DLN: 93493314008362

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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		calendar year, or tax year beginning 01-01-2 C Name of organization THE NEW YORK METHODIST HOSPITAL	011 and ending 12-31-20	1	D Employer id	lentification number				
_	ress cha	THE NEW YORK METHODIST HOSPITAL			11-16317	96				
_	ne chan	Doing Business As		_	E Telephone n					
_	al retur				(212) 297-	-5962				
_	minated	506 SIXTH STREET	vered to street address) Room/s	suite	G Gross receipts	s \$ 594,784,648				
_										
_	ended r	BROOKLYN, NY 11215								
Арр	lication	pending		<u></u>						
		F Name and address of principal offic MARK J MUNDY	er		s a group retui					
		506 SIXTH STREET		affilia [.]	tes?	⊤Yes ▼ No				
		BROOKLYN,NY 11215		H(b) Are all	affiliates inclu	ded?				
Tox		pt status			•	t (see instructions)				
107	K-exem	pt status	4947(a)(1) or 527	H(c) Grou	p exemption n	umber 🟲				
W	ebsite	: www nym org								
Forn	n of org	anization 🔽 Corporation 🦵 Trust 🦵 Association 🦵 Other 🕨	•	L Year of for	mation 1881	M State of legal domicile NY				
Pai	rt I	Summary								
		Briefly describe the organization's mission or most	=							
		o provide excellent healthcare services without reducational and research center for physicians, nu								
بر د		esidents	rses and nearthcare profess	nonais, 10 prov	ide nearth edd					
aoremanes										
,	_									
5)	Check this box দ if the organization discontinued	t its operations or disposed	of more than 2	5% of its net a					
		lumber of voting members of the governing body (I			3 % Of its fiet 8	19				
			, .		4	16				
		lumber of independent voting members of the gove			5					
		otal number of individuals employed in calendar y			6	4,198				
•		otal number of volunteers (estimate if necessary)			7a	1,180				
		otal unrelated business revenue from Part VIII, c let unrelated business taxable income from Form 9			7a 7b	3,960,080				
	יים	- tumerated business taxable income noni i orini	990-1, IIIIe 54	Dries	r Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h) .		Pilo	5,610,499	12,722,541				
9	9	Program service revenue (Part VIII, line 2g)		3,010,499	538,866,190					
Revenue	10	Investment income (Part VIII, column (A), lines		9,007,833	3,590,115					
Ų.	11	• • • • • • • • • • • • • • • • • • • •	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total revenue—add lines 8 through 11 (must equ		ne ———	30,965,156	31,393,598				
		12)		5	66,601,382	586,572,444				
	13	Grants and similar amounts paid (Part IX, colum	n (A), lines 1-3)			0				
	14	Benefits paid to or for members (Part IX, column	(A), line 4)			0				
ø	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines		86,912,244	300,839,567				
986 1	16a	10) Professional fundraising fees (Part IX, column (A	\ line 11e\		.00,912,244	0				
Expenses	_									
ă	ь 17	Total fundraising expenses (Part IX, column (D), line 25)			47.753.705	251 125 160				
	17 18	Other expenses (Part IX, column (A), lines 11a- Total expenses Add lines 13-17 (must equal Pa			34,666,039	251,135,168				
	19	Revenue less expenses Subtract line 18 from lir			31,935,343	551,974,735 34,597,709				
e on	-9	TOTALINE 1633 EXPENSES SUBLIGIT IIIE 10 IIUIII III	10 12 1 1 1 1 1 1	Reginning	of Current	<u> </u>				
net Assets or Fund Balances					ear	End of Year				
7.4± 3.00	20	Total assets (Part X, line 16)		5	21,839,196	577,120,186				
2	21	Total liabilities (Part X, line 26)		3	50,682,121	397,358,454				
ΞÜ	22	Net assets or fund balances Subtract line 21 fro	m line 20	1	71,157,075	179,761,732				
Par	t II	Signature Block								
nowl		ties of perjury, I declare that I have examined this retund the setund the setund the setund the setund the set and belief, it is true, correct, and complete. Declaration								
		*****		20	12-11-09					
ign		Signature of officer		Da						
lere		Edward A Zaidberg CFO								
		Type or print name and title								
		Preparer's L	Date	Check If		ayer identification number				
aid		signature Angelo Pirozzi CPA	self- employed 🕨 🔽	(see instructions)						
	arer's	Firm's name (or yours Charles A Barragato								
Jse (ıf self-employed),			EIN 🕨					
	,	, , , , , , , , , , , , , , , , , , , ,			Phone no 🕨 (Phone no (212) 371-4446				
		Name Vanila NIV 10022			1	,,				

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

Par		ent of Program Service A Schedule O contains a response			
1	Briefly describe	the organization's mission			
rese		ysicians, nurses and healthcare	d to age, sex, race, creed, national professionals, To provide health ed		
2	the prior Form 9	90 or 990-EZ?	ogram services during the year wh	ch were not listed on	′es 🔽 No
3	Did the organiza		e O significant changes in how it condu		res ✓ No
	If "Yes," describ	e these changes on Schedule O			
4	expenses Secti	on 501(c)(3) and 501(c)(4) orga	omplishments for each of its three nizations and section 4947(a)(1) (ses, and revenue, if any, for each p	trusts are required to report tl	
4a	(Code) (Expenses \$ 445	i,498,772 including grants of \$) (Revenue \$	563,380,516)
	compassionate an with 651 beds, wh days of care were outpatient visits to objectives The se service is evidence afford health care under the Hospita with an environmeds with needs with health from professional Human Services C the Park Slope Vo Council, Gilda's Cl Healthcare Coalitic Community Council discuss neighborhe availability of the 3301 or the public healthcare profess program Offer an physicians, and er	d humane manner to the people who livinch includes an acute care general facility provided, 34,067 patients were dischaig of our outpatient sites, and 100,604 visits prices are accessible to patients and physical by our uncompensated services provided because of inadequate financial resource its financial aid policy. For the year enders on that assures the continuous enhancers are services, including health education agencies as well as outreach to and involvementations and services and involvementations. The American Flutheer Ambulance Corps, the American Flutheer Ambulance Corps, the American Fluth NYC, Leeza's Place, the Park Slope 60 on, the American Heart/Stroke Associational, made up of community residents who community service plan via web site not relations office at (718)780-5367 Serve sionals committed to the Brooklyn commissionals committed to the Brooklyn commissionals committed to the Brooklyn commissionals are provided to the Brooklyn commissionals.	the New York-Presbyterian Healthcare Sye and work in Brooklyn and its surrounding y and an extensive array of ambulatory at gied with an average length of stay of 5 5 to our Emergency Room In serving its consicians without regard to age, sex, race, colded to the poor in the broader community as and/or who are uninsured or under-insued December 31, 2011, uncompensated cament of patient safety, Assess periodically for patients and community residents Our Ivement in major community organization Park Slope Civic Council, the Brooklyn Charled Cross/Brooklyn Chapter, the South Broenatric Day Center, the YMCA of Greater on, the Lupus Foundation and the New York or are near-neighbors and/or represent variating to health care in general, and the ice, or obtain a copy of the community rejustified to health care ungeneral, and the ice, or obtain a copy of the community rejustified an active ecumenical program and changing technologies and management of the process of the community resident of the provide an active ecumenical program and changing technologies and management of the provide an active ecumenical program of the provide an active ecumenical program of changing technologies and management of the provides and control of the provides and provides	g areas The Hospital is a non-sectar of outpatient sites and services Dur days, excluding new borns There with minimity, the Hospital works to achie eed, national origin or disability The Our services provided to the poor incred These persons are eligible for creamounted to approximately \$25.4 the healthcare needs of the communeeds assessment is derived through, including the State and City Department of Commerce, the Park Slope booklyn Lion's Club, the Brooklyn Contex York, Prospect Park Branch, the count of Community or an evidence of the community of the proposition of the proposition of the proposition of the provided in particular Community report by calling the Hospital's administration of pastoral care and to conduct and principles that will stimulate creating other healthcare institutions, physical in particular institutions, physical institu	ran, voluntary institution ing 2011, 198,414 patient ere a total of 98,310 eve these primary commitment to community commitment to community care and financial aid million Provide patients inty and to respond to these han assortment of reports it ment of Health, the Chamber of Commerce, inmunity Heart Health Greater Southern Brooklyn Hospital has formed a roup meets quarterly to sidents are informed of the trative office at (718)780-on of physicians, nurses and clinical pastoral education ve solutions for our patient icians and community
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule including	· ·) (Revenue \$)
 4е	Total program		5,498,772		

Part IV	Check	dist of	Required	Schedules

			Vaa	Na
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Yes Yes	No
2	complete Schedule A	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	163	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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <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		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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	Yes	
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? Note. 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? If "Yes," complete Schedule I, Parts I and II	21		N o
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		Νο
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
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		Νο
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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
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		N o
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		Νο
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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Re	garding Other	IRS Filings an	d Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 431			
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	
а	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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year [?]	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
а	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	Yes	
ь				
	If "Yes," enter the name of the foreign country			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-		Νο
		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
L-	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			110
u	74 74 74 75 75 75 75 75			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	- 3		
	Form 1098-C?	7h		Νo
	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		Νo
	Sponsoring organizations maintaining donor advised funds.			NI -
	Did the organization make any taxable distributions under section 4966?	9a ob		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter Initiation food and control contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	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			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		Νo
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			
1a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	14b		No

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

Check if Schedule O	contains a response to an	vallestion in this Part VI						- V
Check ii Schedule O	contains a response to an	y question in tins i ait vi			•	•		• 1.

Se	ection A. Governing Body and Management							
	A doverning body and Hanagement		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		No.				
3	Did the organization delegate control over management duties customarily performed by or under the direct	3						
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was	_		No				
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo				
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				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	evenue Code.)			I				
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
Ь	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		No				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
	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	Yes					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?							
		16b	Yes					
	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶NY							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							
-0	(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

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 ELLIOTT M GAMBERG

506 SIXTH STREET

BROOKLYN, NY 112153609 (212) 297-5962

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
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the orga	anızatıon nor any re	lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er ar	e bo is b id a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) Average hours per week (describe	unles ar	on (d e tha	n on son er a	e bo ıs b nd a	x, oth		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	on amount of othe d compensation ns from the		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)	0	relat rganıza	
See A	Additional Data Table						-							
-														
										_				
1b					•	•		>						
	Total from continuation sheets Total (add lines 1b and 1c) .			· · ·		<u>.</u>		<u>-</u>		5,600,433	6,334,254	1		1,585,343
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nıted to	thos	e lıs	ted	above) who	o receive	ed more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Scl					ey e			r highes		ated employee			
4	For any individual listed on line					• pens					from the	3	Yes	
	organization and related organiz													
5	Did any person listed on line 1a	receive or accru	 Je comi	• pensa	• ition	fror	n anv	• unre	· ·	· · ·	or individual for	4	Yes	
	services rendered to the organiz								-			5		No
S	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
		(A)	dross							Doggr	(B)		(C	
	L CORNELL MEDICAL COLLEGE	ne and business add	aress								iption of services		Comper	
NEW	FAST 68TH STREET YORK, NY 10006									CARDIOTHOR	RACIC SURGE			3,303,851
506 9	. SLOPE EMERGENCY PHISICIAN SERVICE: SIXTH STREET DKLYN, NY 11215	S PC								TEACHING &	ADM FEES		3	,480,000
263 7	RO SPORTMED 7TH AVENUE SUITE 2A OKLYN, NY 11215									PHYSICIAL TI			5	,666,694
CERN 8200	IER CORPORATION ROCKCREEK PARKWAY SAS CITY, MO 64117									MEDICAL SYS	STEM MAINT		4	,879,726
BROC	OKLYN RADIOLOGY SERVICES PC SIXTH STREET									TEACHING &	ADM FEES		3	,405,000

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 119

586,572,444

563,380,516

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

	t include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
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	4,227,958		4,227,958	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	95,482	95,482		
7	Other salaries and wages	229,166,532	202,981,474	26,185,058	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,172,064	12,326,744		
9	Other employee benefits	37,128,476	31,117,084	6,011,392	
10	Payroll taxes	16,049,055	14,045,898	2,003,157	
11	Fees for services (non-employees)				
а	Management	11,908,315		11,908,315	
b	Legal	823,303		823,303	
c	Accounting	512,230		512,230	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	96,873		96,873	
g	Other	48,066,598	28,336,091	19,730,507	
12	Advertising and promotion	463,627		463,627	
13	Office expenses	9,730,749	1,356,975	8,373,774	
14	Information technology	5,492,020	4,583,937	908,083	
15	Royalties	0			
16	Occupancy	14,616,450	12,713,267	1,903,183	
17	Travel	769,996	669,736	100,260	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	259,505	225,715	33,790	
20	Interest	2,701,280	2,193,363	507,917	
21	Payments to affiliates	7,430,941		7,430,941	
22	Depreciation, depletion, and amortization	23,049,961	15,389,855	7,660,106	
23	Insurance	31,865,477	31,087,886	777,591	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Printing and Publications	2,042,305	1,704,618	337,687	
b	Postage and Shipping	262,974	219,492	43,482	
c	Membership/Dues	585,412		585,412	
d	Medical Supplies	88,699,729	86,451,155	2,248,574	
e	Education/Licence/Taxes	1,757,423		1,757,423	
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	551,974,735	445,498,772	106,475,963	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 990 (2011)

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 11,060 11,880 1 1 2 48,127,488 2 70.769.707 Savings and temporary cash investments 0 3 3 4 53.696.104 70.038.272 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 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 6 0 7 8.537.057 8 7,671,847 9 2,432,496 2.287.927 9 Prepaid expenses and deferred charges 563,971,960 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b Less accumulated depreciation 396,734,692 177,208,687 10c 167,237,268 b 79,831,335 79,683,151 11 11 16,398,804 12 16,369,865 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 135,596,165 15 15 163,050,269 16 521,839,196 16 577,120,186 Total assets. Add lines 1 through 15 (must equal line 34) . . . 85,143,489 17 101,557,728 17 Accounts payable and accrued expenses . 18 18 19 120,478 19 8,140 20 45.982.473 20 44.301.027 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 7.347.807 23 5,087,593 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 212,087,874 25 246,403,966 D 26 350,682,121 26 397,358,454 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 146,245,288 27 27 Unrestricted net assets 157,083,676 18,324,550 16,090,819 28 Temporarily restricted net assets 28 Fund 6,587,237 29 6,587,237 29 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 ¥ Total net assets or fund balances 171.157.075 33 179.761.732 33 34 Total liabilities and net assets/fund balances 521.839.196 577, 120, 186

Pa	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		586.5	572,44
2	Total expenses (must equal Part IX, column (A), line 25)	2			974,73!
3	Revenue less expenses Subtract line 2 from line 1	3		34,5	597,70
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		171,1	L57,07.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-25,9	993,05
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		179,7	761,73
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Name of the organization THE NEW YORK METHODIST HOSPITAL

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.

