DLN: 93493029011773

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number B Check if applicable The New York Community Hospital of Brooklyn Address change 11-1986351 Doing Business As E Telephone number Name change (212) 297-4356 Initial return umber and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 93,838,403 525 East 68th Street Box 156 Terminated Amended return City or town, state or country, and ZIP + 4 New York, NY 10065 Application pending Name and address of principal officer **H(a)** Is this a group return for Mark E Larmore affiliates? 525 E 68TH STREET BOX 156 NEW YORK, NY 10065 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▼** 501(c)(3) Tax-exempt status Group exemption number 🕨 H(c) Website: ► N/A M State of legal domicile NY K Form of organization Corporation Trust Association Other L Year of formation 1947 Summary Part I Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY HEALTHCARE WITHIN AVAILABLE RESOURCES TO THE SICK, DISABLED AND POOR OF THE COMMUNITY SERVED BY THE HOSPITAL Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . 8 805 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 33 Total number of volunteers (estimate if necessary) . . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 106,823 43,530 87,076,343 90,957,215 Program service revenue (Part VIII, line 2g) . 117,311 109,142 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 159,310 2,669,774 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 87,459,787 93,779,661 13 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 54,252,477 Expenses 53,105,606 0 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) . . . 32,913,721 33,702,924 86,019,327 87,955,401 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 . 1,440,460 5,824,260 Assets or defined by the control of **Beginning of Current End of Year** Year 78,545,641 67,254,245 20 Total assets (Part X, line 16) . End Fund 21 Total liabilities (Part X, line 26) . . . 39,678,220 46,947,812 22 27,576,025 31,597,829 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2013-01-14 Signature of officer Date Sign Here MARK LARMORE TREASURER
Type or print name and title Check if Preparer's taxpayer identification number sıgnature Paid employed 🕨 🔽 Preparer's Firm's name (or yours ERNST & YOUNG US LLP if self-employed), address, and ZIP + 4 **Use Only** 

111 MONUMENT CIRCLE

INDIANAPOLIS, IN 46024

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

Yes  $\Gamma$  No

Phone no (317) 681-7000

Par		Statement of Program S Check if Schedule O contains				
1	Briefly	describe the organization's mi	ssion			
SER\ COM	/ED BY '	E QUALITY HEALTHCARE WI THE HOSPITAL THE HOSPIT ' HOSPITAL TO PROVIDE FO S AND AMBULATORY SERVIC	TAL SHALL ACCOMF OR THE PREVENTIO	PLISH THIS MISSIO N, DIAGNOSIS, TRE	N BY ESTABLISHING AND ATMENT AND/OR REHAB	MAINTAINING A LLITATION OF
2		organization undertake any si r Form 990 or 990-EZ? .	gnıfıcant program ser	= :	r which were not listed on	┌ Yes ┌ No
	If "Yes	" describe these new services	on Schedule O			
3	service	organization cease conductings?			onducts, any program	┌ Yes ┌ No
	If "Yes	" describe these changes on S	chedule O			
4	expens	pe the organization's program s es Section 501(c)(3) and 501 and allocations to others, the t	l(c)(4) organizations	and section 4947(a)	(1) trusts are required to re	port the amount of
4a	(Code	) (Expenses \$	72,207,701	ıncludıng grants of \$	) (Revenue \$	90,957,215 )
	organız outpatı	w York Community Hospital of Brook ed as a 501(c) (3) corporation NYCF ent care in keeping with the hospital's 168 visits and ambulatory surgery ha	l provides needed medica s mission statement Durir	l care regardless of an Ind Ig 2011, NYCH serviced 7	ividual's ability to pay Services in ,387 inpatients, providing 44,675	clude inpatient, ancillary, and
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
4d	Other	program services (Describe i	n Schedule O )			
	(Expe	nses \$	including grants of	\$	) (Revenue \$	)
4e	Total	program service expenses <b>&gt;</b> \$	72,207,701	-		

art IV	Checklist o	f Reauired	Schedules

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

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
la .	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>□ 1a</b>   72			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
U		2b	Yes	
la	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the			
a	year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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 account)?	4a		No
ь	·			
	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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
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 services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		No
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		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	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		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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			
1	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 )			1
	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> 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			
С	Enter the aggregate amount of reserves on hand  13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check	if Schedule O	contains a	response to	anv	question i	ın thıs Part VI	_	_	_	_	_	_	_	_	_	. ত
CHECK	ii Schedule O	Contains a	. response to	uny	question	ili cilis i alc vi	•	•	•	•	•	•	•	•	•	• ,

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 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	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	103	No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No				
5	filed?  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		No				
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					
Ь	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				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	'		•				
Re	evenue Code.)			ı				
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
Ь	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	126	Vac					
c	rise to conflicts?	12b	Yes					
	ın 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								
	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							
10	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if anniveable), 990, and 990-T (50.1(c)							

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

Own website Another's website V Upon 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 ► MARK E LARMORE 525 EAST 68TH STREET BOX 156

New York, NY 10065 (212) 305-6845

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

#### 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

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

◆ 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

<b>(A)</b> Name and Tıtle	(B) Average hours per week (describe	unles an	on (d e thai	n one son er ar	e bo: is bo nd a	x, 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)	Highest compensated employee  Key employee  Officer  Institutional Trustee  Individual trustee  or director		Former		MISC)	related organizations			
(1) George Weinberger Chairman	1 0	х								
(2) Lin H Mo President, CEO & Trustee	60 0	х		Х				491,609	0	30,841
(3) Laurence Berger Trustee	1 0	х						0	396,712	42,068
(4) Julius Derdik Trustee	1 0	х						0	0	0
(5) John Wm Fischer Trustee	1 0	х								_
(6) Jeffrey Goldberg Trustee	1 0	х						0	0	0
(7) Eliot Lazar MD Trustee	1 0	х						0	831,953	157,418
(8) John Nikas Trustee	1 0	х						0	0	0
(9) Joseph Stile Trustee	1 0	х						0	0	0
(10) Sol Herskowitz Esq trustee	1 0	х						0	0	0
(11) Louis Krawiecz Trustee	1 0	х								
(12) Kathleen M Burke ESQ Secretary	1 0			Х				0	344,549	45,021
(13) Mark E Larmore Treasurer	1 0			Х				0	1,380,177	150,762
(14) Una E Morrissey SVP of Operations/CNE	60 0				х			281,318	0	552
(15) Edward Stolyar Physician	35 0					х		296,292	0	21,100
(16) Ju Kım Physician	35 0					х		252,289		19,062
(17) Hassan Farhat Physician	35 0					Х		239,306		14,359

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

	(A) Name and Title	(B) A verage hours per week (describe hours	unles ar	on (d e tha	n on son er a	e bo ıs b nd a	x, oth )		Repo compe fron organiza	D) ortable ensation n the ation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		compensati from the organization related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former			MI3C)		organiz		
(18) Physi	Samır Farhat cıan	35 0					х			328,841				14,359	
	Giordanı Desir	35 0					×			243,422		$\neg$		19,062	
	Can														
												_			
								Ļ				_			
1b	Sub-Total			• •	•	•		•				+			
d	Total (add lines 1b and 1c) .							<b>•</b>		2,133,077	2,953,3	391		514,604	
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nıted to	thos	e lıs	ted		) who	o receive	d more tha	n	<u> </u>			
													Yes	No	
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci										ated employee • • •	3	;	No	
4	For any individual listed on line i organization and related organiz														
	ındıvıdual			•	•	•		•				4	Yes		
5	Did any person listed on line 1a services rendered to the organiz								_		or individual for	5	;	No	
	ection B. Independent Con	tuactous													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio													
	Nar	(A) ne and business ad	dress							Desc	(B) ription of services			C) nsation	
PO B	OF NEW YORK DX 403008 NTA, GA 30384								(	dialysis svcs				349,882	
17 re	ond elevator company ctor st EN ISLAND, NY 10310								6	elevator ma	ntenance			382,778	
HYUN 2525	ISOOK OHM kings highway OKLYN, NY 11229								I	Physician				359,435	
HIGH 2401	WAY RADIOLOGY EAST 23RD STREET OKLYN, NY 11235								ı	RADIOLOGY				357,364	
DENS 29 br	HELS LLC ooklyn ave suite D OKLYN, NY 11216								(	construction				422,140	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$ 24

Form 9							Page <b>9</b>
Part \	<u>/1111</u>	Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b					
s, g	c	Fundraising events 1c	29,750				
#£	d	Related organizations 1d					
چ ⊒`ق	e	Government grants (contributions) <b>1e</b>					
등 조	f	All other contributions, gifts, grants, and <b>1f</b>	13,780				
ē ₹	g	similar amounts not included above  Noncash contributions included in					
ŧ₽	-	lines 1a-1f \$					
လှ မ	h	Total. Add lines 1a-1f	. •	43,530			
		Ви	ısıness Code				
enu	2a	NET PATIENT SERVICE REVENUE	611430	90,957,215	90,957,215		
æ	ь						
93	c						
er Y	d						
Program Serwce Revenue	e						
୍ରୀୟ	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f		90,957,215			
	3	Investment income (including dividends, in		30,331,213			
		and other similar amounts)		109,142			109,142
	4	Income from investment of tax-exempt bond proceed	eds 🕨	0			
	5	Royalties	▶ [	0			
		(ı) Real (	ıı) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	🗠				
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
		sales expenses					
	C	Gain or (loss)		ol			
	d 8a	Net gain or (loss)	· · · · ·	Ŭ			
		events (not including					
ΞÉ		\$29,750 of contributions reported on line 1c)					
ās ≯		See Part IV, line 18					
æ		a	59,600				
Other Revenue	b	Less direct expenses <b>b</b>	58,742	0.50			0.50
₹	c 9a	Net income or (loss) from fundraising even	ts 🟲	858			858
	<b>3</b> a	Gross income from gaming activities See Part IV, line 19					
		a					
	b	Less direct expenses b		_			
	C	Net income or (loss) from gaming activities	s •	0			
	10a	Gross sales of inventory, less returns and allowances					
		а					
	b	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inventor		0			
	44-		siness Code 900099	51,945			51,945
	11a	MEDICAL ABSTR FEES	900099	9,503			9,503
	b	RADIOLOGY FILM CPY	900099	,			
	°	ELECTRONIC HEALTH RECORDS REIMBURSEMENT	900099	2,495,766			2,495,766
		PAYMENT		– .			
	d	All other revenue		111,702			111,702
	e	Total. Add lines 11a-11d	· •	2,668,916			
	12	Total revenue. See Instructions	<b>▶</b>				

90,957,215

93,779,661

### 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, o, 9b, and 10b of Part VIII.	(A) 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			,, 2 30
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	804,320		804,320	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	38,799,077	31,039,262	7,759,815	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,508,952	2,807,162	, ,	
9	Other employee benefits	7,769,289	6,215,431	<del> </del>	
10	Payroll taxes	3,370,839	2,643,346		
11	Fees for services (non-employees)		2,513,510		_
a	Management	0			
b	Legal	454,355		454,355	
c	Accounting	246,720		246,720	
d	Lobbying	57,515		57,515	
e	Professional fundraising See Part IV, line 17	0		37,313	
f	Investment management fees	0			
g	Other	9,947,714	8,308,655	1,639,059	
12	Advertising and promotion	50,600	0,300,033	50,600	
13	Office expenses	3,183,228	2,658,736	524,492	
14	Information technology	334,259	2,030,730	334,259	
15	Royalties	0		331,233	
16	Occupancy	1,447,852	1,209,293	238,559	
17	Travel	0	1,203,233	230,333	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,950		11,950	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,855,885	2,385,328	470,557	
23	Insurance	2,127,139	1,987,400	139,739	
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 )				
a	BAD DEBT	2,304,566	2,304,566		
b	MEDICAL SUPPLIES	10,483,168	10,483,168		
С	MISCELLANEOUS	197,973	165,354	32,619	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	87,955,401	72,207,701	15,747,700	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 7,920,518 10,598,582 Cash—non-interest-bearing . . . . . . . . . . . . . 1 1 24.732.069 32.265.406 2 2 3 0 3 0 9.769.668 4 12.795.847 4 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 0 0 6 ol 7 0 1.454.031 1.732.496 9 912,163 1.023.671 Prepaid expenses and deferred charges . . . . . . 10a 64,143,905 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 46,167,150 b Less accumulated depreciation . . . . 18,456,411 10c 17,976,755 11 0 11 1,156,420 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . ol 0 14 Intangible assets . . . . . . . . . 14 2,852,965 15 2,152,884 15 67,254,245 78,545,641 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17,090,916 19,520,778 17 17 Accounts payable and accrued expenses . 18 18 0 19 140,545 19 115,928 20 ol 20 Ω 21 Escrow or custodial account liability Complete Part IV of Schedule D . . ol 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 22,446,759 27,311,106 25 D . . . . . 26 39,678,220 26 46,947,812 **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 27,576,025 27 31,597,829 Unrestricted net assets . . . . ol 28 0 28 Temporarily restricted net assets . . . . . Fund 29 ol 29 0 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 27.576.025 33 31.597.829 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 67.254.245 34 78.545.641

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93.7	779,661
2	Total expenses (must equal Part IX, column (A), line 25)	2			955,401
3	Revenue less expenses Subtract line 2 from line 1	3		5,8	324,260
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		27,5	576,025
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,8	302,456
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		31,5	597,829
Par	Tt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			T	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			res	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		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 t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

