronese TITLE Trustee HOURS 2 |

| ldentifier                             | Return Reference  | Explanation                               |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEJonathan M Weld TITLE Trustee HOURS 3 |

| ldentifier                             | Return Reference  | Explanation                             |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEWayne Olsten TITLE Trustee HOURS 61 |

| ldentifier                             | Return Reference  | Explanation                         |
|--|-------------------|-------------------------------------|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEGary Zuar TITLETrustee HOURS 61 |

| ldentifier                             | Return Reference  | Explanation  |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Richard Becker TITLE President & CEO HOURS 10 |

| ldentifier                             | Return Reference  | Explanation                                     |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEJoseph Guarracino TITLE SR VP & CFO HOURS 3 |

| ldentifier                             | Return Reference  | Explanation                                      |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEGary Stephens, MD TITLESR VP and CMO HOURS 2 |

| ldentifier                             | Return<br>Reference | Explanation  |
|--|---------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII   | NAMEStacy Friedman, Esq TITLESR VP and General Counsel HOURS 3 |

|   | ldentifier                             | Return Reference  | Explanation  |
|---|--|-------------------|--|
| I | HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Patricia Winston TITLE SR VP & Chief Nursing Office HOURS 2 |

| ldentifier                             | Return Reference  | Explanation   |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Paul Albertson TITLE Exec VP & COO thru 11/11/11 HOURS 3 |

| ldentifier                             | Return Reference  | Explanation   |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEJ Anders Cohen TITLE CHF OF SVC NEUROSURGERY<br>HOURS |

| ldentifier                             | Return Reference  | Explanation  |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Michael Cabbad TITLE CHF OF SVC OBGYN HOURS 1 |

| ldentifier                             | Return Reference  | Explanation  |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Dr Peter Pappas TITLE CHF OF SVC SURGERY HOURS 20 |

| ldentifier                             | Return<br>Reference  | Explanation  |
|--|----------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART<br>VII | NAME Lisandro Irizarry TITLE CHF OF SVC EMERGENCY MEDICINE<br>HOURS 20 |

| ldentifier                             | Return Reference  | Explanation                                       |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Harry Dym TITLE CHF OF SVC DENTISTRY HOURS 1 |

| ldentifier                             | Return<br>Reference  | Explanation   |
|--|----------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART<br>VII | NAME Vasantha Kondamudi TITLE CHF OF SVC FAMILY PRACTICE HOURS 20 |

| ldentifier                             | Return Reference  | Explanation  | 1 |
|--|-------------------|--|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Kenneth Bromberg TITLE CHF OF SVC PEDIATRICS HOURS 20 |   |

| ldentifier                             | Return Reference  | Explanation  |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEKenneth Ong TITLE Associate Program Director HOURS 1 |

| ldentifier                             | Return Reference  | Explanation                                       |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEBenson Yeh TITLE Chief Academic Officer HOURS |

| ldentifier                             | Return Reference  | Explanation  |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Irene Farrelly TITLE VP Information Systems HOURS |

| ldentifier                             | Return Reference  | Explanation                                    |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMELora B Myers TITLE VP Internal Audit HOURS |

| ldentifier                             | Return Reference  | Explanation                               |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Paul Wong TITLE VP, FACILITIES HOURS |

| ldentifier                             | Return Reference  | Explanation   |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Karen Milano TITLE VP, PHY SICIAN SERVICES HOURS |

| ldentifier                             | Return Reference  | Explanation                                    |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Donald Minarcik TITLE VP of Finance HOURS |

| ldentifier                             | Return Reference  | Explanation                                     |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Ira Warm TITLE SVP Human Resources HOURS 2 |

| ldentifier                             | Return Reference  | Explanation                              |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEArmand Asarian TITLE Physician HOURS |

| ldentifier                             | Return Reference  | Explanation                                 |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Mohammed Alladın TITLE Physician HOURS |

| ldentifier                             | Return Reference  | Explanation                                 |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Geoffey Phillips TITLE Physician HOURS |

| ldentifier                             | Return Reference  | Explanation                            |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Angela Kerr TITLE Physician HOURS |

| ldentifier                             | Return Reference  | Explanation                               |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Joshua Halpern TITLE Physician HOURS |

| ldentifier                             | Return Reference  | Explanation                                    |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAMEJohn Richard Ludgin TITLE Former CMO HOURS |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493030000583 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE BROOKLYN HOSPITAL CENTER 11-1630755 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (b) (c) (d) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) Section 512(b)(13) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling controlled or foreign country) (if section 501(c)(3)) entity organization Yes See Additional Data Table For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2011

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

| (a)<br>Name, address, and EIN<br>of<br>related organization                   | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | entity       | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h<br>Disprop<br>allocat | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | <b>(j</b><br>Gener<br>mana<br>parti | ral or<br>aging | <b>(k)</b><br>Percentage<br>ownership |
|---|--------------------------------|--|--------------|--|---------------------------------|---|--------------------------|----------|---|-------------------------------------|-----------------|---------------------------------------|
|   |                                |  | <u> </u>     |  |                                 |   | Yes                      | No       |   | Yes                                 | No              |                                       |
| New York, NY 10065<br>13-4197527  | Medicad HMO                    | NY   | NYP Hospital |  |                                 |   |                          | No       |   |                                     | No              |                                       |
| (2) Rogosin - Auburndale<br>LLC<br>39-20 Utopia Parkway<br>Flushing, NY 11358 | Consulting                     | NY   | Rogosin      |  |                                 |   |                          |          |   |                                     |                 |                                       |
|   |                                |  |              |  |                                 |   |                          |          |   |                                     |                 |                                       |
|   |                                |  |              |  |                                 |   |                          |          |   |                                     |                 |                                       |
|   |                                |  |              |  |                                 |   |                          |          |   |                                     |                 |                                       |
|   |                                |  |              |  |                                 |   |                          |          |   |                                     |                 |                                       |
|   |                                |  |              |  |                                 |   |                          |          |   |                                     |                 |                                       |
| D 1 51/ 51 13   | fication of Balatad            |  |              |  | =                               |   |                          |          | 1 104 11  |                                     |                 |                                       |

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)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | <b>(f)</b><br>Share of total<br>Income | ( <b>g)</b><br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership |
|---|--------------------------------|--|-------------------------------------|---|--|--|---------------------------------------|
| See Additional Data Table                             |                                |  |                                     |   |  |  |                                       |
|   |                                |  |                                     |   |  |  |                                       |
|   |                                |  |                                     |   |  |  |                                       |
|   |                                |  |                                     |   |  |  |                                       |
|   |                                |  |                                     |   |  |  |                                       |
|   |                                |  |                                     |   |  |  |                                       |
|   |                                |  |                                     |   |  |  |                                       |

(6)

| Note. Complete line 1 if any entity is listed in Parts II, III or IV   |                                 |                      |                              | Yes | No   |
|--|---------------------------------|----------------------|------------------------------|-----|------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related | l organizations listed in Parts | s II-IV?             |                              |     |      |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity                      |                                 |                      | 1a                           |     | No   |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |                                 |                      | 1b                           | Yes |      |
| c Gift, grant, or capital contribution from related organization(s)  |                                 |                      | 1c                           | Yes |      |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |                                 |                      | 1d                           |     | No   |
| e Loans or loan guarantees by related organization(s)  |                                 |                      | 1e                           |     | No   |
|  |                                 |                      |                              |     |      |
| f Sale of assets to related organization(s)  |                                 |                      | 1f                           |     | No   |
| g Purchase of assets from related organization(s)  |                                 |                      | <b>1</b> g                   |     | No   |
| h Exchange of assets with related organization(s)  |                                 |                      | 1h                           |     | No   |
| i Lease of facilities, equipment, or other assets to related organization(s)                                     |                                 |                      | 1i                           | Yes |      |
|  |                                 |                      |                              | 1   |      |
| j Lease of facilities, equipment, or other assets from related organization(s)                                   |                                 |                      | 1 <u>j</u>                   |     | No   |
| k Performance of services or membership or fundraising solicitations for related organization(s)                 |                                 |                      | 1k                           |     | No   |
| I Performance of services or membership or fundraising solicitations by related organization(s)                  |                                 |                      | 11                           | Yes |      |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                  |                                 |                      | 1m                           | 1   | No   |
| n Sharing of paid employees with related organization(s)   |                                 |                      | 1n                           | Yes |      |
|  |                                 |                      |                              |     |      |
| • Reimbursement paid to related organization(s) for expenses   |                                 |                      | 10                           |     | No   |
| p Reimbursement paid by related organization(s) for expenses   |                                 |                      | <b>1</b> p                   | Yes |      |
|  |                                 |                      |                              |     |      |
| <b>q</b> Other transfer of cash or property to related organization(s)   |                                 |                      | <b>1</b> q                   | Yes |      |
| r Other transfer of cash or property from related organization(s)  |                                 |                      | 1r                           | Yes |      |
|  |                                 |                      |                              |     |      |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this l   | line, including covered relati  | onships and transact | ıon thresholds               |     |      |
| (a)  | (b)                             | (c)                  | (d)                          |     |      |
| Name of other organization   | Transaction<br>type(a-r)        | Amount involved      | Method of determing involved |     | ount |
| 1) See Addıtıonal Data Table   |                                 |                      |                              |     |      |
| 2)   |                                 |                      |                              |     |      |
|  |                                 |                      |                              |     |      |
| 3)   |                                 |                      |                              |     |      |
|  |                                 |                      |                              |     |      |
| 4)   |                                 |                      |                              |     |      |
|  |                                 |                      |                              |     |      |
| 5)   |                                 |                      |                              |     |      |
|  | ı                               | 1                    | I                            |     |      |

## 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)<br>Name, address, and EIN of<br>entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) |     | (e) Are all partners section 501(c)(3) anizations? | (f)<br>Share of<br>total income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h) Disproprtionate alloc | ations? | (i)<br>Code V—UBI<br>amount in box<br>20 of Schedule K-1<br>(Form 1065) | Gene<br>man | <b>j)</b><br>eral or<br>aging<br>tner? | (k)<br>Percentage<br>ownership |
|--|--------------------------------|---|---|-----|--|---------------------------------|---|---------------------------|---------|---|-------------|--|--------------------------------|
|  |                                |   | ] 311/  | Yes | No   |                                 |   | Yes                       | No      |   | Yes         | No                                     | 1                              |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |
|  |                                |   |   |     |  |                                 |   |                           |         |   |             |  |                                |

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: **Software Version:** 

**EIN:** 11-1630755

Name: THE BROOKLYN HOSPITAL CENTER

Return to Form

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations                        |                                |   |                                      |   |  |  |  |  |  |  |  |
|---|--------------------------------|---|--------------------------------------|---|--|--|--|--|--|--|--|
| <b>(a)</b><br>Name, address, and EIN of related<br>organization   | <b>(b)</b><br>Primary Activity | (c) Legal Domicile (State or Foreign Country) | <b>(d)</b><br>Exempt<br>Code section | (e) Public charity status (if 501(c) (3)) | <b>(f)</b><br>Direct Controlling<br>Entity | <b>g</b><br>Section 512<br>(b)(13)<br>controlled<br>organization |  |  |  |  |  |
| NEW YORK METHODIST HOSPITAL  506 SIXTH STREET BROOKLYN, NY 11215 11-1631796 PARK SLOPE MEDICAL SERVICE PC | Healthcare                     | NY  | 501(c)<br>(3)                        | 3   | NYP SYS INC                                | Yes  |  |  |  |  |  |
| BROOKLYN, NY 11215<br>11-2843882  | Healthcare                     | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| 506 SIXTH STREET<br>BROOKLYN, NY 11215<br>11-2843879  | Healthcare                     | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| PARK SLOPE PHYSICIAN SERVICES PC  506 SIXTH STREET BROOKLYN, NY 11215 11-3231685                          | HEALTHCARE                     | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| PARK SLOPE PEDIATRIC MEDICINE<br>PC   | HEALTHCARE                     | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| PARK SLOPE OBSTETRICS & GYNECOLOGY PC   | HEALTHCARE                     | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| PARK SLOPE MEDICINE PC  506 SIXTH STREET BROOKLYN, NY 11215 11-3362663                                    | HEALTHCARE                     | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| PARK SLOPE HEMATOLOGY & ONCOLOGY PC  506 SIXTH STREET BROOKLYN, NY 11215 11-3564621                       | HEALTHCARE                     | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| PARK SLOPE MEDICAL HEALTH<br>PROVIDER PC<br>506 SIXTH STREET<br>BROOKLYN, NY 11215<br>42-1591811          | INACTIVE                       | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| SOUTH BROOKLYN HEALTH CENTER INC  | HEALTHCARE                     | NY  | 501(c)<br>(3)                        | 7   | NY METHODIST                               | Yes  |  |  |  |  |  |
| BROOKLYN DENTAL SERVICES PC<br>506 SIXTH STREET<br>BROOKLYN, NY 11215<br>43-2015903                       | DENTAL                         | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| PARK SLOPE EMERGENCY PHYSICIAN<br>SERVPC<br>506 SIXTH STREET<br>BROOKLYN, NY 11215<br>06-1160280          | HEALTHCARE                     | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| BROOKLYN RADIOLOGY SERVICES<br>PC<br>506 SIXTH STREET<br>BROOKLYN, NY 11215<br>11-3423162                 | RADIOLOGY                      | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NY METHODIST                               | Yes  |  |  |  |  |  |
| NEW YORK, NY 10065<br>13-3792361  | SPONSOR                        | NY  | 501(c)<br>(3)                        | 11 TYPE III                               | NYP FDN INC                                | Yes  |  |  |  |  |  |
| THE NY AND PRESBYTERIAN HOSPITAL  525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 13-3957095                  | HEALTHCARE                     | NY  | 501(c)<br>(3)                        | 3   | NYP FDN INC                                | Yes  |  |  |  |  |  |
| NY-PRESBYTERIAN FOUNDATION<br>INC<br>525 EAST 68TH ST BOX 156<br>NEW YORK, NY 10065<br>13-4153668         | SUPPORT                        | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NA   | No   |  |  |  |  |  |
| ROYAL CHARTER PROPERTIES INC<br>525 EAST 68TH ST BOX 156<br>NEW YORK, NY 10065<br>13-3158502              | REAL ESTATE                    | NY  | 501(c)<br>(3)                        | 11 TYPE II                                | NYP FDN INC                                | Yes  |  |  |  |  |  |
| NEW YORK, NY 10065<br>13-3158496  | REAL ESTATE                    | NY  | 501(c)<br>(3)                        | 11 TYPE II                                | NYP FDN INC                                | Yes  |  |  |  |  |  |
| ROYAL CHARTER PROPERTIES<br>WESTCH INC  | REAL ESTATE                    | NY  | 501(c)<br>(3)                        | 11 TYPE II                                | NYP FDN INC                                | Yes  |  |  |  |  |  |
| PRESBYTERIAN HEALTH RESOURCES INC   | INACTIVE                       | NY  | 501(c)<br>(3)                        | 11 TYPE I                                 | NYP FDN INC                                | Yes  |  |  |  |  |  |