Inspection

11-1631796 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

Lilibiosei idelitii itatioli i	Employer identification i	numbe
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4	Γ			h organization operat ity, and state	ed in conjur	nction with	a hospital de	scribed in s e	ection 170(b)	(1)(A)(iii). Ente	r the	
5	Γ		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6	Г		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Γ	An orga describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
	_					A \/;\ /C	amplata Dart	TT \					
8 9	<u>'</u>			described in sectior at normally receives					ributions mo	mborchi	n foot a	d aro	c c
9	ı	-		rities related to its ex	• •				,			-	55
		•		oss investment inco	•	-			• •				
			_					•		. Lax) IIC	JIII DUSIII	:5565	
10	_		-	ganization after June				•	*				
10 11	<u>'</u>	_		ganized and operated ganized and operated	•		•	•		to cor=	, aut tha :	aurne e	os of
	,	one or the box	more public	ly supported organiz bes the type of supp b Type I	atıons desci ortıng organ	ribed in sec lization and	ction 509(a)(1) or section nes 11e thro	n 509(a)(2) : ugh 11h	See sect		a)(3).	Check
e	Γ	otherth	-	ox, I certify that the on managers and otl	-			•				-	
f		If the o		received a written de	etermination	from the 1	RS that it is	a Type I, Ty	pe II or Type	III sup	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)									Yes	No	
								ii persons de	sacribed iii (ii	,	11g(i)	165	140
		and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (I) above?							11g(ii)				
				lled entity of a persoi			\ ahovo2				11g(iii)		
h				ng information about							rig(iii)		<u> </u>
••		riovide	tile lollowi	ng miormation about	the support	eu organiz	ation(s)						
(i) Name suppor organiza		of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In IrnIng	Did you n organiza col (i) o supp	otify the ation in of your	(vi Is t organiza col (i) or in the	he ition in ganized		•	ii) unt of port?
				ınstructions))	Yes	No	Yes	No	Yes	No			

ınstructıons

	Support Schedule (Complete only if yo	u checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization f	ailed to	qualify
	under Part III. If the	organization	rails to quality t	<u>inder the tests</u>	listed below, pi	ease cor	npiete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1	1	1	1			
Car	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							
	line 4							
_ <u>S</u>	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
	ın)	(-,	(-,	(0, 2000	(-,	(-,		
7	A mounts from line 4							
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activities	es, etc (See ins	tructions)		•	12		
13	First Five Years If the Form 990 is t	or the organizati	on's first. second	. third. fourth. or	fifth tax vear as a	501(c)(3) organi	zation.
	check this box and stop here	.	· · · · · · · · · · · · · · · · · · ·	,,,	,	(- / (-	,	▶ ┌
_ <u>s</u>	ection C. Computation of Pub							
14	Public Support Percentage for 2011	. (line 6 column	(f) divided by line	11 column (f))		14		
15	Public Support Percentage for 2010) Schedule A , Pa	rt II, line 14			15		
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	6 or more	, check '	
_	and stop here. The organization qua		, ,,					▶ ┌
b	33 1/3% support test—2010. If the				6a, and line 15 is	33 1/3% (or more,	
17-	box and stop here. The organization				no 12 165 16	الحميما	1.4	▶
т/а	10%-facts-and-circumstances test- is 10% or more, and if the organization							
	in Part IV how the organization mee							ted
	organization	to the lacts diff	a circumstances	cost The Organia	Lation quanties as	a publicly	Sappor	red ▶□
ь	10%-facts-and-circumstances test-	-2010. If the ora	anızatıon dıd not	check a box on li	ne 13, 16a, 16b.	or 17a and	d line	• •
_	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "f	acts and circums	tances" test Th	e organızatıon qua	lıfıes as a	publich	
	supported organization			بمد می	4-11			► □
18	Drivate Foundation If the organizati	on did not chack	' a hov on line 13	165 166 1757	ar 1 /h chack thic	nov and c	- 0 0	

▶□

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 **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, 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 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	

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

b 33 1/3% support tests—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 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

Part IV	Supplemental Information. 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

Schedule B U.S. Shareholders of	Foreign Corporation (see instructions	5.)		
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder Note: This description should match the corresponding description entered in Schedule A, column (a)	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
				l

Schedule C Income Statement (see instructions.)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1	
	ь	Returns and allowances	o	
Ē	С	Subtract line 1b from line 1a		
Income	2	Cost of goods sold		
Ě	3	Gross profit (subtract line 2 from line 1c)		
	4	Dividends		
	5	Interest		
	6a	Gross rents	3	
	ь	Gross royalties and license fees	b	
	7	Net gain or (loss) on sale of capital assets		
	8	Other income (attach schedule)		
	9	Total income (add lines 3 through 8)		
	10	Compensation not deducted elsewhere)	
5	11a	Rents	а	
Deductions	ь	Royalties and license fees	ь	
ב	12	Interest	2	
ed ed	13	Depreciation not deducted elsewhere	3	
_	14	Depletion	1	
	15	Taxes (exclude provision for income, war profits, and excess		
		profits taxes)	5	
	16	Other deductions (attach schedule—exclude provision for income, war profits, and excess profits taxes)	5	
	17	Total deductions (add lines 10 through 16)	7	
A)	18	Net income or (loss) before extraordinary items, prior period		
Ě		adjustments, and the provision for income, war profits, and excess		
Іпсоте		profits taxes (subtract line 17 from line 9)	3	
Net Ir	19	Extraordinary items and prior period adjustments (see instructions)	9	
Ž	20	Provision for income, war profits, and excess profits taxes (see instructions))	
	21	Current year net income or (loss) per books (combine lines 18 through 20)	ı	
	<u> </u>	<u> </u>		E471 (Day 12 2011)

DLN: 93493314008362

OMB No 1545-0047

Open to Public

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

► 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 o	fthed	organızatıo	n
THE NEW	YORK	METHODIST	HOSPITAL

Employer identification number

┌ Yes

Part I-A	Complete if the organization is exempt under section 501(c) or is a	section 527 organization

- in opposition to candidates for public office in Part IV
- Political expenditures
- Volunteer hours

art I-B	Complete	<u>if the or</u>	ganization	<u>is exempt</u>	<u>under</u>	section	501(c)(3).	

- 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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ✓ No ☐ Yes ✓ No
- Was a correction made?

Did the filing organization file Form 1120-POL for this year?

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
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 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 - 0 directly delivered to a separate political organization If none, enter -0-

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public of	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	/ing)	-		
c	Total lobbying expenditures (add lines 1a and 1	b)		Ī		
d	Other exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	00		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		Γ		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		Γ		
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(;	a)	(b)
		Yes	No	A mount
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	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
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	Yes		141,197
j	Total lines 1c through 1i			141,197
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	

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".	· ·	iiie 5 is
1	Dues, assessments and similar amounts from members	1	

- 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).
- Current year
- ь Carryover from last year
- Total C
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	Part II-B, Line 11 - Other Activities Description	The New York Methodist Hospital pays dues to the Greater New York Hospital Association (GNYHA), the Healthcare Association of New York State (HANYS), and the American Hospital Association (AHA) In accordance with code section 6033(E) of the Internal Revenue code, and as reported by GNYHA, HANYS and AHA, a portion of these dues are attributable to lobbying activities The lobbying activities applicable to 2011 GNYHA, HANYS and AHA annual dues was \$11,628, \$25,756 and \$14,480 respectively In connection with collective bargaining negotiations between NY Methodist Hospital and 1199/CEIU, certain employer contribution amounts that go to the Labor Management Initiative (formerly called the Planning and Placement Fund) and the Job Security Fund are allocated to Healthcare Education Project(HEP) for its programs, services, and activities A portion of such funds that HEP receives is used for lobbying purposes in connection with New York State and Federal policy issues The NY Methodist Hospital's pro-rated share of HEP lobbying expenses for 2011 is \$89,333

2a

2b

2c

3

4

5

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

DLN: 93493314008362

OMB No 1545-0047

Open to Public 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
THE NEW YORK METHODIST HOSPITAL

Employer identification number

				1631796
Pai	organizations Maintaining Donor Action organization answered "Yes" to Form 99		milar Funds	or Accounts. Complete if the
	organización anomerea (co to form 95	(a) Donor advised fund	s	(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the			rised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•	
ar	Conservation Easements. Complete	ıf the organızatıon answere	d "Yes" to For	m 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preserva	ation of an histo ation of a certifie	rically importantly land area ed historic structure onservation
	easement on the last day of the tax year			
_	Total number of conservation easements			Held at the End of the Year
1)	Total acreage restricted by conservation easements		2a	
,	Number of conservation easements on a certified his		2b	
	Number of conservation easements included in (c) a	• •	2c 2d	
	Number of conservation easements modified, transfe	•		
	Number of states where property subject to conserve Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspection of the property of t	g the periodic monitoring, inspec oecting and enforcing conservat	ion easements o	Yes No during the year ►
	▶ \$,		,
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requireme	nts of section	┌ Yes
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's		
a ri	Organizations Maintaining Collection Complete if the organization answered			ther Similar Assets.
3	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education	or research in f	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or r		•
	(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, hist following amounts required to be reported under SFA		r assets for finai	'
3	Revenues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

ar	Organizations Maintaining Co	llections of Art	<u>, Hist</u>	orica	<u>I Treas</u>	sures, or (<u> 2the</u>	er Similar	ASS	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follow	ing that	are a sıgnıfıc	ant	use of its co	llectio	n	
а	Public exhibition		d	L r	oan or ex	change prog	ram	s			
b	Scholarly research		e	┌ ∘	ther						
c	Preservation for future generations										
•	Provide a description of the organization's co	ollections and expla	ın how	they fu	rther the	e organizatio	n's e	xempt purp	ose in		
i	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				mılar	Г	Yes	┌ No
a	t IV Escrow and Custodial Arrang					on answere	ed "\	Yes" to For	m 990	0,	
	Part IV, line 9, or reported an an										
а	Is the organization an agent, trustee, custod included on Form 990, Part X?		•			s or other as:	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follown	ng table	е	Г		1	_		
_						-			A mo	unt	
C 	Beginning balance					-	1c				
d	Additions during the year					ŀ	1d				
e -	Distributions during the year						1e				
F	Ending balance						1f				
a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	No
	If "Yes," explain the arrangement in Part XIV										
a	rt V Endowment Funds. Complete	f the organization (a)Current Year		wered Prior Yea		<u>o Form 990</u> :)Two Years Bad		rt IV, line d)Three Years		a) Four V	ears Back
	Beginning of year balance	22,709,851	(6)		8,180	17,079,	- '	d)Tillee Teals	. Dack (eji oui i	cars back
- Ь	Contributions			1,00	0,000	<u> </u>					
=	Investment earnings or losses	-327,249		2,79	5,570	3,156,	157				
d	Grants or scholarships										
e	Other expenditures for facilities	2,060,555		71	3,899	607,	451				
	and programs						_				
f	Administrative expenses										
g	End of year balance	20,322,047		22,70	9,851	19,628,	180				
	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment 🕨 100 000 %										
c	Term endowment 🕨										
а	Are there endowment funds not in the posses organization by	ssion of the organiza	ation th	hat are	held and	d administere	d fo	r the		V	Na
	(i) unrelated organizations								3a(i)	Yes	No No
	(ii) related organizations								3a(ii)		No
Ь	If "Yes" to 3a(II), are the related organization						٠.	· . · . · .	3b	i i	No
	Describe in Part XIV the intended uses of th	e organization's end	lowme	nt funds	5					•	
a١	rt VI Land, Buildings, and Equipme	nt. See Form 99	0, Par	rt X, lıı	ne 10.						
	Description of property				t or other vestment)	(b)Cost or of basis (other		(c) Accumul depreciati		(d) Boo	ok value
a	Land				449,500	2,816	5,373				3,265,873
b	Buildings		. [6,665,270	117,342	2,895	69,14	2,729	5-	1,865,436
c	Leasehold improvements					233,669	749	161,92	5,851	7	1,743,898
d	Equipment		. [180,639	9,907	152,54	4,922	2	3,094,985
e	Other				3,750	22,384	,516	13,12	1,190		9,267,076

167,237,268

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation -year market value
(1)Financial derivatives		Cost of ella of	year market value
(2)Closely-held equity interests			
(3)O ther			
(A) Guaranteed investment contract	3,761,193		С
(B) Cash & Cash Equivalents	8,670,160		F
	, ,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of ella-of-	- 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, line			
(a) Descript	cion		(b) Book value
(1) INVESTMENT HELD BY CAPTIVE INSURANCE CO			93,039,702
(2) DUE FROM PARK SLOPE PCS			53,302,686
(3) DEPOSITS ON EQUIPMENT			641,505
(4) DEFERRED FINANCING COSTS			591,797
(5) A C CRUED INTEREST & OTHER RECEIVABLES			14,092,411
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			163,050,269
Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability			
-	(b) A mount		
Federal Income Taxes	72 204 104		
RESERVE FOR OPEN RATE YEAR SETTLEMENTS PROFESSIONAL INSUPANCE LIABILITIES	72,304,184		
PROFESSIONAL INSURANCE LIABILITIES Due to related organizations	166,389,425		
Due to related organizations DEFERRED COMPENSATION HELD FOR OTHERS	762,771 6,050,303		
ASSET RETIREMENT OBLIGATION	897,283		
ASSET RETTREMENT OBLIGATION	097,203		
Total (Column (h) charid agricl Form 2000 Park V. 1/2) 1 25			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	246,403,966		

-	lotal revenue (Form 990, Part VIII, column (A.), line 12)	_ I	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	r n
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	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) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	turn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)	1 1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV , line:	s 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
•	Net Assets or Fund Balances	INTER-CO FUND TRANSFER \$1000000 BPIF K-1 TEMPORARY DIFFERENCE \$158329 RECONCILED AMOUNT FOR LAB OUTREACH \$83171 Change in minimum pension liability \$ -26251034 BPIF K-1 TEMPORARY DIFFERENCE \$ - 227985 CCC SELF INSURANCE TRUST, NET \$ -36176 CCC GCP TRUST NET INCOME \$ -111132
Part V, Line 4	endowment fund	The New York Methodist Hospital follows the requirement of the Uniform Management of Institutional Funds Act of 1972 ("UMIFA") as they relate to its permanently restricted endowment contributions Permanently restricted endowment net assets have been restricted by the donor to be maintained in perpetuity

DLN: 93493314008362

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Name of the organization THE NEW YORK METHODIST HOSPITAL **Employer identification number**

					11-1631796	
Pa	rt I General Information "Yes" to Form 990, Par	n on Activiti rt IV, lıne 14b	es Outside tl	ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the	organization n	naıntaın record	s to substantiate the	amount of the grants	or
	assistance, the grantees' elig					
	the grants or assistance?	•	_			┌ Yes ┌ No
2	For grant makers. Describe in Pa United States	irt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed))		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Central Amer/Carıbbean	0	0	Investments	Captive Insur Co	93,039,702
	Sub-total					93,039,702
b	Total from continuation sheets					
c	to Part I Totals (add lines 3a and 3b)					93,039,702

Pa	Part IV, I	ine 15, for any	sistance to Organ recipient who recessives receipient who receips are space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composited States.	olete if the organiza received more than	tion answered "Yes' n \$5,000	' to Form 990, ▶ 🔽
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	-								
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are e e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	nber of other	organızatıons or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							app. 2.5 21, 5 21101)
_							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	~	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	<u> </u>	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্ব	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νο

Schedule F (Form 990) 2011

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

<u>information.</u>		_
Identifier	ReturnReference	Explanation
Additional Supplemental Information		Part I, line 3, column F (accounting method) - The hospital is a partial owner of captive foreign insurance companies. The hospital's investments in the foreign insurance companies are reported at fair market value.
		Schedule F (Form 990) 2011

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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493314008362

Supplemental Information Regarding Fundraising or Gaming Activities

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-F7 ► See separate instructions

OMB No 1545-0047

Open to Public

Internal Revenue Service	🟲 Attach	to Form 990 o	Inspection							
Name of the organization THE NEW YORK METHODIST	HOSPITAL				Employer ide	ntification number				
Part I Fundraising A	ctivities Complet	o if the or		ion answored "Vos"	to Form 990, Part IV					
1 Indicate whether the orga	·				•	, inte 17.				
a Mail solicitations	a									
b Internet and e-mail s	b Γ Internet and e-mail solicitations f Γ Solicitation of government									
c Phone solicitations			g	Special fundraisir	ng events					
d In-person solicitation	ns									
 Did the organization have or key employees listed in the second of the se	in Form 990, Part VII est paid individuals or) or entity in rentities (fu	n connec indraisei	ction with professional rs) pursuant to agreem	fundraising services? ents under which the fu					
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) D fundraise custod contro contribut	r have y or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization				
		Yes	No							
						+				
		+ +								
Total			▶							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

			(a) Event #1 DINNER & DANCE	(b) Event #2 GOLF & TENNIS	(c) O ther Events	(d) Total Events (Add col (a) through col (c))		
			(event type)	TOURNA MENT (event type)	(total number)			
₹	1	Gross receipts	568,675	332,046		900,721		
Revenue	2	Less Charitable contributions	438,675	252,921		691,596		
	3	Gross income (line 1 minus line 2)	130,000	79,125		209,125		
	4	Cash prizes		1,302		1,302		
ွ	5	Non-cash prizes	1,262	1,118		2,380		
Expenses	6	Rent/facility costs	15,085	7,655		22,740		
ă	7	Food and beverages	123,194	3,340		126,534		
Direct	8	Entertainment	10,535	41,030		51,565		
ੂ ਂ	9	Other direct expenses .	34,044	11,184		45,228		
	10 Direct expense summary Add lines 4 through 9 in column (d)							
	11	Net income summary Combine li	ines 3 and 10 in column (d)		-40,624		
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))		
H	1	Gross revenue						
es	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ក្</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes ┌ No	Г Yes Г No	┌ Yes ┌ No			
	7	Direct expense summary Add line	s 2 through 5 in column (d)		()		
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)				
9	Ente	er the state(s) in which the organiz	ation operates gaming ac	tivities				
a b	Is th	he organization licensed to operate No," Explain	gaming activities in eac			· · Fyes Fno		
		e any of the organization's gaming				'		

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 METHODIST HOSPITAL **Employer identification number**