### OMB No 1545-0047

### OMB No 1545-004

2011

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

The New York Community Hospital of Brooklyn

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support

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

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

11-1986351

Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must com	plete this p	art.) See ıı	nstructions	
The c	rganı			te foundation becaus							
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches :	section 170(b	)(1)(A)(i).			
2	$\sqcap$	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sched	ule E)				
3	<u>~</u>	A hosp	ital or a coo	perative hospital se	rvice organiz	ation descr	ibed in <b>sectio</b>	n 170(b)(1)	(A)(iii).		
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state							nter the		
5 6 7 8 9	L	A feder An orga describ section A comm	a 170(b)(1)( ral, state, or anization the bed in a 170(b)(1)( munity trust	erated for the benefit (A)(iv). (Complete Proceed government of at normally receives (A)(vi) (Complete Proceed in section at normally receives	art II ) r government a substantia art II ) n 170(b)(1)(4	cal unit desc al part of its <b>A)(vi)</b> (Cor	ribed in <b>secti</b> support from mplete Part II	ion 170(b)(1 a governme	L)(A)(v). ental unit or f	rom the gene	eral public
		ıts sup	port from gr	ities related to its e oss investment inco janization after June	me and unrel	lated busine	ess taxable ın	come (less	section 511		
10	Г	acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)  An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>									
11	F	An orga one or the box	anızatıon or more public	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type I	d exclusively ations descr porting organ	for the ben ibed in sect ization and	efit of, to perf ion 509(a)(1	form the fund ) or section is 11e throu	ctions of, or t 509(a)(2) S gh 11h	ee <b>section 5</b>	
е	Γ	other tl section	han foundati n 509(a)(2)	ox, I certify that the on managers and ot	her than one	or more pub	olicly support	ed organızat	ions describ	ed in section	n 509(a)(1) or
f				received a written d	etermination	from the IR	S that it is a	Type I, Type	e II or Type :	III supportıı	ng organization,
g			this box Auaust 17. 2	2006, has the organ	ızatıon accer	oted any gift	or contributi	on from anv	of the		ı
9		followir	ng persons?								Yes No
		,		governing body of th		<del>-</del>	ation?			11g	<del></del>
		• •	•	er of a person descri	, ,					11g	<del></del>
				led entity of a perso						11g(	(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)				
(i) Name suppo organiz		e of <b>(ii)</b> (departed EIN line		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	I your governing		(v) Did you not organizati col (i) of suppor	ıon ın your	(vi) Is th organizat col (i) org in the U	e :ion in ianized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	7
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> 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 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 ") 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 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 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 business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai 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

DLN: 93493029011773

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
- ◆ 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

Name of the organization	
The New York Community Hospital of Brooklyn	

Employer identification number

11-1986351

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete if	the organizat	<u>tion is exempt un</u>	<u>der section 501(c)</u>	<u>(3).</u>

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

┌ Yes

☐ Yes

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

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly 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  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 but not over \$1,500,000  S1	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. So of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. So of the excess over \$1,000,000  Fig. So of the excess over \$1,000			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  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 \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  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 Totals	Group 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  S1,000,000  F17,000,000  F17,000,		<b>-</b>			1 \		100013	1 ocars
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  F1,000,000  F1,000,0				· -				
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 \$17,000,000  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  S1,000,0	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	organization is exempt under section 501(c)(3) and has NOT filed Form 5768	3
	(election under s	section 501(h)).	

	(ciection ander section sorting):				
				(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?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		57,515	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			57,515	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

#### Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

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 1, Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part 11b, line 1f		trade organizations lobby on behalf of the hospital for healthcare
		Issues

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

DLN: 93493029011773

OMB No 1545-0047

**Inspection** 

### **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.

Name of the organization Employer identification number The New York Community Hospital of Brooklyn 11-198<u>6351</u> Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year)

3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

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

Pur	pose(s) of conservation easements held by the organization (chec	k all	that apply)	
$\sqcap$	Preservation of land for public use (e g , recreation or pleasure)	$\Gamma$	Preservation of an historically importantly land area	
$\sqcap$	Protection of natural habitat	$\sqcap$	Preservation of a certified historic structure	
$\Box$	Preservation of open space			

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

Total number of conservation easements

Total acreage restricted by conservation easements

Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2a 2b 2c 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_

Number of states where property subject to conservation easement is located -

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

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2011

Cat No 52283D

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

	•••• Organizations Maintaining Co	HECHOIIS OF ALL	i, nis	COLL	cai i	· cus	<del>u. c.s, e. e</del>	<u> </u>	. <del> </del>	<del>5005</del> (6	continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he foll	owing	that a	re a significa	ant u	se of its collec	tion	
а	Public exhibition		d	Γ	Loan	orexo	change prog	rams			
b	Scholarly research		е	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	/ furth	er the	organızatıor	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontribi	utions	or other ass	ets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		Γ		Δ -	nount	
С	Beginning balance						-	1c		iounc	
d	Additions during the year						ŀ	1d			
e	Distributions during the year						<u></u>	1e			
f	Ending balance						-	1f			
2a	Did the organization include an amount on Fo	orm 990 Part V lin	a 212	,			L			┌ Yes	□ No
	If "Yes," explain the arrangement in Part XIV		6 21.							, 165	, 140
	rt V Endowment Funds. Complete		n and	:WOr	ad "Ve	s" to	Form 990	Dar	t IV line 10		
	Endowment i unus. complete	(a)Current Year		)Prior \			wo Years Back		Three Years Back	(e)Four	Years Back
1a	Beginning of year balance		-	-							
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that a	re hel	d and	admınıstere	d for	the	Yes	i No
	(i) unrelated organizations								3a		
	(ii) related organizations								3a(		<del> </del>
	If "Yes" to 3a(II), are the related organizatio	•				•		•	3	b	
	Describe in Part XIV the intended uses of th	e organization's en	uowm	ent fu	nas						
4			νΛ D-	V		10					
	t VI Land, Buildings, and Equipme		90, Pa	T	, line					<del></del>	
<u>Par</u>	Description of property		90, Pa	(a)		other	(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) B	ook value
Par	t VI Land, Buildings, and Equipme		90, Pa	(a)	, line Cost or	other	basis (othe			( <b>d</b> ) B	
Par	Description of property		90, Pa	(a)	, line Cost or	other	basis (othe	er) 8,362		(a) b	83,362
Par 1a L b E	Description of property		90, Pa	(a)	, line Cost or	other	basis (othe	er) 8,362	depreciation	(a) b	83,362
1a l b E	Description of property  Land		00, Pa	(a)	, line Cost or	other	basis (othe	er) 3,362 5,003	depreciation	7	83,362 11,276,486 6,517,149
1a l b E c l d E	Description of property  Land	ent. See Form 99		(a) basi:	, line Cost or s (inves	other tment)	basis (other	er) 3,362 5,003	depreciation 21,748,51	7	83,362 11,276,486

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	13.	
(a) Description of investment type	(b) Book value		d of valuation
——————————————————————————————————————	(B) Book value	Cost or end-o	f-year market value
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. See Form 990, Part X, li	ne 15.		
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15)		
		<u> </u>	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			
	(b) A mount		
Federal Income Taxes	0		
SELF INS AGAINST MALPRACTICE CLAIMS	8,284,004		
MALPRACTICE CLAIMS LIABILITY	2,125,000		
DUE TO 3RD PARTY REIMBURSEMENT	16,744,357		
DUE TO RELATED ORGANIZATIONS	157,745		
	137,713		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	27,311,106		

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	IILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	93,779,661
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	87,955,401
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,824,260
4	Net unrealized gains (losses) on investments	4	38,245
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,840,701
9		9	-1,802,456
	Total adjustments (net) Add lines 4 - 8	<u> </u>	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,021,804
Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements	er k	93,766,161
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		93,700,101
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	93,766,161
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		55,766,161
a	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	13,500
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	93,779,661
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	_	
1	Total expenses and losses per audited financial statements	1	87,941,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	87,941,901
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا	07,511,501
a	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	13,500
-	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	87,955,401
5			1 37,333,701

addıtıonal ınformatıon

Identifier	Return Reference	Explanation
Part xı, line 8		Change in pension liability (\$1,840,701) Part xii, line 4b & Part xiii, line 4b Grant revenue from New York Presbyterian Healthcare System Inc \$13,500

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493029011773

OMB No 1545-0047

2011

Open to Public Inspection

# Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

	e of the organization New York Community Hosp	utal of Brooklyn					Employer ider	tification number
110	New Fork Community 1105p	real of Brookly II					11-1986351	
Pa	rt I Fundraising Ac	<b>tivities.</b> Complete	e if the d	organiza	tion answered "Yes"	to Form	990, Part IV	, line 17.
1	Indicate whether the orgai	nızatıon raısed funds	through a	any of the	following activities Ch	eck all th	at apply	
a b c d	☐ Mail solicitations ☐ Internet and e-mail so ☐ Phone solicitations ☐ In-person solicitation	s		f g	Solicitation of no Solicitation of go Special fundraisi	vernment ng events	grants	
2a b	Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	i Form 990, Part VII st paid individuals or	or entity entities	/ in conne (fundraise	ection with professional ers) pursuant to agreem	fundraisir ents unde	ng services? er which the fur	
(	i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outlons?	(iv) Gross receipts from activity	(or re fundraı	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
				_				
ota	l							
3	List all states in which the licensing	organization is regis	tered or	licensed t	o solicit funds or has b	een notifi	ed it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1  Dinner Dance (event type)	(b) Event #2  (event type)	(c) Other Events  0 (total number)	(d) Total Events (Add col (a) through col (c))
ΞŒ	1	Gross receipts	89,350			89,350
Revenue	2	Less Charitable contributions	29,750	)		29,750
	3	Gross income (line 1 minus line 2)	59,600	)		59,600
	4	Cash prizes				
ရှ	5	Non-cash prizes				
Direct Expenses	6	Rent/facility costs				
<u>Б</u>	7	Food and beverages	35,176	5		35,176
<u>ರ</u>	8	Entertainment	17,300	)		17,300
ā	9	Other direct expenses .	6,266	;		6,266
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(58,742)
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)	•	858
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Drea	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌	
9 a b	Ist	er the state(s) in which the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		
10-	·····	re any of the organization's gaming				
b		Yes," Explain				

Sche	dule G (Form 990 or 990-EZ) 20	11				Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? $oldsymbol{\cdot}$			es [	No No
12		neficiary or trustee of a trust or a mem				
	formed to administer charitable of	gaming?		<b>Г</b> ү	es 「	No
13	Indicate the percentage of gamir	ng activity operated in		1 1		
а				13a		
b	An outside facility			13b		
14	Provide the name and address of records	the person who prepares the organiza	tion's gaming/special events book	s and		
	Name 🟲					
	Address ►					
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming			
	revenue?			Гү	es F	- No
ь		ning revenue received by the organizat				.,,
	amount of gaming revenue retain	ed by the thırd party 🟲 \$				
c	If "Yes," enter name and address	5				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation I	<b>\$</b> \$				
	Description of services provided	<b>&gt;</b>				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions					
а	Is the organization required unde	er state law to make charitable distribu	tions from the gaming proceeds to			
	= =				es [	No
b		required under state law distributed tactivities during the tax year > \$	o other exempt organizations or sp	ent		
Par		provide additional information for	responses to quuestion on Sc	hedule G (see		
	Identifier	ReturnReference	Explana	tıon		
<u></u>						

### 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 New York Community Hospital of Brooklyn

**Employer identification number** 

Pa	rt I Charity Care and	Certain O	ther Comn	nunity Benefits a		1986351			
								Yes	No
1a	Did the organization have a c	harity care po	olicy? If "No,	" skip to question 6a			1a	Yes	
b	If "Yes," is it a written policy						1b	Yes	
2	If the organization had multip care policy to the various hos		ındıcate whic	h of the following best	describes application	of the charity			
	A pplied uniformly to all ho Generally tailored to indiv	•	ls	Applied uniformly	to most hospitals				
3	Answer the following based organization's patients during			y criteria that applies	to the largest number o	of the			
а	Did the organization use Fede If "Yes," indicate which of the					care?	3a	Yes	
	Г 100% Г 150%		oo% 🔽				- Sa	165	
b	Did the organization use FPG "Yes," indicate which of the fo								
	Tes, indicate which of the id	illowing is the	= lallilly lilcol	<u> </u>			3b	Yes	
	200%	30	00% Г	350% <b>-</b> 40	00% 🔽 Other_	400. %			
С	If the organization did not use determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description w	hether the organization				
4	Did the organization's policy	provide free o	or discounted	care to the "medically	/ indigent"?		4	Yes	
5a	Did the organization budget a the tax year?			ted care provided und	er its financial assistai	nce policy during	5a	Yes	
b	If "Yes," did the organization'	's charity car	e expenses e	xceed the budgeted a	mount?		5b	Yes	
С	If "Yes" to line 5b, as a resulcare to a patient who was elig						5c		No
6a	a Did the organization prepare a community benefit reportduring the tax year?							Yes	
6b	If "Yes," did the organization	make ıt avaıl	able to the pu	ublic?			6b	Yes	
	Complete the following table worksheets with the Schedule		ksheets prov	ided in the Schedule H	instructions Do not s	ubmıt these			
7	Charity Care and Certain O	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero total ex	
а	Charity care at cost (from Worksheet 1)		1,998	2,116,519		2,11	6,519	2	470 %
	Medicaid (from Worksheet 3, column a)		7,048	14,781,103	10,370,463	4,41	0,640	5	150 %
С	Costs of other means-tested government programs (from Worksheet 3, column b)								
d	<b>Total</b> Charity Care and  Means-Tested Government  Programs		9,046	16,897,622	10,370,463	6,52	7,159	7	620 %
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)			251,320		25	1,320	0	290 %
	Health professions education (from Worksheet 5)								
	Subsidized health services (from Worksheet 6)		7,055	3,286,536	3,039,819	24	6,717	0	290 %
i	Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from Worksheet 8)								
-	<b>Total</b> Other Benefits		7,055	3,537,856	3,039,819		8,037		580 %
L '	Total Add lines 7d and 7i	I	16 101	20 435 478	13 410 282	I 7 02	5 196	Ω	200 %

