


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 11-1631837	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WYCKOFF HEIGHTS MEDICAL CENTER		E Telephone number (718) 963-6702
	Doing Business As		G Gross receipts \$ 310,363,771
	Number and street (or P O box if mail is not delivered to street address) 374 STOCKHOLM STREET	Room/suite	
	City or town, state or country, and ZIP + 4 BROOKLYN, NY 11237		
	F Name and address of principal officer RAMON RODRIGUEZ 374 STOCKHOLM STREET BROOKLYN, NY 11237		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: WWW.WYCKOFFHOSPITAL.ORG		H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1889	M State of legal domicile NY

Part I Summary																																
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF WYCKOFF HEIGHTS MEDICAL CENTER IS TO PROVIDE EXCELLENCE IN CARE THROUGH PREVENTION, EDUCATION, AND TREATMENT IN A SAFE ENVIRONMENT 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 2,244 6 Total number of volunteers (estimate if necessary) 6 442 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 15,027 b Net unrelated business taxable income from Form 990-T, line 34 7b 503																															
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Part II	Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

Sign Here	***** Signature of officer			2013-01-31 Date	
	Frank Vutrano CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ▶ Angelo Pirozzi CPA		Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Charles A Barragato & Co LLP 950 Third Avenue - 20th FL New York, NY 10022			EIN ▶	
				Phone no ▶ (212) 371-4446	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

THE MISSION OF WYCKOFF HEIGHTS MEDICAL CENTER IS TO PROVIDE EXCELLENCE IN CARE THROUGH PREVENTION, EDUCATION, AND TREATMENT IN A SAFE ENVIRONMENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 220,446,972 including grants of \$) (Revenue \$ 297,620,300)

WYCKOFF HEIGHTS MEDICAL CENTER PROVIDES INPATIENT MEDICAL, SURGICAL, OBSTETRIC, PEDIATRIC CARE AND OFFERS EMERGENCY, AMBULATORY SURGERY AND OUTPATIENT CLINICAL SERVICES WYCKOFF HAS BEEN PROVIDING MEDICAL CARE TO THE COMMUNITY SINCE 1889 WYCKOFF SEES AN APPROXIMATE 70,633 VISITS ANNUALLY IN ITS PEDIATRIC/ADULT EMERGENCY DEPARTMENTS, DELIVERS 1,330 BABIES, OFFERS OUTPATIENT SERVICES TO THOUSANDS AT ITS NETWORK OF COMMUNITY AMBULATORY CARE CENTERS AND PRESENTS EXTENSIVE COMMUNITY HEALTH EDUCATION AND SCREENING PROGRAMS WYCKOFF DISCHARGED 19,019 PATIENTS IN 2011 FOR FURTHER INFORMATION, PLEASE VISIT THE WEBSITE AT WWW.WYCKOFFHOSPITAL.ORG

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)





















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 220,446,972

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	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? <i>If "Yes," complete Schedule C, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	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	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	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

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <div></div>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	151
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	2,244
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	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? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 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	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> FRANK VUTRANO 374 STOCKHOLM STREET BROOKLYN, NY 11237 (718) 963-6702

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Emil J Rucigay Esq Chairman	1 0	X		X				0	0	0
(2) Vincent Arcuri Vice Chairman	1 0	X		X				0	0	0
(3) Fred T Haller Esq Secretary	1 0	X		X				0	0	0
(4) Edmundo Modica MD Trustee	1 0	X						0	0	0
(5) John H Cook Esq Trustee	1 0	X						0	0	0
(6) AC Rao MD Trustee	35 0	X						271,013	0	4,327
(7) John D Rucigay Esq Trustee	1 0	X						0	0	0
(8) Vito J D'Alessandro Trustee	1 0	X						114,813	0	749
(9) Adam Figueroa Trustee	1 0	X						0	0	0
(10) Gary Goffner Trustee	1 0	X						0	0	0
(11) Andrew Boisselle Trustee	1 0	X						0	0	0
(12) Frank Chiarello Trustee	1 0	X						0	0	0
(13) Albert Wiltshire Trustee	1 0	X						0	0	0
(14) Victoria Cook Esq Trustee	1 0	X						0	0	0
(15) Charlene Visconti Trustee	1 0	X						0	0	0
(16) Rajiv Garg CEO	35 0	X		X				696,174	0	6,614
(17) Frances Purcell Trustee	1 0	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Nisha Agarwal Trustee	1 0	X						0	0	0
(19) Marcia Maxwell Trustee	1 0	X						0	0	0
(20) Herman Hochberg Trustee	1 0	X								
(21) Leon Kozlowski Treasurer, CFO	35 0			X				261,729	0	4,057
(22) Frances Heaney COO	35 0				X			299,864	0	2,178
(23) David Hoffman General Counsel	35 0					X		370,135	0	0
(24) William Thelmo MD Physician	35 0					X		441,824	0	6,619
(25) Bushan Khashu MD Physician	35 0					X		257,091	0	4,327
(26) Mohammad A Mir MD Physician	0 0					X		256,606	0	6,614
(27) Bernard Chukwuneke MD Physician	35 0					X		268,150	0	5,780
(28) DOMINICK GIO PAST PRESIDENT, CEO	0 0						X	55,487	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,292,886	0	41,265