	11-1631796								
Pa	rt I Charity Care and	Certain O	ther Comr	nunity Benefits a	t Cost			1	T
	Did the organization have a c	harity caro no	dicy2 If "No	" ckin to dijection 63				Yes	No
la L	If "Yes," is it a written policy						1a	Yes	
	If the organization had multip				describes application	fthe charity	1b	Yes	
_	care policy to the various hos		mulcate winc	if of the following best	describes application of	of the charity			
	Applied uniformly to all ho	•		Applied uniform	y to most hospitals				
	Generally tailored to indiv	ıdual hospita	ls						
3	Answer the following based o 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					are?	3a	Yes	
	Γ 100% Γ 150%	_	00% F				За	165	
ь	Did the organization use FPG	to determine	eliaihility for	nroviding discounted	care? If				
_	"Yes," indicate which of the fo						ЗЬ	Yes	
		_	·	<u> </u>	_	04	30	165	
	200% 250%	1 30	00% I	350%	00% Other_	<u>%</u>			
c	If the organization did not use determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	de in the description v	hether the organization				
4	Did the organization's policy						4	Yes	
	Did the organization budget a the tax year?	mounts for fre				nce policy during	5a	Yes	
ь	If "Yes," did the organization		e expenses e	xceed the budgeted a	mount?		5b		\vdash
	If "Yes" to line 5b, as a resul						30	Yes	
_	care to a patient who was elig	-		. •	•		5с		Νο
ā	Did the organization prepare	a community	benefit repor	tduring the tax year?			6a	Yes	
Бb	If "Yes," did the organization	make it avail	able to the p	ublic?			6b	Yes	
	Complete the following table worksheets with the Schedule	-	ksheets prov	ıded ın the Schedule H	I instructions Do not s	ubmıt these			
7	Charity Care and Certain O	ther Commur	nity Benefits	at Cost	_				
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community expense	oenefit	(f) Perototal ex	
а	Charity care at cost (from	(optional)							
_	Worksheet 1)			6,499,933	4,480,922	2,01	9,011	0	370 %
)	Medicaid (from Worksheet 3, column a)			117,136,466	97,430,354	19,70	6,112	3	570 %
5	Costs of other means-tested government programs (from Worksheet 3, column b)								
d '	Total Charity Care and Means-Tested Government Programs			123,636,399	101,911,276	21,72	25,123	3	940 %
	Other Benefits Community health improvement services and community benefit operations (from								
	(Worksheet 4) Health professions education (from Worksheet 5)			65,216,744	36,207,255	29,00	9,489	5	260 %
•	Subsidized health services (from Worksheet 6)								
	Research (from Worksheet 7) Cash and in-kind contributions								
	for community benefit (from Worksheet 8)								
	otal Other Benefits			65,216,744	 	 	9,489		260 %
k 1	Total. Add lines 7d and 7j	I	l	188,853,143	138,118,531	50,73	34,612	9	200 %

Pa	rt II Community Buildin activities.	ng Activitie	s Complete t	this table if the o	organizat	ion co	nducted any commu	nity	ouildin	9
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	y (d) D	rect offs revenue	- 1		(f) Pero total ex	
1	Physical improvements and housing									
2	Economic development									
3	Community support			10,1	.88		10	0,188		
4	Environmental improvements									
5	Leadership development and training for community members									
6	Coalition building									
7	Community health improvement advocacy			67,1	.88		67	7,188	C	010 %
8	Workforce development									
9	Other Total			77,3	7.7.6			7,376		010 %
	t IIII Bad Debt, Medicar ion A. Bad Debt Expense	e, & Collec	tion Practic	es					Yes	No
1	Did the organization report bac Statement No 15?		ın accordance	with Heathcare F	ınancıal M	anager	ment Association	1	Yes	
2	Enter the amount of the organi		ebt expense .			2	18,835,800			
3	Enter the estimated amount of patients eligible under the orga	-		•		3				
4	Provide in Part VI the text of t In addition, describe the costi rationale for including a portion	he footnote to ng methodolog	the organization yy used in deter	on's financial state rmining the amoun	ments tha					
Sect	ion B. Medicare			ponene						
5	Enter total revenue received fr	om Medicare	(including DSH	and IME)		5	158,432,359	,		
6	Enter Medicare allowable cost					-	132,230,582	1		
7	Subtract line 6 from line 5 Thi					. 7	26,201,777	1		
8	Describe in Part VI the extent Also describe in Part VI the conclusion Check the box that describes Cost accounting system	osting method the method us —	ology or source	e used to determin _			•			
Sect	ion C. Collection Practices									
9a b	Did the organization have a wr If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part \	collection po ection practice	licy that applied s to be followed	d to the largest nu d for patients who	mber of its are known	s patier i to qua	lify for financial	9a 9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	ires (see instruc	ctions)					
	(a) Name of entity	(E	 Description of pr activity of entity 		(c) Organi profit % c ownersh	r stock	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	pr	e) Physi ofit % oi ownersh	stock
1 MI	ASSOCIATES LLC	EQUIPMENT LEA	SING			50 000 %	0			
2										
3										
4										
5										
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7										
8										
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12										
12								+		

Part	V Facility Information									
	Section A. Hospital Facilities		Gener	Childre	Teach	Gritica	Resea	ER-24 hours	ER-other	
(list in	order of size from largest to smallest)	Licensed hospital	General medical &	Children's hospital	Teaching hospital	d acces	Research facility	houre	Ter	
How m the tax	nany hospital facilities did the organization operate during cyear? 1	pital	cal & surgical	spital	pta	Ortical access hospital	lity			
Namo	and address									
Name	and address									Other (Describe)
0	NEW YORK METHODIST HOSPITAL 506 SIXTH STREET BROOKLYN,NY 11215	x	х		Х			х		
		1								
		1								
		-	_							

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)

NEW YORK METHODIST HOSPITAL

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

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Cother (describe in Part VI)			
	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 Available upon request from the hospital facility			
	c			
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 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	nancial 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 400 0000%			
	If "No," explain in Part VI the criteria the hospital facility used			

P	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 0000% If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a 🔽 Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ▼ The policy was posted at all times on the hospital facility's web site			
	b ▼ The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d			
	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)			
Ril	ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ▼ Reporting to credit agency			
	b V Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νο
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e T 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 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			
	Other (describe in Part VI)	1	1	

Part V Facility Information (continued)

Policy	Delating	to Emergency	Medical Care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	Yes	
	If "No," indicate why			
	a The hospital facility did not provide care for any emergency medical conditions			ĺ
	b The hospital facility's policy was not in writing			ĺ
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
	d Cher (describe in Part VI)			ĺ
Inc	dividuals Eligible for Financial Assistance			
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
	a ▼ 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?	20		No
	If "Yes," explain in Part VI			1
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?			
		21		Νo
	If "Yes," explain in Part VI			

	ichedule H ((Form 990)	2011
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ä	3 (36	2	/

TIV Facility Information (continued

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

low many non-hospital facilities did the organization operate during the tax year?			
Name and address	Type of Facility (Describe)		
ı See	Additional Data Table		
2			
3			
4			
5			
7			
B			
10			

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
- 5 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
	Fait VI - Additional Information	Part III, Line 8 - Describe the costing methodology or source used to determine the amount reported on line 6 The amounts on Section B, lines 5 & 6 are directly obtained from The New York Methodist Hospital's Institutional Cost Report, which was filed with "Centers for Medicare & Medicaid Services"

Part VI - Needs Assessment Part New York Rethodsk Hospital ("YNHM") is required to file a comprehensive community service plan ("CSP") with The New York State Department of Health ("OH") every 3 years A copy of NYMH's CSP can be found on the hospital's website at www.nym.org.under.the "Comment on the hospital's website at www.nym.org.under.the "Comment on the hospital's website at www.nym.org.under.the "Comment on the hospital is website at www.nym.org.unders.py Part VI (2) Needs Assessment, Part VI (3) Pathent education of eligibility for assistance, Part VI (4) Pathent education of eligibility for assistance, Part VI (4) Community information, Part VI (5) No (8), as applicable The text of New York State Public Health Law Science 2803-L. is an follows Community service plans (1) The governing body of a voluntary non-print general hospital must issue an organizational mission statement identifying at a minimum the populations and commitment to meeting the Part VI (2) The governing body must at least every three years. (1) review and amend as necessary the hospital mission statement, (ii) solicit the views of the community service plans (1) The demandance of the views of the community organization of the views of the community organization of the views of the community health care needs of the community organization or such issues as the hospital's performance and service printing, (iii) demonstrate the hospital's operational and financial commitment to meeting community health care needs, to provide charity care services by the underserved, and (iv) prepare and make available to the public a statement showing on a commined basis a summary of the financial resources of the hospital and related corporations and the allocation of available resources to hospital purposes including the provision unique purpose and make available to the public and prepared and make available to the public and propriet and make available to the publ	Identifier	ReturnReference	Explanation
be found at	Identifier	+	Pursuant to New York State Public Health Law Section 2803-L, The New York Methodist Hospital ("NYMH") is required to file a comprehensive community service plan ("CSP") with The New York State Department of Health ("DOH") every 3 years A copy of NYMH's CSP can be found on the hospital's website at www nym org under the "Community Outreach" tab The comprehensive data and information contained in this CSP will exhaustively address Part VI of this Schedule H, and its contents are incorporated herein by reference Specifically, the NYMH CSP will address the Part VI (2) Needs Assessment, Part VI (3) Patient education of eligibility for assistance, Part VI (4) Community information, Part VI (5) Community building activities and Part VI (6) to (8), as applicable The text of New York State Public Health Law Section 2803-L is as follows Community service plans (1) The governing body of a voluntary non-profit general hospital must issue an organizational mission statement identifying at a minimum the populations and communities served by the hospital and the hospital's commitment to meeting the health care needs of the community (2) The governing body must at least every three years (1) review and amend as necessary the hospital insision statement, (11) solicit the views of the communities served by the hospital on such issues as the hospital's performance and service priorities, (111) demonstrate the hospital's operational and financial commitment to meeting community health care needs, to provide charity care services and to improve access to health care services by the underserved, and (1v) prepare and make available to the public a statement showing on a combined basis a summary of the financial resources of the hospital and related corporations and the allocation of available resources to hospital purposes including the provision of free or reduced charge services (3) The governing body must at least annually prepare and make available to the public an implementation report regarding the hospital's operational and fi

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

Identifier	ReturnReference	Explanation
	Collection Practices For Qualified Patients	The New York Methodist Hospital employs a sophisticated process to pre-determine if a patient is a charity care case This process, called presumptive eligibility, utilizes sophisticated technology, including credit scoring, to immediately determine whether a person qualifies as a charity care case, thereby eliminating such person from entering the patient billing / bad debt / collection practice cycle

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

Identifier	ReturnReference	Explanation
	Part III, Line 4 - Bad Debt Expense	A/F/S Footnote - Organization and Significant Accounting Policies - Receivables for Patient Care Patient accounts receivable for which the Hospital receives payment under cost reimbursement or prospective payment formulae or negotiated rates, which cover the majority of patient services, are stated at the estimated net amount receivable from such payors, which are generally less than the established billing rates of the Hospital The amount of the allowance for uncollectibles is based on management's assessment of historical and expected collections, business economic conditions, trends in health care coverage, and other collection indicators. Additions to the allowance for uncollectibles result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for uncollectibles A/F/S Footnote - Net Patient. Service Revenue - Uncompensated Care and Community. Benefit Costs. For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense. Bad debt expense per the audited financial statement is \$18,835,800, comprised of \$13,247,994 from The New York Methodist Hospital and \$5,587,806 from the tax-exempt professional corporations affiliated with it. As captive tax-exempt professional corporations. The New York Methodist Hospital funds these bad debt expenses. Please reference Schedule R, Part II, for a listing of these exempt professional corporations.

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

Identifier	ReturnReference	Explanation
	Costing Methodology	The New York Methodist Hospital's costing methodology was based upon the 2011 New York State Institutional Cost Report and the 2011 Medicare (Form 2552) Cost Report These cost reports are filed with the New York State Department of Health and the applicable CMS intermediary, respectively The cost-to-charge ratio derived from The New York State Institutional Cost Report was used for the various sub-line items of line #7

Software ID: 11000144 **Software Version:** 2011v1.2

EIN: 11-1631796

Name: THE NEW YORK METHODIST HOSPITAL

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

The control of the co	<u> </u>
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 operate during the tax year?	
Name and address	Type of Facility (Describe)
PAIN MANAGEMENT CENTER	<u> </u>
408 SEVENTH AVENUE	PHYSICIANS OFFICE
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	THISICIANS STITLE
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER 408 SEVENTH AVENUE	PHYSICIANS OFFICE
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	DHYSICIANS OFFICE
408 SEVENTH AVENUE	PHYSICIANS OFFICE
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER 408 SEVENTH AVENUE	PHYSICIANS OFFICE
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	
BROOKLYN,NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	THIS ICIANS OFFICE
BROOKLYN, NY 11215	
PAIN MANAGEMENT CENTER	PHYSICIANS OFFICE
408 SEVENTH AVENUE	
BROOKLYN, NY 11215	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493314008362

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number
THE NEW YORK METHODIST HOSPITAL	
	11-1631796

	11-1631/96						
Pa	rt I Questions Regarding Compensation						
			Yes	Νo			
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel						
	Travel for companions Payments for business use of personal residence						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
	officers, unceres, trustees, and the electric briefler, regarding the realist effected in fine 14	2	Yes				
_							
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply						
	▼ Compensation committee ▼ Written employment contract						
	✓ Independent compensation consultant ✓ Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?	4a		Νo			
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo			
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	The organization?	5a		No			
b	Any related organization?	5b		Νo			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		Νo			
b	Any related organization?	6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was						
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III						
		8		Νo			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No			

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

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) WAYNE OSTEN	(ı) (ıı)	502,861	322,439	62,600	190,543	25,163	1,103,606	,
(2) SUHAIL RAOOF	(ı) (ıı)	400,065 143,341		414	13,312	730	414,521 143,341	
(3) STEVEN CORWIN MD	(ı) (ıı)		1,108,534	630,686	152,653	37,142	3,076,436	95,060
(4) STANLEY SHERBELL MD	(ı) (ıı)	517,070		34,562	11,601	85,928	649,161	
(5) SORIN J BRENER	(ı) (ıı)	426,912 387,795			11,490	21,681	460,083 387,795	
(6) ROBERT SEMINARA MD	(ı) (ıı)	88,746 4,708		1,784	3,448	1,504	95,482 4,708	
(7) REBECCA FLOOD	(ı) (ıı)			5,704	54,831	25,210		
(8) PRAMOD NARULA	(ı) (ıı)			774	23,070	21,913	3 435,305 61,432	
(9) MARK J MUNDY	(ı) (ıı)	981,496		21,001	. 196,843	128,301	1,327,641	
(10) MARCUS D D'AYALA	(ı) (ıı)			291	12,875	18,854	4 493,773 291,670	
(11) LAUREN YEDVAB	(ı) (ıı)	475,026		5,399	48,698	38,611	567,734	
(12) KATHLEEN BURKE	(I) (II)		54,174	5,920	24,500	20,521	389,570	
(13) HARVEY DOSIK	(ı) (ıı)	436,502 318,827		3,708	18,978	14,764	4 473,952 318,827	
(14) GARY ZUAR	(ı) (ıı)	496,343	354,000	157,048	99,883	34,298	1,141,572	2 37,25
(15) ERROL HANKIN	(I) (II)	408,028		12,192	2 40,346	48,871	509,437	
(16) EDWARD A ZAIDBERG	(ı) (ıı)	579,161		8,560	119,596	39,185	746,502	

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
Sch J, Part III, Additional Information	Part III, Additional Information	As in past years, the Executive Compensation Committee of NYP requires a third party complete a review of the organization's compensation program to ensure its effectiveness in terms of government regulations, market conditions and the need to continually elevate organizational performance. The report also serves to meet the regulatory obligations to ensure that all elements of the executive compensation programs are reasonable. The individuals listed in Part VII that are compensated by New York Presbyterian Hospital devote an average of sixty hours per week to perform their responsibilities for the New York and Presbyterian Hospital and other related organizations in the aggregate.
Sch J, Part I, Line 1a	-	In 2011, one of the vice presidents of The New York Methodist Hospital received an apartment as a housing allowance. The taxable value of \$11,460 was reported on his Form W-2 Part III - ADDITIONAL INFO RMATION 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 Methodist Hospital are responsible for executing the mission and management of The New York and Presbyterian Hospital (NYP) and its affiliated entities. Compensation for 2011 of these upper level executives includes the payout of an annual incentive plan and a long-term incentive plan. This performance-oriented program conditions payments upon the achievement of multiple individual and group performance measures Measures to monitor performance include operational and financial strength, patient quality and safety, patient satisfaction, advancement of patient care, and people development and partnership. Incentive awards may only be granted if the organization achieves a financial surplus. Even if all relevant performance measurements are achieved, the NYP Board of Trustees retains full discretion to make or not make any incentive awards, or to reduce the amount of partnership in the program of the payout of an annual incentive plan and a long-term incentive awards, or to reduce the amount of patients of the program of the program of the program of the program of the payout of an annual incentive plan and a program of the payout of an annual incentive plan in the payout of an annual program of the payout of the payout of the payout of the pay