1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association	<b>'es No</b>
4 Environmental improvements 5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? 2 Enter the amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy 1 Power in Part VII the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit Section B. Medicare 5 Enter total revenue received from Medicare (including DSH and IME) . 5 5 53,108,933 6 Enter Medicare allowable costs of care relating to payments on line 5 . 6 44,314,633 7 Subtract line 6 from line 5 This is the surplus or (shortfall) . 7 8,794,300 8 Describe in Part VII the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VII the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VII the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VII the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VII the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VII the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VII the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VII the extent to which any shortfall reported in line 6 Check the box that describes the m	
## Environmental improvements    Leadership development and training for community members   Coalition building	
## Environmental improvements    Leadership development and training for community members   Coalition building	
5 Leadership development and training for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 0 Total 2 Inter the amount of the organization's bad debt expense 1 Did the organization for port bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? 2 Enter the amount of the organization's bad debt expense expense in the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	
for community members 6 Coalition building 7 Community health improvement advocacy 8 Workforce development 9 Other 10 Total  Part III Bad Debt, Medicare, & Collection Practices  Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? 2 Enter the amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy 1 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit  Section B. Medicare 5 Enter total revenue received from Medicare (including DSH and IME) 5 5 53,108,933 6 Enter Medicare allowable costs of care relating to payments on line 5 6 44,314,633 7 Subtract line 6 from line 5 This is the surplus or (shortfall) 7 Subtract line 6 from line 5 This is the surplus or (shortfall) 7 Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe	
7 Community health improvement advocacy  8 Workforce development  9 Other  10 Total  Part III Bad Debt, Medicare, & Collection Practices  Section A. Bad Debt Expense  1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	
8 Workforce development 9 Other 10 Total Part III Bad Debt, Medicare, & Collection Practices  Section A. Bad Debt Expense 1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association 5 Statement No 15?	
Part III Bad Debt, Medicare, & Collection Practices  Section A. Bad Debt Expense  1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?  2 Enter the amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy  3 199,158  4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit  Section B. Medicare  5 Enter total revenue received from Medicare (including DSH and IME)  5 5 53,108,933 6 Enter Medicare allowable costs of care relating to payments on line 5  5 Subtract line 6 from line 5 This is the surplus or (shortfall)  C Subtract line 6 from line 5 This is the surplus or shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used	
PartIII Bad Debt, Medicare, & Collection Practices  Section A. Bad Debt Expense  1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	
Part III Bad Debt, Medicare, & Collection Practices  Section A. Bad Debt Expense  1 Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	
Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?  Enter the amount of the organization's bad debt expense	
Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	
3 199,158  4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit  Section B. Medicare  5 Enter total revenue received from Medicare (including DSH and IME)	
patients eligible under the organization's charity care policy	
In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit  Section B. Medicare  5 Enter total revenue received from Medicare (including DSH and IME)	
Enter total revenue received from Medicare (including DSH and IME)	
Enter Medicare allowable costs of care relating to payments on line 5	
Subtract line 6 from line 5 This is the surplus or (shortfall)	
Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used	
Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used	
Cost accounting system Cost to charge ratio	
Section C. Collection Practices	
9a Did the organization have a written debt collection policy during the tax year?	es
If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	es
Part IV Management Companies and Joint Ventures (see instructions)	
activity of entity profit % or stock trustees, or key profit %	hysicians' % or stock ership %
3	
4	
5	
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Part	V Facility Information									
	on A. Hospital Facilities	Licensed	Gener	Childre	Teach	Crtica	Resea	ER-24	ER-other	
(list in order of size from largest to smallest)			General medical &	Children's hospital	Teaching hospital	al acces	Research facility	ER-24 hours	her	
	nany hospital facilities did the organization operate during x year? <b>1</b>	hospital	cal & surgical	spital	prtal	Ortical access hospital	lity			
Namo	and address									
Name	anu auuress									Other (Describe)
1	The NY Comm Hosp of Brooklyn Inc 2525 kings highway brooklyn, NY 11229	X	х					х		
						<u> </u>				
						<del>                                     </del>				
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## 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 NY Comm Hosp of Brooklyn Inc

Name of Hospital Facility:		
Line Number of Hospital Facility (from Schedule H. Part V. Section A):	1	

			Yes	No
	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>b</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			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	<b>h</b> $\prod$ 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 Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	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 other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital 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		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	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 $\frac{400}{3}$ %			
	If "No," explain in Part VI the criteria the hospital facility used			

Pa	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 $\frac{400}{6}$ %			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	<b></b>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a V Income level			
	b Z Asset level			
	c Medical indigency			
	d / Insurance status			
	e Vninsured discount			
	f 🔽 Medicaid/Medicare			
	g 🔽 State regulation			
	h / Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	<u></u>
13	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>b</b> The policy was attached to all billing invoices			
	${f c}$ ${f igcap}$ 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			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial		\ <sub>\ \ -</sub> =	
15	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FA <u>P</u>			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e C 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	16		No
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	10		110
	Reporting to credit agency			
	b 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 T Other (describe in Part VI)	1		ı

If "Yes," explain in Part VI

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

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### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 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 **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible 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 c 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? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

If "Yes," explain in Part VI Schedule H (Form 990) 2011

chedule H	(Form	990)	2011
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Page **7** 

Part V	Facility	Information	(continued	)
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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)

How many non-hospital facilities did the organization	on operate during the tax year?
Name and address	Type of Facility (Describe)
1	
2	
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В	
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#### 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 1j, 3, 4, 5c, 6i, 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
Part I, Line 3C		N/A

Schedule H (Form 990) 2011 Page **8** 

Identifier	ReturnReference	Explanation
Part I, Line 6A		N/A

Schedule H (Form 990) 2011 Page **8** 

Identifier	ReturnReference	Explanation
Part I, Line 7g		Included in subsidized health service are emergency room services

Identifier	ReturnReference	Explanation
Part I, Line 7, Column F		the percent of total expense represents the net community benefit expense as a percentage of the hospital's total expense net of 2,034,566 Bad debt expense

Identifier	ReturnReference	Explanation
Part I, Line 7		The following is a detail of the sources used for determining the amounts reported on schedule H Line 7a - adjusted ratio of patient care cost to charges Line 7b - adjusted ratio of patient care cost to charges Line 7e - Actual Expenses Line Line 7g - adjusted ratio of patient care cost to charges

Identifier	ReturnReference	Explanation
Part III, Line 4		For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense Estimated cost is based on the total bad debt at the ratio of patient care cost to charges

Identifier	ReturnReference	Explanation
Part III, Line 8		N/A

Aid Guide Collection Practices under financial assistance program 1 Hospital has developed the standards and scope o practices to be used to collect outstanding patient debt, including the establishment of written policies regarding referra of patient debt for collection or legal action. Hospital requires collection agencies acting on the hospital's behalf to sign written agreements obligating them to follow these standards and practices. 2 With regard to collection practices, hospital a) Will not force the sale or foreclosure of a patient's primary residence to pay for an outstanding debt. b) Will not send a bill to a collection agency while a completed charity care/financial aid application (including any required supporting documentation) submitted to hospital is pending determination. c) Will not permit collections from a patient who is determined to have been eligible for Medicaid at the time services were rendered and for which Medicaid payment is available, provided patient has submitted a completed application for Medicaid in connection with such services. d) Will provide written notification (including notification on a patient bill) to a patient at least 30 days before an account is sent to collection e) Requires the collection agency to have the hospital's written consent prior to starting a legal action for collection of Requires.	Identifier	ReturnReference	Explanation
	Part III, Line 9b		section for collection practices that the hospital adheres to Noted below is the section within the hospital Patient Financial Aid Guide Collection Practices under financial assistance program 1 Hospital has developed the standards and scope of practices to be used to collect outstanding patient debt, including the establishment of written policies regarding referral of patient debt for collection or legal action. Hospital requires collection agencies acting on the hospital's behalf to sign written agreements obligating them to follow these standards and practices. With regard to collection practices, hospital a) Will not force the sale or foreclosure of a patient's primary residence to pay for an outstanding debt. b) Will not send a bill to a collection agency while a completed charity care/financial aid application (including any required supporting documentation) submitted to hospital is pending determination c) Will not permit collections from a patient who is determined to have been eligible for Medicaid at the time services were rendered and for which Medicaid payment is available, provided patient has submitted a completed application for Medicaid in connection with such services. d) Will provide written notification (including notification on a patient bill) to a patient at least 30 days before an account is sent to collection. e) Requires the collection agency to have the hospital's written consent prior to starting a legal action for collection. f) Requires collection agencies to provide information to patients regarding

Identifier	ReturnReference	Explanation
Identifier Needs Assessment	ReturnReference	Explanation  Needs Assessment / Assessment of Public Health Priorities The Community Service Plan Committee is comprised of the Hospital Governing Body, Administrative and Medical Staff leadership and Professional/Clinical staff This committee analyzes internal and external health related information to obtain a broad view of activities in order to determine community needs and how best to meet these needs. The hospital has utilized information provided by the Department of Health during visits (under Article 28), as a means for assessment and improvement of processes and services to patients, families, physicians, and the community. This information is developed in an ongoing collaborative and interdisciplinary effort by way of various workgroups and Administrative and Medical Staff conferences, ongoing evaluation that provides a mechanism for update and change. In addition leadership and staff participation in Department of Health external programs (NYPORTS) has enhanced the hospital's education and thereby contributed to the development of our Community Service Plan. Analysis of data that is obtained from our information systems enables the Hospital to identify our patient's needs. This information is based on the high volume diagnoses that are presented for treatment in Emergency Medical Services and for inpatient admissions. Health Care Team Delivery of quality patient care is assured through a continuous process of quality assessment and evaluation of patient care needs. The composition of our Health care Team is in keeping with traditional health organizations, but with a significant difference in a philosophical approach to patient care. At New York Community Hospital we endeavor to assess, plan, implement and evaluate the outcome of daily operations that revolve around the patient. It is our belief that patients who participate in their health care planning have an improved outcome. Planning for most hospitalizations begin on the day of admission Assuring quality patient care is our primary goal and is
		areas based on our analysis of community health problems and the concerns of an elderly Russian immigrant population. The
		three significant Prevention Agenda priority areas currently being focused upon are 1 Tobacco Use 2 Chronic Disease 3
		Community Preparedness  Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
Patient education of eligibility for assistance		Notification to patients regarding this policy shall be made during the intake and registration process, through conspicuous posting of language appropriate information in emergency rooms and admitting departments of the hospital and inclusion of information on bills and statements sent to patients explaining that financial aid may be available to qualified patients and how to obtain further information