| Form 990, Schedule R, Part II - I   | dentification of Rel           | ated Tax-Ex                                   | xempt Orga                       | nizations                                 |   |                                       | 1      |
|---|--------------------------------|---|----------------------------------|---|---|---------------------------------------|--------|
| (a)<br>Name, address, and EIN of related<br>organization  | <b>(b)</b><br>Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d)<br>Exempt<br>Code<br>section | (e) Public charity status (if 501(c) (3)) | <b>(f)</b><br>Direct<br>Controlling<br>Entity | g<br>Section 5<br>(b)(13<br>controllo | ed     |
| HOSPITAL FOR SPECIAL SURGERY  535 EAST 70TH STREET NEW YORK, NY 10021 13-1624135 NY-PRESBYTERIAN FUND INC   | HEALTHCARE                     | NY  | 501(c)<br>(3)                    | 3   | NYP FDN INC                                   | Yes                                   |        |
| 525 EAST 68TH ST BOX 156<br>NEW YORK, NY 10065<br>13-3160356  | FUNDRAISING                    | NY  | 501(c)<br>(3)                    | 7   | NYP FDN INC                                   | Yes                                   | _      |
| NY HOSPITAL MEDICAL CTR OF<br>QUEENS<br>56-45 MAIN STREET<br>FLUSHING, NY 11355<br>11-1839362               | HEALTHCARE                     | NY  | 501(c)<br>(3)                    | 3   | NYP SYS INC                                   | Yes                                   |        |
| NY COMMUNITY HOSPITAL OF<br>BROOKLYN<br>525 EAST 68TH STREET BOX 156<br>NEW YORK, NY 10065<br>11-1986351    | HEALTHCARE                     | NY  | 501(c)<br>(3)                    | 3   | NYP SYS INC                                   | Yes                                   |        |
| BRONX, NY 10461<br>31-1730177   | HEALTHCARE                     | NY  | 501(c)<br>(3)                    | 3   | NYP SYS INC                                   | Yes                                   |        |
| NY GRACIE SQUARE HOSPITAL  420 EAST 76TH ST NEW YORK, NY 10021 13-3746997                                   | PSYCHIATRIC                    | NY  | 501(c)<br>(3)                    | 3   | NYP SYS INC                                   | Yes                                   |        |
| THE ROGOSIN INSTITUTE INC  505 E 70TH ST  NEW YORK, NY 10021  13-3184198                                    | HEALTHCARE                     | NY  | 501(c)<br>(3)                    | 4   | NYP SYS INC                                   | Yes                                   |        |
| NYACK HOSPITAL  160 N MIDLAND AVE NYACK, NY 10960 13-1740119  | HEALTHCARE                     | NY  | 501(c)<br>(3)                    | 3   | NYP SYS INC                                   | Yes                                   | _<br>_ |
| SILVERCREST CTR FOR NURSING & REHAB  144-45-87TH AVENUE JAMAICA, NY 11453 11-2925535                        | NURS FACIL                     | NY  | 501(c)<br>(3)                    | 9   | NYP SYS INC                                   | Yes                                   |        |
| NETWORK RECOVERY SERVICES INC<br>525 EAST 68TH STREET BOX 156<br>NEW YORK, NY 10065<br>11-3160901           | COLLECTION                     | NY  | 501(c)<br>(3)                    | 11 TYPE III                               | NYP SYS INC                                   | Yes                                   |        |
| NY PRESBYTERIAN COMMUNITY<br>HEALTH PLA<br>525 EAST 68TH STREET BOX 156<br>NEW YORK, NY 10065<br>13-3849659 | INACTIVE                       | NY  | 501(c)<br>(4)                    | N/A                                       | NYP SYS INC                                   | Yes                                   |        |
| PREFERRED HEALTH NETWORK INC  525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 11-2964432                    | INACTIVE                       | NY  | 501(c)<br>(3)                    | 11 TYPE I                                 | NYP SYS INC                                   | Yes                                   |        |
| HOSPITAL FOR SPECIAL SURGERY<br>FUND INC<br>535 EAST 70TH STREET<br>NEW YORK, NY 10021                      | SUPPORT                        | NY  | 501(c)<br>(3)                    |   | HOS SPEC<br>SRG                               | Yes                                   |        |
| FLUSHING, NY 11355<br>11-2226870  | HEALTHCARE                     | NY  | 501(c)<br>(3)                    | 11 TYPE I                                 | NY HOSP QNS                                   | Yes                                   |        |
| BMA MEDICAL FOUNDATION INC<br>56-45 MAIN ST<br>FLUSHING, NY 11355<br>11-2848858                             | EDU/RESEARCH                   | NY  | 501(c)<br>(3)                    | 4   | NY HOSP QNS                                   | Yes                                   |        |
| THE BROOKLYN HOSPITAL FOUNDATION INC  121 DEKALB AVE BROOKLYN, NY 11201 11-2936410                          | SUPPORT                        | NY  | 501(c)<br>(3)                    | 11 TYPE I                                 | BRK HOSP CTR                                  | Yes                                   |        |
| ASHLAND PLACE HOUSES INC  121 DEKALB AVE BROOKLYN, NY 11201 11-2390927                                      | REAL ESTATE                    | NY  | 501(c)<br>(3)                    |   | BRK HOSP CTR                                  | Yes                                   |        |
| CALEDONIAN HEALTH CENTER  121 DEKALB AVENUE BROOKLYN, NY 11201 54-2117028                                   | CLINICS                        | NY  | 501(c)<br>(3)                    | 9   | BRK HOSP CTR                                  | Yes                                   |        |
| ASHLAND PLACE HOLDING CORPORATION  121 DEKALB AVENUE BROOKLYN, NY 11201 11-3304353                          | TITLE HOLDING                  | NY  | 501(c)<br>(2)                    | N/A                                       | BRK HOSP CTR                                  | Yes                                   |        |
| THE BROOKLYN HOSPITAL SELF INS<br>TRUST  121 DEKALB AVENUE BROOKLYN, NY 11201 11-2501235                    | SELF INS TRUS                  | NY  | 501(c)<br>(3)                    | 11 TYPE I                                 | BRK HOSP CTR                                  | Yes                                   |        |

### Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations             |                                |   |                                  |   |  |   |           |  |  |
|--|--------------------------------|---|----------------------------------|---|--|---|-----------|--|--|
| (a)<br>Name, address, and EIN of<br>related organization                                       | <b>(b)</b><br>Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d)<br>Exempt<br>Code<br>section | (e) Public charity status (if 501(c) (3)) | <b>(f)</b><br>Direct Controlling<br>Entity | g<br>Section<br>(b)(13<br>control<br>organiza | 3)<br>led |  |  |
| NYACK HOSPITAL FOUNDATION INC<br>160 NORTH MIDLAND AVE<br>NYACK, NY 10960<br>13-3245804        | SUPPORT                        | NY  | 501(c)<br>(3)                    | 7   | NYACK HOSP                                 | Yes   |           |  |  |
| SILVERCREST SENIOR HOUSING<br>DEV FUND<br>144-45 87TH AVE<br>BRIARWOOD, NY 11435<br>26-2894911 | HOUSING                        | NY  | 501(c)<br>(3)                    | 9   | SILVERCREST                                | Yes   |           |  |  |
| BROOKLYN FOOT & ANKLE PC  506 SIXTH STREET BROOKLYN, NY 11215 11-3341502                       | HEALTHCARE                     | NY  | 501(c)<br>(3)                    | 11 TYPE I                                 | NY METHODIST                               | Yes   |           |  |  |
| Nephrology Foundation of Brooklyn<br>1845 McDonald Avenue<br>Brooklyn, NY 11223<br>11-2508594  | Dialysis                       | NY  | 501(c)<br>(3)                    | 9   | Rogosin                                    | Yes   |           |  |  |