Software ID: 11000144 **Software Version:** 2011v1.2

EIN: 11-1631796

Name: THE NEW YORK METHODIST HOSPITAL

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
WAYNE OSTEN	(ı) (ıı)	502,861	322,439	62,600	190,543	25,163	1,103,606	
SUHAIL RAOOF	(ı) (ıı)	400,065 143,341		414	13,312	730	414,521 143,341	
STEVEN CORWIN MD	(ı) (ıı)	1,147,421	1,108,534	630,686	152,653	37,142	3,076,436	95,060
STANLEY SHERBELL MD	(ı) (ıı)	517,070		34,562	11,601	85,928	649,161	
SORIN J BRENER	(ı) (ıı)	426,912 387,795			11,490	21,681	460,083 387,795	
ROBERT SEMINARA MD	(ı) (ıı)			1,784	3,448	1,504	95,482 4,708	
REBECCA FLOOD	(ı) (ıı)	341,737		5,704	54,831	25,210	427,482	
PRAMOD NARULA	(ı) (ıı)	389,548 61,432		774	23,070	21,913	435,305 61,432	
MARK J MUNDY	(ı) (ıı)	981,496		21,001	196,843	128,301	1,327,641	
MARCUS D D'AYALA	(ı) (ıı)	461,753 291,670		291	12,875	18,854	493,773 291,670	
LAUREN YEDVAB	(ı) (ıı)	475,026		5,399	48,698	38,611	567,734	
KATHLEEN BURKE	(ı) (ıı)	284,455	54,174	5,920	24,500	20,521	389,570	
HARVEY DOSIK	(ı) (ıı)			3,708	18,978	14,764	473,952 318,827	
GARY ZUAR	(I) (II)	496,343	354,000	157,048	99,883	34,298	1,141,572	37,252
ERROL HANKIN	(ı) (ıı)	408,028		12,192	40,346	48,871	509,437	
EDWARD A ZAIDBERG	(ı) (ıı)	579,161		8,560	119,596	39,185	746,502	

DLN: 93493314008362

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OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization

Inspection Employer identification number

	e of the organization NEW YORK METHODIST HOS	SPITAL								mployer 1-163:		cation numb	er	
Pa	rt I Bond Issues								•					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	Description	of Purpose	(g) Defeased			On alf of uer	(i) Po financi	
									Yes	No	Yes	No Y	'es	No
A	Dormitory Authority of the state of new york	14-6000293	64983TND1	04-21-2004	47,012,46		Construct Infill building, new ER, purchaseMedical Equipment			Х		х		X
Pa	rt III Proceeds	1				·								,
					A		I	3		С			D	
1	A mount of bonds retired													
2	A mount of bonds defeased													
3	Total proceeds of issue				47,0	12,462								
4	Gross proceeds in reserve fu	unds			3,7	3,761,193								
5	Capitalized interest from proceeds													
6	Proceeds in refunding escrow			13,1	35,704									
7	Issuance costs from proceeds			g	40,249									
8	Credit enhancement from pro	oceeds												
9	Working capital expenditures	s from proceeds												
10	Capital expenditures from pr	oceeds			29,1	75,316								
11	Other spent proceeds													
12	Other unspent proceeds				1,0	97,531								
13	Year of substantial completion	on			2006	·						ı		
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as pa	irt of a current refun	ding issue?			Х								
15	Were the bonds issued as pa	irt of an advance ref	unding issue?		х									
16	Has the final allocation of pr	oceeds been made?			Х									
17	Does the organization maintallocation of proceeds?	aın adequate books	and records to sup	port the final	х									
Pa	11111 Private Business	Use					ı							
					A		-	3		C		_	D	
	We all a second as a second				Yes	No	Yes	No	Yes		No	Yes		No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Jene	dale k (101111 990) 2011	Private Business Use (Continued) A B C D Yes No Yes No Yes No							
Par	t IIII Private Business Use (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond- financed property?		х						

4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				
5	Enter the percentage of financed property used in a private business use as a result of				

Х

6	Total of lines 4 and 5		
3	unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		
5	Enter the percentage of financed property used in a private business use as a result of [

7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?

If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

Part IV	Arbitra	ge

		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х						
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х						
6	Did the bond issue qualify for an exception to rebate?		х						

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

Identifier Return Reference Explanation

SCHEDULE O (Form 990 or 990-

Department of the Treasury Internal Revenue Service

EZ)

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

2011

Open to Public
Inspection

Name of the organization
THE NEW YORK METHODIST HOSPITAL

Employer identification number

11-1631796

		11-1631796
ldentifier	Return Reference	Explanation
	Form 990, Part VIII, Line 2d	For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense. Distinguishing between bad debt and charity care is difficult in part because services are often rendered prior to full evaluation of a patients ability to pay. For the years ended December 31, 2011 and 2010, the provision for bad debts was approximately \$13.5 million and \$8.6 million, respectively
	Form 990, Part VII	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 Methods Hospital are responsible for executing the mission and management of The New York and Presbyterian Hospital (NYP) and its affiliated entities Compensation for 2011 of these upper level executives includes the payout of an annual incentive plan and a long-term incentive plan. This performance-oriented program conditions payments upon the achievement of multiple individual and group performance measures Measures to monitor performance include operational and financial strength, patient quality and safety, patient satisfaction, advancement of patient care, and people development and partnership lincentive awards may only be granted if the organization anchieves 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 ter medical center states. 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 supplemental hexecutive retirement plan (SERP) is subject to a multi-year vesting requirement which places an executive's supplemental retirement benefit at risk of forfeture if the vesting requirement which places an executive's supplemental retirement benefit at risk of forfeture if the vesting requirements are not satisfied. Once vested, however, provisions of the Internal Revenue Code require that the vested executive include in current income the value of the supplemental retirement benefit as current plan will effect a distributio
	Form 990, Part V, Line 4a	Canada, Ireland, and Cayman Islands
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request, the organization will make available only those documents required to be disclosed under the public inspection laws
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Other key executives' (vice presidents) compensation is subject to the same process as the CEO
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	New York Methodist Hospital monitors conflict of interest through an annual questionnaire to all members of the Board of Directors, Executives and all Key employees. The questionnaires are reviewed annually by the Chief Financial Officer, the Compliance Officer and the Chairman of the Audit and Compliance Committee of the Board of Directors if there is an actual or perceived conflict of interest, the matter is resolved by either the Board of Directors or the Human Resources Division, depending on the level of the conflict as determined by the directives of the board committee Restrictions are imposed on persons with a conflict including prohibiting them from participating in the governing body's deliberation and decisions in the transactions
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Prior to being filed, the Form 990 was reviewed by an independent accountant, the CFO, and the Audit Committee of the Board of Trustees
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The New York Methodist Hospital(the "Organization") is a membership corporation, whose members are appointed by New York-Presbyterian Healthcare System, Inc. ("System Inc.") System Inc. is a tax-exempt organization whose members are appointed by New York-Presbyterian Foundation, Inc., which is also a tax-exempt organization. The members of the organization elect the Organization's board of trustees.

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(Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► 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.

OMB No 1545-0047

DLN: 93493314008362

<u> 2011</u>

Open to Public Inspection

Name of the organization
THE NEW YORK METHODIST HOSPITAL

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

Part I Identification of Disregarded Entities (Complete	ıf the organization	answered "Yes" o	n Form 990, P	art IV, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

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

						1	۵)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled ızatıon
						Yes	No
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.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or agıng	(k) Percentage ownership
							Yes	No		Yes	No	
(1) ROGOSIN - AUBURNDALE LLC 39-20 UTOPIA PARKWAY FLUSHING, NY 11358	CONSULTING	NY	ROGOSIN INSTITUTE					No			No	
(2) NYP SYS SEL HLTH LLC 525 EAST 68TH STREET NEW YORK, NY 10065 13-4197527	MEDICAD HMO	NY	NYP HOSPITAL					No			No	
(3) ML ASSOCIATES LLC 99-20 FOURTH AVENUE SUITE 314 BROOKLYN, NY 11215 20-0019278	EQUIP LEASE	NY	N/A					No			No	50 000 %
		_				I			1 1157 11			

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

(a) 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
See Additional Data Table							

(6)

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income(related, unrelated, excluded from tax under sections 512-	Predominant A icome(related, pa unrelated, s excluded from 50 tax under orga		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or	(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)

Ident if ier	Ret urn Reference	Explanation	

Software ID: 11000144 **Software Version:** 2011v1.2 **EIN:** 11-1631796

Name: THE NEW YORK METHODIST HOSPITAL

Form 990, Schedule R, Part II - 1						
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	Section 512 (b)(13) controlled organization
NEPHROLOGY FOUNDATION OF BROOKLYN						
1845 MCDONALD AVE BROOKLYN, NY 11223 11-2508594	DIALYSIS	NY	501(C) (3)		ROGOSIN INSTITUTE	Yes
SOUTH BROOKLYN HEALTH CENTER 120 RICHARDS STREET BROOKLYN, NY 11231 11-2339341	HEALTHCARE	NY	501(C) (3)		NEW YORK METHODIST HOSPITAL	Yes
BROOKLYN RADIOLOGY SERVICES PC 506 SIXTH STREET BROOKLYN, NY 11215 11-3423162	RA DIO LO GY	NY	501(C) (3)	1	NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE PHYSICIAN SERVICES PC 506 SIXTH STREET BROOKLYN, NY 11215 11-3231685	HEALTHCARE	NY	501(C) (3)	11 TVDE I	NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE PEDIATRIC MEDICINE PC 506 SIXTH STREET BROOKLYN, NY 11215 11-3303499	HEALTHCARE	NY	501(C) (3)		NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE PATHOLOGY SERVICES PC 506 SIXTH STREET BROOKLYN, NY 11215 11-2843879	HEALTHCARE	NY	501(C) (3)	1	NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE OBSTETRICS & GYNECOLOGY PC 506 SIXTH STREET BROOKLYN, NY 11215 11-3124294	HEALTHCARE	NY	501(C) (3)		NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE MEDICINE PC 506 SIXTH STREET BROOKLYN, NY 11215 11-3362663	HEALTHCARE	NY	501(C) (3)	1	NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE MEDICAL SERVICE PC 506 SIXTH STREET BROOKLYN, NY 11215 11-2843882	HEALTHCARE	NY	501(C) (3)	11 TYPE I	NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE MEDICAL HEALTH PROVIDER PC 506 SIXTH STREET BROOKLYN, NY 11215 42-1591811	INACTIVE	NY	501(C) (3)	11 TVDE T	NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE HEMATOLOGY & ONCOLOGY PC 506 SIXTH STREET BROOKLYN, NY 11215 11-3564621	HEALTHCARE	NY	501(C) (3)		NEW YORK METHODIST HOSPITAL	Yes
PARK SLOPE EMERGENCY PHYSICIAN SVS PC 506 SIXTH STREET BROOKLYN, NY 11215 06-1160280	HEALTHCARE	NY	501(C) (3)	1	NEW YORK METHODIST HOSPITAL	Yes
BROOKLYN FOOT AND ANKLE PC 506 SIXTH STREET BROOKLYN, NY 11215 11-3441502	HEALTHCARE	NY	501(C) (3)	1	NEW YORK METHODIST HOSPITAL	Yes
BROOKLYN DENTAL SERVICES PC 506 SIXTH STREET BROOKLYN, NY 11215 43-2015903 SILVERCREST SENIOR HOUSING	DENTAL	NY	501(C) (3)	11 TYPE I	NEW YORK METHODIST HOSPITAL	Yes
DEV FUND 144-45 87TH AVENUE BRIARWOOD, NY 11435 26-2894911	HOUSING	NY	501(C) (3)		SILVERCREST CTR FOR NURSING & REHAB	Yes
NYACK HOSPITAL FOUNDATION INC 160 NORTH MIDLAND AVENUE NYACK, NY 10960 13-3245804 THE BROOKLYN HOSPITAL SELF INS	SUPPORT	NY	501(C) (3)	7	NYACK HOSPITAL	Yes
TRUST 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2501235	SELF INS TRUST	NY	501(C) (3)	11 TYPE I	THE BROOKLYN HOSPITAL CENTER	Yes
ASHLAND PLACE HOLDING CORPORATION 121 DEKALB AVENUE BROOKLYN, NY 11201 11-3304353	TITLE HOLDING	NY	501(C) (2)	N. /A	THE BROOKLYN HOSPITAL CENTER	Yes
CALEDONIAN HEALTH CENTER 121 DECALB AVENUE BROOKLYN, NY 11201 54-2117028	CLINICS	NY	501(C) (3)	1	THE BROOKLYN HOSPITAL CENTER	Yes
ASHLAND PLACE HOUSES INC 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2390927	REAL ESTATE	NY	501(C) (3)	1	THE BROOKLYN HOSPITAL CENTER	Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations										
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 5 (b)(13 controll organiza	ed			
THE BROOKLYN HOSPITAL FOUNDATION INC 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2936410	SUPPORT	NY	501(C) (3)	11 TYPE I	THE BROOKLYN HOSPITAL CENTER	Yes				
BMA MEDICAL FOUNDATION INC 56-45 MAIN STREET FLUSHING, NY 11355 11-2848858	EDU/RESEARCH	NY	501(C) (3)	1	NY HOSPital Medical center for QueeNS	Yes				
CRT SURGICAL ASSOCIATES PC 56-45 MAIN STREET FLUSHING, NY 11355 11-2226870	HEALTHCARE	NY	501(C) (3)	1	NY HOSP Medical Center of QueeNS	Yes				
HOSPITAL FOR SPECIAL SURGERY FUND INC 535 EAST 70TH STREET NEW YORK, NY 10021 13-6714749	SUPPORT	NY	501(C) (3)	1	HOSpital for SPEcial SURGery	Yes				
PREFERRED HEALTH NETWORK INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 11-2964432	INACTIVE	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
NY-PRESBY COMMUNITY HEALTH PLAN INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3849659	INACTIVE	NY	501(C) (4)	1	NYP Healthcare SYStem INC	Yes				
NETWORK RECOVERY SERVICES INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 11-3160901	COLLECTIONS	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
THE SILVERCREST CTR FOR NURSING & REHAB 144-45 87TH AVENUE JAMAICA, NY 11453 11-2925535	NURSING FACILITY	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
NYACK HOSPITAL 160 N MIDLAND AVENUE NYACK, NY 10960 13-1740119	HEALTHCARE	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
THE ROGOSIN INSTITUTE 505 EAST 70TH STREET NEW YORK, NY 10021 13-3184198	HEALTHCARE	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
THE NY GRACIE SQUARE HOSPITAL 420 EAST 76TH STREET NEW YORK, NY 10021 13-3746997	PSYCHIATRIC	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
NY WESTCHESTER SQUARE MEDICAL CENTER 2475 ST RAYMOND AVENUE BRONX, NY 10461 31-1730177	HEALTHCARE	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
THE NY COMMUNITY HOSPITAL OF BROOKLYN 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065	HEALTHCARE	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
11-1986351 THE BROOKLYN HOSPITAL CENTER 121 DEKALB AVENUE BROOKLYN, NY 11201 11-1630755	HEALTHCARE	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
NY HOSPITAL MEDICAL CTR OF QUEENS 56-45 MAIN STREET FLUSHING, NY 11355 11-1839362	HEALTHCARE	NY	501(C) (3)	1	NYP Healthcare SYStem INC	Yes				
11-1839362 NY PRESBYTERIAN FUND INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3160356	FUNDRAISING	NY	501(C) (3)	7	NYP FOUNDATION INC	Yes				
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021 13-1624135	HEALTHCARE	NY	501(C) (3)	3	NYP FOUNDATION INC	Yes				
PRESBYTERIAN HEALTH RESOURCES INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3145970	INACTIVE	NY	501(C) (3)	11 TYPE I	NYP FOUNDATION INC	Yes				
ROYAL CHARTER PROPERTIES WEST INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3160354	REAL ESTATE	NY	501(C) (3)	11 TYPE II	NYP FOUNDATION INC	Yes				
ROYAL CHARTER PROPERTIES EAST INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3158496	REAL ESTATE	NY	501(C) (3)	11 TYPE II	NYP FOUNDATION INC	Yes				
<u>r</u>	ı					<u> </u>				

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

orni 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations										
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section (b)(1: control organiza	3) lled			
ROYAL CHARTER PROPERTIES INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3158502	REAL ESTATE	NY	501(C) (3)	11 TVDE II	NYP FOUNDATION INC	Yes				
NYP HEALTHCARE SYSTEM INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3792361	SPONSOR	NY	501(C) (3)	11 TYPE !!!	NYP FOUNDATION INC	Yes				
THE NY AND PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3957095	HEALTHCARE	NY	501(C) (3)	3	NYP FOUNDATION INC	Yes				
NY-PRESBYTERIAN FOUNDATION INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-4153668	SUPPORT	NY	501(C) (3)	11 TYPE I	N A	Yes				