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶240

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
KL GATES LLP 210 SIXTH AVE PITTSBURGH, PA 15222312	legal services	4,064,731
PROJEX GENERAL CONTRACTORS 43-24 21 STREET SUITE 201 LONG ISLAND, NY 11101	management	3,862,526
PRICEWATERHOUSECOOPERS LLP 3109 W DR MLK JR BLVD TAMPA, FL 33607	Professional Svcs	3,814,048
ARMSTRONG TEASDALE LLP 7700 FORSYTH BLVSUITE 1800 ST LOUIS, MO 63105	Legal Services	1,958,109
SODEXHO MARRIOTT SERVICES BOX 81049 WOBURN, MA 018131049	Management	1,551,676
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 ▶144		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,849,633				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35,070				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			4,884,703			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621300	275,092,830	275,092,830			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			275,092,830			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			64,384		64,384
4		Income from investment of tax-exempt bond proceeds . .			0			
5		Royalties			0			
6a		Gross rents	(i) Real 112,202	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)	112,202					
d		Net rental income or (loss)			112,202		112,202	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)			0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . .			0			
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . .			0			
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold . . .	b					
c		Net income or (loss) from sales of inventory . .			0			
Miscellaneous Revenue		Business Code						
11a		PHYSICIAN BILLINGS	900099	16,205,963	16,190,936	15,027		
b	EHR & FICA REFUND	900099	6,957,485			6,957,485		
c	STUDENT TRAINING	900099	6,336,534	6,336,534				
d	All other revenue		709,670			709,670		
e	Total. Add lines 11a-11d			30,209,652				
12	Total revenue. See Instructions			310,363,771	297,620,300	15,027	7,843,741	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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	1,661,516	1,146,446	515,070	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	55,487	38,286	17,201	0
7	Other salaries and wages	121,441,830	83,794,863	37,646,967	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,508,093	3,110,584	1,397,509	0
9	Other employee benefits	29,936,520	20,656,198	9,280,322	0
10	Payroll taxes	9,695,408	6,689,832	3,005,576	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	18,967,361	13,087,479	5,879,882	0
c	Accounting	484,000	333,960	150,040	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	43,380,914	29,932,831	13,448,083	0
12	Advertising and promotion	190,701	131,584	59,117	0
13	Office expenses	9,337,926	6,443,169	2,894,757	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	9,692,432	6,687,778	3,004,654	0
17	Travel	168,967	116,587	52,380	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	97,721	67,427	30,294	0
20	Interest	256,175	176,761	79,414	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,179,626	7,713,942	3,465,684	0
23	Insurance	10,049,897	6,934,429	3,115,468	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	17,542,466	17,542,466	0	0
b	CARITAS LEGACY EXPENSES	16,869,000	0	16,869,000	0
c	MEDICAL SUPPLIES	12,941,467	12,941,467	0	0
d	REPAIRS AND MAINTENANCE	3,918,656	2,703,873	1,214,783	0
e					
f	All other expenses	285,521	197,010	88,511	
25	Total functional expenses. Add lines 1 through 24f	322,661,684	220,446,972	102,214,712	0
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			10,988,298	1	1,970,407
	2	Savings and temporary cash investments			167,844	2	132,870
	3	Pledges and grants receivable, net			1,403,443	3	1,796,733
	4	Accounts receivable, net			24,265,391	4	31,091,010
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	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 Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			3,678,885	8	1,210,753
	9	Prepaid expenses and deferred charges			2,313,285	9	1,678,333
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	272,351,297			
	b	Less: accumulated depreciation	10b	210,310,876	64,085,873	10c	62,040,421
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			36,026,700	15	63,959,562
16	Total assets. Add lines 1 through 15 (must equal line 34)			142,929,719	16	163,880,089	
Liabilities	17	Accounts payable and accrued expenses			36,722,371	17	51,146,116
	18	Grants payable			0	18	0
	19	Deferred revenue			4,974,576	19	4,363,038
	20	Tax-exempt bond liabilities			109,034,597	20	102,874,596
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			1,000,000	22	500,000
	23	Secured mortgages and notes payable to unrelated third parties			3,482,607	23	3,553,397
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			77,140,143	25	103,165,990
	26	Total liabilities. Add lines 17 through 25			232,354,294	26	265,603,137
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-89,424,575	27	-101,723,048
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-89,424,575	33	-101,723,048
34	Total liabilities and net assets/fund balances			142,929,719	34	163,880,089	