Service Area New York Community Hospital, located in Midwood, Brooklyn, serves the heath care needs of residents in the southern tier communities of the Borough Expressions of health care needs by an economically stable, culturally diverse community represent a cooperative social context in which the hospital seeks to develop services and health programs that meet the needs of the community. New York Community Hospital service area includes a not health programs that meet the needs of the community. New York Community Hospital service area includes a followed by Medicard at 12%, and Commercial Plans 25%, followed by Medicard at 12%, and Commercial Plans 25%, followed by Medicard at 12%, and Commercial Plans 25%, followed by Medicard at 12%, and Commercial Plans 25%, followed by Switch 14% of the population is 65 years and older. Of the population, 43% is Whiter. followed by 35% african American. 10% Asian* and 4% other. Source New York City Department of Health and Mental Hygiene, Community Health Profile - 2006 Specific neighborhoods in New York Community Hospital's service area include Southern Brooklyn, Flatbush, Canarise/Flatlands, and Borough Park Each of these neighborhoods is distinct in its ethnic diversity and socioe-comments beckground Included in South Brooklyn are the communities of Sheepshead Bay, Kings Highway, Gravasean, Gentrese Deskground Included in South Brooklyn are the communities of Sheepshead Bay, Kings Highway, Gravasean, Gentrese Deskground Included in South Brooklyn are the communities of Sheepshead Bay, Kings Highway, Gravasean, Gentrese Deskground Included in South Brooklyn are the communities of Sheepshead Bay, Kings Highway, Gravasean, Gentrese Deskground Included in South Brooklyn are the communities of Sheepshead Bay, Kings Highway, Gravasean, Gentrese Deskground Included in South Brooklyn and Sheepshead Bay, Kings Highway, Gravasean, Gentrese Deskground Included in South Basin and Broghton Beach. 1) Southern Sheepshead Bay, Kings Highway, Gravasean, Gentrese Deskground Included	Identifier	ReturnReference	Explanation
level* 25 The following is a profile for the percentage of New York City residents who are living below the poverty level by County 25% in Kings County*, 20% in New York County*, 31% in Bronx County*, 15% in Queens County*, and 10% in Richmond County*, compared to 21% Citywide* *Source New York City Department of Health and Mental Hygiene,			Service Area New York Community Hospital, located in Midwood, Brooklyn, serves the heath care needs of residents in the southern tier communities of the Borough Expressions of health care needs by an economically stable, culturally diverse community represent a cooperative social context in which the hospital seeks to develop services and health programs that meet the needs of the community New York Community Hospital service area includes a total population of approximately 1,125,800* The payor mix is primarily Medicare at 61% and Commercial Plans 25%, followed by Medicare at 61% and other 2% Approximately 87% of the population is between the ages of 18-65* and approximately 14% of the population is 65 years and older* Of the population, 43% is White*, followed by 35% African American*, 10% Hispanic*, 8% Asian* and 4% other* *Source New York City Department of Health and Mental Hygiene, Community Health Profile - 2006 Specific neighborhoods in New York Community Hospital's service area include Southern Brooklyn, Flatbush, Canarsie/Flatlands, and Borough Park Each of these neighborhoods is distinct in its ethnic diversity and socio-economic background Included in South Brooklyn are the communities of Sheepshead Bay, Kings Highway, Gravesend, Gerritsen Beach, Manhattan Beach, Bensonhurst, Coney Island, and Brighton Beach 1) Southern Brooklyn - Population 286,900, % of residents with only a high school diploma* 28, and % college graduates* 26 Race* white 67%, African-American 8%, Hispanic 10%, Asian 12%, and other 3%, % of residents living below the poverty level* 22 Flatbush 2) Flatbush - Population 316,700, % of residents with only a high school diploma* 29, and % college graduates* 17 Race* white 9%, African-American 77%, Hispanic 9%, Asian 29%, and other 3%, % of fresidents living below the poverty level* 21 Included in Borough Park is the community of Midwood 3) Borough Park - Population 324,400, % of residents with only a high school diploma* 29, and % college graduates* 23 Race* white 64, African-American
			Race* white 33%, African-American 51%, Hispanic 9, Asian 4%, and other 3%, % of residents living below the poverty level* 25 The following is a profile for the percentage of New York City residents who are living below the poverty level by County 25% in Kings County*, 20% in New York County*, 31% in Bronx County*, 15% in Queens County*, and 10% in Richmond County*, compared to 21% Citywide* *Source New York City Department of Health and Mental Hygiene,

Identifier	ReturnReference	Explanation
Community building activites	<u> </u>	Patient Education and Community Outreach Programs
		presented within the Hospital and out in the community help us find new ways to better serve our patients and enable us to
		continu e our dialogue with the community Most significantly,
		we achieved a common set of shared values that will frame the future success of New York Community Hospital In 2011-12
		we co ntinued to aggressively pursue our common goals - to be
		more caring to our patients and to make our Hospital a success Of all our achievements, the Hospital has regained its
		reput ation in the community as a caring place, and, of this, we
		are most proud Letters receive d regularly both of compliment and complaint, serve as a regular form of Public Participat ion
		The hospital, by way of it's Patient Relations Department, maintains a consistent mec hanism to acknowledge each of
		these letters and interpret them accordingly for use in futu re
		Performance Improvement activities Patient Satisfaction Questionnaires are mailed to our patients following their
		discharge to insure we are meeting our patients expectations a
		nd to assist the hospital Administration in our growth and continuous improvements. Result s of patient satisfaction
		survey results are reported to the Quality Improvement
		Committee and utilized in the Long Range Planning Process for Needs Assessment as well as discussion for prevention
		agenda priorities Since 2006 the hospital has participated in the HCAHPS initiative in order to help provide a standardized
		survey instrument for data collection and compare date against
		many other hospitals HCAHPS will in essence be a report card of a set of core values that can be combined with a customized
		set of hospital specific items with the data utilized to support
		improvements in internal customer services and quality related activities. Complementary letters are forwarded to all the
		ındıvıduals ınvolved an d posted on our Appreciation Bulletin
		Board for all to see Our goal is to insure total Pa tient Satisfaction With the goal of improving patient satisfaction, the
		formal voice of o ur public (our patients) will be heard through these surveys. Results are distributed to a ll members of the
		hospital and posted accordingly. As disseminated from the
		survey, result s with health issues related to our priority agenda may be discussed in open forum with our partnering community
		relationships Web Site request for public participation By way
		of the hospital web site community members are asked for their Opinion Regarding the Top Hea Ith Priorities as designated by
		the NYS Department of Healths Agenda for a Healthier State
		Continued modification and development of the hospitals Community Service Plan will rema in a continuous process over
		the next several years and into the foreseeable future. Input
		from our community, now, and into the future, has been invited in order to consider ideas and general input for our Community
		Service Plan We have requested this input for our continuous effort in providing the best healthcare to meet the health needs
		of the community we serve Members of the community are
		specifically asked to consider the the N Y S. Department of Healths 10 Prevention Agenda Priorities that they may feel are
		significant for our hospital to address ADVISORY BOARD
		Public participation has routinely occurred via the hospital's long standing Advisory Board This Board, meeting generally on
		a monthly basis is made up of members of the local community,
		volunteers and clergy from our community a nd the Pastoral Care program The Board has met five times during the year
		2009 Informati on disseminated from these meetings have enhanced our public awareness and contributed to the
		structuring and development of our Community Service Plan
		The Advisory Board has play ed an important role in the development and continuing selection of priorities for the Hea
		Ith Prevention Agenda for the Healthiest State LOCAL
		AGENCIES, SCHOOLS, COMMUNITY LEADERS The Community Service Plan as updated each year will be mailed to
		a list of local agenci es, schools, community leaders and other
		community partners who can be helpful in our need s assessment New York Community Hospital is working to
		become increasingly plan-driven, a nd public participation is essential as concerns effective planning. Information sharing i
		n this manner should also improve New York Community
		Hospital's ability to coordinate effe ctively and share resources with other health and health-related agencies. In meeting with
		local agencies and community health partners NY Community
		Hospital will be able to achiev e successful results and outcomes in the goals set forth for the NY Healthiest State initi
		atives New York Community Hospital continues to meet with
		its health partners formally an d informally during the course of the year. The hospital maintains interaction with the following
		local, private and governmental City and State agencies in
		order to meet the goals for increased health awareness and improvements d
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
Identifier Community building activites		irectly related to its prevention and non-prevention agenda items selected PASTORAL CARE PROGRAM New York Community Hospital's Pastoral Care Program is reaching out to become mor e inclusive of local clergy. It offers a wonderful forum for inviting two-way communication about New York. Community Hospital with both local clergy members and their congregations. Members of the clergy are active members of the hospital's advisory board and contribute to the needs of the hospital on an ongoing basis. Input regarding the health needs of our community have been ascertained on a regular basis by way of the hospital's continued association with the religious organizations of our community. GLATT KOSHER KITCHEN. The hosp ital serves Glatt Kosher food to all the patients and thus maintains a Glatt Kosher kitche n as supervised by the Vaad of Flatbush, Brooklyn. A constant form of communication exists between community members, patient in-house population, visitors and family members, and the Vaad. Supervisors working in conjunction with their daily on-site rabbinical staff. Pat ient as well as cultural sensitivity needs are enhanced by way of this on-going program. H. OSPITAL WEB SITE. As of the fourth quarter 2003. New York Community Hospital launched it's Web Site. This user friendly site allows easy access to basic information about the hospital as well as the ability to research many topics of medical information. Comments, questi ons and suggestions for the hospital may be addressed to the hospital by way of the Web Si tes email webmaster address. As of the first quarter of 2006 www nych com has integrated a new Online Consumer Health Library (under the search our library link on the home page) with refreshed content, improved search and support for the new features into the future. This new library includes over 50 categories of information with articles written for a con sumer audience. Content is drawn from articles published in past.
		Issues of Dowden Health M edia's award winning health publications. These articles set out to inform as well as drive readers to take action in maintaining the health and medical well being of themselves and their family. NYCH com is currently under re-design and will be expanded in the near fut ure for happenings and news at the hospital as well as the ability to allow for the ease of public input necessary to provide a constant dialogue associated with the health needs of the community and those provided by our hospital. In addition we have now made access to specific Physician information on many of our attending staff doctors associated with our hospital available on line. The CSP along with updates to this 2010 plan will be placed onto the Web site for public information. This will
		be a simple mechanism for sharing feedblack regarding the Community Service Plan and/or suggestions regarding any aspect of the holdspital, its priorities and performance. The Web site address is generally included in all advertising, mailings and print material generated by the hospital allowing for enhancement of Public Participation and continued input regarding all health issues. As of August 20.12, the hospitals Web Site is undergoing a complete modernization upgrade. Completion is elevated by January 2013

Identifier	ReturnReference	Explanation
O ther I nformation		Community Outreach and non-agenda priorities New York
		Community Hospital Physicians, Allied Health Professionals, clinical and support staff participate in health fairs, screenings,
		lectures and community programs in conjunction with local or
		borough wide Healthcare organizations, legislative officials,
		civic, senior and religious organizations New York Community Hospital as part of the Greater Southern Brooklyn Health
		Coalition, has been an active participant in the Borough Wide
		Health Conference As Community Leaders, people look to our
		Hospital to raise awareness about health issues and other concerns such as the environment, housing, transportation and
		safety and how these issues affect their lives. We endeavor to
		create a sense of community for the common good of our
		neighbors and to assure them that our programs are focused on keeping them healthy as we encourage them through
		educational program encouraging preventive health measures
		Health Fairs, Screenings, Lectures, visits to Senior Centers are
		arranged accordingly and held throughout the year The programs clearly demonstrate an added sense of responsibility
		of our Hospital Physicians, Staff and our Advisory Board, for our
		patients and the Community who are our neighbors and friends
		Social Work Services sponsored several meetings with the community and with other health care agencies related to
		Alzheimer's and the elderly and also Domestic Violence
		Patient Relations Department sponsored programs & visited community groups to discuss and educate seniors on Advance
		Directives The hospital has sponsored Legal Awareness days
		for the community regarding information on Health Care Proxys
		and Power of Attorney information PSA screenings for Prostate Disease, co-sponsored by a local legislator, has been
		presented by the Department of Laboratory Services at several
		locations in the community Annual Flu Shots have been
		donated and given to the local community through our local Assemblywoman's local district office Blood Pressure
		Screenings, Glucose Screenings, Nutrition Screenings were
		given throughout the community Outreach Programs are presented at Senior Centers, religious organizations, civic
		groups, banks and other locations "Smoking Cessation
		Hypnosis Seminar" held at New York Community Hospital for
		community residents and staff (NOTE Tobacco Usage cessation programs to be expanded in conjunction with new
		Health Agenda Priority as selected by the hospital for three
		year planned project ) Kings Bay YM-YWHA Participation in the National Senior Health and Fitness Day program, providing
		ways to improve one's own health and fitness "Brighton
		Jubilee" summers 2004 through 2012 Providing and
		participating in community event to provide residents with information regarding the warning signs and steps to follow to
		rule out any cardiac concerns Blood pressure screening and
		breast cancer and diabetes information Dissemination of brochures and leaflets on Stroke / Hypertension facts, signs
		and symptoms as well as Tobacco cessation. Other programs
		include JCC of Greater Coney Island Health Fair July 2010 &
		June 2011 JCC of Marine Park January 2012 Shorefront JCC Health Fair October 2010, 2011 and May 31, 2012 Volunteer
		Program Services - the Volunteer Services Department at New
		York Community Hospital participates with many organizations
		and schools within our hospital community Services provided include the following programs 1) Sheepshead Bay High School
		- The "Learn" Program for future nursing students 2) Edward R
		Murrow High School - The "Hospital Helper Program" for
		community service credits 3) Youth Adult Institute - National Institute for people with disabilities. Young adults serve in
		volunteer positions to learn "on the job" training 4) COJO
		Council of Jewish Organizations of Flatbush - Sponsored employment activities on an on-going basis throughout the year
		and Planned Partner Agency for Tobacco cessation programs
		over the next three years 5) Board of Education City of New
		York - Summer Youth Employment Program Provides students a valuable experience in the "world of work", developing job
		skills and good work habits We will continue to strengthen and
		enhance the hospital services to the community and strengthen
		community outreach New York Community Hospital plans to enhance its linkage with at least three of its neighboring
		Synagogues and Churches The hospital plans to promote
		special care to Seniors in the community via health fairs, and to
		continue to offer and initiate new medical information lectures and seminars to members of the community and various
		organizations associated to the hospital
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
state filing community benefit report		New York

Identifier	ReturnReference	Explanation
Part V, Question 13		The hospital provides a summary of the financial aid policy on its website, emergency room, admitting department and on the patient bills. The hospital educates and provides public awareness regarding financial assistance to the community by training appropriate staff members who are to implement this policy. All staff are educated about the availability of charity care/financial aid and how to direct patients to obtain further information about the process. Information regarding the policy is made available in the Emergency Room and all registration and patient waiting areas through the use of signs and distribution of literature. Information to contact us for financial assistance can also be found on our patient bills. Our Financial Assistance policy summary and applications are posted on the Hospital's website and information will be provided to anyone who calls, writes, or requests a copy in person. The hospital will share information about our policy with appropriate community health and human service agencies and other local organizations that help people in need.