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

Form 990, Schedule R,	Part IV - Ident	ification	of Related O	rganizatior	is Taxable as	a Corporation	or Trust
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
NETWORK INSURANCE COMPANY LTD PO BOX HM 1760 HAMILTON HM HX,Bermuda BD, BD	REINSURANCE	BD	NYP SYS INC	FOREIGN C-CORP			
WOMENS HEALTHCARE MEDICAL PROVIDERS PC 121 DEKALB AVENUE BROOKLYN, NY 11201 27-5459970	MEDICAL SERVICES	NY	BROOKLYN HOSP CTR	C CORP			
NY QUEENS MEDICINE & SURGERY PC 54-45 MAIN STREET FLUSHING, NY 11358 27-4719998	MEDICAL SERVICES	NY	NYHMC QUEENS	C CORP			
MSO OF KINGS COUNTY LLC 506 SIXTH STREET BROOKLYN, NY 11215 27-2387333	EMPLOYEE STAFFING	NY	New York METHO DIST	C CORP	8,517,429	1,256,972	100 000 %
BMA PC 56-45 MAIN STREET FLUSHING, NY 11358 11-2747259	MEDICAL SERVICEs	NY	NYHMC Queens	C CORP			
NYHQ OBGYN PC 56-45 MAIN STREET FLUSHING, NY 11358 11-3395424	MEDICAL SERVICEs	NY	NYHMC Queens	C CORP			
MAIN STREET MEDICAL PC 56-45 MAIN STREET FLUSHING, NY 11358 06-1205476	MEDICAL SERVICES	NY	N Y H M C Q ueens	C CORP			
NH MANAGEMENT INC 160 NORTH MIDLAND AVENUE NYACK, NY 10960 13-4026486	MEDICAL SVS	NY	NYACK HOSPITAL	C-CORP			
HIGHLAND MEDICAL PC 160 NORTH MIDLAND AVENUE NYACK, NY 10960 13-4034481	MEDICAL SVS	NY	NYACK HOSPITAL	C-CORP			
TBHC RADIATION ONCOLOGY PC 121 DEKALB AVENUE BROOKLYN, NY 11201 27-0174805	MEDICAL SVS	NY	BKLYN HOSP CTR	C-CORP			
TBHC PHYSICIAN SVS PC 121 DEKALB AVENUE BROOKLYN, NY 11201 27-0174589	MEDICAL SVS	NY	BKLYN HOSP CTR	C-CORP			
TBHC MEDICAL TESTING SVS PC 121 DEKALB AVENUE BROOKLYN, NY 11201 27-0174413	MEDICAL SVS	NY	BKLYN HOSP CTR	C-CORP			
TBHC PEDIATRICS PC 121 DEKALB AVENUE BROOKLYN, NY 11201 27-0174684	MEDICAL SVS	NY	BKLYN HOSP CTR	C-CORP			
TBHC ANESTHESIOLOGY SVS PC 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2833049	MEDICAL SVS	NY	BKLYN HOSP CTR	C-CORP			
TBHC EMERGENCY MEDICINE PC 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2833587	MEDICAL SVS	NY	BKLYN HOSP CTR	C-CORP			
BROOKLYN HOSPITAL RADIOLOGY PC 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2833588	MEDICAL SVS	NY	BKLYN HOSP CTR	C-CORP			
TBHC MEDICAL SERVICES PC 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2833590	MEDICAL SVS	NY	BKLYN HOSP CTR	C-CORP			
BROOKLYN HOSPITAL NUCLEAR MEDICINE PC 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2833589	MEDICAL SERVICES	NY	BROOKLYN HOSP CTR	C-CORP			
BROOKLYN HOSPITAL ECG MEDICAL SERVICES 121 DEKALB AVENUE BROOKLYN, NY 11201 11-2833052	MEDICAL SERVICES	NY	BROOKLYN HOSP CTR	C-CORP			
NY PRESBYTERIAN GLOBAL SERVICES INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3845935	INACTIVE	NY	NYP FUND INC	C-CORP			

13-3845935

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

Form 990, Schedule R, Pa	rt IV - Identi	ncation or	Related Organi	izations i	axable as a	Corporatio	ii or irust
(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
COLUMBIA PRESBYTERIAN HEALTH SYSTEM INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3053885	REAL ESTATE	NY	NYP FUND INC	C-CORP			
HARKNESS HALL CLUB INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3170488	LIQUOR LICENSE	NY	NYP HOSPITAL	C-CORP			
NY PRESBYTERIAN GLOBAL INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 80-0336716	INACTIVE	NY	NYP FOUNDATION	C-CORP			
NYP SERVICES INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 06-1830524	INACTIVE	NY	NYP FOUNDATION	C-CORP			
NYH-SHP IPA INC 525 EAST 68TH STREET BOX 156 NEW YORK, NY 10065 13-3919980	INACTIVE	NY	NYP SYSTEM INC	C CORP			100 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	MSO OF KINGS COUNTY LLC	o	7,259,854	COST
(2)	SOUTH BROOKLYN HEALTH CENTER	d	425,000	COST
(3)	BROOKLYN RADIOLOGY SERVICES PC	o	3,405,000	COST
(4)	PARK SLOPE PEDIATRIC MEDICINE PC	r	1,000,000	COST
(5)	PARK SLOPE EMERGENCY PHYSICIAN SVS PC	o	3,520,000	COST
(6)	NETWORK RECOVERY SERVICES INC	ı	671,036	COST
(7)	THE NY AND PRESBYTERIAN HOSPITAL	0	9,791,217	COST

TY 2011 Earnings and Profits Other Adjustments Statement

Name: THE NEW YORK METHODIST HOSPITAL

EIN: 11-1631796

Software ID: 11000144

Software Version: 2011v1.2

Description	Amount
Earnings from Segregated Cells	5,949,254

TY 2011 Earnings and Profits Other Adjustments Statement

Name: THE NEW YORK METHODIST HOSPITAL

EIN: 11-1631796

Software ID: 11000144

Software Version: 2011v1.2

Description	Amount
Unbilled Premium Assessments	4,498,000
Losses	-14,857,000
Flow Through Earn & profit from sub	1,304,000
Change in unrealized gain on investment	1,526,000

TY 2011 Earnings and Profits Other Adjustments Statement

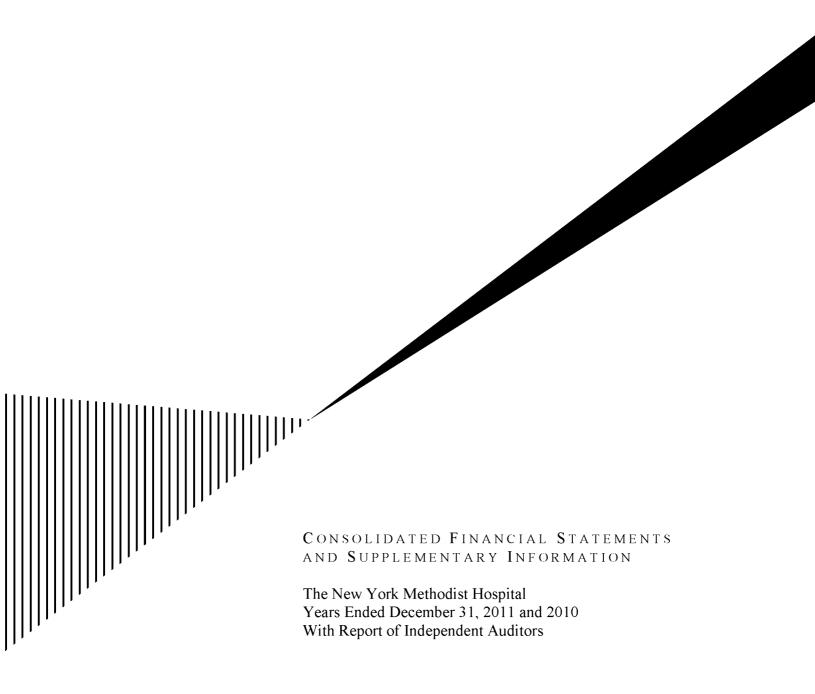
Name: THE NEW YORK METHODIST HOSPITAL

EIN: 11-1631796

Software ID: 11000144

Software Version: 2011v1.2

Description	Amount
UNBILLED PREMIUM ASSESSMENTS	-3,051,000
Provision for Irrecoverable reinsurance	-170,000
Losses	-10,199,000
Change in unrealized gains on investment	-1,583,000



Ernst & Young LLP



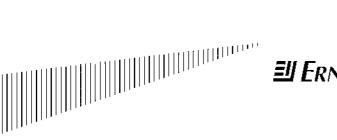
The New York Methodist Hospital

Consolidated Financial Statements and Supplementary Information

Years Ended December 31, 2011 and 2010

Contents

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Report of Independent Auditors

The Board of Trustees
The New York Methodist Hospital

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

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

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

As discussed in Note 1 to the accompanying consolidated financial statements, in 2011 the Hospital changed its method of reporting estimated insurance claims receivable and estimated insurance claims liabilities with the adoption of Accounting Standards Update ("ASU") No 2010-24, Presentation of Insurance Claims and Related Insurance Recoveries Also as discussed in Note 1 to the accompanying consolidated financial statements, in 2011 the Hospital adopted the provisions of 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, which resulted in a change to the presentation of the provision for bad debts on the consolidated statements of operations



Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying consolidating statement of financial position at December 31, 2011, and the consolidating statement of operations for the year then ended, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Ernst + Young LLP

April 19, 2012

The New York Methodist Hospital

Consolidated Statements of Financial Position

	December 31			31
		2011		2010
		(In Tho	บรณ	nds)
Assets				
Current assets				
Cash and cash equivalents	\$	75,122	\$	51,773
Short-term investments (Note 3)		76,487		76,479
Accounts receivable				
Patient care, less allowance for uncollectibles				
(2011 - \$21, 128, 2010 - \$25, 846)		56,791		65,430
Other – net		16,010		10,503
		72,801		75,933
Other current assets		11,916		12,186
Assets limited as to use – current portion (Note 3)		18,898		13,338
Total current assets		255,224		229,709
Assets limited as to use (Notes 3, 5, 7 and 8):				
Project fund		1,098		1,097
Debt service reserve		3,761		3,761
Debt service		2,069		1,975
Donor restricted		6,587		6,587
Investments held by captive insurance companies		93,040		75,505
Deferred employee compensation plan assets		6,050		6,330
2 evented empreyee compensation plan decete		112,605		95,255
Less assets limited as to use – current portion		18,898		13,338
Assets limited as to use – noncurrent		93,707		81,917
Property haildings and antiquent and (Note 1)		1/5/0/		175 241
Property, buildings and equipment – net (Note 4)		165,606		175,241
Investments in real estate – net		1,807		2,162
Other noncurrent assets		2,615		2,420
Insurance recovery receivable (Note 1)		20,440	Φ.	25,445
Total assets	<u>\$</u>	539,399	\$	516,894

1111-1304791

	December 31		
		2011	2010
		(In Thous	rands)
Liabilities and net assets			
Current liabilities			
Current portion of long-term debt (Note 5)	\$	3,734 \$,
Accounts payable and accrued expenses		33,148	33,491
Accrued salaries and related liabilities		36,560	38,772
Due to affiliates, net (Note 10)		763	1,389
Professional insurance liabilities – current (Note 8)		20,765	15,823
Other current liabilities		7,155	4,450
Total current liabilities		102,125	97,867
Long-term debt, less current portion (Note 5)		45,655	49,389
Accrued pension liability (Note 9)		40,228	18,907
Deferred employee compensation plan liabilities		6,050	6,330
Professional insurance liabilities – noncurrent (Note 8)		127,651	123,772
Other noncurrent liabilities (Note 2)		63,853	60,384
Insurance claims liability (Note 1)		20,440	25,445
Total liabilities		406,002	382,094
Commitments and contingencies (Notes 2, 5, 6, 7, 8, 9 and 12)			
Net assets			
Unrestricted		110,720	109,888
Temporarily restricted (Note 7)		16,090	18,325
Permanently restricted (Note 7)		6,587	6,587
Total net assets		133,397	134,800
Total liabilities and net assets	\$	539,399 \$	516,894

See accompanying notes.

Consolidated Statements of Operations

	·)
(In Thousands	
Revenue, gains and other support	
1	02,649
	(17,123)
Net patient service revenue less provision for bad debts 610,385 5	85,526
	35,851
Net assets released from restrictions 1,430	1,368
Total revenue, gains and other support 655,358	522,745
Operating expenses	
Salaries and wages 254,827 2	43,140
Employee benefits 72,980	68,751
Supplies and other expenses 276,721 2	61,730
Interest and amortization of deferred financing fees 2,701	2,813
Depreciation and amortization 23,485	22,946
Total operating expenses 630,714 5	99,380
Gain from operations 24,644	23,365
Medical resident tax refunds, net (Note 14)	4,294
Excess of revenue over expenses 24,644	27,659
Other changes in unrestricted net assets Change in unrealized gains and losses on investments –	
other than trading securities (<i>Note 3</i>) 180	3,497
Net assets released from restrictions for purchases of property, buildings and equipment 2,259	416
Change in pension liability to be recognized in future periods (26,251)	8,423
Other —	(93)
	39,902
	(16,123)
	23,779

See accompanying notes.

Consolidated Statements of Changes in Net Assets

	Unrestricted		7	Temporarily Restricted		rmanently estricted	Total Net Assets
				(In The	usan	ds)	
Net assets at January 1, 2010 Increase in unrestricted net assets before	\$	86,109	\$	2,116	\$	6.587	\$ 94,812
net asset reclassification		39,902		_		_	39,902
Restricted gifts, bequests and similar items Net assets released from restrictions for		_		1,870		_	1,870
operations Net assets released from restrictions for		_		(1,368)		_	(1,368)
purchases of property, buildings and equipment		_		(416)		_	(416)
Reclassification of accumulated endowment earnings (Note 7)		(16,123)	1	16,123		_	
Total change in net assets		23,779		16,209		_	39,988
Net assets at December 31, 2010		109,888		18,325		6,587	134,800
Increase in unrestricted net assets		832		_		_	832
Restricted gifts, bequests and similar items Change in net unrealized gains and losses		_		2,242		_	2,242
on investments		_		(788)		_	(788)
Net assets released from restrictions for operations		_		(1,430)		_	(1,430)
Net assets released from restrictions for purchases of property, buildings and							
equipment		=		(2,259)		_	(2,259)
Total change in net assets		832		(2,235)			(1,403)
Net assets at December 31, 2011	\$	110,720	\$	16,090	S	6,587	\$ 133,397

See accompanying notes

Consolidated Statements of Cash Flows

	Year Ended December 31 2011 2010				
		(In Thousands)			
Operating activities					
Change in net assets	\$	(1,403) \$	39,988		
Adjustments to reconcile change in net assets to net cash					
provided by operating activities					
Depreciation and amortization		23,485	22,946		
Amortization of deferred financing fees		80	87		
Change in unrealized gains and losses on investments – other					
than trading securities		608	(3,497)		
Changes in operating assets and liabilities					
Patient care accounts receivable, net		8,639	(6,040)		
Other assets		(5,512)	(6,363)		
Accounts payable and accrued expenses		(343)	1,302		
Accrued salaries and related liabilities		(2,212)	7,182		
Due to affiliates, net		(626)	(538)		
Accrued pension liability		21,321	(10,276)		
Professional insurance liabilities		8,821	15,171		
Other liabilities		5,894	(5,228)		
Net cash provided by operating activities		58,752	54,734		
Investing activities					
Acquisitions of property, buildings and equipment, net		(13,850)	(9,648)		
Purchases of investments, net		(616)	(2,203)		
Net decrease in investments in real estate		355	356		
Net increase in assets limited as to use		(17,350)	(30,041)		
Net cash used in investing activities		(31,461)	(41,536)		
Financing activities					
Principal repayments on long-term debt		(3,942)	(2,868)		
Net cash used in financing activities		(3,942)	(2,868)		
Net increase in cash and cash equivalents		23,349	10,330		
Cash and cash equivalents at beginning of year		51,773	41,443		
Cash and cash equivalents at end of year	\$	75,122 \$	51,773		
Supplemental disclosure of noncash investing and					
financing activities	ø	¢	2 1 45		
Assets acquired under capitalized lease obligations	<u>\$</u>	<u> </u>	2,145		

See accompanying notes

Notes to Consolidated Financial Statements

December 31, 2011

1. Organization and Significant Accounting Policies

Organization: The New York Methodist Hospital ("Methodist") is incorporated under New York State not-for-profit corporation law for the purpose of providing health care services primarily to residents of the Brooklyn, New York area Methodist is a membership corporation, whose members are selected by New York-Presbyterian Healthcare System, Inc ("System, Inc"), which is a tax-exempt organization whose members are selected by New York-Presbyterian Foundation, Inc ("Foundation, Inc") The members elect Methodist's Board of Trustees System, Inc and Foundation, Inc are related to a number of organizations

The following is a summary of significant accounting policies

Basis of Presentation: Included in Methodist's consolidated financial statements are the following controlled tax-exempt entities South Brooklyn Health Center, Inc ("SBHC"), Park Slope Medical Service, P C, Park Slope Pathology Services, P C, Park Slope Physician Services, P C, Park Slope Obstetrics Gynecology, P C, Park Slope Hematology & Oncology, P C, Park Slope Pediatric Medicine, P C, Park Slope Medicine, P C, Brooklyn Foot & Ankle, P C, Park Slope Emergency Physician Services, P C, Brooklyn Dental Services, P C and Brooklyn Radiology Services P C

In April 2010, Brooklyn Radiology Services P C received approval to operate as a tax-exempt organization, effective to the date of its initial formation in November 1997 Prior to April 2010, the entity was not considered a controlled organization and reported an accumulated net asset deficiency of approximately \$0.1 million, which the Hospital recorded in the 2010 consolidated statement of operations

In April 2010, Methodist, as the sole member, formed MSO of Kings County, LLC ("MSO"), a management service organization established to provide administrative personnel to the various professional corporations MSO is included in Methodist's consolidated financial statements

In January 2010, the Board of Trustees of Methodist and SBHC approved a plan to sell SBHC During April 2011, Methodist entered into a sale agreement with an entity Methodist received approval from the State of New York Department of Health ("DOH") for the sale in 2011, while certain approvals impacting the buyer were pending Final approvals for the transaction occurred in January 2012 The gain on sale recognized in 2012, totaled approximately \$1 4 million

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

The reporting entity resulting from the consolidation of Methodist, the professional corporations, MSO and SBHC is referred to herein as the "Hospital" The accompanying consolidated financial statements do not contain the accounts of other affiliated noncontrolled organizations All significant intercompany transactions have been eliminated in consolidation

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

Cash and Cash Equivalents: Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less when purchased, which are not classified as investments or assets limited as to use Total deposits maintained at these institutions at times exceed the amount insured by Federal agencies and, therefore, bear a risk of loss The Hospital has not experienced such losses on these funds

Receivables for Patient Care: Patient accounts receivable for which the Hospital receives payment under cost reimbursement or prospective payment formulae or negotiated rates, which cover the majority of patient services, are stated at the estimated net amount receivable from such payors, which are generally less than the established billing rates of the Hospital

The amount of the allowance for uncollectibles is based on management's assessment of historical and expected collections, business economic conditions, trends in health care coverage, and other collection indicators. Additions to the allowance for uncollectibles result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for uncollectibles.