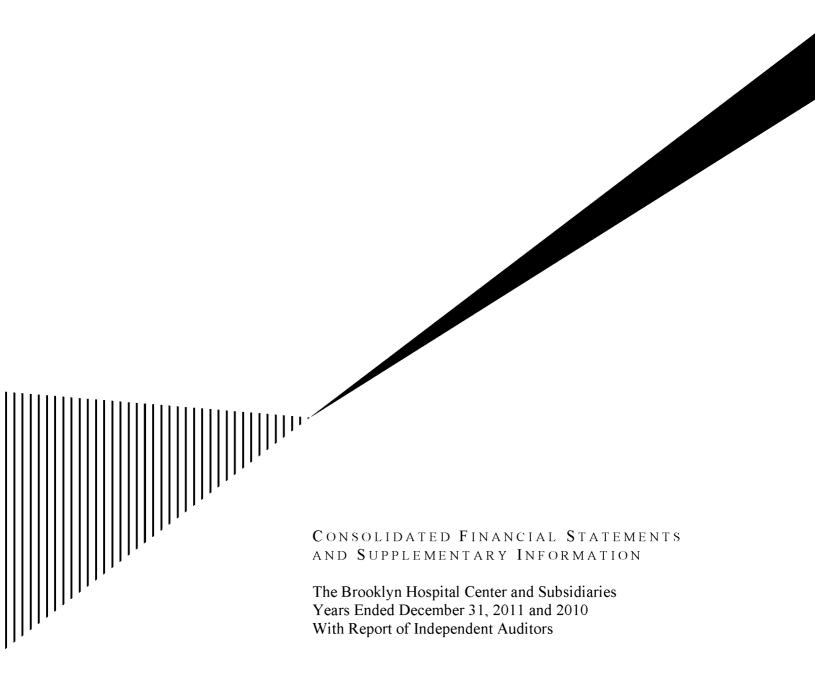
| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust     |                                |  |  |   |   |                       |                                |  |  |
|---|--------------------------------|--|--|---|---|-----------------------|--------------------------------|--|--|
| (a) Name, address, and EIN of related organization  | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>Domicile<br>(State or<br>Foreign | <b>(d)</b><br>Direct Controlling<br>Entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>Income<br>(\$) | end-of-year<br>assets | (h)<br>Percentage<br>ownership |  |  |
| BROOKLYN HOSPITAL ECG   |                                | Country)   |  |   |   | (\$)                  |                                |  |  |
| MEDICAL SERVIC 121 DEKALB AVE BROOKLYN, NY 11201 11-2833052   | Medical<br>Services            | NY   | BROOKLYN<br>HSPCTR                         | C CORP  |   |                       |                                |  |  |
| BROOKLYN HOSPITAL<br>NUCLEAR MEDICINE<br>121 DEKALB AVE<br>BROOKLYN, NY 11201<br>11-2833589                   | MEDICAL<br>SERVICES            | NY   | BROOKLYN<br>HSPCTR                         | C CORP  |   |                       |                                |  |  |
| TBHC MEDICAL SERVICES PC 121 DEKALB AVE BROOKLYN, NY 11201  | MEDICAL<br>SERVICES            | NY   | BROOKLYN<br>HSPCTR                         | C CORP  |   |                       |                                |  |  |
| BROOKLYN, NY 11201  | MEDICAL<br>SERVICES            | NY   | BRKLYN HOSP<br>CTR                         | C CORP  |   |                       |                                |  |  |
| 11-2833588 TBHC EMERGENCY MEDICINE PC 121 DEKALB AVE BROOKLYN, NY 11201                                       | MEDICAL<br>SERVICES            | NY   | BRKLYN HOSP<br>CTR                         | C CORP  |   |                       |                                |  |  |
| BROOKLYN, NY 11201  | MEDICAL<br>SERVICES            | NY   | BRKLYN HOSP<br>CTR                         | C CORP  |   |                       |                                |  |  |
| BROOKLYN, NY 11201  | MEDICAL<br>SERVICES            | NY   | BRKLYN HOSP<br>CTR                         | C CORP  |   |                       |                                |  |  |
| 27-0174684 TBHC MEDICAL TESTING SERVICES PC 121 DEKALB AVE BROOKLYN, NY 11201 27-0174413                      | MEDICAL<br>SERVICES            | NY   | BRKLYN HOSP<br>CTR                         | C CORP  |   |                       |                                |  |  |
| TBHC PHYSICIAN SERVICES   | MEDICAL<br>SERVICES            | NY   | BRKLYN HOSP<br>CTR                         | C CORP  |   |                       |                                |  |  |
| TBHC RADIATION ONCOLOGY PC 121 DEKALB AVE BROOKLYN, NY 11201 27-0174805                                       | MEDICAL<br>SERVICES            | NY   | BRKLYN HOSP<br>CTR                         | C CORP  |   |                       |                                |  |  |
| HIGHLAND MEDICAL PC<br>160 NORTH MIDLAND<br>AVENUE<br>NYACK, NY 10960<br>13-4034481                           | MEDICAL<br>SERVICES            | NY   | NYACK<br>HOSPITAL                          | C CORP  |   |                       |                                |  |  |
| NH MANAGEMENT INC<br>160 NORTH MIDLAND<br>AVENUE<br>NYACK, NY 10960<br>13-4026486                             | MEDICAL<br>SERVICES            | NY   | NYACK<br>HOSPITAL                          | C CORP  |   |                       |                                |  |  |
| NYH-SHP IPA INC<br>525 EAST 68TH STREET BOX   | INACTIVE                       | NY   | NYP SYS INC                                | C CORP  |   |                       |                                |  |  |
| NETWORK INSURANCE<br>COMPANY LTD  | REINSURANCE                    | BD   |  | FOREIGN C<br>CORP                             |   |                       |                                |  |  |
| NYP SERVICES INC<br>525 EAST 68TH STREET BOX<br>156<br>NEW YORK, NY 10065<br>06-1830524                       | INACTIVE                       | NY   | NYP<br>FOUNDATION                          | C CORP  |   |                       |                                |  |  |
| NY PRESBYTERIAN GLOBAL<br>INC<br>525 EAST 68TH STREET BOX<br>156<br>NEW YORK, NY 10065                        | INACTIVE                       | NY   | NYP<br>FOUNDATION                          | C CORP  |   |                       |                                |  |  |
| 80-0336716  HARKNESS HALL CLUB INC 525 EAST 68TH STREET BOX 156  NEW YORK, NY 10065 13-3170488                | LIQUOR<br>LICENSE              | NY   | NYP HOSPITAL                               | C CORP  |   |                       |                                |  |  |
| COLUMBIA PRESBYTERIAN HEALTH SYSTEM IN 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3053885             | REAL ESTATE                    | NY   | NYP FUND INC                               | C CORP  |   |                       |                                |  |  |
| NY PRESBYTERIAN GLOBAL<br>SERVICES INC<br>525 EAST 68TH STREET BOX<br>156<br>NEW YORK, NY 10065<br>13-3845935 | INACTIVE                       | NY   | NYP FUND INC                               | C CORP  |   |                       |                                |  |  |
| BC FINANCIAL SERVICES INC 121 DEKALB AVE BROOKLYN, NY 11201 11-2841661  | FINANCIAL                      | NY   | PARK<br>VENTURES                           | C CORP  |   |                       |                                |  |  |

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

| Form 990, Schedule K, P   | art IV - Ident                 | ification of                                  | Related Organ                       | izations i                                    | axable as a                             | Corporation                                      | 1 or 1 rust                    |
|---|--------------------------------|---|-------------------------------------|---|---|--|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization                | <b>(b)</b><br>Primary activity | (c) Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling<br>Entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>Income<br>(\$) | (g)<br>Share of<br>end-of-year<br>assets<br>(\$) | (h)<br>Percentage<br>ownership |
| PARK VENTURES INC<br>121 DEKALB AVE<br>BROOKLYN, NY 11201<br>11-2744953 | INVESTING                      | NY  | TBH<br>FOUNDATION                   | C CORP  |   |  |                                |
|   | MEDICAL<br>SERVICES            |   | NY HOSP<br>QUEENS                   | C CORP  |   |  |                                |
|   | MEDICAL<br>SERVICES            |   | NY HOSP<br>QUEENS                   | C CORP  |   |  |                                |
|   | MEDICAL<br>SERVICES            |   | NY HOSP<br>QUEENS                   | C CORP  |   |  |                                |
|   | Medical<br>Services            | NY  | Methodist Hosp                      | C Corp  |   |  |                                |
| I 56-45 Main Street   | Medical<br>Services            | NY  | NY Hosp QUEENS                      | C Corp  |   |  |                                |
| I 121 Dekalh Avenue   | Medical<br>Services            |   | BKLYN HOSP<br>CTR                   | C CORP  |   |  |                                |

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

|      | (a)<br>Name of other organization    | (b)<br>Transaction<br>type(a-r) | (c)<br>A mount<br>Involved<br>(\$) | (d)<br>Method of determining<br>amount involved |
|------|--------------------------------------|---------------------------------|------------------------------------|---|
| (1)  | THE BROOKLYN HOSPITAL FOUNDATION INC | С                               | 334,166                            | COST  |
| (2)  | THE BROOKLYN HOSPITAL FOUNDATION INC | N                               | 453,767                            | ALLOCATED COST                                  |
| (3)  | THE BROOKLYN HOSPITAL FOUNDATION INC | Р                               | 268,538                            | COST  |
| (4)  | CALEDONIAN HEALTH CENTER             | Р                               | 2,224,000                          | COST  |
| (5)  | TBHC MEDICAL SERVICES PC             | Р                               | 605,399                            | COST  |
| (6)  | TBHC MEDICAL SERVICES PC             | Q                               | 960,057                            | COST  |
| (7)  | BROOKLYN HOSPITAL RADIOLOGY PC       | N                               | 3,813,354                          | ALLOCATED COST                                  |
| (8)  | BROOKLYN HOSPITAL RADIOLOGY PC       | Р                               | 2,386,215                          | COST  |
| (9)  | BROOKLYN HOSPITAL RADIOLOGY PC       | Q                               | 2,773,699                          | COST  |
| (10) | TBHC EMERGENCY MEDICINE PC           | Р                               | 1,371,486                          | COST  |
| (11) | TBHC EMERGENCY MEDICINE PC           | Q                               | 3,011,059                          | COST  |
| (12) | TBHC PEDIATRIC SERVICES PC           | Р                               | 4,337,927                          | COST  |
| (13) | TBHC PEDIATRIC SERVICES PC           | Q                               | 3,669,262                          | COST  |
| (14) | TBHC MEDICAL TESTING SERVICES PC     | Р                               | 1,956,955                          | COST  |
| (15) | TBHC MEDICAL TESTING SERVICES PC     | Q                               | 1,843,988                          | COST  |
| (16) | TBHC PHYSICIAN SERVICES PC           | N                               | 6,119,883                          | ALLOCATED COST                                  |
| (17) | TBHC PHYSICIAN SERVICES PC           | Р                               | 3,217,949                          | COST  |
| (18) | TBHC PHYSICIAN SERVICES PC           | Q                               | 5,939,747                          | COST  |



Ernst & Young LLP



### Consolidated Financial Statements and Supplementary Information

Years Ended December 31, 2011 and 2010

### **Contents**

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### Report of Independent Auditors

The Board of Trustees
The Brooklyn Hospital Center

We have audited the accompanying consolidated statements of financial position of The Brooklyn Hospital Center and Subsidiaries (the "Hospital") as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Brooklyn Hospital Center and Subsidiaries at December 31, 2011 and 2010, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States

As discussed in Note 1 to the accompanying consolidated financial statements, in 2011 the Hospital adopted the provisions of Accounting Standards Update No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which resulted in a change to the presentation of the provision for bad debts on the consolidated statements of operations and changes in net assets

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating statement of financial position at December 31, 2011, and the consolidating statement of operations for the year then ended, are presented for purposes of additional analysis and are not a required part of the consolidated

financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ernst + Young LLP

May 24, 2012

### Consolidated Statements of Financial Position

| Assets 2011 (In Thousand   | <b>2010</b> ads)  |
|--|---|
| ·  | nds)  |
| Assets   |   |
|  |   |
| Current assets   |   |
| Cash and cash equivalents \$ 24,638 \$   | 14,847  |
| Assets limited as to use, current portion ( $Note \ 4$ ) 10,041  | 4,790   |
| Accounts receivable  |   |
| Patient care, less allowance for uncollectible accounts  | 10.070  |
| (2011 – \$25.570, 2010 – \$25.348) <b>47,028</b>   | 42.358  |
| Other receivables, net 10,212  | 10,011  |
| Total accounts receivable, net 57,240  | 52,369  |
| Other current assets 5,150   | 4,673   |
| Total current assets 97,069  | 76,679  |
| Estimated receivable due from third-party payors 8,025   | 8,745   |
| Assets limited as to use, net of current portion ( <i>Note 4</i> ) 51,403  | 54,489  |
| Property plant and equipment, net ( <i>Note</i> 5) 88,102  | 90,381  |
| Other noncurrent assets, net 29,316  | 24,383  |
| Total assets \$ 273,915 \$   | 254,677   |
| Liabilities and net assetsCurrent liabilities\$ 10,000 \$Short-term borrowings (Note 6)\$ 10,000 \$Current portion of long-term debt (Note 7)4,792Accounts payable and accrued expenses36,629Accrued salaries and related liabilities17,340Due to affiliate (Note 9)404Current portion of professional insurance liabilities (Note 12)8,054Total current liabilities77,219 | 12,000<br>3,672<br>34,434<br>16,611<br>1,015<br>2,883<br>70,615 |
| Long-term debt. net of current installments ( <i>Note 7</i> ) 83,572   | 84,985  |
| Other noncurrent liabilities 3,209   | 1,928   |
| Professional insurance liabilities ( <i>Note 12</i> ) 30,123   | 32,763  |
| Estimated liability due to third-party payors  | 5,550   |
| Total liabilities  Commitments and contingencies ( <i>Notes 2, 6, 7, 8, 10, 11, and 12</i> )   | 195,841   |
| Net assets Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets 3,079   | 54,715<br>1,042<br>3,079  |
| Total net assets 69,494  | 58,836  |
| Total liabilities and net assets \$ 273,915 \$   | 254,677   |

See accompanying notes

### Consolidated Statements of Operations and Changes in Net Assets

|  | Year Ended December 31 2011 2010 |          |       |          |  |  |
|--|----------------------------------|----------|-------|----------|--|--|
|  |                                  | usan     | ands) |          |  |  |
| Revenue  |                                  |          |       |          |  |  |
| Net patient service revenue                              | \$                               | 364,436  | \$    | 363,466  |  |  |
| Provision for bad debts                                  |                                  | (15,878) |       | (16,011) |  |  |
| Net patient service revenue less provision for bad debts |                                  | 348,558  |       | 347,455  |  |  |
| Other revenue (Note 13)                                  |                                  | 30,744   |       | 24,862   |  |  |
| Total revenue  |                                  | 379,302  |       | 372,317  |  |  |
| Expenses   |                                  |          |       |          |  |  |
| Salaries and wages                                       |                                  | 186,820  |       | 188,086  |  |  |
| Employee benefits  |                                  | 48,556   |       | 48,438   |  |  |
| Medical supplies   |                                  | 28,372   |       | 28,960   |  |  |
| Other  |                                  | 75,995   |       | 68,575   |  |  |
| Insurance  |                                  | 12,881   |       | 15,688   |  |  |
| Depreciation and amortization                            |                                  | 12,328   |       | 11,734   |  |  |
| Interest and amortization of deferred financing fees     |                                  | 5,485    |       | 4,943    |  |  |
| Total expenses   |                                  | 370,437  |       | 366,424  |  |  |
| Income from operations                                   |                                  | 8,865    |       | 5,893    |  |  |
| Reorganization items                                     |                                  | (435)    |       | _        |  |  |
| Grants received for the purchase of fixed assets         |                                  | 1,618    |       |          |  |  |
| Excess of revenue over expenses                          |                                  | 10,048   |       | 5,893    |  |  |

Continued on next page.