Part XI Reconciliation of Net Assets

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	310,363,771
2	Total expenses (must equal Part IX, column (A), line 25)	2	322,661,684
3	Revenue less expenses Subtract line 2 from line 1	3	-12,297,913
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-89,424,575
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-560
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	-101,723,048

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization WYCKOFF HEIGHTS MEDICAL CENTER	Employer identification number 11-1631837
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

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) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 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						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts 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, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
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, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

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

Part IV **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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization WYCKOFF HEIGHTS MEDICAL CENTER	Employer identification number 11-1631837
--	--

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

1

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

2

Political expenditures

▶ \$

3

Volunteer hours

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

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No

4a

Was a correction made?

☐ Yes ☐ No

b

If "Yes," describe in Part IV

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

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$

4

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

☐ Yes ☐ No

5

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

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c 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	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		114,791
	j Total lines 1c through 1i			114,791
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
PART II-B, LINE 1I - OTHER ACTIVITIES DESCRIPTION		WYCKOFF HEIGHTS MEDICAL CENTER PAYS DUES TO GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYS), AND LOCAL 1199 - HEALTH EDUCATION PROJECT (LOCAL 1199) IN ACCORDANCE WITH CODE SECTION 6033(E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY GNYHA, HANYS, AND LOCAL 1199, A PORTION OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES. THE LOBBYING ACTIVITIES APPLICABLE TO 2011 GNYHA, HANYS, AND LOCAL 1199 ANNUAL DUES WERE \$28,156, \$24,487, AND \$62,148 RESPECTIVELY.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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
WYCKOFF HEIGHTS MEDICAL CENTER

Employer identification number
11-1631837

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

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

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

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

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

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

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

Part III

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

1b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
1b	Contributions				
1c	Investment earnings or losses				
1d	Grants or scholarships				
1e	Other expenditures for facilities and programs				
1f	Administrative expenses				
1g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		
3b		

3a

(i) unrelated organizations

3a

(ii) related organizations

3b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,075,373		6,075,373
1b Buildings		94,679,184	62,949,612	31,729,572
1c Leasehold improvements		1,706,176	1,306,791	399,385
1d Equipment		165,148,478	146,054,473	19,094,005
1e Other		4,742,086		4,742,086
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				62,040,421

Schedule D (Form 990) 2011

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
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	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part 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.

Identifier	Return Reference	Explanation
PART X - FASB ASC 740 FOOTNOTE		Under FASB ASC Topic 740, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will be sustained. The Medical Center does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits. The Medical Center has filed for and received income tax exemptions in the jurisdictions where required.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WYCKOFF HEIGHTS MEDICAL CENTER

Employer identification number
11-1631837

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____%</div> b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input checked="" type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____%</div> c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Did the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?			
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	4	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5a	Yes	
6b	If "Yes," did the organization make it available to the public?	5b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	5c		No
		6a	Yes	
		6b	Yes	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			2,133,402		2,133,402	0 700 %
b Medicaid (from Worksheet 3, column a)			129,522,711	98,726,409	30,796,302	10 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			131,656,113	98,726,409	32,929,704	10 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,187,170		7,187,170	2 360 %
f Health professions education (from Worksheet 5)			32,811,558	21,783,172	11,028,386	3 610 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			39,998,728	21,783,172	18,215,556	5 970 %
k Total. Add lines 7d and 7j			171,654,841	120,509,581	51,145,260	16 760 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			2,130,728	1,341,599	789,128	0 260 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other			210,431		210,431	0 070 %
10Total			2,341,159	1,341,599	999,559	0 330 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense	217,542,466	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	561,185,922	
6	Enter Medicare allowable costs of care relating to payments on line 5	640,910,716	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	720,275,206	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9aYes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

Name and address

[illegible]

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)