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Investments Investments consist of marketable securities and alternative investments Marketable securities are carried at fair value based on quoted market prices and are classified as other than trading securities Marketable securities received as a gift are recorded at fair value on the date of contribution Alternative investments consist of interests in funds of funds, limited partnerships and investments held by captive insurance companies Alternative investment interests in limited partnerships (nontraditional, not readily marketable securities) are reported based upon net asset values derived from the application of the equity method of accounting Financial information used by the Hospital to evaluate its alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee and estimates that require varying degrees of judgment The financial statements of the investee companies are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with the Hospital's annual consolidated financial statement reporting

The Hospital's investments held by multi-provider captive insurance companies consist of assets which are pooled with other assets maintained by the companies and include marketable securities (93 5% and 91 5% at December 31, 2011 and 2010, respectively) and alternative investments (6 5% and 8 5% at December 31, 2011 and 2010, respectively) that are recorded by the captive insurance companies at fair value based on quoted market prices or other means for the companies' holdings of alternative investments, and capital contributions for captive insurance entities carried at cost The Hospital reports an allocation of the pooled investments in its consolidated statements of financial position

The Hospital's holdings of alternative investment interests may indirectly expose the Hospital to liquidity restrictions, securities lending, short sales of securities, and trading in futures, forward contracts, options and other derivative products. There is uncertainty in determining fair values of alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings, time lags associated with reporting by the investee companies and the subjective evaluation of liquidity restrictions. As a result, the values of alternative investments reported in the accompanying consolidated statements of financial position might differ from the value that would have been used had a ready market for the alternative investment interests existed and there is at least a reasonable possibility that estimates will change by material amounts in the near term

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Investments available for current use in operations and which are not classified as assets limited as to use are reported as short-term investments

Investment Return: Interest and dividend income, realized gains and losses on marketable securities, equity in income on alternative investments, and investment return of captive insurance companies are reported as investment income within the caption other revenue in the accompanying consolidated statements of operations Realized gains or losses are computed using the average cost method and are recognized in the period in which the transaction is settled. The net change in unrealized gains and losses on investments which are classified as other-than-trading securities is reported as a separate component of the change in unrestricted net assets.

Assets Limited as to Use: Assets so classified represent assets whose use is restricted for specific purposes under internal designation or terms of agreements Assets limited as to use required to meet current liabilities are reported as current assets

Supplies: Supplies, which are determined on the first-in, first-out method, are stated at the lower of the cost or market value Supplies are used in the provision of patient care and are not held for sale

Property, Buildings and Equipment: Property, buildings and equipment are recorded at cost, or if donated, at appraised or fair value at the time of the donation. Assets acquired under capitalized leases are recorded at present value of the lease payments at the inception of the lease. 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 and amortization are determined by use of the straight-line method over the estimated useful life of the asset or the lesser of the estimated useful life of the asset or lease term. Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring these assets.

Investments in Real Estate: Investments in real estate consist of certain real estate properties acquired which are used to generate rental income Depreciation is computed using the straight-line method over the estimated useful lives of the rental property Accumulated depreciation at December 31, 2011 and 2010, is approximately \$5 3 million and \$5 0 million, respectively

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Deferred Financing Costs: Deferred financing costs are included in other noncurrent assets and are amortized using the effective interest method over the term that the related debt is expected to be outstanding

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

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

Net Patient Service Revenue: Net patient service revenue is reported at the estimated net realizable amounts 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

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

		2011		2010
	In Thousands)			
Health care and related services	\$	512,122	\$	488,285
Program support and general services		118,592		111,095
	\$	630,714	\$	599,380

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Performance Indicator: The accompanying consolidated statements of operations include excess of revenue over expenses as the performance indicator Changes in unrestricted net assets which are excluded from the performance indicator include change in unrealized gains and losses on investments – other than trading securities, net assets released from restrictions for purchases of property, buildings and equipment, change in pension liability to be recognized in future periods and net asset reclassifications

Transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as revenue and operating expenses and included in gain from operations Transactions of an infrequent nature are excluded from gain from operations

Tax Status: Methodist, SBHC and the physician PC entities are Section 501(c)(3) organizations exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code The entities are also exempt from New York State and City income taxes MSO is a for-profit entity and, as such, is subject to Federal and State income taxes The provision for income taxes is not material to the Hospital's consolidated results of operations MSO is included in Methodist's consolidated financial statements

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, which provides amended guidance relating to measuring charity care for disclosures. The new guidance requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided Separate disclosure of the amount of any cash reimbursements received for providing charity care must also be disclosed ASU No 2010-23 became effective for the Hospital on January 1, 2011 and the new disclosure requirements are included in the accompanying consolidated financial statements (see Note 2)

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 consolidated statement of financial position ASU No 2010-24 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 insurance claims liability of approximately \$20.4 million and \$25.4 million as of December 31, 2011 and 2010, respectively

Notes to Consolidated Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Such amounts relate to professional liability and workers' compensation insurance coverage The adoption of ASU No 2010-24 did not affect the Hospital's net assets or its consolidated statements of operations

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 are required to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) Additionally, those health care entities are 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, beginning after December 15, 2011, with early adoption permitted. The Hospital elected to adopt ASU No 2011-07 in the fourth quarter of 2011. The Hospital's adoption of ASU No 2011-07 did not have a material impact on the consolidated 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, 2011 The Hospital adopted ASU No 2011-09 in 2011 and has applied its provisions to the consolidated financial statements (see Note 9) The Hospital's adoption of ASU No 2011-09 did not have a material impact on the consolidated financial statements

Reclassifications Certain reclassifications have been made to 2010 balances previously reported in order to conform to the 2011 presentation

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue

Accounts Receivable and Net Patient Service Revenue

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

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

	Tł	nird-Party		,	Total All
		Payors	Self-Pay		Payors
Patient service revenue (net of contractual					
allowances and discounts)	\$	620,659	\$ 8,561	\$	629,220

Deductibles and copayments under third-party payment programs within the third-party payor amount above are the patient's responsibility and the Hospital considers these amounts in its determination of the provision for bad debts based on collection experience

Accounts receivable are also reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely) For receivables associated with self-pay patients which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

for part of the bill, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Hospital's allowance for doubtful accounts totaled approximately \$211 million and \$258 million at December 31, 2011 and 2010, respectively. The allowance for doubtful accounts for self-pay patients was approximately 46% and 47% of self-pay accounts receivable as of December 31, 2011 and 2010, respectively. Overall, the total of self-pay discounts and write-offs has not changed significantly for the year ended December 31, 2011. The Hospital has not experienced significant changes in write-off trends and has not changed its charity care policy for the year ended December 31, 2011.

Third-Party Payment Programs

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

Non-Medicare Reimbursement

In New York State, hospitals and all non-Medicare payers, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospitals' payment rates If negotiated rates are not established, payers are billed at hospitals' established charges Medicaid, workers' compensation and no-fault payers pay hospital rates promulgated by the New York State Department of Health Effective December 1, 2009, the New York State payment methodology was updated such that payments to hospitals for Medicaid, workers' compensation and no-fault inpatient services are based on a statewide prospective payment system, with retroactive adjustments, prior to December 1, 2009, the payment system provided for retroactive adjustments to payment rates, using a prospective payment formula

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

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 payers will continue to be made in future years

Medicare Reimbursement

Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data

Other Third-Party Payors

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

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payers for adjustments to current and prior years' payment rates, based on industry-wide and Hospital-specific data. The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation Medicare cost reports, which serve as the basis for final settlement with the Medicare program, have been audited by the Medicare fiscal intermediary and settled through 2005 at December 31, 2011, although revisions to final settlements could be made. Other years remain open for audit and settlement as are numerous issues related to the New York State Medicaid program for prior years. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount when open years are settled and additional information is obtained. Additionally, noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs. The Hospital is not aware of any allegations of noncompliance that could have a material adverse effect on the consolidated financial statements and believes that it is in compliance with all applicable laws and regulations

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

Net patient service revenue for the years ended December 31, 2011 and 2010, was increased by approximately \$3 1 million and increased by approximately \$6 9 million, respectively, for net adjustments and settlements relating to prior years

There are various proposals at the Federal and State levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that has been enacted by the Federal and State governments, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Hospital. Additionally, certain payers' payment rates for various years have been appealed by the Hospital. If the appeals are successful, additional income applicable to those years might be realized.

Similar to most health care organizations, the Hospital grants credit without collateral to its patients, most of whom are residents of Brooklyn, New York and are insured under third-party payor agreements

Significant concentrations of gross receivables from patients and third-party payors at December 31, were as follows

	Patient Ac Receiva	
	2011	2010
Commercial and health maintenance organizations	33.4%	34 4%
Medicare	19.3	19 2
Medicare managed care	8.3	5 5
Medicaid	11.1	12 5
Medicaid managed care	18.1	19 6
Self-pay and other	9.8	8 8
	100.0%	100 0%

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

The Hospital's net patient service revenue was derived from the following payors

	2011	2010
Medicare and Medicaid	35.6%	38 2%
Medicare and Medicaid managed care	25.1	23 9
Commercial insurance and managed care organizations	38.9	36 9
Self-pay and other	0.4	1 0
	100.0%	100 0%

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. 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.

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

The Hospital reports care provided for which the patient's payment obligation was not fully satisfied as uncompensated care. Uncompensated care is the sum of the Hospital's charity care provided and the provision for bad debts. For the years ended December 31, 2011 and 2010, uncompensated care amounted to approximately \$25.4 million and \$21.9 million, respectively

For patients who are deemed eligible for charity care, and patients who apply and qualify for financial aid under the Hospital's financial aid policy, care given but not paid for is classified as charity care For the years ended December 31, 2011 and 2010, the estimated cost of charity care was approximately \$6 6 million and \$4 8 million, respectively. The estimated cost of charity care includes the direct and indirect cost of providing charity care services and is estimated by utilizing a ratio of cost to gross charges applied to the gross uncompensated charges associated with providing charity care

For patients who were determined by the Hospital to have the ability to pay but did not, the uncollected amounts are bad debt expense 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 For the years ended December 31, 2011 and 2010, the provision for bad debts was approximately \$18 8 million and \$17 1 million, respectively

The DOH Hospital Indigent Care Pool (the "Pool") was established to help hospitals subsidize the cost of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue During the years ended December 31, 2011 and 2010, the Hospital received approximately \$5 5 million and \$7 2 million, respectively, in Pool distributions and paid approximately \$4 4 million and \$4 1 million, respectively, for the 1% assessment

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use

The composition and reported value of investments and assets limited as to use is as follows

		31		
		2011		2010
		nds)		
Marketable securities, at fair value				
Cash and cash equivalents	\$	5,684	\$	5,588
U S government notes and bonds		4,261		5,049
Mutual funds		73,025		73,641
Corporate debt securities		4,412		3,099
		87,382		87,377
Alternative investments				
Alternative investments – funds of funds, at equity				
method value		8,670		8,852
Investments held by captive insurance companies, at				
allocated fair value		93,040		75,505
		101,710		84,357
		189,092		171,734
Less short-term investments		76,487		76,479
Less current portion of assets limited as to use		18,898		13,338
Assets limited as to use – noncurrent	\$	93,707	\$	81,917

Notes to Consolidated Financial Statements (continued)

3. Investments and Assets Limited as to Use (continued)

The components of investment return included in the accompanying consolidated statements of operations follow

		ar Ended Dec 2011	ember 31 2010
		nds)	
Interest and dividend income	\$	2,443 \$	3,063
Net realized gains and losses and equity in income on alternative investments		194	1,684
Investment return of captive insurance companies (Note 8)		582	4,409
Investment income reported in other revenue (<i>Note 11</i>) Net change in unrealized gains and losses – other than		3,219	9,156
trading securities		(608)	3,497
Total investment return	\$	2,611 \$	12,653

At December 31, 2011 and 2010, gross unrealized losses related to other-than-trading securities are as follows

2011					20	2010		
	- 	U		T.	- * X 7-1	ι	Gross Inrealized	
	air value						Losses	
			`		,			
\$	1,259	\$	(2)	\$	_	\$	_	
	2,222		(84)		_		_	
	30,410		(150)		35,969		(200)	
\$	33,891	\$	(236)	\$	35,969	\$	(200)	
		Fair Value \$ 1,259 2,222 30,410	Fair Value \$ 1,259 \$ 2,222 \$ 30,410	Gross Unrealized Losses	Gross Unrealized Losses Fair Value Losses Fair Thousand	Gross Fair Value Losses Fair Value (In Thousands) \$ 1,259 \$ (2) \$ - 2,222 (84) - 30,410 (150) 35,969	Gross Unrealized Losses Fair Value	

Unrealized losses included in the above table are not deemed to be other-than-temporary impairments based on the expectation of recovery in value and the Hospital's intent and ability to hold the related securities

Notes to Consolidated Financial Statements (continued)

4. Property, Buildings and Equipment

A summary of property, buildings and equipment follows

		· 31		
		2011		2010
		(In The	วนรถ	nds)
Land and land improvements	\$	4,240	\$	4,240
Buildings, building improvements and fixed equipment		366,153		363,028
Movable equipment		181,404		175,223
		551,797		542,491
Less accumulated depreciation and amortization of				
leasehold improvements		393,250		371,683
		158,547		170,808
Construction-in-progress		7,059		4,433
	\$	165,606	\$	175,241

Movable equipment includes gross capitalized leases aggregating approximately \$22.9 million at December 31, 2011 and 2010, respectively, having accumulated amortization of approximately \$16.2 million and \$14.3 million at December 31, 2011 and 2010, respectively

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt

A summary of the Hospital's debt follows

	December 31			
	2011		2010	
	(In The	อนรส	nds)	
Dormitory Authority of the State of New York ("DASNY") Revenue Bonds, Series 2004, subject to a 5 25% interest rate, with principal due in varying amounts through 2033 Capitalized leases with interest rates ranging from 3 25%	\$ 44,301	\$	45,982	
to 7 00%, secured by the financed equipment (Note 6)	5,088		7,349	
	 49,389		53,331	
Less current portion	3,734		3,942	
	\$ 45,655	\$	49,389	

In 2004, DASNY issued Revenue Bonds, Series 2004 ("Series 2004 Bonds") in the amount of \$46 6 million (inclusive of an original issue premium of \$2 1 million and an underwriter discount of \$0 4 million) Pursuant to the agreements related to the Series 2004 Bonds, the Hospital is required to maintain, among other matters, a debt service reserve fund (initially funded at approximately \$3 8 million), a minimum debt service coverage ratio and other financial ratios

Under the terms of the various debt agreements, the Hospital is required to be in compliance with certain financial covenants as described in the respective agreements. The Hospital was in compliance with its financial ratio covenants at December 31, 2011 and 2010, respectively