### Consolidated Statements of Operations and Changes in Net Assets (continued)

|  |     |            | Ten | nporarily  | Per  | manently  |    | Total     |
|--|-----|------------|-----|------------|------|-----------|----|-----------|
|  | Uni | restricted | Re  | estricted  | R    | estricted | Ne | et Assets |
|  |     |            |     | (In Tho    | บรสก | ds)       |    |           |
| Net assets at January 1, 2010                        | \$  | 49,606     | \$  | 389        | \$   | 3,079     | \$ | 53,074    |
| Excess of revenue over expenses (from previous page) |     | 5,893      |     | _          |      | _         |    | 5,893     |
| Contributions  |     | J,695<br>— |     | 229        |      | _         |    | 229       |
| Net assets released from restrictions                |     | _          |     | (360)      |      | _         |    | (360)     |
| Reclassification of accumulated                      |     | (704)      |     | 701        |      |           |    |           |
| endowment earnings ( <i>Note 1</i> )                 |     | (784)      |     | 784<br>653 |      |           |    | 5,762     |
| Change in net assets                                 |     | 5,109      |     |            |      | 2.070     |    |           |
| Net assets at December 31, 2010                      |     | 54,715     |     | 1,042      |      | 3,079     |    | 58,836    |
| Excess of revenue over expenses (from previous page) |     | 10,048     |     | _          |      | _         |    | 10,048    |
| Contributions and other items                        |     | _          |     | 1,008      |      | _         |    | 1,008     |
| Net assets released from restrictions                |     | _          |     | (398)      |      | _         |    | (398)     |
| Change in net assets                                 |     | 10,048     |     | 610        |      | _         |    | 10,658    |
| Net assets at December 31, 2011                      | \$  | 64,763     | \$  | 1,652      | \$   | 3,079     | \$ | 69,494    |

See accompanying notes.

### Consolidated Statements of Cash Flows

|   | Y  | mber 31<br>2010           |    |          |
|---|----|---------------------------|----|----------|
|   |    | ds)                       |    |          |
| Cash flows from operating activities                                  |    |                           |    |          |
| Change in net assets  | \$ | 10,658                    | \$ | 5,762    |
| Adjustments to reconcile change in net assets to net cash provided by |    |                           |    |          |
| operating activities  |    |                           |    |          |
| Depreciation and amortization   |    | 12,328                    |    | 11,734   |
| Amortization of deferred financing fees                               |    | 352                       |    | 352      |
| Change in net unrealized gains and losses on investments              |    | (770)                     |    | (20)     |
| Changes in operating assets and liabilities                           |    |                           |    |          |
| Patients' accounts receivable, net                                    |    | (4,670)                   |    | (1.591)  |
| Other receivables and other assets                                    |    | (5,963)                   |    | (6.599)  |
| Accounts payable and accrued expenses                                 |    | 2,195                     |    | 4,398    |
| Accrued salaries and related liabilities                              |    | 729                       |    | 89       |
| Due to affiliate  |    | (611)                     |    | 408      |
| Other noncurrent liabilities  |    | 1,281                     |    | 110      |
| Professional insurance liabilities                                    |    | 2,531                     |    | 6,308    |
| Estimated amounts due from and to third-party payors, net             |    | 5,468                     |    | (3.551)  |
| Net cash provided by operating activities                             |    | 23,528                    |    | 17,400   |
| Cash flows from investing activities                                  |    |                           |    |          |
| Net change in assets limited as to use                                |    | (1,395)                   |    | (3,223)  |
| Acquisitions of property, plant and equipment                         |    | (6,049)                   |    | (14.348) |
| Net cash used in investing activities                                 |    | $\frac{(0,047)}{(7,444)}$ |    | (17.571) |
| Net cash used in investing activities                                 |    | (7,444)                   |    | (17.571) |
| Cash flows from financing activities                                  |    |                           |    |          |
| Proceeds from short-term borrowings                                   |    | _                         |    | 4,000    |
| Repayments on short-term borrowings                                   |    | (2,000)                   |    | _        |
| Payments on long-term debts and capital lease obligations             |    | (4,293)                   |    | (4,150)  |
| Net cash used in financing activities                                 |    | (6,293)                   |    | (150)    |
| Net increase (decrease) in cash and cash equivalents                  |    | 9,791                     |    | (321)    |
| Cash and cash equivalents at beginning of year                        |    | 14,847                    |    | 15,168   |
| Cash and equivalents at end of year                                   | \$ |                           | \$ | 14,847   |
| Supplemental disabecage of each flow information                      |    |                           |    |          |
| Supplemental disclosure of cash flow information                      | •  | 5 361                     | \$ | 4,760    |
| Interest paid   | \$ | 5,364                     | Φ  | 4,700    |
| Supplemental disclosure of noncash investing and financing activities |    |                           |    |          |
| Equipment acquired through capitalized lease obligations              | \$ | 4,000                     | \$ |          |

See accompanying notes.

### Notes to Consolidated Financial Statements

December 31, 2011

### 1. Organization

The Brooklyn Hospital Center (the "Hospital") is a 464-bed acute care voluntary, not-for-profit hospital The Hospital was incorporated under New York State not-for-profit corporation law for the purpose of providing health care services primarily to residents of Brooklyn, New York In 1998, the Hospital entered into a sponsorship agreement with New York-Presbyterian Healthcare System, Inc (the "Network"), a tax-exempt organization whose members are selected by New York-Presbyterian Foundation, Inc ("NYP Foundation, Inc") Under the sponsorship agreement, five members are appointed as the members of the Hospital Two members are appointed by the Hospital and three members are appointed by the Network The members elect the Hospital's Board of Trustees NYP Foundation, Inc is related to a number of other organizations

Caledonian Health Center, Inc ("CHC"), a subsidiary of the Hospital, is a not-for-profit corporation, which was incorporated under New York State not-for-profit corporation law as a diagnostic and treatment center. The Hospital is the sole member of CHC Effective February 23, 2012, CHC received approval from the State of New York Department of Health ("NYSDOH") to cease its operations as a diagnostic and treatment center, and from that date forward operations formerly conducted by CHC will be conducted by the Hospital

The Brooklyn Hospital Foundation, Inc (the "Foundation"), a subsidiary of the Hospital, is a not-for-profit corporation under Section 501(c)(3) of the Internal Revenue Code, whose main purpose is to solicit contributions on behalf of the Hospital

Ashland Place Houses, Inc ("Ashland"), a subsidiary of the Foundation, was formed pursuant to an agreement entered into between the Hospital and the New York State Urban Development Corporation ("UDC") to develop staff housing and related parking facilities Under the terms of an agreement with UDC, Ashland constructed and manages a staff housing and parking facilities project Ashland is currently managed by the Hospital under the terms and conditions of an equity and regulatory agreement with UDC

The Hospital and the following physician practices operate professional corporations (collectively referred to as the "PCs") for the purpose of operating faculty practices Brooklyn Hospital Radiology, P C , TBHC Medical Services, P C , TBHC Emergency Medicine, P C , Brooklyn Hospital ECG Medical Services, P C , Brooklyn Hospital Nuclear Medicine, P C , TBHC Physician Services, P C , TBHC Medical Testing Services, P C and TBHC Pediatric Services, P C

Notes to Consolidated Financial Statements (continued)

### 1. Organization (continued)

The accompanying consolidated financial statements include the accounts of the Hospital, CHC, the Foundation, Ashland and the PCs All significant intercompany transactions and account balances have been eliminated in consolidation

On September 30, 2005, the Hospital and CHC (collectively, the "Debtors") each filed a voluntary petition in the United States Bankruptcy Court for the Eastern District of New York (the "Bankruptcy Court") seeking to reorganize under Chapter 11 of the United States Bankruptcy Code (the "Bankruptcy Code") On September 12, 2007, the Bankruptcy Court approved an order confirming the Debtors' Second Amended Joint Chapter 11 Plan of Reorganization (the "Plan of Reorganization") which became effective on October 19, 2007 The Plan of Reorganization provided for the resolution of key matters concerning the Debtors' restructuring, including exit financing from two commercial lenders, the satisfaction of various secured and unsecured claims, the monetization of certain non-core assets, buildings and fixtures, and the satisfaction of certain claims in accordance with negotiated settlement agreements In addition, during the Debtors' Chapter 11 cases, the Hospital transferred its unfunded pension obligations to the Pension Benefit Guaranty Corporation (the "PBGC"), among other provisions

Additionally, the Plan of Reorganization required that the Hospital monetize certain non-core assets and transfer a portion of the proceeds, in accordance with a formula contained in the Plan of Reorganization, to the creditors' trust created for the benefit of holders of general unsecured claims. During September 2011, the Hospital and the creditors entered into a settlement agreement which resulted in a final decree closing the Chapter 11 case.

### 2. Summary of Significant Accounting Policies

The Hospital's significant accounting policies are as follows

Use of Estimates: The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, including estimated uncollectibles for accounts receivable for services to patients, and liabilities, including estimated payables to third-party payors and professional insurance liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements Estimates also affect the amounts of revenue and expenses reported during the period. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

### Notes to Consolidated Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents: Cash equivalents include all highly liquid amounts invested in accounts with depository institutions which are readily convertible to known amounts of cash with original maturities of three months or less and which are not assets limited as to use

Accounts Receivable and Net Patient Service Revenue: Net patient service revenue is reported at estimated net realizable amounts from patients, residents, third-party payers, and others for services rendered and includes estimated retroactive revenue adjustments due to ongoing and future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations

The Hospital recognizes accounts receivable and patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered (see description of third-party payor payment programs below) For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of discounted rates under the Hospital's self pay patient policy Under the policy for self pay patients, a patient who has no insurance and is ineligible for any government assistance program has his or her bill reduced to the amount which would be billed to a commercially insured patient. The impact of this policy on the financial statements is lower net patient service revenue, as the discount is considered a revenue allowance, and a lower provision for bad debt

Patient service revenue for the year ended December 31, 2011, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources based on primary insurance designation, is as follows

|   | Third Party Payors |         |    | Self-Pay | Fotal All Payors |         |
|---|--------------------|---------|----|----------|------------------|---------|
| Patient service revenue (net of contractual allowances and discounts) | \$                 | 354,917 | \$ | 9,519    | \$               | 364,436 |

Notes to Consolidated Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

Accounts receivable are also reduced by an allowance for doubtful accounts. The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in health care coverage, and other collection indicators. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Hospital's allowance for doubtful accounts totaled \$25.6 million and \$25.3 million at December 31, 2011 and 2010, respectively. The allowance for doubtful accounts for self-pay patients was approximately 84% of self-pay accounts receivable as of December 31, 2011 and 2010. Overall, the total of self-pay discounts and write-offs has not changed significantly for the year ended December 31, 2011. The Hospital has not experienced significant changes in write-off trends and has not changed its charity care policy for the year ended December 31, 2011.

Notes to Consolidated Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

Third-Party Payment Programs: The Hospital has agreements with third-party payors that provide for payment for services rendered at amounts different from its established rates A summary of the payment arrangements with major third-party payors follows

Medicare Payments: Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data Medicare cost reports of the Hospital have been settled for years through 2006 at December 31, 2011

Non-Medicare Reimbursement: In New York State, hospitals and all non-Medicare payors, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospitals' payment rates If negotiated rates are not established, payors are billed at hospitals' established charges Medicaid, workers' compensation and no-fault payers pay hospital rates promulgated by the New York State Department of Health Effective December 1, 2009, the New York State payment methodology was updated such that payments to hospitals for Medicaid, workers' compensation and no-fault inpatient services are based on a statewide prospective payment system, with retroactive adjustments, prior to December 1, 2009, the payment system provided for retroactive adjustments to payment rates, using a prospective payment formula Outpatient services also are paid based on a statewide prospective system that was effective December 1, 2008 Medicaid rate methodologies are subject to approval at the Federal level by the Centers for Medicare and Medicaid Services ("CMS"), which may routinely request information about such methodologies prior to approval Revenue related to specific rate components that have not been approved by CMS is not recognized until the Hospital is reasonably assured that such amounts are realizable Adjustments to the current and prior years' payment rates for those payors will continue to be made in future years

Other third party payors The Hospital also has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge or days of hospitalization and discounts from established charges

### Notes to Consolidated Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

For the years ended December 31, 2011 and 2010, net adjustments and settlements related to prior years were not significant

The Hospital has appealed certain items in audited cost reports. The outcome of these appeals is uncertain and, therefore, potential revenue associated with these appeals is not included within the accompanying consolidated statements of operations and changes in net assets

Revenue from the Medicare and Medicaid programs accounted for approximately 78% of the Hospital's net patient service revenue for the years ended December 31, 2011 and 2010

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of heath care reform that has been enacted by the federal and state governments, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Hospital

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that could have a material adverse effect on its financial statements. Noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs.

Assets Limited as to Use: Assets so classified represent assets whose use is restricted for specific purposes under internal designation or terms of agreements. The Hospital reports investments in equity securities with readily determinable fair values and all investments in debt securities at fair value based on quoted market prices. Realized and unrealized gains and losses on investments are recorded as investment return within the caption other revenue in the accompanying consolidated statements of operations and changes in net assets. All investments are classified as trading securities

Investment in Limited Liability Company: The Hospital accounts for its investment in HF Management Services, LLC, a limited liability company (the "LLC"), under the equity method of accounting For the years ended December 31, 2011 and 2010, the Hospital recorded its equity in the income of the LLC of approximately \$5.5 million and \$4.6 million, respectively, and distributions received from the LLC of approximately \$3.2 million and \$0.7 million, respectively

### Notes to Consolidated Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

Classification of Net Assets: The Hospital separately accounts for and reports donor restricted and unrestricted net assets. Unrestricted net assets are not externally restricted for identified purposes by donors or grantors. Unrestricted net assets include resources that the governing board may use for any designated purpose and resources whose use is limited by agreement between the Hospital and an outside party other than the donor or grantor

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time frame or purpose. When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported as net assets released from restrictions

Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity The Hospital follows the requirements of the New York Prudent Management of Institutional Funds Act ("NYPMIFA") as they relate to its permanently restricted contributions and net assets, effective upon New York State's enactment of the legislation in September 2010 Previously, the Hospital followed the requirements of the Uniform Management of Institutional Funds Act of 1972, although this change did not affect significantly the Hospital's policies related to permanently restricted endowments

The Hospital has interpreted NYPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment fund, absent explicit donor stipulations to the contrary. The Hospital classifies as permanently restricted net assets the original value of the gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment. Accumulated earnings of the permanent endowment are used in accordance with the direction of the applicable donor gift.