WYCKOFF HEIGHTS MEDICAL CENTER

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____1_____

	Yes	No
Community 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 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> 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	
Financial 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? If "Yes," indicate the FPG family income limit for eligibility for free care 300 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11		No
12	Explained the method for applying for financial assistance?	12		No
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	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		No
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 <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> 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? If "Yes," explain in Part VI		No
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? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address		Type of Facility (Describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 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
- 3
- 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
- 5
- 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)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY		WYCKOFF HEIGHTS MEDICAL CENTER'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

Identifier	ReturnReference	Explanation
PART III, LINE 4 - BAD DEBT EXPENSE		A/F/S FOOTNOTE - RECEIVABLES FOR PATIENT CARE/ALLOWANCE FOR DOUBTFUL ACCOUNTS The process for estimating the ultimate collection of receivables involves significant assumptions and judgments Patient accounts receivable are recorded at the reimbursement or contracted amount, and are based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid healthcare coverage, and other collection indicators Accounts deemed uncollectible, and written off, are deducted from the allowance for doubtful accounts Revisions in reserve for doubtful accounts estimates are recorded as an adjustment to bad debt expense FOR PATIENTS WHO WERE DETERMINED BY WYCKOFF HEIGHTS MEDICAL CENTER TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE THE BAD DEBT EXPENSE WAS DETERMINED BASED ON ACTUAL COLLECTION THROUGH APRIL FOR SERVICES RENDERED IN THE PRIOR YEAR BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS IS \$17,542,466

Identifier	ReturnReference	Explanation
PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT		THE AMOUNT REPORTED ON LINE 6 WAS DERIVED BY USING THE MEDICARE ALLOWABLE COSTS AS REPORTED ON THE HOSPITAL'S NEW YORK STATE INSTITUTIONAL COST REPORT AND THE APPLICABLE ADJUSTMENTS FROM WORKSHEET B

Identifier	ReturnReference	Explanation
PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIE		WYCKOFF HEIGHTS MEDICAL CENTER'S ("WHMC") COLLECTION POLICY FOLLOWS THE GUIDELINES ESTABLISHED BY NEW YORK STATE LAW WHMC'S COLLECTION POLICY, IN CONJUNCTION WITH THE HOSPITAL'S CHARITY CARE AND FINANCIAL ASSISTANCE POLICY, ENSURES THAT EVERY EFFORT IS MADE TO IDENTIFY PATIENTS WHO ARE ELIGIBLE FOR CHARITY CARE WHMC HAS A WRITTEN DEBT COLLECTION POLICY - ALL SELF-PAY BALANCES ARE OUTSOURCED TO A DESIGNATED SELF-PAY AGENCY FOR COLLECTION TRUE SELF-PAYS WILL BE FORWARDED ON DAY ONE FROM FINAL BILL SELF-PAY AFTER INSURANCE PAYMENT OR FINAL INSURANCE DENIAL WILL BE TRANSFERRED TO THE OUTSOURCE COMPANY AS SOON AS THE ACCOUNT IS IDENTIFIED AS HAVING A SELF-PAY BALANCE ACCOUNTS WILL BE WORKED BY THE OUTSOURCE (EARLY OUT) COMPANY FOR ONE HUNDRED TWENTY (120) DAYS THE EARLY OUT AGENCY WILL ALSO IDENTIFY ACCOUNTS THAT QUALIFY FOR CHARITY CARE BASED ON NEW YORK GUIDELINES IF UNPAID AT THE END OF THE CYCLE THE ACCOUNT WILL BE TRANSFERRED TO A DESIGNATED BAD DEBT COLLECTION AGENCY THE BAD DEBT AGENCIES WILL WORK THE ACCOUNTS FOR SIX (6) MONTHS IF THE AGENCY FAILS IN THEIR COLLECTION EFFORT, THE ACCOUNT WILL BE RETURNED TO THE HOSPITAL AS UNCOLLECTIBLE WITH THE EXCEPTION OF ACCOUNTS WITH ACTIVE PAYMENT ARRANGEMENTS ITEMIZED BILLS WILL BE AVAILABLE TO PATIENTS UPON REQUEST PROCEDURE 1 ALL PATIENTS WITH A SELF-PAY BALANCE (TRUE SELF-PAY OR SELF-PAY BALANCE AFTER INSURANCE) WILL BE TRANSFERRED TO A DESIGNATED SELF-PAY AGENCY FOR PROCESSING THE AGENCY WILL A IDENTIFY AND RETURN ACCOUNTS THAT QUALIFY FOR CHARITY CARE PER NEW YORK GUIDELINES B PROCESS A LETTER SERIES (THREE LETTERS) WITHIN ONE HUNDRED TWENTY (120) DAYS IN ADDITION TO WRITTEN STATEMENTS, PATIENTS WILL RECEIVE A MINIMUM OF THREE (3) PHONE CALLS IN AN ATTEMPT TO COLLECT UPON THEIR OPEN ACCOUNT C IDENTIFY ACCOUNTS WITH RETURN MAIL/NO CURRENT PHONE NUMBER THAT CAN NOT BE LOCATED AND RETURN THE ACCOUNT TO BE PLACED IN BAD DEBT D AFTER THE ONE HUNDRED TWENTY (120) DAY PERIOD AND THERE HAS BEEN NO PAYMENT RECEIVED, THE ACCOUNT WILL BE RETURNED TO THE HOSPITAL TO BE REVIEWED FOR BAD DEBT PLACEMENT NOTE ACCOUNTS WITH PAYMENT ARRANGEMENTS WILL REMAIN AT THE AGENCY UNTIL THEY ARE PAID-IN-FULL AGENCY WILL CLOSE AND RETURN ACCOUNTS THAT HAVE BROKEN PAYMENT ARRANGEMENTS 2 A BAD DEBT PRE-LIST WILL BE REVIEWED WEEKLY AND ACCOUNTS PLACED WITH A DESIGNATED BAD DEBT AGENCY FOR A PERIOD OF SIX (6) MONTHS WILL BE CHANGED TO BDCLOSED - BAD DEBT CLOSED ACCOUNT IDENTIFIES THE ACCOUNT AS HAVING ALL COLLECTION EFFORTS EXHAUSTED THE EXCEPTIONS FOR RETURNING ACCOUNTS AT SIX MONTHS ARE ACCOUNTS WITH ACTIVE PAYMENT ARRANGEMENTS 3 ACCOUNTS RETURNED FROM THE BAD DEBT AGENCIES WILL BE REVIEWED A MEDICARE COPAY/DEDUCTIBLE AMOUNTS WILL BE DOCUMENTED B ACCOUNTS CLAIMED AS UNCOLLECTIBLE WILL BE CODED AS 'BAD DEBT RETURNS'(BDCLOSED), WHICH IDENTIFIES THE ACCOUNTS AS HAVING ALL COLLECTION EFFORTS EXHAUSTED 4 MONTHLY-THE PATIENT ACCOUNTS MANAGER WHO OVERSEES OUTSOURCING WILL A RECONCILE THE INVENTORY B CONDUCT AN AUDIT ON COMPLIANCE TO THIS POLICY AND REPORT THOSE RESULTS TO THE ASSOCIATE VICE-PRESIDENT