Identifier	ReturnReference	Explanation
Part V, Question 19		For every patient that comes through the hospital a presumptive eligibility process is administered. Each individual's income level is reviewed and, based on these levels, the amount due from a particular patient will be determined through the Financial Aid Policy.

DLN: 93493029011773

OMB No 1545-0047

**Schedule J** (Form 990)

Internal Revenue Service

Department of the Treasury

**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			

The New York Community Hospital of Brooklyn

**Employer identification number** 

11-1986351

Pa	rt I Questions Regarding Compensati	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executi			2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all					
	▼ Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	), Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	ol paymen	ıt?	4a		No
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and $% \left( 1\right) =\left( 1\right) \left( 1\right) \left$	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described in Part III	lın Regs s	section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutta	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)(1)-(111) 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	<b>(F)</b> Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Lin H Mo	(ı) (ıı)	440,421 0	50,000 0	1,188 0	0	30,841 0	522,450 0		
(2) Kathleen M Burke ESQ	(ı) (ıı)	0 284,455	0 54,174	0 5,920	0 24,500	0 20,521	0 389,570	(	
(3) Mark E Larmore	(I) (II)	0 666,221	0 549,468	0 164,488	0 113,178	0 37,584	0 1,530,939	14,649	
(4) Laurence Berger	(I) (II)	0 300,047	0 62,292	0 34,373	0 17,150	0 24,918	0 438,780	(	
(5) Eliot Lazar MD	(I) (II)	0 527,048	0 267,443	0 37,462	0 114,732	0 42,686	0 989,371	(	
(6) Una E Morrissey	(I) (II)	270,544 0	10,000 0	77 <b>4</b> 0	0 0	552 0	281,870 0	(	
(7) Edward Stolyar	(I) (II)	281,130 0	15,000 0	162 0	0 0	21,100 0	317,392 0	(	
(8) Ju Kım	(ı) (ıı)	251,101	0	1,188	0	19,062	271,351	(	
(9) Hassan Farhat	(ı) (ıı)	239,119	0	187	0	14,359	253,665	(	
(10) Samır Farhat	(ı) (ıı)	328,556	0	285	0	14,359	343,200	(	
(11) Giordani Desir	(I) (II)	242,648	0	774	0	19,062	262,484	(	

### 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

Ident if ier	Return Reference	Explanation
PART VII & Schedule J		Certain officers and key employees of the New York and Presbyterian Hospital that are identified in Part VII as officers or trustees of The New York Community Hospital of Brooklyn 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 satisfaction, advoicement 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 tier 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 president as supplemental ("nonqualified") retirement plan. The supplemental executive retirement plan (SERP) is subject to a multi-year vesting requirements which places an executive's supplemental retirement benefit will not be distributed to the executive and internal retirement benefit will not be distributed to the executive until the executive include in current income the value of his or her vested supplemental retirement benefit will not be distributed to the executive until the executive and in the proof of the pla

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

Department of the Treasury Internal Revenue Service

## 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.

OMB No 1545-0047

DLN: 93493029011773

2011

Open to Public
Inspection

Name of the organization The New York Community Hospital of Brooklyn

Employer identification number

11-1986351

Evolunation
Ехріапацоп
Schedule J and Part VII Certain officers and key employees of the New York and Preebyterian Hospital that are identified in Part VII as officers or trustees of The New York and Preebyterial Of Brooklyn are responsible for executing the mession and management of The New York and Preebyterian Hospital (NP) and its affiliated entities. Compensation for 2011 of these upper level executives includes the payout of an annual incentive plan in and a long-termin centre plan in his performance nemeted programs conditions payments upon the achievement of multiple individual and group performance measures Mesaures to monitor performance include operational and financial strength patient quality and safety, patient astafaction, advancement of patient care, and people development and partnership incentive awards may only be granted if the organization achieves a financial surgius. Even if all relevant performance measurements are achieved, the NYP Board of Trustees esterias 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 requiset leadership to create and manage a highly mortivated and engaged worldorce, to drive superior performance throughout the organization and to achieve top tier medical conter status. As a separate methor, due to restrictions imposed by the Internial Review to 50 the requirement plan The supplemental response to the state of the properties of the properties of the properties and the properties of the properties of the properties and the properties of the properties o

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493029011773 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 New York Community Hospital of Brooklyn 11-1986351 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

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

Name, address, and EIN of related organization  Primary activity  domicile (state or foreign country)  Direct controlling entity  entity  Direct controlling (related, unrelated, excluded from tax under sections 512-514)  Silate of total income  year assets  allocations?  amount in box 20 of Schedule K-1 (Form 1065)	<b>(k)</b> Percentage ownership
Yes No Yes No	
(1) NY PRESBYTERIAN SYSTEM SELECT HEALTH LLC  525 EAST 68TH ST BOX 291 NEW YORK, NY 10065 13-4197527  MEDICAID HMO  NY  NY  NY  NY  NY  NY  NY  NY  NY  N	
(2) rogosin-auburndale llc 29-20 utopia parkway flushing, NY 11358	

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

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

hed	lule R (Form 990) 2011		Рa	age <b>3</b>
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
I	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>L</b> Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d	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)	1g		No
h	Exchange of assets with related organization(s)	1h		No
i l	Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j l	Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
I F	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		No
n	Sharing of paid employees with related organization(s)	1n		No
0	Reimbursement paid to related organization(s) for expenses	10		No
р	Reimbursement paid by related organization(s) for expenses	1р		No
q	Other transfer of cash or property to related organization(s)	1q		No
-	Other transfer of cash or property from related organization(s)	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(b)	(d)		

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) NETWORK RECOVERY SERVICES INC	L	104,715	cost
(2) THE NEW YORK AND PRESBYTERIAN HOSPITAL	L	5,203,654	cost
(3) NEW YORK PRESBYTERIAN HEALTHCARE SYSTEM INC	L	70,260	cost
(4)			
(5)			
(6)			

### 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

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

### Part VII Supplemental Information

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

Identifier Return Reference Explanation

Software ID: **Software Version:** 

**EIN:** 11-1986351

Name: The New York Community Hospital of Brooklyn

Form 990, Schedule R, Part II - Id	lentification of Re	lated Tax-E	xempt Orga	nizations		_	
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	Sectio (b)(i contr organi	n 512 13) olled
NY PRESBYTERIAN HEALTHCARE							
SYSTEM INC 525 E 68TH STREET BOX 156 NEW YORK, NY 10065 13-3792361	sponsor	NY	501(c) (3)	11 TYPE III	nyp fdn	Yes	
NETWORK RECOVERY SERVICES INC 525 E 68TH STREET BOX 156 NEW YORK, NY 10065 11-3160901	COLLECTION	NY	501(c) (3)	11 TYPE III	nyp sys inc	Yes	
the ny hospital MEDICAL CENTER OF QUEENS 56-45 MAIN STREET FLUSHING, NY 11355	HEALTHCARE	NY	501(c) (3)	3	nyp sys inc	Yes	
11-1839362 THE NEW YORK METHODIST							
HOSPITAL  506 SIXTH STREET BROOKLYN, NY 11215 11-1631796	HEALTHCARE	NY	501(c) (3)	3	nyp sys inc	Yes	
THE BROOKLYN HOSPITAL CENTER  121 DEKALB AVENUE BROOKLYN, NY 11201 11-1630755	HEALTHCARE	NY	501(c) (3)	3	nyp sys inc	Yes	
THE ROGOSIN INSTITUTE INC  505 E 70TH ST  NEW YORK, NY 10021 13-3184198	MEDICAL RESEA	NY	501(c) (3)	4	nyp sys inc	Yes	
The NYACK HOSPITAL  160 NORTH MIDLAND AVENUE NYACK, NY 10960 13-1740119	HEALTHCARE	NY	501(c) (3)	3	nyp sys inc	Yes	
SILVERCREST CenTer FOR NURSING & Rehab  144-45 87TH AVENUE JAMAICA, NY 11435	NURSING FACIL	NY	501(c) (3)	9	nyp sys inc	Yes	
ny WESTCHESTER SQuare MEDical Center 2475 ST RAYMOND AVENUE BRONX, NY 10461	HEALTHCARE	NY	501(c) (3)	3	nyp sys inc	Yes	
ny PRESBYTERIAN community HEALTH PLAN  525 EAST 68TH STREET box 156 NEW YORK, NY 10065	INACTIVE	NY	501(c) (4)	n/a	nyp sys inc	Yes	
13-3849659 PREFERRED HEALTH NETWORK INC  525 EAST 68TH STREET box 156 NEW YORK, NY 10065 11-2964432	INACTIVE	NY	501(c) (3)	11 TYPE ı	nyp sys inc	Yes	
THE NEW YORK GRACIE SQUARE HOSPITAL INC  420 EAST 76 STREET NEW YORK, NY 10021 13-3746997	healthcare	NY	501(c) (3)	3	nyp sys inc	Yes	
NY PRESBTERIAN FOUNDATION INC 525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 13-4153668	SUPPORT	NY	501(c) (3)	11 TYPE I	NA		No
NY PRESBYTERIAN HOSPITAL  525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 13-3957095	HEALTHCARE	NY	501(c) (3)	3	nyp fdn	Yes	
NY PRESBYTERIAN FUND INC 525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 13-3160356	FUNDRAISING	NY	501(c) (3)	7	nyp fdn	Yes	
ROYAL CHARTER PROPERTIES INC 525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 13-3158502	REAL ESTATE	NY	501(c) (3)	11 TYPE II	nyp fdn	Yes	
ROYAL CHARTER PROPERTIES EAST INC 525 EAST 68TH ST BOX 156 NEW YORK, NY 10065	REAL ESTATE	NY	501(c) (3)	11 TYPE II	nyp fdn	Yes	
13-3158496  ROYAL CHARTER PROPERTIES WEST INC  525 EAST 68TH ST BOX 156  NEW YORK, NY 10065	REAL ESTATE	NY	501(c) (3)	11 TYPE II	nyp fdn	Yes	
13-3160354 HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	HEALTHCARE	NY	501(c) (3)	3	nyp fdn	Yes	
13-1624135 PRESBYTERIAN HEALTH RESOURCES INC 525 EAST 68TH ST BOX 156	INACTIVE	NY	501(c) (3)	11 TYPE I	nyp fdn	Yes	
NEW YORK, NY 10065 13-3145970							

Form 990, Schedule R, Part II -	Identification of Rel	ated Tax-E	cempt Orga	nizations			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	<b>g</b> Section (b)(13 control organiza	3) led
HOSPITAL FOR SPECIAL SURGERY FUND INC 535 EAST 70TH ST NEW YORK, NY 10021 13-6714749	SUPPORT	NY	501(c) (3)	7	HOS SPEC SUR	Yes	
CRT SURGICAL ASSOCIATES PC 56-45 MAIN ST FLUSHING, NY 11355 11-2226870	HEALTHCARE	NY	501(c) (3)	11 TYPE I	NY HOSP QNS	Yes	
BMA MEDICAL FOUNDATION INC 56-45 MAIN ST FLUSHING, NY 11355 11-2848858	EDU/RESEARCH	NY	501(c) (3)	4	ny hosp qns	Yes	
BROOKLYN DENTAL SERVICES PC	DENTAL	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
BROOKLYN FOOT AND ANKLE PC  506 SIXTH ST BROOKLYN, NY 11215 11-3441502	HEALTHCARE	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
BROOKLYN RADIOLOGY SERVICES PC	RADIOLOGY	NY	501(c) (3)	11	METHODIS HOS	Yes	
PARK SLOPE EMERGENCY PHYSICAN SERVICE  506 SIXTH ST BROOKLYN, NY 11215	HEALTHCARE	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
06-1160280  PARK SLOPE HEMATOLOGY & ONCOLOGY SERVICE  506 SIXTH ST BROOKLYN, NY 11215 11-3564621	HEMA/ONCOLOGY	NY	501(c) (3)		METHODIS HOS	Yes	
PARK SLOPE MEDICAL HEALTH PROVIDER PC  506 SIXTH ST BROOKLYN, NY 11215 42-1591811	INACTIVE	NY	501(c) (3)		METHODIS HOS	Yes	
PARK SLOPE MEDICAL SERVICES PC	HEALTHCARE	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
PARK SLOPE MEDICINE PC  506 SIXTH ST BROOKLYN, NY 11215 11-3362663	HEALTHCARE	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
PARK SLOPE OBSTETRICS & GYNECOLOGY PC  506 SIXTH ST BROOKLYN, NY 11215 11-3124294	HEALTHCARE	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
PARK SLOPE PATHOLOGY SERVICES PC  506 SIXTH ST BROOKLYN, NY 11215 11-2843879	HEALTHCARE	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
PARK SLOPE PEDIATRIC MEDICINE PC  506 SIXTH ST BROOKLYN, NY 11215 11-3303499	HEALTHCARE	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
PARK SLOPE PHYSICAN SERVICES PC  506 SIXTH ST BROOKLYN, NY 11215 11-3231685	HEALTHCARE	NY	501(c) (3)	11 TYPE I	METHODIS HOS	Yes	
SOUTH BROOKLYN HEALTH CENTER INC 120 RICHARDS ST BROOKLYN, NY 11231	HEALTHCARE	NY	501(c) (3)		METHODIS HOS	Yes	
BROOKLYN, NY 11201	REAL ESTATE	NY	501(c) (3)		BK HOSP CTR	Yes	
11-2390927 CALEDONIAN HEALTH CENTER  121 DEKALB AVE BROOKLYN, NY 11201 54-2117028	CLINICS	NY	501(c) (3)	9	BK HOSP CTR	Yes	
ASHLAND PLACE HOLDING CORP  121 DEKALB AVE BROOKLYN, NY 11201 11-3304353	TITLE HOLDING	NY	501(c) (2)	N/A	BK HOSP CTR	Yes	
BROOKLYN HOSPITAL SELF INS TRUST 121 DEKALB AVE BROOKLYN, NY 11201	SELF INSURANC	NY	501(c) (3)	11 TYPE I	BK HOSP CTR	Yes	
11-2501235	I		<u> </u>	<u> </u>	l	<u> </u>	