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until the amounts are appropriated for expenditure in accordance with a standard of prudence prescribed by NYPMIFA As a result of the enactment of NYPMIFA in September 2010, the Hospital reclassified approximately \$0.8 million of accumulated unexpended earnings from unrestricted net assets to temporarily restricted net assets

The Hospital considers several factors in making a determination to appropriate or accumulate donor-restricted endowment funds, including but not limited to the following the duration and preservation of the fund, the purposes of the Hospital and the donor-restricted endowment fund, general economic conditions, the possible effects of inflation and deflation, and the investment and spending policies of the Hospital

### Notes to Consolidated Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

Changes in endowment net assets for the years ended December 31, 2011 and 2010 are summarized in the following table (in thousands)

|   |      |           | Temporarily Permanently Restricted Restricted |          |    | Total  |
|---|------|-----------|---|----------|----|--------|
|   | 1103 | ii icteu  | 110   | stricted |    | 1 Otal |
| Endowment net assets at January 1, 2010, including reclassification of accumulated earnings | \$   | 608       | \$  | 3,079    | \$ | 3,687  |
| Investment return   | Ψ    | 000       | Ψ   | 3,077    | Ψ  | 5,007  |
| Investment income   |      | 35        |   | _        |    | 35     |
| Net appreciation (realized and unrealized)  |      | 141       |   | _        |    | 141    |
| Total investment return   |      | 176       |   | _        |    | 176    |
| Endowment net assets at December 31, 2010   |      | 784       |   | 3,079    |    | 3,863  |
| Investment return   |      |           |   |          |    |        |
| Investment income   |      | <b>72</b> |   | _        |    | 72     |
| Net appreciation (realized and unrealized)  |      | (100)     |   | _        |    | (100)  |
| Total investment return   |      | (28)      |   | _        |    | (28)   |
| Endowment net assets at December 31, 2011   | \$   | 756       | \$  | 3,079    | \$ | 3,835  |

Property, Buildings and Equipment: Property, buildings and equipment are recorded at cost, or if donated, at appraised or fair value at time of donation. Assets acquired under capitalized leases are recorded at the present value of the lease payments at the inception of the lease. Depreciation and amortization are determined by use of the straight-line method over the estimated useful lives of the assets or the lesser of the estimated useful life of the asset or lease term. Such amortization is included in depreciation and amortization in the accompanying consolidated financial statements. Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. The carrying amount of assets and the related accumulated depreciation and amortization are removed from the accounts when such assets are disposed of, and any resulting gain or loss is included in operations.

*Inventory:* Inventory, included in other current assets, is stated at the lower of cost (first-in, first-out method) or market. Inventory is used in the provision of patient care and is not held for sale

Deferred Financing Costs: Deferred financing costs are included in other noncurrent assets and are amortized using the effective interest method over the term of the related debt

### Notes to Consolidated Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

Performance Indicator: The consolidated statements of operations and changes in net assets include excess of revenue over expenses as the performance indicator Transactions deemed by management to be ongoing, major or central to the provision of health care services are reported within income from operations Changes in unrestricted net assets which are excluded from the performance indicator include reclassification of accumulated endowment earnings

*Program Services:* The Hospital's program services consist of providing health care and related services, including graduate medical education For the years ended December 31, 2011 and 2010, expenses related to providing these services are as follows (in thousands)

|                                      | <br>2011      | 2010          |
|--------------------------------------|---------------|---------------|
| Health care and related services     | \$<br>314,853 | \$<br>311,460 |
| Program support and general services | <br>55,584    | 54,964        |
|                                      | \$<br>370,437 | \$<br>366,424 |

Tax Status: The Hospital, CHC and the Foundation are section 501(c)(3) organizations exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code (the "Code") Ashland is exempt from Federal income taxes under Section 501(c)(2) of the Code The organizations are also exempt from New York State and City income taxes The PCs currently operate as taxable entities, however, certain of the PCs are in the process of filing for tax exemption The provision for income taxes is not material to the Hospital's consolidated financial statements

New Accounting Pronouncements: In August 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No 2010-23, Measuring Charity Care for Disclosure ASU No 2010-23 requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided ASU No 2010-23 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care ASU No 2010-23 is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010 The Hospital adopted the provisions of ASU No 2010-23 in 2011 (see Note 14)

In August 2010, the FASB issued ASU No 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries.* Under ASU No 2010-24, anticipated insurance recoveries and estimated liabilities for medical malpractice claims or similar contingent liabilities are to be presented separately on the balance sheet ASU No 2010-24 is effective for fiscal years beginning after December 15, 2010 and was adopted by the

Notes to Consolidated Financial Statements (continued)

### 2. Summary of Significant Accounting Policies (continued)

Hospital in 2011 As a result of the adoption of this standard, the Hospital increased other noncurrent assets and other noncurrent liabilities by \$1 2 million as of December 31, 2011

In July 2011, the FASB issued ASU No 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities The provisions of ASU No 2011-07 require certain health care entities that recognize significant amounts of patient service revenue at the time the services are rendered without assessing the patient's ability to pay to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue in the statement of operations rather than as an operating expense Additional disclosures relating to sources of patient service revenue and the allowance for uncollectible accounts are also required. This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Hospital adopted the provisions of ASU No 2011-07 in the fourth quarter of 2011 and retrospectively applied the presentation requirements

In September 2011, the FASB issued ASU No 2011-09, Compensation – Retirement Benefits – Multiemployer Plans ASU No 2011-09 requires additional disclosures about an employer's participation in multiemployer pension plans ASU No 2011-09 is effective for the Hospital for fiscal years ending after December 15, 2011, with early adoption permitted The Hospital adopted ASU No 2011-09 in 2011 and has applied its provisions to the consolidated financial statements (see Note 10) The Hospital's adoption of ASU No 2011-09 did not have a material impact on the consolidated financial statements

*Reclassifications:* Certain reclassifications have been made to 2010 balances previously reported in order to conform with the current year presentation

### 3. Concentrations of Credit Risk

At December 31, 2011 and 2010, the Hospital has substantially all of its cash deposited in one financial institution and amounts deposited exceed federal depository insurance limits Investments in money market funds are not guaranteed by the U S government

Notes to Consolidated Financial Statements (continued)

### 3. Concentrations of Credit Risk (continued)

The Hospital is located in Brooklyn, New York The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements Concentrations of gross accounts receivable from patients and third-party payors were as follows

|                                      | December 31 |      |  |  |  |
|--------------------------------------|-------------|------|--|--|--|
|                                      | 2011        | 2010 |  |  |  |
| Medicare                             | 13%         | 13%  |  |  |  |
| Medicaid                             | 11          | 13   |  |  |  |
| Managed Care – governmental payors   | 44          | 42   |  |  |  |
| Commercial and managed care insurers | 25          | 23   |  |  |  |
| All others                           | 7           | 9    |  |  |  |
|                                      | 100%        | 100% |  |  |  |

### 4. Assets Limited as to Use

Assets limited as to use are required to be maintained for the following purposes (in thousands)

|   | December 31 |        |    |        |  |
|---|-------------|--------|----|--------|--|
|   | 2011        |        |    | 2010   |  |
| Assets under debt agreement with third parties              |             |        |    |        |  |
| Depreciation reserve fund held by trustee ( <i>Note 7</i> ) | \$          | 18,798 | \$ | 17,689 |  |
| Debt service funds  |             | 1,988  |    | 1,907  |  |
| Capital purchases escrow funds                              |             | 57     |    | 24     |  |
|   |             | 20,843 |    | 19,620 |  |
| Board designated for future purposes                        |             | _      |    | 2      |  |
| Temporarily restricted – accumulated endowment              |             |        |    |        |  |
| earnings  |             | 756    |    | 784    |  |
| Permanently restricted                                      |             | 3,079  |    | 3,079  |  |
| Designated for self-insurance (Note 12)                     |             | 36,766 |    | 35,794 |  |
|   |             | 61,444 |    | 59,279 |  |
| Less current portion of assets limited as to use            |             | 10,041 |    | 4,790  |  |
| ·   | \$          | 51,403 | \$ | 54,489 |  |

### Notes to Consolidated Financial Statements (continued)

### 4. Assets Limited as to Use (continued)

Assets limited as to use consists of the following at fair value (in thousands)

|                                      | December 31 |        |    |        |  |  |
|--------------------------------------|-------------|--------|----|--------|--|--|
|                                      | 2011        |        |    | 2010   |  |  |
| Cash and cash equivalents            | \$          | 11,320 | \$ | 13,645 |  |  |
| U S Treasury securities              |             | 20,906 |    | 18,443 |  |  |
| U S governmental agencies securities |             | 10,615 |    | 12,051 |  |  |
| Corporate bonds                      |             | 14,868 |    | 12,885 |  |  |
| Equities                             |             | 3,735  |    | 2,255  |  |  |
|                                      | \$          | 61,444 | \$ | 59,279 |  |  |

Investment return included in other revenue in the consolidated statements of operations and changes in net assets for the years ended December 31, 2011 and 2010 consists of the following (in thousands)

|   | <br>2011           | 2010 |              |  |
|---|--------------------|------|--------------|--|
| Interest and dividend income<br>Net realized gains and losses | \$<br>1,373<br>871 | \$   | 1,345<br>405 |  |
| Change in net unrealized gains and losses on investments      | <br>770            |      | 20           |  |
| Total investment return                                       | \$<br>3,014        | \$   | 1,770        |  |

### 5. Property, Buildings and Equipment

A summary of property, buildings and equipment and accumulated depreciation and amortization is as follows (in thousands)

|  | December 31 |         |    |         |  |
|--|-------------|---------|----|---------|--|
|  | 2011        |         |    | 2010    |  |
| Land   | \$          | 895     | \$ | 895     |  |
| Buildings and improvements                     |             | 123,603 |    | 122,624 |  |
| Fixed equipment                                |             | 62,769  |    | 62,143  |  |
| Movable equipment                              |             | 129,114 |    | 124,855 |  |
|  |             | 316,381 |    | 310,517 |  |
| Less accumulated depreciation and amortization |             | 234,172 |    | 221,996 |  |
| ·  |             | 82,209  |    | 88,521  |  |
| Construction-in-progress                       |             | 5,893   |    | 1,860   |  |
|  | \$          | 88,102  | \$ | 90,381  |  |

### Notes to Consolidated Financial Statements (continued)

### 5. Property, Buildings and Equipment (continued)

Substantially all property, buildings and equipment have been pledged as collateral under various debt agreements (see Note 7)

Property, buildings and equipment includes gross capitalized leases aggregating approximately \$18 0 million and \$14 0 million at December 31, 2011 and 2010, respectively, having accumulated amortization of approximately \$11 0 million and \$9 0 million at December 31, 2011 and 2010, respectively

### 6. Short-Term Borrowings

On October 19, 2007 and as part of the Plan of Reorganization, the Hospital entered into a revolving line of credit agreement in accordance with its exit financing credit agreement (see Note 7(b)) The line of credit agreement provides the commitment to make revolving loans in an aggregate amount not to exceed \$25 0 million. The line of credit agreement is collateralized by a security interest in a portion of the Hospital's accounts receivable. Interest is currently payable at LIBOR plus 25% (3 06% and 2 8% at December 31, 2011 and 2010, respectively) or can be converted to the Prime rate plus 1 0%. The agreement calls for a collection account to be set up for collateralized accounts receivable receipts. The outstanding balance of advances under the line of credit is \$10.0 million and \$12.0 million at December 31, 2011 and 2010, respectively.

The Hospital maintains two stand-by letters of credit totaling approximately \$2 6 million, which expire in October 2012 At December 31, 2011, no draw-downs have been made under the letter of credit agreements

### 7. Long-Term Debt

A summary of long-term debt and obligations under capital leases is as follows (in thousands)

| December 5  | December 31 |  |  |  |  |
|---|-------------|--|--|--|--|
| 2011  | 2010        |  |  |  |  |
| 5 29% mortgage note (a) \$ <b>36,921</b> \$       | 38,636      |  |  |  |  |
| Term loan (b) 45,000                              | 45,000      |  |  |  |  |
| Leases payable at varying amounts of interest and |             |  |  |  |  |
| principal through 2015 (Note 8) 6,443             | 5,021       |  |  |  |  |
| 88,364  | 88,657      |  |  |  |  |
| Less current portion 4,792                        | 3,672       |  |  |  |  |
| Noncurrent portion \$ 83,572 \$                   | 84,985      |  |  |  |  |

### Notes to Consolidated Financial Statements (continued)

### 7. Long-Term Debt (continued)

(a) On March 25, 1999, the Dormitory Authority of the State of New York ("DASNY") issued Federal Housing Administration ("FHA") Insured Mortgage Hospital Revenue Bonds, Series 1999 in the amount of approximately \$73 8 million Simultaneously, the Hospital executed a mortgage approximating \$51 5 million, payable in monthly installments of approximately \$0.3 million, representing principal and interest, at 5.29% through August 1, 2026. The mortgage is secured by certain of the Hospital's property and equipment

In accordance with the mortgage provisions, the Hospital established a depreciation reserve fund ("DRF"), with a fair value of approximately \$18.8 million and \$17.7 million at December 31, 2011 and 2010, respectively (see Note 4). The fund has the characteristics of a sinking fund. In the event of a Hospital default and/or upon receipt of the appropriate approval, the DRF could be used to make principal and interest payments. At December 31, 2011 and 2010, the Hospital met the depreciation reserve funding requirements.