Identifier	ReturnReference	Explanation
PART VI - NEEDS ASSESSMENT		<p>PURSUANT TO NEWYORK STATE PUBLIC HEALTH LAW SECTION 2803-L, WYCKOFF HEIGHTS MEDICAL CENTER ("WHMC") IS REQUIRED TO FILE A COMPREHENSIVE COMMUNITY SERVICE PLAN ("CSP") WITH THE NEW YORK STATE DEPARTMENT OF HEALTH ("DOH") EVERY 3 YEARS THE TEXT OF NEWYORK 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 (I) REVIEW AND AMEND AS NECESSARY THE HOSPITAL MISSION STATEMENT, (II) SOLICIT THE VIEWS OF THE COMMUNITIES SERVED BY THE HOSPITAL ON SUCH ISSUES AS THE HOSPITAL'S PERFORMANCE AND SERVICE PRIORITIES, (III) 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 (IV) 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 PERFORMANCE IN MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY, PROVIDING CHARITY CARE SERVICES, AND IMPROVING ACCESS TO HEALTH CARE SERVICES BY THE UNDERSERVED (4) THE GOVERNING BODY SHALL FILE WITH THE COMMISSIONER ITS MISSION STATEMENT, ITS ANNUAL IMPLEMENTATION REPORT, AND AT LEAST EVERY THREE YEARS A REPORT DETAILING AMENDMENTS TO THE STATEMENT AND REFLECTING CHANGES IN THE HOSPITAL'S OPERATIONAL AND FINANCIAL COMMITMENT TO MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY, PROVIDING CHARITY CARE SERVICES, AND IMPROVING ACCESS TO HEALTH CARE SERVICES BY THE UNDERSERVED THE ABOVE-REFERENCED CSP REQUIREMENT WAS ENHANCED BY THE DOH'S PREVENTION AGENDA INITIATIVE THIS INITIATIVE IS A PROCESS THAT ASKS HOSPITALS SUCH AS WHMC TO WORK WITH LOCAL HEALTH DEPARTMENTS AND COMMUNITY PARTNERS TO ASSESS COMMUNITY HEALTH NEEDS, JOINTLY DEVELOP PLANS TO ADDRESS TWO OR THREE OF THE IDENTIFIED NEEDS AND INCLUDE THIS COLLABORATIVE WORK IN THE WHMC'S CSP UPDATE SUBMITTED TO DOH INFORMATION ON THE NEWYORK STATE DOH PREVENTION AGENDA CAN BE FOUND AT WWW.HEALTH.STATE.NY.US/PREVENTION/PREVENTION_AGENDA WHMC LIES IN CULTURALLY DIVERSE QUEENS AND KINGS COUNTY OF NEWYORK CITY WHMC DETERMINES ITS COMMUNITY HEALTH NEEDS BY PARTICIPATING WITH COMMUNITY GROUPS AND LOCAL HEALTH DEPARTMENT ACTIVITIES THE HOSPITAL ANALYZES INTERNAL PATIENT SURVEY, UTILIZATION DATA AND BULLETINS AND REPORTS FROM NYS DEPARTMENT OF HEALTH, NYS VITAL STATISTICS, GNYHA AND HANYS TO UNDERSTAND THE DEMOGRAPHICS AND UNMET NEEDS WITHIN THE COMMUNITY WHMC WORKS CLOSELY WITH THE LOCAL HEALTH DEPARTMENT AND COMMUNITY GROUPS THE HOSPITAL IS ABLE TO CONSTANTLY MEET THE EMERGING HEALTH CARE NEEDS FROM THE COMMUNITY THE HOSPITAL IDENTIFIES THE FOLLOWING NEEDS WITHIN THE COMMUNITY THE NEED TO ACCESS ADVANCED QUALITY HEALTH CARE, THE NEED TO RECEIVE QUALITY CARE FOR THE UNDERSERVED BY OPEN ENROLLMENT OF MEDICAID AND MEDICAID MANAGED CARE PROGRAMS, THE NEED TO OBTAIN HEALTH EDUCATION, DISEASE PREVENTION AND DISEASE MANAGEMENT TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY IN SUMMARY, THE HOSPITAL FOCUS PRIMARILY ON POSITIVELY IMPACTING THE HEALTH OF OUR COMMUNITY WITH PROGRAMS THAT ARE CULTURALLY AND LINGUISTICALLY TAILORED TO MEET THE UNMET NEEDS OF WOMEN, INFANTS, SENIORS AND MINORITIES IN OUR COMMUNITY</p>