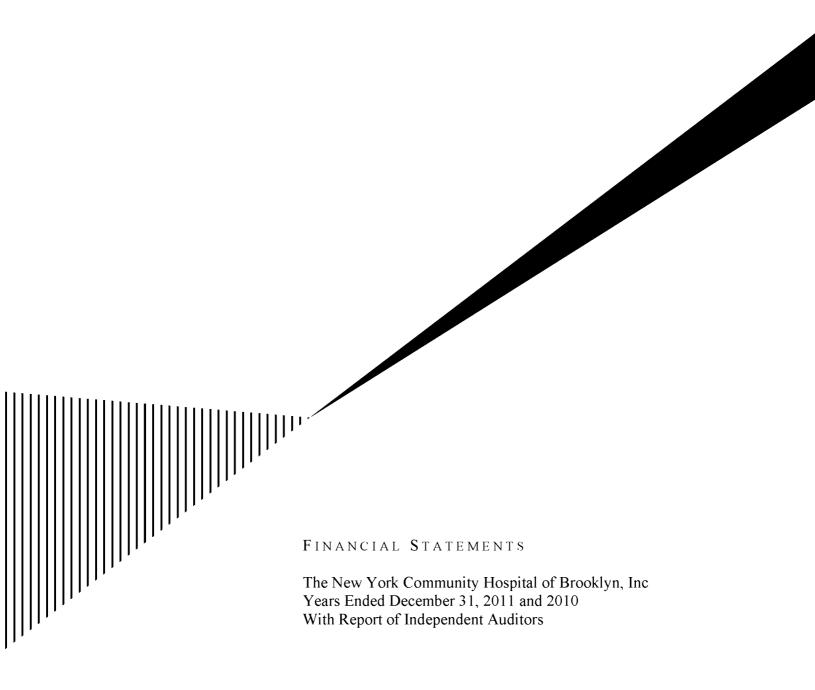
### Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

- Com 550, Schedule 19 rule 1	aciidiileadioii o		x =x0p. 0.	94			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary A ctivity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	g Section (b)(13 control organiza	3) led
BROOKLYN HOSPITAL FOUNDATION INC 121 DEKALB AVE BROOKLYN, NY 11201 11-2936410	SUPPORT	NY	501(c) (3)	11 TYPE I	BK HOSP CTR	Yes	
SILVERCREST SR HOUSING DEVELOPMENT FUND  144-45 87TH ST BRIARWOOD, NY 11435 26-2894911	SR HOUSING	NY	501(c) (3)	9	SILVERCREST	Yes	
NYACK HOSPITAL FOUNDATION  160 NORTH MIDLAND AVENUE NYACK, NY 10960  13-3245804	SUPPORT	NY	501(c) (3)	7	NYACK HOSP	Yes	
nephrology foundation of brooklyn  1845 McDonald Avenue brooklyn, NY 11223 11-2508594	dıalysıs	NY	501(c) (3)	9	Rogosin	Yes	

Form 990, Schedule R, Part	IV - Identific	ation of Re	lated Organi		xable as a	Corporation	or Trust
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
NETWORK INSURANCE COMPANY LTD PO BOX HM 1760 HAMILTON, HM HX, bermuda BD	Reinsurance	BD	nyp system inc	foreign C CORP			
NYH-SHP IPA INC 525 EAST 68TH STREET BOX 156 NEWYORK, NY 10021 13-3919980	INACTIVE	NY	nyp system inc	C CORP			
NYP SERVICES INC 525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 06-1830524	INACTIVE	NY	nyp foundation	C CORP			
NEW YORK, NY 10065 80-0336716	INACTIVE	NY	nyp foundation	C CORP			
HARKNESS HALL CLUB INC 525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 13-3170488	LIQUOR LICENSe	NY	NYP HOSPITAL	C CORP			
COLUMBIA PRESBYTERIAN HEALTH SYSTEMS 525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 13-3053885	REAL ESTATE	NY	NYP FUND INC	C CORP			
NY PRESBYTERIAN GLOBAL SERVICES INC 525 EAST 68TH ST BOX 156 NEW YORK, NY 10065 13-3845935	INACTIVE	NY	NYP FUND INC	C CORP			
BKLYN HOSPITAL ECG MEDICAL SERVICES 121 DEKALB AVE BROOKLYN, NY 11201 11-2833052	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
BKLYN HOSPITAL NUCLEAR	MEDICAL SERVI	NY	BKLYN HOSP CTR	C CORP			
tbhc MEDICAL SERVICES PC 121 DEKALB AVE	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
BKLYN HOSPITAL RADIOLOGY	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
tbhc EMERGENCY MEDICINE	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
tbhc ANESTHESIOLOGY	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
tbhc PEDIATRICS PC	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
tbhc MEDICAL TESTING SERV	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
tbhc PHYSICAN SERVICES PC 121 DEKALB AVE	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
tbhc RADIATION ONCOLOGY	MEDICAL SERVIce	NY	BKLYN HOSP CTR	C CORP			
HIGHLAND MEDICAL PC 160 NORTH MIDLAND AVE NYACK, NY 10960 13-4034481	MEDICAL SERVIce	NY	NYACK HOSPITAL	C CORP			
nh MANAGEMENT INC 160 NORTH MIDLAND AVE NYACK, NY 10960 13-4026486	MSO	NY	NYACK HOSPITAL	C CORP			
main street medical pc 56-45 main street flushing, NY 11358 06-1205476	medical services	NY	ny hospital qns	c corp			

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

Form 990, Schedule R, Pa	art IV - Iden	tification of	Related Orga	anizations	Taxable as a	Corporatio	n or Trust
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
nyhq obgyn pc 56-45 main street flushing, NY 11358 11-3395424	medical services	NY	ny hospital qns	c corp			
bma pc 56-45 main street flushing, NY 11358 11-2747259	medical services	NY	ny hospital qns	c corp			
Bklyn hosp women h'care med prov PC 121 dekalb ave brooklyn, NY 11201 27-5459970	Medical services	NY	Bklyn Hosp CTR	C Corp			
MSO of Kings County LLC 506 sixth street brooklyn, NY 11215 27-2387333	Medical services	NY	Methodist Hosp	C Corp			
NY Queens Medicine and Surgery pc 56-45 main street flushing, NY 11358 27-4719998	medical services	NY	NY hospital qns	c corp			



Ernst & Young LLP



## **Financial Statements**

Years Ended December 31, 2011 and 2010

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## Report of Independent Auditors

The Board of Trustees
The New York Community Hospital of Brooklyn, Inc

We have audited the accompanying statements of financial position of The New York Community Hospital of Brooklyn, Inc (the "Hospital") as of December 31, 2011 and 2010, and the related 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 financial position of The New York Community Hospital of Brooklyn, Inc at December 31, 2011 and 2010, and the results of its operations and changes in net assets and its 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 financial statements, in 2011 the Hospital changed its method of reporting estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of Accounting Standards Update No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* 

Ernst + Young LLP

May 30, 2012

# Statements of Financial Position

	December 31				
		2011		2010	
		(In The	ousa.	nds)	
Assets					
Current assets					
Cash and cash equivalents	\$	34,020	\$	25,358	
Patient accounts receivable, less allowance for					
uncollectibles (2011 – \$9,424, 2010 – \$7,868)		12,796		9,770	
Other current assets		2,784		2,394	
Assets limited as to use, current portion (self insurance fund in					
2011, \$703 of self-insurance fund and \$1,156 of debt service					
reserve fund in 2010) (Notes 3 and 6)		828		1,859	
Total current assets		50,428		39,381	
Assets limited as to use (Notes 3 and 6):					
Trusteed self-insured fund		8,015		6,590	
Funded depreciation		1		2	
Assets limited as to use – noncurrent		8,016		6,592	
Property, buildings and equipment – net (Note 4)		17,977		18,456	
Insurance recovery receivable		2,125		2,825	
Total assets	\$	78,546	\$	67,254	

	December 31				
		2011		2010	
		(In Tho	บเรตเ	nds)	
Liabilities and net assets					
Current liabilities					
Accounts payable and accrued expenses	\$	11,086	\$	10,479	
Accrued salaries and related liabilities		3,023		2,894	
Due to related organizations (Note 8)		158		172	
Current portion of estimated professional					
liabilities (Note 6)		828		703	
Total current liabilities		15,095		14,248	
Accrued pension liability (Note 7)		5,411		3,717	
Estimated professional liabilities, less current					
portion (Note 6)		9,580		9,149	
Other noncurrent liabilities and deferred revenue (Note 2)		16,861		12,563	
Total liabilities		46,947		39,677	
Commitments and contingencies (Notes 2,5, 6, and 7)					
Net assets					
Unrestricted net assets		31,599		27,577	
Total liabilities and net assets	\$	78,546	\$	67,254	

See accompanying notes.

# Statements of Operations and Changes in Net Assets

	Year Ended December 2011 2010				
		(In The	บเรตห	nds)	
Revenue					
Net patient service revenue	\$	90,957	\$	87,076	
Other revenue (Note 10)		2,809		329	
Total revenue		93,766		87,405	
Operating expenses					
Salaries and wages		39,568		39,229	
Employee benefits		14,671		13,822	
Supplies and other expenses		30,847		30,294	
Interest		_		76	
Depreciation		2,856		2,543	
Total operating expenses		87,942		85,964	
Income from operations		5,824		1,441	
Change in unrealized gains and losses on marketable securities		38		28	
Excess of revenue over expenses		5,862		1,469	
Other changes in unrestricted net assets					
Change in pension liability to be recognized in future periods ( <i>Note 7</i> )		(1,840)		(507)	
periodo (1707e /)		(1,040)		(301)	
Increase in unrestricted net assets		4,022		962	
Net assets at beginning of year		27,577		26,615	
Net assets at end of year	\$	31,599	\$	27,577	

See accompanying notes.

## Statements of Cash Flows

	Year Ended December 3 2011 2010				
		(In The	วนรสเ	nds)	
Operating activities					
Increase in unrestricted net assets	\$	4,022	\$	962	
Adjustments to reconcile increase in unrestricted net					
assets to net cash provided by operating activities					
Depreciation and amortization		2,856		2,543	
Change in unrealized gains and losses on marketable securities		(38)		(28)	
Changes in operating assets and liabilities					
Patient accounts receivable, net		(3,026)		(503)	
Other current assets		(390)		(38)	
Insurance recovery receivable		(2,125)		(2,825)	
Accounts payable and accrued expenses		<b>607</b>		1,285	
Accrued salaries and related liabilities		129		397	
Due to related organizations		(14)		(5)	
Accrued pension liability		1,694		803	
Estimated self-insured professional liabilities		3,381		4,419	
Other liabilities and deferred revenue		4,298		534	
Net cash provided by operating activities		11,394		7,544	
Investing activities					
Acquisitions of property, buildings and equipment		(2,377)		(6,104)	
Net change in assets limited as to use		(355)		(1,214)	
Net cash used in investing activities		(2,732)		(7,318)	
Financing activities					
Principal repayments on long-term debt		_		(935)	
Net cash used in financing activities		_		(935)	
Net increase (decrease) in cash and cash equivalents		8,662		(709)	
Cash and cash equivalents at beginning of year		25,358		26,067	
Cash and cash equivalents at end of year	\$	34,020	\$	25,358	

See accompanying notes.