(b) On October 19, 2007, the Hospital entered into a credit agreement with two commercial lenders as part of its exit financing under the Plan of Reorganization The credit agreement includes a revolving line of credit agreement (see Note 6) and a term loan agreement The term loan agreement provides the Hospital with available credit of up to \$65 0 million At December 31, 2011 and 2010, the balance outstanding under the term loan is \$45 0 million The term loan is due October 19, 2012 with interest-only payable prior to maturity at LIBOR plus 3 25% (3 82% and 3 48% at December 31, 2011 and 2010, respectively) The term loan and revolving line of credit are cross-collateralized by substantially all of the Hospital's property and accounts receivable Under the credit agreement, the Hospital is required to maintain certain financial ratios and financial and other conditions and to obtain approval to incur additional debt above specified levels Through December 31, 2011, the Hospital was in compliance with the financial covenants under the term loan agreement In May 2012, the Hospital entered into an agreement to refinance the term loan through January 19, 2013

Required principal and capital lease payments applicable to long-term debt for each of the next five years subsequent to December 31, 2011 are as follows (in thousands)

| 2012 | \$<br>4,792 |
|------|-------------|
| 2013 | 48,897      |
| 2014 | 3,002       |
| 2015 | 2,368       |
| 2016 | 2,169       |

### Notes to Consolidated Financial Statements (continued)

### 7. Long-Term Debt (continued)

The Hospital capitalized interest of approximately \$0.2 million in each of 2011 and 2010

### 8. Leases

During 2011, the Hospital capitalized new lease obligations totaling \$4.0 million Future minimum lease payments under non-cancelable capital leases (with interest rates ranging from 1.6% to 8.7%) and operating leases with initial or remaining noncancelable terms in excess of one year as of December 31, 2011 are as follows (in thousands)

|   | -  | perating<br>Leases | Capital<br>Leases |       |  |
|---|----|--------------------|-------------------|-------|--|
| Year ending December 31   |    |                    |                   |       |  |
| 2012  | \$ | 2,802              | \$                | 2,948 |  |
| 2013  |    | 2,381              |                   | 2,252 |  |
| 2014  |    | 2,261              |                   | 1,153 |  |
| 2015  |    | 2,013              |                   | 796   |  |
| 2016  |    | 1,456              |                   | _     |  |
| Thereafter  |    | 11,116             |                   |       |  |
| Total minimum lease payments  | \$ | 22,029             | _                 | 7,149 |  |
| Less amounts representing interest  |    |                    |                   | 706   |  |
| Present value of minimum lease payments (reported with long-term debt) (Note 7) |    |                    | \$                | 6,443 |  |

The Hospital has noncancelable operating leases, primarily for certain information systems, medical facilities and office space Rent expense under such leases was approximately \$3.4 million and \$3.1 million for the years ended December 31, 2011 and 2010, respectively

### 9. Due to Affiliate

Amounts due to affiliate at December 31, 2011 and 2010 consist of amounts payable to The New York and Presbyterian Hospital, a subsidiary of NYP Foundation, Inc , and are related to allocated costs for shared services, accrued interest and other payables

### Notes to Consolidated Financial Statements (continued)

### 10. Retirement Benefits

For employees not covered by multiemployer union plans, the Hospital maintains a defined contribution pension plan. The defined contribution plan offers base and matching contributions paid by the Hospital for eligible employees meeting certain criteria. Base contributions for eligible employees are at the discretion of the Hospital Matching contributions are computed at 1% of base salary if the employee voluntarily contributes at least 2% of the employee's salary to the plan Expense under the Hospital's defined contribution plan totaled \$1.5 million and \$1.4 million in 2011 and 2010, respectively

The Hospital participates in two noncontributory defined benefit multiemployer pension plans that cover substantially all union employees. The Hospital's contributions to such plans are based upon rates required under the respective union contracts. Information at December 31, 2011 regarding the Hospital's share of accumulated plan benefits and plan net assets for these multiemployer union plans is not presently available. Total pension expense under these plans amounted to approximately \$7.8 million and \$6.8 million for the years ended December 31, 2011 and 2010, respectively

In relation to the two multiemployer defined benefit pension plans that cover the Hospital's union-represented employees, the risks of participating in these multiemployer plans are different from single-employer plans in the following aspects

- Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers
- If a participating employer stops contributing to a plan, the unfunded obligations of the plan may be borne by the remaining participating employers
- If the Hospital chooses to stop participating in some of its multiemployer plans, the Hospital may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability

The Hospital's participation in these plans for the years ended December 31, 2011 and 2010, is outlined in the table below The information included in this table is as follows

• The "EIN/Pension Plan Number" column provides the Employee Identification Number ("EIN") and the three-digit plan numbers

### Notes to Consolidated Financial Statements (continued)

### 10. Retirement Benefits (continued)

- The Pension Plan Protection Act of 2006 ("PPA") zone status is based on information that the Hospital received from the plans and is certified by the plans' actuaries Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded Unless otherwise noted, the most recent PPA zone status available in 2011 and 2010 is for the plan's year-end at December 31, 2010 and December 31, 2009, respectively
- The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented
- The column "Surcharge Imposed" indicates whether the Hospital was required to pay a surcharge to the plan
- The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject

The number of employees covered by the Hospital's multiemployer plans did not change significantly from 2010 to 2011 Contribution rates required to be paid to the plans have increased from 2010 to 2011 The Hospital was not in its plans' 2010 Forms 5500 as providing more than 5% of total plan contributions

|  | EIN/Pension                |       | Protection<br>ne Status | FIP/RP<br>Status Pending               |         | outions of the<br>ospital | Surcharge | Expiration<br>Date of<br>Collective-<br>Bargaining |
|--|----------------------------|-------|-------------------------|--|---------|---------------------------|-----------|--|
| Pension Fund   | Plan Number                | 2011  | 2010                    | Implemented                            | 2011    | 2010                      | Imposed   | Agreement  |
| The New York State<br>Nurses Association<br>Pension Plan | EIN 13-6604799<br>Plan 001 | Green | Green                   | No                                     | (In T   | \$3,100                   | No        | 9 12 2014  |
| 1199 SEIU Health Care<br>Employees Pension<br>Fund       | EIN 13-3604862<br>Plan 001 | Green | Red                     | Rehabilitation Plan<br>adopted in 2010 | \$4,100 | \$3,700                   | No        | 4 30 2015  |

Effective January 1, 2009, the Internal Revenue Service issued final regulations for purposes of determining common control for qualified retirement plans sponsored by tax-exempt organizations. In general, tax-exempt entities that are under common control are treated as one entity for certain of the requirements of qualified plans. The regulations determine control based

Notes to Consolidated Financial Statements (continued)

### 10. Retirement Benefits (continued)

on facts and circumstances, for this purpose, common control would exist if, among other situations, at least 80% of the directors or trustees of one organization were either representatives of, or directly or indirectly controlled by, another organization These regulations could have an effect on the operations of the Hospital's and its related entities' retirement plans and the responsibilities of those entities for associated liabilities, although such effects are uncertain at this time

### 11. Commitments and Contingencies

Various lawsuits and claims arising in the normal course of operations are pending or are in progress against the Hospital Such lawsuits and claims are either specifically covered by insurance, accrued for in the Hospital's consolidated financial statements, or are not deemed material While the outcome of these lawsuits cannot be determined at this time, management, based on advice from legal counsel, believes that any loss which may arise from these actions will not have a material adverse effect on the accompanying consolidated financial statements

At December 31, 2011, approximately 74% of the Hospital's employees are covered by collective bargaining agreements Collective bargaining agreements covering such employees are set to expire at various dates through April 2015

### 12. Professional Insurance Liabilities

All of the Hospital's outstanding malpractice exposures as of September 30, 2005 were settled as part of the Plan of Reorganization Effective October 1, 2005, the Hospital is self-insured for professional liability exposures and maintains a self-insurance trust for funding such exposures accruing on or after that date. The total estimated undiscounted professional liabilities for exposure since October 1, 2005, including amounts for asserted claims and for incidents that have been incurred but not yet reported, as of December 31, 2011 and 2010 aggregated approximately \$46.2 million and \$41.1 million, respectively. The actuarially determined present value of the professional liabilities for this period is approximately \$38.2 million and \$35.6 million at December 31, 2011 and 2010, respectively, based on a discount rate of 4.5% and 5.0% at December 31, 2011 and 2010, respectively. Professional liabilities are discounted based on the expected timing of the actuarially estimated future payments under the program using an interest rate expected to be earned on related invested assets during such future periods. Such estimates are reviewed and updated on an annual basis. As of December 31, 2011 and 2010, the

### Notes to Consolidated Financial Statements (continued)

### 12. Professional Insurance Liabilities (continued)

self-insurance trust fund applicable to the self-insured period since October 1, 2005 had a balance of approximately \$36.8 million and \$35.8 million, respectively Beginning in April 2008, the Hospital maintains an excess coverage policy from a commercial carrier Potential professional liability insurance recovery receivables under the excess coverage policy at December 31, 2011 are not significant and no amounts have been recorded in the accompanying consolidated financial statements. In addition, the Hospital maintains a commercial comprehensive general liability policy.

The estimates for professional liabilities are based upon complex actuarial calculations which utilize factors such as historical claim experience for the Hospital and related industry factors, trending models, estimates for the payment patterns of future claims, and present value discounting factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known or when changes are anticipated

Professional liability claims have been asserted against the Hospital by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. There are known incidents that have occurred through December 31, 2011 that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients since October 1, 2005. It is the opinion of the Hospital's management, based on prior experience and the advice of legal counsel and consulting actuaries, that any loss which may arise from these claims will not have a material adverse effect on its consolidated financial position or results of operations.

### Notes to Consolidated Financial Statements (continued)

### 13. Other Revenue

Other revenue consists of the following for the years ended December 31, 2011 and 2010 (in thousands)

|  | 2011 |        |    | 2010   |  |  |
|--|------|--------|----|--------|--|--|
| Grant revenue                                | \$   | 6,260  | \$ | 7,210  |  |  |
| Rental income                                |      | 1,604  |    | 2,035  |  |  |
| Investment return (Note 4)                   |      | 3,014  |    | 1,770  |  |  |
| Undergraduate medical education income       |      | 5,949  |    | 4,305  |  |  |
| Equity income in LLC                         |      | 5,549  |    | 4,600  |  |  |
| Cafeteria sales                              |      | 767    |    | 808    |  |  |
| Contributions                                |      | 1,077  |    | 1,024  |  |  |
| Electronic health records incentive payments |      | 5,292  |    | _      |  |  |
| Net assets released from restrictions        |      | 398    |    | 360    |  |  |
| Other  |      | 834    |    | 777    |  |  |
| Accrual of medical resident FICA refund      |      | _      |    | 1,973  |  |  |
|  | \$   | 30,744 | \$ | 24,862 |  |  |

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act ("HITECH") The provisions were designed to increase the use of electronic health record ("EHR") technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology In subsequent years providers must demonstrate meaningful use of such technology to qualify for additional Medicaid incentive payments Hospitals that do not successfully demonstrate meaningful use of EHR technology are subject to payment penalties or downward adjustments to their Medicare payments beginning in federal fiscal year 2015

The Hospital uses a grant accounting model to recognize revenue for the Medicare and Medicaid EHR incentive payments Under this accounting policy, EHR incentive payment revenue is recognized when the Hospital is reasonably assured that the EHR meaningful use criteria for the

Notes to Consolidated Financial Statements (continued)

### 13. Other Revenue (continued)

required period of time were met and that the grant revenue will be received EHR incentive payment revenue totaling \$5.3 million (Medicare—\$2.4 million, Medicaid—\$2.9 million) for the year ended December 31, 2011 is included in other revenue. Income from incentive payments is subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated. Additionally, the Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government.

In March 2010, the Internal Revenue Service ("IRS") announced that, for periods ending before April 1, 2005, medical residents would be eligible for the student exception of Federal Insurance Contributions Act ("FICA") taxes Under the student exception, FICA taxes do not apply to wages for services performed by students employed by a school, college or university where the student is pursuing a course of study. As a result, the IRS will allow refunds for institutions that file timely FICA refund claims and provide certain information to meet the requirements of perfection, established by the IRS, for their claims applicable to periods prior to April 1, 2005. Institutions are potentially eligible for medical resident FICA refunds for both the employer and employee portions of FICA taxes paid, plus statutory interest.