Identifier	ReturnReference	Explanation
PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE		WYCKOFF HEIGHTS MEDICAL CENTER IS COMMITTED TO PROVIDE ACCESS TO THE HIGHEST LEVEL OF CARE WITH COMPASSION, DIGNITY AND RESPECT WE ARE ALSO COMMITTED TO CARE ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY WE NOT ONLY PROVIDE VARIOUS ASSISTANCES TO PATIENTS WHO CAN'T PAY FOR PART OR ALL OF THE CARE THEY RECEIVE BUT ALSO HELP PATIENTS WITH BROADER FISCAL RESPONSIBILITIES TO BALANCE THE NEEDED FINANCIAL ASSISTANCE WYCKOFF HEIGHTS MEDICAL CENTER CURRENTLY HAS THE FOLLOWING PRINCIPALS WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS *PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS *MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS *OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED RESOURCES *IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER *IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PAYMENT OBLIGATIONS WYCKOFF HEIGHTS MEDICAL CENTER PROVIDES FINANCIAL COUNSELING TO PATIENTS ABOUT THEIR OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL POLICIES ON FINANCIAL SUPPORT AND FEDERAL, STATE AND LOCAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES IS AVAILABLE TO PATIENTS THROUGH HOSPITAL'S WEBSITE, HOSPITAL POSTERS AND FLYERS INFORMATION IS ALSO AVAILABLE IN SPANISH WHICH IS THE MAIN LANGUAGE SPOKEN IN THE COMMUNITY AND POSTED IN THE WAITING AREAS FOR THE EMERGENCY ROOM, THE WOMEN'S HEALTH, THE SECOND FLOOR MAIN CLINIC AREA AND THE OFFSITE CLINICS FINANCIAL COUNSELORS MAKE EVERY EFFORT TO HELP PATIENTS APPLY FRO PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES THE HOSPITAL HAS ONSITE MEDICAID ELIGIBILITY REPRESENTATIVES AND THEY MAKE BEDSIDE VISITS TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO THE PATIENT'S DISCHARGE WYCKOFF HEIGHTS MEDICAL CENTER HAS DEVELOPED A WRITTEN POLICY FOR THE BILLING,COLLECTION ON CHARITY CARE AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS IN NEED IN A PROFESSIONAL, CONSISTENT MANNER WYCKOFF EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING PATIENT REGISTRARS, FINANCIAL INVESTIGATORS, CUSTOMER SERVICE REPRESENTATIVES, AND BILLING AND COLLECTION REPRESENTATIVES) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR ABILITY TO PAY FOR SERVICES