#### Notes to Financial Statements

December 31, 2011

#### 1. Organization and Significant Accounting Policies

Organization: The New York Community Hospital of Brooklyn, Inc (the "Hospital") is 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 The Hospital is incorporated as a membership corporation, whose members are selected by the New York-Presbyterian Healthcare System, Inc ("System"), which is a tax-exempt organization whose members are selected by New York-Presbyterian Foundation, Inc ("Foundation, Inc") The Hospital's members select the Hospital's Board of Trustees Foundation, Inc is related to a number of organizations

The following is a summary of significant accounting policies

Basis of Financial Statement Presentation: The accompanying financial statements include only the accounts of the Hospital and do not contain the accounts of affiliated organizations

Use of Estimates: The preparation of 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 and liabilities, such as estimated uncollectibles for accounts receivable for services to patients, estimated settlements with third-party payors and professional insurance liabilities, and disclosure of contingent assets and liabilities at the date of the 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

Cash and Cash Equivalents: The Hospital classifies as cash equivalents all highly liquid financial instruments with a maturity of three months or less when purchased which are not assets limited as to use

Receivables for Patient Care and Allowance for Doubtful Accounts: Patient accounts receivable for which the Hospital receives payment under cost reimbursement, prospective payment formulae or negotiated rates, which cover the majority of patient services, are stated at the estimated net amounts receivable from such payors, which are generally less than the established billing rates of the Hospital The amount of the allowance for doubtful accounts is based upon management's assessments of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other

# Notes to Financial Statements (continued)

## 1. Organization and Significant Accounting Policies (continued)

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

Assets Limited as to Use and Investment Gains, Losses and Income: Assets so classified represent assets whose use is restricted for specific purposes under internal designation or terms of agreements. These assets consist of cash and cash equivalents and U.S. government bonds. Marketable securities are carried at fair value based on quoted market prices. Realized gains and losses on the sales of marketable securities are based upon the average cost method. Realized gains and losses are recorded as investment income within the caption other revenue in the statements of operations and changes in net assets. The change in unrealized gains and losses on marketable securities is reported as a component of the excess of revenue over expenses in the statements of operations and changes in net assets.

Property, Buildings and Equipment: Property, buildings and equipment purchased are recorded at cost and those acquired by gifts and bequests are recorded at appraised or fair value established at date of contribution. The carrying amount of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations. Depreciation is computed using the straight-line method over the estimated useful lives of the assets.

Supplies: Supplies, which are recorded on the first-in, first-out method, are stated at the lower of cost or market value. Such amount is recorded within the caption other current assets in the statements of financial position. Supplies are used in the provision of patient care and generally are not held for sale.

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. At December 31, 2011 and 2010, all of the Hospital's net assets are unrestricted.

# Notes to Financial Statements (continued)

## 1. Organization and Significant Accounting Policies (continued)

Net Patient Service Revenue: The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounts from charges, and per diem payments Net patient service revenue is reported at estimated net realizable amounts due from patients, third-party payors 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 provided, 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

Performance Indicator: The statements of operations and changes in net assets include excess of revenue over expenses as the performance indicator Changes in unrestricted net assets which are excluded from the performance indicator include the change in pension liability to be recognized in future periods Transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenue and expenses

Tax Status: The Hospital is a Section 501(c)(3) organization, exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code The Hospital also is exempt from New York State and City income taxes

Recent 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 ASU No 2010-23 in 2011 and applied its provisions to the financial statements (see Note 2) The adoption of ASU No 2010-23 did not have a material impact on the financial statements

In August 2010, the FASB also issued ASU No 2010-24, *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 statement of financial position. The standard

# Notes to Financial Statements (continued)

### 1. Organization and Significant Accounting Policies (continued)

is effective for fiscal years beginning after December 15, 2010 In 2011, the Hospital elected to retrospectively adopt ASU No 2010-24 as of December 31, 2010 The adoption resulted in an increase to insurance recovery receivable and estimated professional liabilities of approximately \$2 1 million and \$2 8 million as of December 31, 2011 and 2010, respectively

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 Under ASU No 2011-07, 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 will be required to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue (net of contractual allowances and discounts) Additionally, those health care entities will be required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The guidance is effective for the Hospital for fiscal years, and interim periods within those years, ending after December 15, 2012, with early adoption permitted. The Hospital is evaluating the impact of ASU No 2011-07 on its financial statements.

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, 2012, with early adoption permitted The Hospital adopted ASU No 2011-09 in 2011 and has applied its provisions to the financial statements (see Note 7) The Hospital's adoption of ASU No 2011-09 did not have a material impact on the financial statements

### 2. Net Patient Service Revenue

Medicare Reimbursement: Hospitals are paid for most Medicare inpatient and outpatient services under the National prospective payment systems 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

# Notes to Financial Statements (continued)

### 2. Net Patient Service Revenue (continued)

*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 payors 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

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payors for adjustments to current and prior years' payment rates, based on industry-wide and Hospital-specific data Federal and other regulations require annual retroactive settlements for reimbursements through cost reports filed by the Hospital Such regulations also provide for certain retrospective adjustments to current and prior years' payment rates, based on industry-wide and Hospital-specific data. The estimated settlements recorded at December 31, 2011 and 2010 could differ from actual settlements based on the results of cost report audits. Cost reports for all years through 2006 have been audited and settled as of December 31, 2011, although revisions to final settlements could be made. Other years remain open for settlement, as are settlements with the State Medicaid program.

During 2011 and 2010, the Hospital recorded approximately \$500,000 and \$600,000, respectively, of net settlements and adjustments to revenue estimates These amounts were recorded as an increase in net patient service revenue

There are various proposals at the Federal and State levels, including health care reform enacted by the Federal and State governments, that could, among other things, significantly reduce reimbursement rates or modify reimbursement methods. The ultimate outcome of these proposals and other market changes cannot presently be determined. Future changes in the Medicare and

# Notes to Financial Statements (continued)

### 2. Net Patient Service Revenue (continued)

Medicaid programs and any reduction of funding could have an adverse impact on the Hospital Additionally, certain payors' payment rates for various years have been appealed by the Hospital If the appeals are successful, additional income applicable to those years could be realized

For each of the years ended December 31, 2011 and 2010, revenue from Medicare and Medicaid programs accounted for approximately 70% of the Hospital's net patient service revenue. The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are 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 is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying financial statements and believes that it is in compliance, in all material respects, with all applicable laws and regulations. Action for noncompliance could result in repayment of amounts reimbursed, fines, penalties and exclusion from such programs

## Uncompensated Care and Community Benefit Costs

The Hospital's commitment to community service is evidenced by services provided to the poor and benefits provided to the broader community. Services provided to the poor include services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.

The Hospital provides quality medical care regardless of race, creed, sex, sexual orientation, national origin, handicap, age or ability to pay Although reimbursement for services rendered is critical to the operations and stability of the Hospital, it is recognized that not all individuals possess the ability to pay for essential medical services and, furthermore, the Hospital's mission is to serve the community with respect to health care and health care education Therefore, in keeping with the Hospital's commitment to serve members of the community, the Hospital provides the following charity care to the indigent, care to persons covered by governmental programs at below cost, and health care activities and programs to support the community These activities include wellness programs, community education programs, health screenings and a broad variety of community support services

The Hospital believes it is important to quantify comprehensively the benefits it provides to the community, which is an area of emphasis for not-for-profit health care providers. The costs of uncompensated care and community benefit activities are derived from various Hospital records

## Notes to Financial Statements (continued)

### 2. Net Patient Service Revenue (continued)

Amounts for activities as reported below are based on estimated and actual data, subject to changes in estimates upon the finalization of the Hospital's cost report and other government filings. The amounts reported below are calculated in accordance with guidelines prescribed by the Internal Revenue Service ("IRS"). The net cost of charity care includes the direct and indirect cost of providing charity care services, offset by revenues received from indigent care pools and other subsidies. The cost is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care. Funds received to offset charity services totaled approximately \$0 and \$0.7 million from the indigent care pool under the New York State Medicaid program for 2011 and 2010, respectively. The charity care component of the indigent care pool payments is estimated utilizing a ratio of charity care charges to total charity care and bad debt charges applied to the indigent care pool reimbursement.

Costs related to uncompensated care and community benefit activities are summarized as follows (in thousands)

	 2011		2010
Charity care, net (a)	\$ 1,674	\$	1,585
Means-tested programs (b)	3,631		3,882
Other community benefits (c)	 745		635
Total charity care and other community benefits	\$ 6,050	\$	6,102

Charity care, at cost, and means-tested programs include the following (and exclude losses incurred on providing services to Medicare patients)

(a) Charity Care: As part of its charity care and financial aid policy, the Hospital obtains and uses additional financial information for uninsured or under-insured patients who have not supplied the requisite information to qualify for charity care. The additional information obtained is used by the Hospital to determine whether to qualify patients for charity care and/or financial aid in accordance with the Hospital's policies

The Hospital makes available free care programs for qualifying patients under its charity care and financial aid policy During the registration, billing and collection process, a patient's eligibility for free care funds is determined For patients who do not receive free

# Notes to Financial Statements (continued)

## 2. Net Patient Service Revenue (continued)

care and who are determined to be eligible for charity care in the form of discounted medical services under the Hospital's charity care and financial aid policy, care given but not paid for is classified as charity care. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are classified as bad debt expense (\$2.3 million in 2011 and \$2.0 million in 2010 included in supplies and other expenses in the accompanying statements of operations). Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patient's ability to pay

Annually, the Hospital accrues for potential losses related to its uncollectible accounts and the amounts that meet the definition of charity care (including free and discounted medical care) allowances

(b) Means-Tested Programs: Community benefits include losses incurred in providing services to patients who participate in certain public health programs such as Medicaid Payments received by the Hospital for patient services provided to Medicaid program participants are less than the actual cost of providing such services Therefore, to the extent Medicaid payments are less than the cost of care provided to Medicaid patients, the uncompensated cost of that care is considered to be a community benefit

## Other community benefits include the following

(c) Community Health Improvement Services and Community Benefit Operations: The Hospital is committed to serving the neighborhoods comprising its service area and recognizes the importance of preserving a local community focus to effectively meet community need. The Hospital adheres to a single standard for assessing and meeting community need, while retaining a geographically focused approach for soliciting community participation and involvement and providing community outreach

The Hospital has fostered continued community participation and outreach activities through linkages with numerous community-based groups Community health improvement services and related operations include screening and exams, and other education or support services in areas such as the following asthma, behavioral health, cancer, community-based outreach and health education, digestive diseases, emergency services/emergency preparedness, heart disease, HIV/AIDS, and vascular disease (a complete description of each service can be found in the Hospital's annual community service plan)

# Notes to Financial Statements (continued)

### 3. Assets Limited as to Use

The composition of assets limited as to use is as follows

	December 31				
	2011			2010	
		(In Th	ousar	ids)	
Cash equivalents	\$	7,095	\$	5,560	
U S Treasury notes		1,732		2,878	
Accrued interest		17		13	
		8,844		8,451	
Less current portion of assets limited as to use		828		1,859	
Assets limited as to use – noncurrent	\$	8,016	\$	6,592	

In 2011, subsequent to the Hospital fully repaying the related long—term debt the assets limited to use in the debt service reserve fund were released and classified as cash and cash equivalents

Investment return included in the statements of operations and changes in net assets consists of the following

	Year Ended December 2011 2010			
		(In Th	ousana	ds)
Interest and dividend income, included in other revenue ( <i>Note 10</i> ) Change in unrealized gains and losses on	\$	109	\$	117
marketable securities		38		28
	\$	147	\$	145

# Notes to Financial Statements (continued)

## 4. Property, Buildings and Equipment

A summary of property, buildings and equipment follows

	December 31				
	2011			2010	
		(In The	วนรสเ	nds)	
Land and land improvements	\$	83	\$	83	
Buildings and improvements		33,025		31,738	
Movable equipment		30,936		29,603	
		64,044		61,424	
Less accumulated depreciation and amortization		46,167		43,311	
		17,877		18,113	
Construction-in-progress		100		343	
	\$	17,977	\$	18,456	

## 5. Operating Leases

Total rental expense charged to operations for the years ended December 31, 2011 and 2010 aggregated approximately \$0.8 million and \$0.7 million, respectively

Future minimum payments under noncancellable operating leases with initial or remaining terms of one year or more at December 31, 2011 consisted of the following (in thousands)

2012	\$ 807
2013	810
2014	385

## 6. Professional Liabilities

Effective April 1, 1996, the Hospital began purchasing primary and excess professional liability insurance and general liability insurance, on an occurrence basis, from Network Insurance Company Ltd ("NICL"), a related entity that is an offshore captive insurance company NICL has capped the Hospital's insurance coverage for the period from September 17, 2002 through September 16, 2004 at approximately \$2.9 million (aggregate of open case reserves and committed settlements), the Hospital is self-insured for liabilities above the capped limit

## Notes to Financial Statements (continued)

### 6. Professional Liabilities (continued)

As a result of the adoption of ASU No 2010-24 in 2011 and in relation to claims insured by NICL, at December 31, 2011 and 2010, the Hospital recorded an estimated insurance recovery receivable and insurance claim liability related to professional liabilities of \$2 1 million and \$2 8 million, respectively

Effective February 25, 2005, the Hospital discontinued its primary and excess arrangements with NICL and became self-insured, the Hospital still purchases excess liability insurance. In connection with the current and prior self-insurance program (see below), the Hospital established an irrevocable trust for the purpose of setting aside assets based on actuarial funding recommendations. Under the trust agreement, the trust assets can only be used for payment of professional and general liability losses and related expenses. The actuarially determined undiscounted liabilities, including estimated liabilities for claims that have been incurred but not reported, aggregated approximately \$9.4 million and \$7.8 million, respectively, at December 31, 2011 and 2010, and the amount included in the accompanying financial statements is approximately \$8.3 million and \$7.0 million, respectively, based on a discount factor of 3% and 5% in 2011 and 2010, respectively. The amount funded in the self-insurance trust at December 31, 2011 and 2010 was approximately \$8.8 million and \$7.3 million, respectively

Through November 30, 1978, the Hospital maintained primary and excess professional and general liability insurance coverage with commercial carriers. For the period December 1, 1978 through March 31, 1996, the Hospital was self-insured for primary and excess professional liabilities while continuing to maintain excess general liability insurance through commercial carriers in certain years. The liability related to this self-insured period was not significant at December 31, 2011 or 2010.