During 2010, the Hospital recorded an estimated net gain of approximately \$2 0 million related to medical resident FICA refund claims and accumulated interest that are expected to meet the IRS requirements to be eligible for refunds At December 31, 2011, the Hospital has recorded a receivable of approximately \$3 5 million, included in other receivables, net, and a liability related to the portion of the refunds to be collected on behalf of, and, therefore, to be remitted to the medical residents of approximately \$1 5 million, included in other noncurrent liabilities. The Hospital has established these estimates based on information presently available, the estimates are subject to change as the IRS adjudicates the claims

### 14. Charity Care, Other Uncompensated Services and Community Service

The Hospital maintains documentation to identify and monitor the level of charity care it provides This documentation includes, but is not limited to, the amount of charges forgone for services furnished to individuals with limited resources, either fully or in part, which may be discounted under certain sliding fee schedule arrangements, or deemed ultimately uncollectible In addition, the Hospital provides outpatient clinic and emergency services to other indigent patients under the Medicaid program, which reimburses hospitals at levels less than the costs of the services provided

Notes to Consolidated Financial Statements (continued)

### 14. Charity Care, Other Uncompensated Services and Community Service (continued)

As the collection of amounts determined to qualify as charity care is not pursued, such services are not reported as patient revenue. The estimated cost of charity care includes the direct and indirect cost of providing such services and is estimated utilizing the Hospital's ratio of cost to gross charges, which is then multiplied by the gross uncompensated charges associated with providing care to charity patients. The estimated cost of charity care and other uncompensated care provided approximated \$30.6 million and \$27.7 million for the years ended December 31, 2011 and 2010, respectively

The NYSDOH Hospital Indigent Care Pool (the "Pool") was established to help hospitals subsidize the cost of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue During the years ended December 31, 2011 and 2010, the Hospital recorded approximately \$10.5 million and \$10.7 million, respectively, in Pool distributions and paid approximately \$1.5 million and \$1.8 million, respectively, for the 1% assessment

### 15. Fair Value Measurements

The Hospital utilizes various methods of calculating fair value of its financial assets and liabilities, when applicable Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements are applied based on the unit of account from the Hospital's perspective The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated)

The Hospital uses a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows.

- Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs
- Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data
- Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs

### Notes to Consolidated Financial Statements (continued)

### 15. Fair Value Measurements (continued)

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

Financial assets carried at fair value as of December 31, 2011 and 2010 are classified in the table below in one of the three categories described above (in thousands)

|                                     | Level 1 |        | Le | Level 2 L |    | Level 3 |    | Total  |  |
|-------------------------------------|---------|--------|----|-----------|----|---------|----|--------|--|
| December 31, 2011                   |         |        |    |           |    |         |    |        |  |
| Cash and cash equivalents           | \$      | 24,638 | \$ | _         | \$ | _       | \$ | 24,638 |  |
| Assets limited as to use            |         |        |    |           |    |         |    |        |  |
| Cash and cash equivalents           |         | 11,320 |    | _         |    | _       |    | 11,320 |  |
| U S Treasury securities             |         | 20,906 |    | _         |    | _       |    | 20,906 |  |
| US governmental agencies securities |         | _      |    | 10,615    |    | _       |    | 10,615 |  |
| Corporate bonds                     |         | _      |    | 14,868    |    | _       |    | 14,868 |  |
| Equities                            |         |        |    |           |    |         |    |        |  |
| Equity mutual funds                 |         | 2,246  |    | _         |    | _       |    | 2,246  |  |
| Fixed income mutual funds           |         | 1,489  |    | _         |    | _       |    | 1,489  |  |
| Total assets limited as to use      |         | 35,961 |    | 25,483    |    | _       |    | 61,444 |  |
| Total assets at fair value          | \$      | 60,599 | \$ | 25,483    | \$ | _       | \$ | 86,082 |  |
|                                     |         |        |    |           |    |         |    |        |  |
| December 31, 2010                   |         |        |    |           |    |         |    |        |  |
| Cash and cash equivalents           | \$      | 14,847 | \$ | _         | \$ | _       | \$ | 14,847 |  |
| Assets limited as to use            |         |        |    |           |    |         |    |        |  |
| Cash and cash equivalents           |         | 13,645 |    | _         |    | _       |    | 13,645 |  |
| U S Treasury securities             |         | 18,443 |    | _         |    | _       |    | 18,443 |  |
| US governmental agencies securities |         | _      |    | 12,051    |    | _       |    | 12,051 |  |
| Corporate bonds                     |         | _      |    | 12,885    |    | _       |    | 12,885 |  |
| Equities                            |         |        |    |           |    |         |    |        |  |
| Equity mutual funds                 |         | 1,035  |    | _         |    | _       |    | 1,035  |  |
| Fixed income mutual funds           |         | 1,220  |    | _         |    | _       |    | 1,220  |  |
| Total assets limited as to use      |         | 34,343 |    | 24,936    |    | _       |    | 59,279 |  |
| Total assets at fair value          | \$      | 49,190 | \$ | 24,936    | \$ | _       | \$ | 74,126 |  |

Notes to Consolidated Financial Statements (continued)

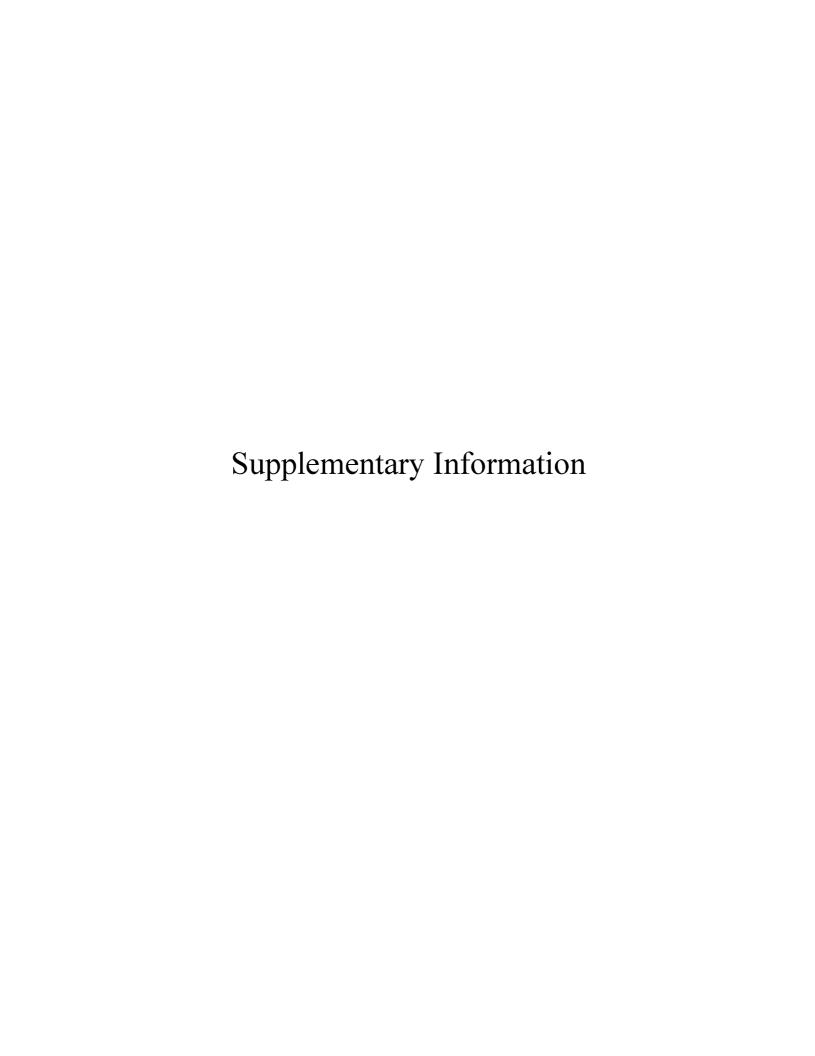
### 15. Fair Value Measurements (continued)

Fair value for Level 1 assets is based upon quoted market prices Level 2 assets consist of certain fixed income securities for which the fair value at each year end is estimated based on quoted prices and other valuation considerations (e.g. credit quality and prevailing interest rates)

The Hospital's long-term debt obligations, excluding capital leases, are reported in the accompanying consolidated statements of financial position at carrying value which totaled approximately \$81.9 million and \$83.6 million at December 31, 2011 and 2010, respectively The fair value of these obligations at December 31, 2011 and 2010 as estimated based on quoted market prices for related DASNY bonds and other valuation considerations totaled \$80.3 million and \$81.6 million, respectively

### 16. Subsequent Events

Subsequent events have been evaluated through May 24, 2012, which is the date the consolidated financial statements were issued Except as disclosed in Notes 1 and 7, subsequent events have not occurred that require disclosure in or adjustment to the consolidated financial statements



The Brooklyn Hospital Center and Subsidiaries

### Consolidating Statement of Financial Position

December 31, 2011 (In Thousands)

|  | The   | The Brooklyn<br>Hoenital Conton | Caledonian<br>The Brooklyn Health Center,<br>Lewital Contor | The Brooklyn Hospital Foundation, Inc. and | Physician<br>Professional | Subtoto   | <u>.</u><br><u></u> | T.<br>mination | Consc         | Consolidated |
|--|-------|---------------------------------|---|--|---------------------------|-----------|---------------------|----------------|---------------|--------------|
| Assets<br>Current assets                         | deori |                                 |   | Sansania                                   | COLDON                    | Subtotal  |                     |                |               |              |
| Cash and cash equivalents                        | ∻     | 22.882                          | +   | \$ 1.746 \$                                | 9                         | \$ 24.638 | 38 \$               | ı              | <del>∽</del>  | 24,638       |
| Assets limited as to use, current portion        |       | 10.041                          | I   | I  | l                         | 10,041    | <b>=</b>            | I              |               | 10.041       |
| Accounts receivable  Patient care, net           |       | 46,438                          | 590   | I  | l                         | 47,028    | 28                  | I              |               | 47,028       |
| Other recen ables, net                           |       | 7,702                           | l   | 256  | 2.254                     | 10,212    | 12                  | İ              |               | 10,212       |
| Total accounts receivable, net                   |       | 54,140                          | 590   | 256  | 2,254                     | 57,240    | <br> ⊊              | ı              |               | 57.240       |
| Due from affiliates                              |       | 97.142                          | I   | I  | I                         | 97.142    | 42                  | (97.142)       |               | I            |
| Other current assets                             |       | 5.115                           | 26  | 6  | I                         | 5,150     | 50                  | I              |               | 5.150        |
| Total current assets                             |       | 189.320                         | 620   | 2.011                                      | 2.260                     | 194,211   | =                   | (97.142)       |               | 690.76       |
| Estimated receivable due from third-party payors |       | 8.025                           | I   | I  | I                         | 8.025     | 25                  | I              |               | 8.025        |
| Assets limited as to use, net of current portion |       | 51,403                          | I   | I  | I                         | 51,403    | 03                  | I              |               | 51,403       |
| Property, buildings and equipment, net           |       | 86.711                          | 1   | 1.391                                      | I                         | 88.102    | 02                  | I              |               | 88.102       |
| Other noncurrent assets, net                     |       | 29.316                          | I   | I  | I                         | 29,316    | 16                  | I              |               | 29.316       |
| Total assets                                     | S     | 364,775 \$                      | \$ 620 \$   | \$ 3,402 \$                                | \$ 2,260 \$               |           | 371.057 \$          | (97.142) \$    | <del>\$</del> | 273,915      |

# Consolidating Statement of Financial Position (continued)

December 31, 2011 (In Thousands)