Required principal payments on all long-term debt, including capital leases, for each of the five years subsequent to December 31, 2011, are as follows (in thousands)

2012	\$ 3,734
2013	3,754
2014	2,753
2015	2,420
2016	2,127

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt (continued)

Substantially all property, buildings and equipment and revenue from operations serve as collateral for the debt agreements

Interest paid under all borrowings, net of capitalized interest, for the years ended December 31, 2011 and 2010, aggregated approximately \$2.4 million and \$2.5 million, respectively Capitalized interest totaled approximately \$80,000 in 2011 and \$100,000 in 2010, net of investment earnings on related funds

6. Leases

Total rental expense charged to operations for the years ended December 31, 2011 and 2010, aggregated approximately \$6 0 million and \$5 2 million, respectively

Future minimum payments under non-cancellable capital leases and operating leases with initial or remaining terms of one year or more at December 31, 2011, consisted of the following

	Capital Leases		perating Leases
	 (In Th	อบรลเ	nds)
2012	\$ 2,155	\$	5,237
2013	2,006		4,719
2014	852		4,801
2015	397		4,214
2016	_		3,852
2017 and thereafter	_		6,117
Total minimum lease payments	 5,410	\$	28,940
Less amounts representing interest	322		
Present value of minimum lease payments (reported with long-term debt, see Note 5)	\$ 5,088	_	

Notes to Consolidated Financial Statements (continued)

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	December 31				
	2011 2010				
	(In Thousands)				
Health education	\$ 643	\$	710		
Research	1,712		1,492		
Accumulated endowment earnings – health care services	 13,735		16,123		
	\$ 16,090	\$	18,325		

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

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

The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until the amounts are appropriated for expenditure in accordance with a standard of prudence prescribed by NYPMIFA, as applicable As a result of the enactment of NYPMIFA in September 2010, the Hospital reclassified approximately \$16.1 million of accumulated unexpended earnings from unrestricted net assets to temporarily restricted net assets

Notes to Consolidated Financial Statements (continued)

7. Temporarily and Permanently Restricted Net Assets (continued)

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

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

	mporarily estricted	R	rmanently estricted		Total	
Endowment net assets at January 1, 2010,		(In	Thousands)		
including reclassification of accumulated						
earnings	\$ 14,097	\$	6,587	\$	20,684	
Investment return						
Investment income	714		_		714	
Net appreciation (realized and unrealized)	 2,026	_			2,026	
Total investment return	2,740	_			2,740	
Appropriation of endowment assets for						
expenditure	 (714)		_		(714)	
Endowment net assets at December 31, 2010	16,123		6,587		22,710	
Investment return						
Investment income	461		_		461	
Net depreciation (realized and unrealized)	(788)		_		(788)	
Total investment return	 (327)		_		(327)	
Appropriation of endowment assets for						
expenditure	 (2,061)				(2,061)	
Endowment net assets at December 31, 2011	\$ 13,735	\$	6,587	\$	20,322	

Notes to Consolidated Financial Statements (continued)

8. Professional Liability Insurance Program

In 1983, the Hospital and a number of other health care providers formed Combined Coordinating Council, Inc of New York ("CCCI") to coordinate the access of insurance for professional and comprehensive general liability risks and to serve as a risk management advisor to the providers who participate in CCCI The shareholders of CCCI are also the shareholders of CCC Insurance Company, Ltd of Bermuda, a captive insurer formed in 1983, and its subsidiary, CCC Corporation of Barbados, formed in 1987

Effective July 1, 2004, CCCI formed CCC Insurance SCC and implemented a "cell captive" structure which replaced the previous coverage structure. Under this program, primary coverage for individual claims for each participating hospital is provided through a commercial insurance carrier on an occurrence basis. The first layer of excess coverage under the program utilizes individual cells for each participating hospital, under which invested assets and insurance-related liabilities are segregated for each participant and there is no shared risk amongst the entities. This layer provides excess coverage over the primary coverage with per-claim limits up to \$15.0 million on an occurrence basis for each participating hospital.

In addition to coverage for the participating hospitals' professional liability, the program also includes a cell captive for coverage of physicians' professional liability. Premiums for this cell captive are to be paid by the participating physicians, however, the participating hospitals are responsible for funding a portion of the cell's initial capital and surplus requirements and could be subject to additional capital contributions in the future if the equity of this cell falls below certain levels. Coverage within the physician cell is pooled, however, there is no shared risk with the hospital-liability cell captives. During 2011 and 2010, the Hospital paid additional capital funding of approximately \$2.7 million and \$3.2 million, respectively, to the physician liability cell

The Hospital transfers funds to the cell captive based on desired capitalization levels. The Hospital records its investment under the cell captive structure, the related changes in its segregated account as reported by CCC Insurance SCC, and its investments in other insurance companies within the CCC insurance group in the accompanying consolidated statements of financial position. At December 31, 2011 and 2010, investments held by the captive insurance companies totaling approximately \$93.0 million and \$75.5 million, respectively, are included in assets limited as to use – investments held by captive insurance companies in the Hospital's accompanying consolidated statements of financial position.

Notes to Consolidated Financial Statements (continued)

8. Professional Liability Insurance Program (continued)

Through June 30, 2004, the CCCI insurance program provided insurance under a common occurrence-basis structure, which included self-insurance through the two offshore captive insurance companies, as well as the purchase of commercial insurance Through June 30, 2004, CCCI had reinsurance coverage from outside reinsurers for specified amounts above per-claim limits

Beginning in 2008, the Hospital records an obligation for estimated professional liabilities under the CCCI program related to program years 1999 to 2004 to account for estimated projected ultimate losses for that period that are anticipated to exceed funded insurance levels and reinsurance limits applicable to those program years. At December 31, 2011 and 2010, the Hospital recorded an obligation of approximately \$3.9 million and \$12.5 million, respectively, for these estimated liabilities.

The estimated undiscounted professional liabilities for asserted claims and for incidents that have been incurred but not yet reported under the first excess layer of the cell captive insurance program and other liabilities related to CCC insurance companies as of December 31, 2011 and 2010, aggregated approximately \$182.5 million and \$170.2 million, respectively, and are reported as liabilities in the accompanying consolidated statements of financial position at the actuarially determined present value of approximately \$148.4 million and \$139.6 million at December 31, 2011 and 2010, respectively, based on a discount rate of 5.0% at December 31, 2011 and December 31, 2010 Professional liabilities are discounted based on the expected timing of the actuarially estimated future payments under the program using an interest rate expected to be earned on related invested assets during such future periods. Such estimates are reviewed and updated on an annual basis

Of the total professional liabilities at December 31, 2011 and 2010, approximately \$20 8 million and \$15 8 million, respectively, is estimated to be paid in the subsequent year and is reported as a current liability

As a result of the adoption of ASU No 2010-24 in 2011, at December 31, 2011 and 2010, the Hospital recorded an estimated insurance recovery receivable and insurance claim liability related to professional liabilities of \$18 0 million and \$24 2 million, respectively

Notes to Consolidated Financial Statements (continued)

8. Professional Liability Insurance Program (continued)

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

Professional liability claims have been asserted by various claimants. The claims are in various stages of processing and some have been and may ultimately be brought to trial. Furthermore, there are 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 management, based on prior experience and the advice of legal counsel, that the ultimate resolution of professional liability claims will not have a significant effect on the Hospital's consolidated financial position.

9. Pension and Similar Benefit Plans

Retirement Benefits: The Hospital provides pension and similar benefits to its employees through several plans, including various multi-employer plans for union employees and a defined benefit plan primarily for eligible nonunion employees Additionally, the Hospital established a defined contribution pension plan in 2005 for certain employees

Benefits under the Hospital's defined benefit plan are based on years of service and the highest average compensation for five consecutive years during the last ten years of employment at the Hospital Contributions to the Hospital's defined benefit plan are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future. The Hospital's funding policy is to contribute amounts to the defined benefit plan sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974, plus additional amounts that the Hospital may deem appropriate from time to time. The Hospital contributed \$8.4 million and \$7.5 million to its defined benefit pension plan in 2011 and 2010, respectively. The Hospital expects to contribute approximately \$8.7 million to its defined benefit pension plan in 2012.

Notes to Consolidated Financial Statements (continued)

9. Pension and Similar Benefit Plans (continued)

Effective December 31, 2008, the defined benefit plan was amended to freeze future benefit accruals Effective January 1, 2010, the plan was amended once again to unfreeze future benefit accruals Effective July 1, 2003, the defined benefit plan was amended for future benefit accruals Benefits earned after June 30, 2003, for plan participants are earned under a cash balance accrual formula Prior to July 1, 2003, benefits were earned under a final average pay formula Also effective July 1, 2003, nurses that are covered under collective-bargaining agreements will no longer accrue benefits under the Hospital-sponsored defined benefit plan The benefits earned after June 30, 2003, for nurses that are covered under collective-bargaining agreements will be provided by union-sponsored pension plans with funding provided by the Hospital in accordance with the applicable collective-bargaining agreements

The Hospital recognizes in its consolidated statements of financial position an asset, for a defined benefit postretirement plan's overfunded status, or a liability, for a plan's underfunded status, measures a defined benefit postretirement plan's assets and obligations that determine funded status as of the end of the Hospital's fiscal year, and recognizes the periodic change in the funded status of a defined benefit postretirement plan as a component of changes in unrestricted net assets in the year in which the change occurs Amounts that are recognized as a component of changes in unrestricted net assets will be subsequently recognized as net periodic pension cost

Notes to Consolidated Financial Statements (continued)

9. Pension and Similar Benefit Plans (continued)

The following table provides a reconciliation of the benefit obligation, change in fair value of plan assets, and the funded status of the defined benefit pension plan for the years ended December 31, 2011 and 2010

	Pension Benefits			
		2011	2010	
		(In Thousa	ınds)	
Change in benefit obligation				
Benefit obligation at beginning of year	\$	157,083 \$	151,251	
Service cost		2,517	2,407	
Interest cost		8,768	9,009	
Actuarial losses		16,017	1,274	
Benefits paid		(7,526)	(6,858)	
Benefit obligation at end of year		176,859	157,083	
Change in plan assets				
Fair value of plan assets at beginning of year		138,176	122,068	
Actual return on plan assets		(2,429)	15,466	
Employer contributions		8,410	7,500	
Benefits paid		(7,526)	(6,858)	
Fair value of plan assets at end of year		136,631	138,176	
Funded status	\$	(40,228) \$	(18,907)	

At December 31, 2011 and 2010, the funded status of the pension benefit plan is reported in the consolidated statements of financial position as a noncurrent liability

The accumulated benefit obligation of the plan totaled approximately \$173.9 million and \$154.4 million at December 31, 2011 and 2010, respectively

Included in other changes in unrestricted net assets at December 31, 2011 and 2010, are \$67.6 million and \$41.3 million, respectively, related to unrecognized losses that have not yet been recognized in net periodic pension cost. The change in the pension liability to be recognized in future periods as reported in the accompanying consolidated statements of operations totaled \$26.3 million in 2011 and represents the change in these amounts

Notes to Consolidated Financial Statements (continued)

9. Pension and Similar Benefit Plans (continued)

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, totals approximately \$4 7 million

Weighted-average assumptions used to determine the benefit obligations at December 31, were as follows

	Decemb	December 31			
	2011	2010			
	(In Thou	isands)			
Discount rate	4.88%	5 75%			
Rate of compensation increase	3.75	3 75			

Net periodic benefit cost under the defined benefit plan consists of the following for the years ended December 31,

	 2011		2010
	(In Tho	บรสก	ods)
Service cost	\$ 2,517	\$	2,407
Interest cost	8,768		9,009
Expected return on plan assets	(10,332)		(9,016)
Amortization of net actuarial loss	 2,386		3,247
Net periodic pension cost	\$ 3,339	\$	5,647

Weighted-average assumptions used to determine the net periodic pension cost for the years ended December 31, are as follows

	2011	2010
	(In Thou	isands)
Service cost	5.75%	6 13%
Expected rate of return on plan assets	7.50	7 50
Rate of compensation increase	3.75	3 75

Notes to Consolidated Financial Statements (continued)

9. Pension and Similar Benefit Plans (continued)

The overall expected long-term rate of return of the 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 for changes in the marketplace

Funds are invested with a long-term (five years or greater) objective Plan assets are passively invested in institutional funds and are rebalanced quarterly to remain at the Hospital's target levels Performance is reviewed quarterly based on performance results and benchmarks compiled independently by the plan trustee The Hospital's weighted-average asset allocations and target asset allocation policy at December 31, are as follows

	Target Asset		an Assets at aber 31
Asset Category	Allocation	2011	2010
Equity securities	25%	33%	32%
Debt securities	25	2 7	24
Alternative investments – hedge funds	25	19	20
International equity securities	25	21	24
- ·	100%	100%	100%

Assets invested in the defined benefit pension plan are carried at fair value Debt and equity securities with readily determinable values are carried at fair value as determined based on independent published sources. Alternative investments, as described in Note 1, are stated at fair value, as estimated in an unquoted market. Fair value for alternative investments is determined by the Hospital's management for each investment using net asset value as a practical expedient, as permitted by generally accepted accounting principles, rather than using another valuation method to independently estimate fair value.

Notes to Consolidated Financial Statements (continued)

9. Pension and Similar Benefit Plans (continued)

The composition and reported value of the defined benefit pension plan assets at December 31, consist of the following, at fair value

	2011			2010
	(In Thousands)			
Marketable securities				
Cash and cash equivalents	\$	622	\$	660
Debt securities*		36,521		32,623
Equity securities*		44,315		44,016
International equity securities*		29,085		33,843
Alternative investments – hedge funds		26,088		27,034
Total plan assets	\$	136,631	\$	138,176

^{*} Securities held in the form of various mutual funds

The Hospital expects to pay the following benefit payments (in thousands)

	ension enefits
Year	
2012	\$ 8,604
2013	9,077
2014	9,415
2015	9,819
2016	10,270
2017 to 2021	57,824

In determining the net pension cost, the average future working life was used in 2010 and 2011

Notes to Consolidated Financial Statements (continued)

9. Pension and Similar Benefit Plans (continued)

Effective January 1, 2009, the Internal Revenue Service ("IRS") 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

Deferred Compensation: Certain Hospital employees participate in deferred compensation plans. In connection with these plans, the Hospital deposits amounts with trustees on behalf of the participating employees. Under the terms of the plans, the Hospital is not responsible for investment gains or losses incurred. The assets are restricted for payments under the plans, but may revert to the Hospital under certain specified circumstances. At December 31, 2011 and 2010, amounts on deposit with trustees (at fair value) were equal to liabilities under the plans and aggregated approximately \$6.1 million and \$6.3 million, respectively

Postretirement Benefits: Effective March 1, 2001, full-time employees who are at least 62 years of age with 20 years of continuous service who take early retirement from the Hospital will be eligible to continue to participate in the Hospital's employee health plan as if they were active employees who reached normal retirement age. The plan contains cost-sharing features such as copayments. The estimated postretirement benefit liability at December 31, 2011 and 2010 was approximately \$0.8 million and \$0.7 million, respectively. The periodic postretirement benefit cost for each of the years ended December 31, 2011 and 2010, was approximately \$80,000.