Professional liability and other claims have been asserted against the Hospital by various claimants. The claims are in various stages of processing and some have been or may ultimately be brought to trial. There are also known incidents that have occurred that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients in the past. It is the opinion of Hospital management, based on prior experience and the advice of risk management, actuarial and legal counsel, that the ultimate resolution of professional liabilities and other claims will not significantly affect the Hospital's financial position.

## Notes to Financial Statements (continued)

#### 7. Pension Benefits

The Hospital provides pension and similar benefits to its employees through several pension plans, including multi-employer plans for union employees and a defined benefit plan primarily for eligible nonunion employees of the Hospital The Hospital funds the noncontributory defined benefit plan in accordance with the minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), plus additional amounts that the Hospital may deem

Amounts contributed to the defined benefit plan are based on actuarial valuations Contributions to union plans are based on union employee gross salary levels and rates required under union contractual arrangements

The benefits for all participants or their beneficiaries in the defined benefit plan sponsored by the Hospital are based on highest average compensation for five consecutive years during the last ten years of credited service, subject to ERISA limitations

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 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

# Notes to Financial Statements (continued)

### 7. Pension Benefits (continued)

The reconciliation of the beginning and ending balances of the benefit obligation and the fair value of the defined benefit plan assets for the years ended December 31, 2011 and 2010 are as follows

		2011		2010
	(In Thousands)			nds)
Benefit obligation				
Benefit obligation at beginning of year	\$	9,450	\$	8,235
Service cost		538		487
Interest cost		450		473
Net actuarial losses		1,391		1,010
Benefits paid		(977)		(755)
Benefit obligation at end of year		10,852		9,450
Fair value of plan assets				
Fair value of plan assets at beginning of year		5,733		5,321
Actual return on plan assets		(255)		697
Employer contributions		940		470
Benefits paid		(977)		(755)
Fair value of plan assets at end of year		5,441		5,733
Funded status				
Unfunded status of the plan		(5,411)	\$	(3,717)

The accumulated benefit obligation for the Hospital's pension plan was approximately \$9.2 million and \$8.1 million at December 31, 2011 and 2010, respectively

Included in unrestricted net assets at December 31, 2011 and 2010 is approximately \$4.8 million and \$2.9 million, respectively, for the unrecognized actuarial loss that has not yet been recognized in net periodic pension cost. The actuarial loss included in changes in unrestricted net assets at December 31, 2011 and expected to be recognized in net periodic pension cost during the year ending December 31, 2012 is approximately \$369,000

## Notes to Financial Statements (continued)

## 7. Pension Benefits (continued)

Weighted-average assumptions used in determining the pension benefit obligations at December 31, 2011 and 2010 were as follows

	Decemb	oer 31
	2011	2010
Discount rate	4.00%	5 05%
Rate of compensation increase	3.50	3 50

Net periodic pension cost for the years ended December 31, 2011 and 2010 consists of the following components

	Year Ended December 2011 2010			
	(In Thousands)			
Service cost	\$	538	\$	487
Interest cost			473	
Expected return on plan assets	<b>(390)</b> (36.			
Recognized actuarial loss	<b>196</b> 170			
Net periodic pension cost	\$	767		

Weighted-average assumptions used in determining the net periodic pension cost for the years ended December 31, 2011 and 2010 were as follows

	2011	2010
Discount rate	5.05%	5 75%
Expected long-term rate of return on plan assets	7.00	7 00
Rate of increase in future compensation levels	3.50	4 00

The overall expected long-term rate of return on plan assets is based on the historical returns of each asset class weighted by the target asset allocation. The target asset allocation has been selected consistent with the Hospital's desired risk and return characteristics. The Hospital reviews the expected long-term rate periodically and, based on the building block approach, updates the rate for changes in the marketplace.

## Notes to Financial Statements (continued)

## 7. Pension Benefits (continued)

The overall objective of the investment policy of the defined benefit pension plan is to produce an asset allocation that will generate return annually in order to meet the expense and income needs and provide for sufficient annual asset growth

Funds are invested with a long-term (five years or greater) return objective The Hospital's weighted-average asset allocations at December 31, 2011 and 2010, by asset category, are as follows

	Plan Assets at December 31		
	2011	2010	
Asset category			
Equity securities	84%	88%	
Debt securities	_	5	
Cash and cash equivalents	16	7	
•	100%	100%	

Plan assets are invested in institutional funds and the target and policy ranges are reevaluated quarterly. Investment performance is reviewed quarterly with performance results and benchmarks compiled independently by the plan's trustee, JPMorgan Chase Bank, and the plan's investment consultant.

The Hospital expects to contribute approximately \$0 8 million to its defined benefit pension plan in 2012

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows (in thousands)

2012	\$ 497
2013	622
2014	924
2015	867
2016	613
2017 to 2021	5,218

# Notes to Financial Statements (continued)

### 7. Pension Benefits (continued)

Multiemployer Pension Plan: The Hospital contributes to the 1199 SEIU Healthcare Employees Pension Fund ("1199 SEIU") This is a multiemployer defined benefit pension plan under the terms of a collective bargaining agreement that covers the Hospital's union-represented employees Contributions to the union plan are based on union employee gross salary levels and rates required under union contractual arrangements. The risks of participating in multiemployer plans are different from single-employer plans in the following respects

- 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 the plan, the unfunded obligations of the plan may be borne by the remaining participating employers
- If the Hospital chooses to stop participating in the multiemployer plan, the Hospital may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability

The Hospital's participation in the multiemployer plan 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
- The Pension Plan Protection Act of 2006 ("PPA") zone status is based on information that the Hospital received from the plan and is certified by the plan's actuaries Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% 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

## Notes to Financial Statements (continued)

## 7. Pension Benefits (continued)

- The column "Surcharge Imposed" indicates whether the Hospital was required to pay a surcharge to the plan
- The last column lists the expiration date of the collective-bargaining agreement to which the plan is subject

The number of employees covered by the Hospital's multiemployer plan 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 plan's 2010 Form 5500 as providing more than 5% of total plan contributions

Pension	EIN/Pension	Pension Protection Act Zone Status		FIP/RP	Contributions by the Hospital		_ Surcharge	Expiration Date of Collective Bargaining -		
Fund	Plan Number	2011	2010	Status		2011		2010	Imposed	Agreement
						(In Th	่าอแรง	ınds)		
	13-3604862									
1199 SEIU	Plan No ()()1	Green	Red	Yes	\$	2,263	\$	1.785	No	4 30 2015

#### 8. Related Organizations

The following balances are due to the Hospital's related organizations at December 31, 2011 and 2010

	2	2011		2010	
		(In Thousands)			
The New York and Presbyterian Hospital ("NYPH")(a)	\$	87	\$	73	
Network Recovery Services, Inc ("NRS")(b)		71		99	
	\$	158	\$	172	

- (a) Amounts due to NYPH at December 31, 2011 and 2010 represent unpaid amounts for allocation of costs, including medical related services, data processing and personnel The total allocated costs approximated \$5 2 million and \$4 9 million for the years ended December 31, 2011 and 2010, respectively
- (b) Amounts due to NRS at December 31, 2011 and 2010 represent balances for collection service, net of rebates For each of the years ended December 31, 2011 and 2010, the Hospital was charged approximately \$0.3 million in fees for collection services

# Notes to Financial Statements (continued)

#### 9. Concentration of Credit Risk

The Hospital has all of its cash and marketable securities deposited in one financial institution at December 31, 2011 and 2010, and the amounts deposited exceed Federal depository insurance limits

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under various third-party arrangements. Significant concentrations of net patient accounts receivable from patients and third-party payors are as follows.

	December 31			
	2011	2010		
Medicare	35%	30%		
Medicaid	21	17		
Commercial and other payors	38	48		
Self-pay	6	5		
	100%	100%		

No individual self-pay or commercial payor exceeded 10% of the total receivables

#### 10. Other Revenue

Other revenue consists of the following

	Year Ended December 31 2011 2010					
	(In Thousands)					
Contributions	\$	31	\$	44		
Net investment income (Note 3)		109		117		
Electronic health records incentive payments	2,495			_		
Other		174		168		
Total	\$	2,809	\$	329		

## Notes to Financial Statements (continued)

## 10. Other Revenue (continued)

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 required period of time were met and that the grant revenue will be received EHR incentive payment revenue totaling \$2.5 million from Medicare for the year ended December 31, 2011, is included in other revenue in the accompanying 2011 statement of operations. 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.

#### 11. Fair Value Measurements

For its financial assets and liabilities that are required to be measured at fair value, the Hospital calculates fair value based on 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. The Hospital uses a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described 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

# Notes to Financial Statements (continued)

## 11. Fair Value Measurements (continued)

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

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 utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The Hospital also considers counterparty credit risk in its assessment of fair value.

Financial assets and liabilities 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

	Level 1		Le	vel 2	Le	vel 3	Total	
	(In Thousands)							
<b>December 31, 2011</b>								
Cash and cash equivalents	\$	41,132	\$	_	\$	_	\$	41,132
US Treasury notes		1,732		_		_		1,732
Total	\$	42,864	\$		\$	_	\$	42,864
<b>December 31, 2010</b>								
Cash and cash equivalents	\$	30,931	\$	_	\$	_	\$	30,931
US Treasury notes		2,878		_		_		2,878
Total	\$	33,809	\$	_	\$	_	\$	33,809

## Notes to Financial Statements (continued)

### 11. Fair Value Measurements (continued)

Financial assets invested in the Hospital's defined benefit pension plan at fair value are classified in the table below in one of the three categories described above

	Level 1			Level 2 Le		Level 3		Total	
		(In Thousands)							
December 31, 2011 Cash and cash equivalents U S equity securities	\$	896 4,545	\$	_ _	\$	_ _	\$	896 4,545	
	\$	5,441	\$	_	\$	_	\$	5,441	
<b>December 31, 2010</b>									
Cash and cash equivalents	\$	401	\$	_	\$	_	\$	401	
U S equity securities		5,045		_		_		5,045	
Fixed income securities		287		_		_		287	
	\$	5,733	\$	_	\$	_	\$	5,733	

#### 12. State Commission on Healthcare

In connection with the adoption of the budget for the State of New York's fiscal year 2005-2006, the State legislature authorized the creation of the Commission on Health Care Facilities in the Twenty-First Century (the "Commission") charged with studying the State's hospital and nursing home systems and making recommendations for closure, resizing, conversion, consolidation and restructuring. In its final report released on November 28, 2006, the Commission's recommendations targeted nearly 50 hospitals for restructuring and nine hospitals for closure. The Commission's recommendations were to be implemented by the Commissioner of Health, with full implementation scheduled for June 2008. In the Commission's final report, the Commission recommended that the Hospital merge with The New York Methodist Hospital, an entity related through its corporate sponsorship with System and transition certain bed capacity to ambulatory services. The New York State Department of Health ("NYSDOH") granted the Hospital a three-year limited life operating certificate through June 30, 2011

In May 2011, the NYSDOH approved a plan for a corporate entity to be established as a parent of the Hospital and The New York Methodist Hospital and the expiration date on the Hospital's operating certificate was removed

Notes to Financial Statements (continued)

## 13. Subsequent Events

Subsequent events have been evaluated through May 30, 2012, which is the date the financial statements were available to be issued No subsequent events have occurred that require disclosure in or adjustment to the financial statements

## Ernst & Young LLP

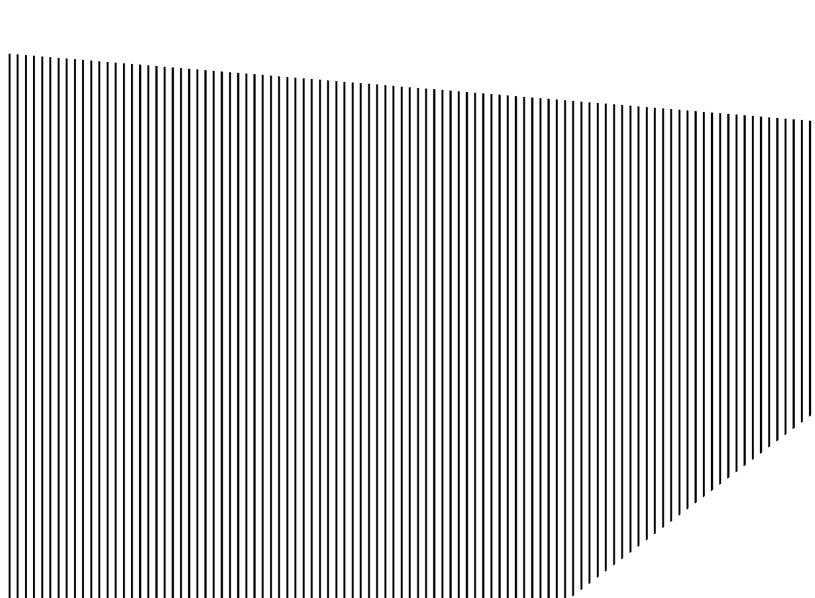
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## **Additional Data**

Software ID: Software Version:

**EIN:** 11-1986351

Name: The New York Community Hospital of Brooklyn

## Form 990, Special Condition Description:

**Special Condition Description**