Identifier	ReturnReference	Explanation
PART VI - COMMUNITY INFORMATION		WYCKOFF HEIGHTS MEDICAL CENTER IS A 324-BED ACUTE CARE ACADEMIC MEDICAL CENTER COMMITTED TO THE COMPLEX MISSION OF PATIENT CARE, TEACHING AND COMMUNITY SERVICE. THE HOSPITAL HAS ENSURED CONTINUED BROOKLYN AND QUEENS COUNTY COMMUNITY PARTICIPATION AND OUTREACH ACTIVITIES THROUGH LINKAGES WITH COMMUNITY BASED ORGANIZATIONS, LOCAL PHYSICIAN PRACTICES, D&T CENTERS, HOME CARE AGENCIES AND NURSING HOMES. WYCKOFF HEIGHTS MEDICAL CENTER'S PRIMARY AND SECONDARY SERVICE AREAS INCLUDE FIVE PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS), BUSHWICK, WILLIAMSBURG, BEDFORD-STUYVESANT, EAST NEW YORK AND LONG ISLAND CITY. THE HOSPITAL IS LOCATED IN BROOKLYN NEAR THE BROOKLYN/QUEENS BORDER, AND SERVES THE BUSHWICK, BEDFORD-STUYVESANT, EAST NEW YORK AND GREENPOINT COMMUNITIES OF BROOKLYN, AS WELL AS THE RIDGEWOOD, GLENDALE, MASPETH AND MIDDLE VILLAGE COMMUNITIES OF QUEENS. THE HOSPITAL SERVICE AREAS HAVE A TOTAL POPULATION OF 430,000. 177,000 RESIDENTS OR 41% OF THE POPULATION IS LATINO AND 47,400 RESIDENTS OR 11% OF THE POPULATION IS AFRICAN AMERICAN. THE HOSPITAL IS LOCATED IN THE 11237 ZIP CODE WHICH HAS A POPULATION THAT IS 75% LATINO. THE SERVICE AREAS ALSO INCLUDE RECENT IMMIGRANT POPULATIONS FROM LATIN AMERICA, THE CARIBBEAN, EASTERN/SOUTHERN EUROPE AND ASIA. MORE THAN 100,000 RESIDENTS ARE UNDER 18 YEARS OF AGE. IN THE BUSHWICK COMMUNITY 33% ARE 18 OR YOUNGER. MORE THAN 50% OF THE RESIDENTS HAVE INCOMES BELOW THE POVERTY LINE.