The Brooklyn

|  |         |                  | Caledonian     | Hospital<br>Foundation | Physician    |               |                     |                |                 |
|--|---------|------------------|----------------|------------------------|--------------|---------------|---------------------|----------------|-----------------|
|  | The Bre | ooklyn<br>Center | Health Center, | Inc. and               | Professional | Subtota       | - to                | Fliminations   | Consolidated    |
| Liabilities and net assets                     | onden i |                  | יווני<br>ווני  | Substanta              | Corporations | nanc          | ) tai               | Fillinations   | TOTAL           |
| Current liabilities                            |         |                  |                |                        |              |               |                     |                |                 |
| Short-term borrowings                          | ∽       | 10.000 \$        | 1              |                        |              | <del>\$</del> | 10,000              | -              | \$ 10,000       |
| Current portion of long-term debt              |         | 4.792            | I              | I                      | ı            |               | 4.792               | I              | 4,792           |
| Accounts pay able and accrued expenses         |         | 36,564           | I              | 65                     | I            | ` ,           | 36.629              | I              | 36.629          |
| Accrued salaries and related liabilities       |         | 17.340           | I              | I                      | l            |               | 17,340              | I              | 17.340          |
| Due to affiliates                              |         | †0 <del>†</del>  | 27.812         | 2.078                  | 67.252       |               | 97.546              | (97.142)       | †0 <del>†</del> |
| Current portion of professional insurance      |         |                  |                |                        |              |               |                     |                |                 |
| liabilities                                    |         | 8.054            | I              | I                      | ı            |               | 8.054               | I              | 8.054           |
| Total current habilities                       |         | 77.154           | 27.812         | 2.143                  | 67.252       |               | 174,361             | (97.142)       | 77.219          |
|  |         |                  |                |                        |              |               |                     |                |                 |
| Long-term debt, net of current installments    |         | 83.572           | I              | 1                      | 1            | •             | 83,572              | I              | 83.572          |
| Other noncurrent liabilities                   |         | 3.209            | l              | I                      | I            |               | 3.209               | 1              | 3.209           |
| Professional insurance habilities              |         | 30,123           | l              | I                      | l            |               | 30.123              | I              | 30,123          |
| Estimated habilities due to third-party payors |         | 10,298           | I              | I                      | I            |               | 10,298              | I              | 10.298          |
| Total habilities                               |         | 204,356          | 27.812         | 2,143                  | 67.252       |               | 301.563             | (97,142)       | 204,421         |
| Net assets                                     |         |                  |                |                        |              |               |                     |                |                 |
| Unrestricted net assets                        |         | 156,306          | (27.192)       | 641                    | (64.992)     |               | 64,763              | I              | 64,763          |
| Temporarily restricted net assets              |         | 1.034            | l              | 618                    | I            |               | 1.652               | 1              | 1.652           |
| Permanently restricted net assets              |         | 3.079            | 1              | l                      | -            |               | 3.079               | 1              | 3.079           |
| Total net assets                               |         | 160,419          | (27.192)       | 1.259                  | (64.992)     |               | t6t <sup>*</sup> 69 |                | t6t*69          |
| Total liabilities and net assets               | \$      | 364,775 \$       | 620            | \$ 3,402               | \$ 2,260     | \$            | 371,057             | \$ (97.142) \$ | \$ 273.915      |
|  |         |                  |                |                        |              |               |                     |                |                 |

### Consolidating Statement of Operations

Year Ended December 31, 2011 (In Thousands)

| 340.597 \$ 6.510 \$ (14.878) (1.000) 325.719 5.510 29.997 355.716 5.510 163.093 3.817 | 2.000 | \$ 17.329 \$  17.329  881 18.210 | \$ 364,436 \$ (15.878) 348,558 32.878 381,436 | -<br>-<br>-<br>(2.134)   | \$ 364,436<br>(15.878)<br>348,558<br>30,744<br>379,302 |
|---|-------|----------------------------------|---|--|--|
| *   |       |                                  |   | (2.134)  |  |
|   |       | 17.329<br>881<br>18.210          | (15.878)<br>348.558<br>32.878<br>381.436      | (2.134)  | (15.878)<br>348.558<br>30.744<br>379.302               |
|   | 2,000 | 17,329<br>881<br>18,210          | 348.558<br>32.878<br>381.436                  | (2.134)  | 348.558<br>30.744<br>379.302                           |
|   | 2.000 | 17.329<br>881<br>18.210          | 348.558<br>32.878<br>381.436                  | (2.134)  | 348.558<br>30.744<br>379.302                           |
|   | 2.000 | 881<br>18.210                    | 32.878  | (2.134)  | 30,744   |
|   | 2.000 | 18.210                           | 381,436                                       | (131)  | 379,302  |
|   |       |                                  |   | ()   |  |
|   |       |                                  |   |  |  |
|   |       |                                  |   |  |  |
|   | 153   | 19,457                           | 186.820                                       | I  | 186.820  |
| 44,462 991  | 87    | 3.016                            | 48.556  | I  | 48.556   |
| 27.959 385  | I     | 28                               | 28.372  | I  | 28.372   |
| 71.314 1.925  | 952   | 3.938                            | 78.129  | (2.134)  | 75.995   |
| - 016.6   | I     | 2.941                            | 12.881  | I  | 12,881   |
| 12.023  | 305   | I                                | 12.328  | I  | 12,328   |
| 5,485   | l     | I                                | 5.485   | l  | 5,485  |
| 34,276 7,118  | 1,797 | 29,380                           | 372,571                                       | (2.134)  | 370,437  |
| 21.440 (1.608)  | 203   | (11.170)                         | 8.865   | I  | 8.865  |
| (435)   | I     | I                                | (435)   | I  | (435)  |
| 1.618   | 1     | I                                | 1.618   | 1  | 1.618  |
| 22.623 \$ (1.608) \$  | 5 203 | \$ (11.170)                      |   | I  | \$ 10,048  |
| 8   |       | 203<br>203<br>203                | ₩   | 2.941  - 29,380 3' (11,170)  (11,170)  ** ** ** ** ** ** ** ** ** ** | 2.941 12.881   |

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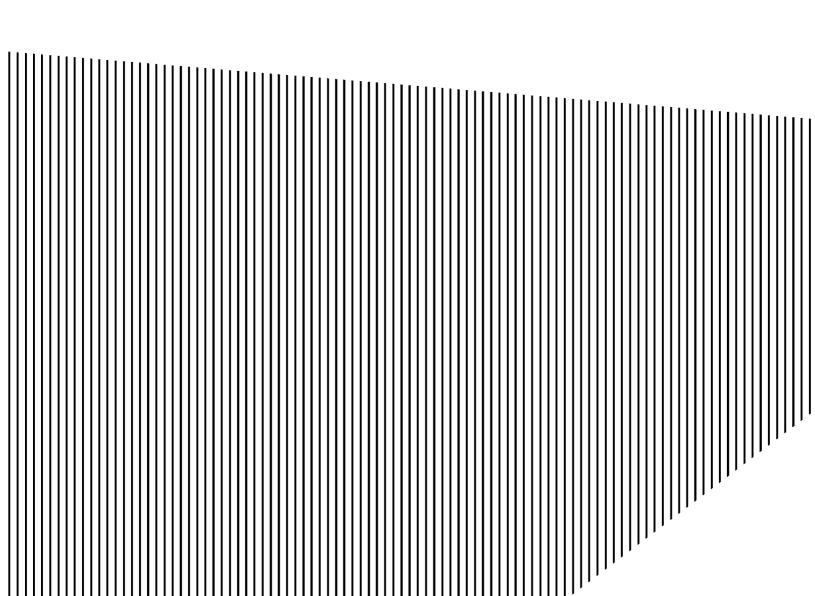
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### Software ID: Software Version:

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Name: THE BROOKLYN HOSPITAL CENTER

### Form 990, Special Condition Description:

### **Special Condition Description**

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| <b>(A)</b><br>Name and Tıtle                     | (B)<br>Average<br>hours<br>per |                                   | tion<br>that a        |         | /)           |                              |        | ( <b>D)</b> Reportable compensation from the | <b>(E)</b> Reportable compensation from related | <b>(F)</b> Estimated amount of other compensation |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  | باموس                          | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W-<br>2/1099-MISC)             | organizations<br>(W- 2/1099-<br>MISC)           | from the organization and related organizations   |
| Carlos P Naudon<br>Chairman                      | 4 0                            | Х                                 |                       | х       |              |                              |        | 0  | 0   | 0   |
| Anne Elizabeth Fontaine<br>Vice Chairman         | 4 0                            | X                                 |                       | х       |              |                              |        | 0  | 0   | 0   |
| Calvin Simons MD<br>Vice Chairman                | 2 0                            | Х                                 |                       | х       |              |                              |        | 0  | 0   | 0   |
| Earl D Weiner<br>Secretary                       | 2 0                            | Х                                 |                       | х       |              |                              |        | 0  | 0   | 0   |
| Willard N Archie<br>Trustee                      | 4 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| J Barclay Collins II<br>Trustee                  | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| Emme Levin Deland<br>Trustee                     | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| Bernard Drayton<br>Trustee                       | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| George I Harrıs<br>Trustee                       | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| Gale Stevens Haynes Esq<br>Trustee               | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| Hon Milton Mollen<br>Trustee                     | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| John E Osnato<br>Trustee                         | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| Marıa Fıorını Ramırez<br>Trustee                 | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| Dino Veronese<br>Trustee                         | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| Jonathan M Weld<br>Trustee                       | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0   | 0   |
| Wayne Olsten<br>Trustee                          | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 887,900   | 215,706   |
| Gary Zuar<br>Trustee                             | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 1,007,391                                       | 134,181   |
| Richard Becker<br>President & CEO                | 65 0                           | Х                                 |                       | х       |              |                              |        | 1,309,859                                    | 0   | 11,029  |
| Joseph Guarracino<br>SR VP & CFO                 | 65 0                           |                                   |                       | Х       |              |                              |        | 500,040                                      | 0   | 8,651   |
| Gary Stephens MD<br>SR VP and CMO                | 65 0                           |                                   |                       | Х       |              |                              |        | 381,296                                      | 0   | 1,620   |
| Stacy Friedman Esq<br>SR VP and General Counsel  | 65 0                           |                                   |                       | х       |              |                              |        | 356,220                                      | 0   | 10,611  |
| Patricia Winston<br>SR VP & Chief Nursing Office | 65 0                           |                                   |                       | Х       |              |                              |        | 328,442                                      | 0   | 7,464   |
| Paul Albertson<br>Exec VP & COO thru 11/11/11    | 65 0                           |                                   |                       | х       |              |                              |        | 417,089                                      | 0   | 6,140   |
| J Anders Cohen<br>CHF OF SVC NEURO SURGERY       | 60 0                           |                                   |                       |         | Х            |                              |        | 770,000                                      | 0   | 6,433   |
| Michael Cabbad<br>CHF OF SVC OBGYN               | 60 0                           |                                   |                       |         | Х            |                              |        | 732,326                                      | 0   | 9,232   |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and                         | Inaepena                | ent C                             | ontr                  | act     | ors          |                              |        |  |  |  |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A)<br>Name and Title                              | (B)<br>Average<br>hours |                                   | tion (<br>that a      |         |              | II                           |        | ( <b>D)</b> Reportable compensation          | <b>(E)</b><br>Reportable<br>compensation<br>from related | <b>(F)</b> Estimated amount of other                                     |
|  | per<br>week             | Individual trustae<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | organizations<br>(W- 2/1099-<br>MISC)                    | compensation<br>from the<br>organization and<br>related<br>organizations |
| Dr Peter Pappas<br>CHF OF SVC SURGERY              | 60 0                    |                                   |                       |         | Х            |                              |        | 625,000                                      | 0  | 6,834  |
| Lisandro Irizarry<br>CHF OF SVC EMERGENCY MEDICINE | 60 0                    |                                   |                       |         | Х            |                              |        | 0  | 437,450  | 9,702  |
| Harry Dym<br>CHF OF SVC DENTISTRY                  | 60 0                    |                                   |                       |         | х            |                              |        | 393,000                                      | 0  | 9,305  |
| Vasantha Kondamudı<br>CHF OF SVC FAMILY PRACTICE   | 60 0                    |                                   |                       |         | х            |                              |        | 370,711                                      | 0  | 2,733  |
| Kenneth Bromberg<br>CHF OF SVC PEDIATRICS          | 60 0                    |                                   |                       |         | х            |                              |        | 365,200                                      | 0  | 9,297  |
| Kenneth Ong<br>Associate Program Director          | 60 0                    |                                   |                       |         | Х            |                              |        | 325,000                                      | 0  | 9,697  |
| Benson Yeh<br>Chief Academic Officer               | 40 0                    |                                   |                       |         | х            |                              |        | 301,330                                      | 0  | 9,613  |
| Irene Farrelly<br>VP Information Systems           | 40 0                    |                                   |                       |         | х            |                              |        | 295,761                                      | 0  | 6,218  |
| Lora B Myers<br>VP Internal Audit                  | 40 0                    |                                   |                       |         | х            |                              |        | 277,596                                      | 0  | 6,020  |
| Paul Wong<br>VP, FACILITIES                        | 40 0                    |                                   |                       |         | х            |                              |        | 255,051                                      | 0  | 9,018  |
| Karen Milano<br>VP, PHYSICIAN SERVICES             | 40 0                    |                                   |                       |         | х            |                              |        | 247,718                                      | 0  | 8,961  |
| Donald Minarcik<br>VP of Finance                   | 40 0                    |                                   |                       |         | х            |                              |        | 241,996                                      | 0  | 8,715  |
| Ira Warm<br>SVP Human Resources                    | 55 0                    |                                   |                       |         | х            |                              |        | 308,172                                      | 0  | 9,936  |
| Armand Asarian<br>Physician                        | 40 0                    |                                   |                       |         |              | Х                            |        | 470,000                                      | 0  | 9,197  |
| Mohammed Alladın<br>Physician                      | 40 0                    |                                   |                       |         |              | Х                            |        | 433,571                                      | 0  | 6,834  |
| Geoffey Phillips<br>Physician                      | 40 0                    |                                   |                       |         |              | Х                            |        | 415,000                                      | 0  | 450  |
| Angela Kerr<br>Physician                           | 40 0                    |                                   |                       |         |              | Х                            |        | 412,019                                      | 0  | 2,519  |
| Joshua Halpern<br>Physician                        | 40 0                    |                                   |                       |         |              | Х                            |        | 400,000                                      | 0  | 6,834  |
| John Richard Ludgin<br>Former CMO                  | 0 0                     |                                   |                       |         |              |                              | X      | 109,975                                      | 0  | 0  |