Multiemployer Pension Plans: The Hospital contributes to the New York State Nurses Association Pension Plan ("NYSNA") and the 1199 SEIU Healthcare Employees Pension Fund ("1199 SEIU") These are multiemployer defined benefit pension plans under the terms of collective bargaining agreements that cover the Hospital's union-represented employees Contributions to union plans are based on union employee gross salary levels and rates required under union contractual arrangements The risks of participating in these multiemployer plans are different from single-employer plans in the following respects

Notes to Consolidated Financial Statements (continued)

9. Pension and Similar Benefit Plans (continued)

- Assets contributed to the 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 some of its multiemployer plans, the Hospital may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability

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

- The "EIN/Pension Plan Number" column provides the Employee Identification Number ("EIN") and the three-digit plan numbers
- The Pension Plan Protection Act of 2006 ("PPA") zone status is based on information that the Hospital received from the plans and is certified by the plans' actuaries Among other factors, plans in the red zone are generally less than 65% 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
- The column "Surcharge Imposed" indicates whether the Hospital was required to pay a surcharge to the plan
- The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject

Notes to Consolidated Financial Statements (continued)

9. Pension and Similar Benefit Plans (continued)

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

Pension	EIN/Pension		Protection ne Status	FIP/RP	C	ontribut Hos		•	_Surcharge	Date of Collective Bargaining -
Fund	Plan Number	2011	2010	Status	:	2011		2010	Imposed	Agreement
	-					(In Th	ousa	nds)		
NYSNA	13-6604799 Plan No 001	Green	Green	No	s	5,377	\$	4.072	No	4 30 2014
1199 SEIU	13-3604862 Plan No 001	Green	Red	Yes		4,678		4.517	Yes	4 30 2015

10. Due to Affiliates

The following balances are due (to) from affiliates

	December	31
	2011	2010
	 (In Thousa	nds)
The New York and Presbyterian Hospital ("NYPH")	\$ (778) \$	(1,433)
Rogosin Institute	61	60
Network Recovery Services, Inc ("NRS")	(46)	(16)
	\$ (763) \$	(1,389)

At December 31, 2011 and 2010, the amount due to NYPH represents amounts owed for allocation of shared costs, primarily data processing and personnel, incurred by NYPH on behalf of the Hospital

NRS provides certain patient accounts receivable billing and collection services to the Hospital Amounts due from Rogosin Institute relate to amounts owed to the Hospital for certain administrative services

Notes to Consolidated Financial Statements (continued)

11. Other Revenue

Other revenue consists of the following

	Ye	ar Ended D	ecember 31
		2011	2010
		(In Thou	sands)
Rental income	\$	9,119 \$	5 7,947
Investment return (Note 3)		3,219	9,156
Contributions		257	239
Faculty practice billings and other receipts		17,283	13,947
Electronic health records incentive payments		5,412	_
Grant revenue		2,601	1,301
Other		5,652	3,261
	\$	43,543 \$	35,851

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 \$5.4 million (Medicare, \$3.2 million, Medicaid, \$2.2 million) for the year ended December 31, 2011, is included in other revenue in the accompanying 2011

Notes to Consolidated Financial Statements (continued)

11. Other Revenue (continued)

consolidated 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

12. Commitments and Contingencies

At December 31, 2011, approximately 68% of the Hospital's employees are covered by collective-bargaining agreements. The collective-bargaining agreements are set to expire at various dates through 2015

13. Fair Value Measurements

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

The fair value hierarchy is composed of three levels based on the source of inputs as follows

- Level 1: Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities
- Level 2: Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability
- Level 3: Unobservable inputs for the asset or liability (i.e., supported by little or no market activity) Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk)

Notes to Consolidated Financial Statements (continued)

13. Fair Value Measurements (continued)

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

Financial assets carried at fair value as of December 31, 2011 and 2010, excluding assets invested in the Hospital's defined benefit pension plan, are classified in the table below in one of the three categories described above

	Level 1	Level 2		Level 3	Total
		(In T	housai	nds)	
December 31, 2011					
Cash and cash equivalents	\$ 80,807	\$ _	\$	_	\$ 80,807
U S Treasury notes	2,015	_		_	2,015
U S government and agencies					
notes and bonds	_	2,246		_	2,246
Mutual funds					
Equity funds	21,013	_		_	21,013
Fixed income funds	44,989	_		_	44,989
Domestic/international blend					
funds	2,860	_		_	2,860
International equity funds	4,163	_		_	4,163
Corporate debt securities	_	4,412		_	4,412
Alternative investments –					
investments held by captive					
insurance companies	_	87,148		5,892	93,040
Total assets at fair value	\$ 155,847	\$ 93,806	\$	5,892	\$ 255,545

Notes to Consolidated Financial Statements (continued)

13. Fair Value Measurements (continued)

	Level 1	Level 2		Level 3	Total
		(In T	housa	nds)	
December 31, 2010					
Cash and cash equivalents	\$ 57,361	\$ _	\$	_	\$ 57,361
U S Treasury notes	1,957	_		_	1,957
U S government and agencies					
notes and bonds	_	3,092		_	3,092
Mutual funds					
Equity funds	22,777	_		_	22,777
Fixed income funds	42,535	_		_	42,535
Domestic/international blend					
funds	3,264	_		_	3,264
International equity funds	5,065	_		_	5,065
Corporate debt securities	_	3,099		_	3,099
Alternative investments –					
investments held by captive					
insurance companies		69,387		6,118	75,505
Total assets at fair value	\$ 132,959	\$ 75,578	\$	6,118	\$ 214,655

Fair value for Level 1 is based upon quoted market prices Level 2 assets consist of the Hospital's interest in marketable securities held in pooled investments managed by captive insurance companies and certain fixed income securities for which the fair value at each year end is estimated based on quoted prices and other valuation considerations (e.g., credit quality and prevailing interest rates) Level 3 assets consist of the Hospital's interest in pooled investments managed by captive insurance companies, the valuation for which is described in Note 1 The methods described above may produce a fair value that is not indicative of net realizable value or reflective of future fair values

Notes to Consolidated Financial Statements (continued)

13. Fair Value Measurements (continued)

Financial assets invested in the Hospital's defined benefit pension plan at fair value as of December 31, 2011 and 2010, are classified in the tables below in one of the three categories described above

		Level 1	Level 2		Level 3	Total
			(In Th	ous	ands)	
December 31, 2011						
Cash and cash equivalents	\$	622	\$ _	\$	_	\$ 622
Equity mutual funds		44,315	_		_	44,315
Fixed income mutual funds		36,521	-		_	36,521
International equity mutual funds		29,085	_		_	29,085
Alternative investments – hedge funds		_	26,088		_	26,088
	\$	110,543	\$ 26,088	\$	_	\$ 136,631
		Level 1	Level 2		Level 3	Total
		Level 1	Level 2	ous		Total
December 31, 2010		Level 1		ous		Total
December 31, 2010 Cash and cash equivalents	<u> </u>	Level 1 660	\$	ouse \$		\$ Total 660
	\$		\$			\$
Cash and cash equivalents	\$	660	\$			\$ 660
Cash and cash equivalents Equity mutual funds Fixed income mutual funds International equity mutual	\$	660 44,016 32,623	\$			\$ 660 44,016 32,623
Cash and cash equivalents Equity mutual funds Fixed income mutual funds International equity mutual funds	\$	660 44,016	\$			\$ 660 44,016
Cash and cash equivalents Equity mutual funds Fixed income mutual funds International equity mutual funds Alternative investments –	\$	660 44,016 32,623	\$ (In Th - - - -			\$ 660 44,016 32,623 33,843
Cash and cash equivalents Equity mutual funds Fixed income mutual funds International equity mutual funds	\$ \$	660 44,016 32,623				\$ 660 44,016 32,623

Notes to Consolidated Financial Statements (continued)

13. Fair Value Measurements (continued)

Following is a rollforward of the statement of financial position amounts for financial instruments classified by the Hospital in Level 3 of the valuation hierarchy defined above

		2011		2010
		(In Th	ousa	nds)
Fair value at beginning of year Total realized and unrealized gains or losses Distributions Allocated expenses Other receipts	\$	6,118 (80) (111) (44) 9	\$	6,093 446 (342) (43) (36)
Fair value at end of year	\$	5,892	\$	6,118
Change in unrealized losses related to financial instruments held at end of year	<u>\$</u>	(478)	\$	(897)

The Hospital's long-term debt obligations are reported in the accompanying consolidated statements of financial position at carrying value which totaled approximately \$44.3 million and \$46.0 million at December 31, 2011 and 2010, respectively, excluding capital leases. The fair value of these obligations at December 31, 2011 and 2010, as estimated primarily based on quoted market prices for related DASNY bonds and other valuation considerations, totaled approximately \$44.1 million and \$45.8 million, respectively

14. Medical Resident Tax Refund

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

Notes to Consolidated Financial Statements (continued)

14. Medical Resident Tax Refund (continued)

In the year ended December 31, 2010, the Hospital recorded an estimated net gain of approximately \$4 3 million related to medical resident FICA refund claims that are expected to meet the IRS requirements to be eligible for refunds At December 31, 2011, the Hospital recorded a receivable of approximately \$7 9 million for the total expected medical resident FICA refunds and accumulated interest, included in other accounts receivable, and a liability of approximately \$3 5 million, included in other current liabilities, related to the portion of the refunds to be collected on behalf of, and, therefore, to be remitted to, the medical residents The Hospital has established these estimates based on information presently available, the estimates are subject to change as the IRS adjudicates the claims

15. Subsequent Events

Subsequent events have been evaluated through April 19, 2012, which is the date the consolidated financial statements were issued Except as disclosed in Note 1, no subsequent events have occurred that require disclosure in or adjustment to the consolidated financial statements

Consolidating Statement of Financial Position

December 31, 2011 (In Thousands)

			C	om bined				
			Pr	ofessional		Eliminatin	g Entries	
	Methodist	SBHC	Cor	rporations	Subtotal	Debits	Credits	Consolidated
Assets								
Current assets								
Cash and cash equivalents	\$ 70,781	\$ 10	\$	4,331	\$ 75,122	\$ - \$	-	\$ 75,122
Short-term investments	76,487	_		_	76,487		_	76,487
Accounts receivable								
Patient care, less allowance for uncollectibles	49,598	_		7,193	56,791	_	_	56,791
Other – net	67.395	1		1,916	69,312	_	53,302	16,010
	116,993	1		9,109	126,103	_	53,302	72,801
Other current assets	9,960	_		1.956	11.916	_	_	11.916
Assets limited as to use – current portion	18.898	-		_	18,898	_	_	18,898
Total current assets	293,119	11		15,396	308,526	-	53,302	255,224
Assets limited as to use								
Project fund	1,098	_		_	1.098	_	_	1,098
Debt service reserve	3,761	_		_	3,761	_	_	3,761
Debt service	2,069	_		_	2,069	_	_	2,069
Donor restricted	6,587	_		_	6,587	_	_	6,587
Investments held by captive insurance companies	93,040	_		_	93,040	_	_	93.040
Deferred employee compensation plan assets	6,050	_		_	6,050	_	_	6,050
	112,605	=		_	112,605	=	=	112,605
Less assets limited as to use – current portion	18,898	_		_	18,898	_	_	18.898
Assets limited as to use – noncurrent	93,707	_		-	93,707	_	_	93,707
Property, buildings and equipment – net	165,430	_		6	165,436	170	_	165,606
Investments in real estate – net	1.807	_		_	1.807	=	=	1.807
Other noncurrent assets	2.615	_		_	2.615	_	_	2.615
Insurance recovery receivable	20,440	_		_	20,440	=	=	20,440
Assets held for sale		170		_	170		170	
Total assets	\$ 577,118	\$ 181	\$	15,402	\$ 592,701	\$ 170 \$	53,472	\$ 539,399

Consolidating Statement of Financial Position (continued)

December 31, 2011 (In Thousands)

	Methodist	SBHC	Prof	mbined fessional porations	Subto	otal	 Eliminat Debits	ing	Entries Credits	Consolidated
Liabilities and net assets										
Current liabilities										
Current portion of long-term debt	\$ 3,734	\$ _	\$		-	.734	\$ _	\$	_	\$ 3.734
Accounts payable and accrued expenses	27.766	7		5,375		.148	_		_	33,148
Accrued salaries and related liabilities	33,571	70		2.919	36	.560	-		_	36,560
Due to affiliates, net	763	11,752		41,550	54	.065	53,302		_	763
Professional insurance liabilities – current	20,765	_		_		.765	_		_	20,765
Other current liabilities	6.882	_		273	7	.155	_		_	7,155
Total current liabilities	93,481	11.829		50,117	155	.427	53,302		_	102,125
Long-term debt, less current portion	45,655	_		_	45	.655	_		_	45,655
Accrued pension liability	40,228	_		_	40	.228	_		_	40,228
Deferred employee compensation plan liabilities	6,050	_		_	6	₂ ()5()	_		_	6,050
Professional insurance liabilities – noncurrent	127,651	_		_	127	.651	_		_	127,651
Other noncurrent liabilities	63,853	_		_	63	.853	_		_	63,853
Insurance claims liability	20,440	_		_	20	.44()	_		_	20,440
Total liabilities	397,358	11.829		50,117	459	.304	53,302		_	406,002
Net assets										
Unrestricted	157,083	(11.648)		(34,715)	110	.720	_		_	110,720
Temporarily restricted	16,090	_		_	16	,090	_		_	16,090
Permanently restricted	6,587	_		_	6	.587	_		_	6,587
Total net assets	179,760	(11.648)		(34,715)	133	.397	_		_	133,397
Total liabilities and net assets	\$ 577,118	\$ 181	\$	15,402	\$ 592	.701	\$ 53,302	\$	-	\$ 539,399

Consolidating Statement of Operations

Year Ended December 31, 2011 *(In Thousands)*

					C	om bined								
					Pr	ofessional				Elimina	ting	Entries	_	
		Methodist		SBHC	Cor	rporations		Subtotal		Debits		Credits	C	onsolidated
Revenue, gains and other support														
Net patient service revenue	\$	546,039	\$	538	\$	82,682	\$	629,259	\$	39	\$	_	\$	629,220
Provision for bad debts		(13.250)		(3)		(5.582)		(18.835)		_		_		(18.835)
Net patient service revenue less provision for bad debts		532,789		535		77,100		610,424		39		_		610,385
Other revenue		52,174		24		15.688		67.886		24,343		_		43,543
Net assets released from restrictions		1,430		_		_		1,430		_		_		1,430
Total revenue, gams and other support		586,393		559		92.788		679,740		24,382		_		655,358
Operating expenses														
Salaries and wages		232,646		509		27,642		260,797		_		5,970		254,827
Employee benefits		68,192		207		4.581		72,980		_		_		72,980
Supplies and other expenses		225,737		367		68.861		294.965		_		18.244		276,721
Interest and amortization of deferred financing fees		2,701		155		13		2,869		_		168		2,701
Depreciation and amortization		23,467		11		7		23,485		_		_		23,485
Total operating expenses		552,743		1.249		101,104		655,096		_		24,382		630,714
Excess (deficiency) of revenue over expenses		33,650		(690)		(8.316)		24,644		24,382		(24.382)		24,644
Other changes in unrestricted net assets														
Change in unrealized gains and losses on investments – other than trading securities		180		_		_		180		_		_		180
Net assets released from restrictions for purchases of property.		2.250						2.250						2.250
buildings and equipment		2.259		_		_		2.259		_		_		2.259
Change in pension liability to be recognized in future periods		(26.251)		-		(1 ()())		(26.251)		_		_		(26,251)
Transfer of net assets	<u>c</u>	1,000	ď	- ((0())	e.	(1,000)	e.	- 022	C C	21202	ď	(21.202)	C.	- 022
Increase (decrease) in unrestricted net assets	\$	10,838	\$	(690)	\$	(9.316)	ን	832	\$	24,382	\$	(24,382)	<u>ን</u>	832

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Name: THE NEW YORK METHODIST HOSPITAL

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) A verage hours per		(tion that a		/)		1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
GARY ZUAR Trustee	1 00	х						0	1,007,391	134,181
MATTHEW J VETRI Trustee	1 00	х						0	0	0
ROBERT O SIMPSON Trustee	1 00	х						0	0	0
ANTHONY SCHLESINGER Trustee	1 00	х						0	0	0
ANTHONY SALEH MD Trustee	1 00	х						0	0	0
ROBERT H RODGERS JR Trustee	1 00	х						0	0	0
JAMES W PERKINS Trustee	1 00	х						0	0	0
JEREMIAH PARK Trustee	1 00	х						0	0	0
WAYNE OSTEN Trustee	1 00	Х						0	887,900	215,706
CHARLES K O'NEILL Trustee	1 00	х						0	0	0
J KEVIN MCKAY Trustee	1 00	х						0	0	0
LAWRENCE MCGAUGHEY Trustee	1 00	х						0	0	0
LESLIE JA COBSON PHD Trustee	1 00	х						0	0	0
FRED HUGUE Trustee	1 00	х						0	0	0
JOAN DEPRIZIO Trustee	1 00	Х						0	0	0
EMIL BACCASH MD Trustee	1 00	х						0	0	0
BARBARA CAPOZZI Trustee	1 00	X						0	0	0
KATHLEEN BURKE Trustee	1 00	х						0	344,549	45,021
JOHN E CARRINGTON Chairman	3 00	х						0	0	0
REBECCA FLOOD Vice President	37 50			х				347,441	0	80,041
ERROL HANKIN Vice President	37 50			Х				420,220	0	89,217
LAUREN YEDVAB Vice President	37 50			х				480,425	0	87,309
CFO	37 50			х				587,721	0	158,781
STANLEY SHERBELL MD Vice President	37 50			х				551,632	0	97,529
MARK J MUNDY President & CEO	37 50			x				1,002,497	0	325,144

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

compensated Employees, and	Inacpena									
(A) Name and Title	(B) A verage hours		(tion that a			П		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARCUS D D'AYALA CHIEF-VASCULAR SUR	22 99					Х		462,044	291,670	31,729
HARVEY DOSIK CHAIR-MEDICINE	21 75					х		440,210	318,827	33,742
SORIN J BRENER CARDIOLOGIST	19 65					х		426,912	387,795	33,171
SUHAIL RAOOF CHIEF-CRITICAL CAR	27 62					х		400,479	143,341	14,042
PRAMOD NARULA CHAIR-PEDIATRICS	32 40					х		390,322	61,432	44,983
ROBERT SEMINARA MD FORMER TRUSTEE	36 00						х	90,530	4,708	4,952
STEVEN CORWIN MD FORMER TRUSTEE	0 00						х	0	2,886,641	189,795