Identifier	ReturnReference	Explanation
PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE		THE MISSION OF WYCKOFF HEIGHTS MEDICAL CENTER IS TO PROVIDE EXCELLENCE IN CARE THROUGH PREVENTION, EDUCATION AND TREATMENT IN A SAFE ENVIRONMENT WYCKOFF PROVIDES COMPREHENSIVE PRIMARY AND SECONDARY LEVEL INPATIENT AND OUTPATIENT MEDICAL, SURGICAL, OBSTETRIC/GYNECOLOGIC AND PEDIATRIC CARE SERVICES WYCKOFF PROVIDES TERTIARY HEALTHCARE SERVICES, INCLUDING RENAL DIALYSIS, MEDICAL ONCOLOGY SERVICES, NEUROSURGERY, GENETICS, NUCLEAR MEDICINE AND RADIATION ONCOLOGY AMBULATORY PODIATRIC AND DENTAL SERVICES ARE ALSO AVAILABLE IN OUR COMMITMENT TO PATIENT-CENTERED CARE, WYCKOFF POLICY EMPHASIZES AMBULATORY ALTERNATIVES TO INPATIENT CARE WHEN FEASIBLE TO PROMOTE RESPONSIBILITY AND PATIENT INDEPENDENCE EXPANDED COMMUNITY OUTREACH PROGRAMS AND AMBULATORY CENTERS FACILITATE PATIENT ACCESS, WHILE PROMOTING OUR MANY ALLOPATHIC AND OSTEOPATHIC EDUCATIONAL AND TEACHING PROGRAMS WYCKOFF HEIGHTS MEDICAL CENTER HAS CREATED THE FOLLOWING OBJECTIVES TO HELP US MEET OUR MISSION AND VISION *PROVIDES THE HIGHEST LEVEL OF CARE FOR ALL PATIENTS, RECOGNIZING THE WORTH AND DIGNITY OF EACH INDIVIDUAL *IMPROVES THE HEALTH STATUS OF THE COMMUNITY BY ACTIVELY PARTICIPATING IN AN ORGANIZED, INNOVATIVE, INTEGRATED HEALTH CARE SYSTEM, USING A FOCUS ON MANAGED CARE *PROMOTES AND SUPPORTS ALL EFFORTS TO PROVIDE A SAFE ENVIRONMENT FOR OUR PATIENT, EMPLOYEES AND VISITORS *WORKS IN PARTNERSHIP WITH PHYSICIANS AND ALL HEALTH CARE PROVIDERS AND EMPLOYEES TO ENCOURAGE PROFESSIONAL GROWTH AND DEVELOPMENT, IN ORDER TO BETTER SERVE THE COMMUNITY AND TO UNDERSTAND AND MEET THE NEEDS OF OUR CULTURALLY DIVERSE POPULATION *IS COMMITTED TO THE ONGOING EMPLOYABILITY OF OUR EMPLOYEES THROUGH THEIR GROWTH AND DEVELOPMENT, DESPITE THE INABILITY TO GUARANTEE INDIVIDUAL JOBS IN A CHANGING HEALTH CARE ENVIRONMENT, BY WORKING TOGETHER RESPONSIBLY AND RESPECTING EACH ROLE HERE *FOSTERS A SCHOLARLY ATMOSPHERE, SUPPORTING EDUCATIONAL PROGRAMS AND ENDOWMENTS THAT ENHANCE THE COMPETENCY OF ALL INDIVIDUALS WITHIN THE SYSTEM, TO PROMOTE DELIVERY OF HEALTH CARE THAT IS SAFE, EFFECTIVE, PATIENT-CENTERED, TIMELY, EFFICIENT AND EQUITABLE *IS CREATING HEALTH INFORMATION SYSTEMS AND NETWORKS DEDICATED TO MONITORING, STREAMLINING AND IMPROVING THE QUALITY OF CLINICAL AND SERVICE FUNCTIONS, WHILE MAINTAINING PATIENT CONFIDENTIALITY AND YET RESPONDING TO THE HEALTH CARE MARKET GROWTH, OPTIMAL FINANCIAL DEVELOPMENT AND WISE USE OF FINANCIAL ASSETS *PROVIDES MODERN, PROGRESSIVE HEALTH CARE TECHNOLOGIES THAT IMPROVE THE QUALITY OF CARE *PROVIDES OUTREACH TO MEMBERS OF THE COMMUNITY WITH SPECIAL NEEDS, INCLUDING INFANTS, YOUNG CHILDREN AND ADOLESCENTS, PERSONS WITH DISABILITIES, CHRONIC CONDITIONS AND LIFE-THREATENING DISORDERS SUCH AS HIV/AIDS AND SENIOR CITIZENS *PROMOTES AND SUPPORTS PREVENTIVE MEDICINE PROGRAMS THAT REDUCE OCCURRENCE OF DISEASE THROUGH EDUCATION AND PROACTIVE MEASURES *MEASURES SUCCESS BY HOW WELL WE MEET OR EXCEED THE EXPECTATIONS OF OUR COMMUNITY AND PATIENTS *STRIVES TO CREATE A CULTURE OF SERVICE EXCELLENCE IN EVERY ASPECT OF PATIENT CARE BY PROVIDING OUTSTANDING SERVICE CONSISTENTLY, WE SEEK TO ESTABLISH LIFELONG RELATIONSHIP WITH PATIENTS, EMPHASIZING THAT CARE FOR THE PATIENT ALWAYS COME FIRST WYCKOFF HEIGHTS MEDICAL CENTER'S MISSION AND COMMITMENT TO QUALITY SERVICE ENABLES THE HOSPITAL TO BECOME THE PREMIER HEALTH CARE PROVIDER FOR THE CULTURALLY DIVERSE COMMUNITY WE SERVE

Identifier	ReturnReference	Explanation
PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED		NY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
WYCKOFF HEIGHTS MEDICAL CENTER

Employer identification number
11-1631837

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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?	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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) 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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," 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 accrued 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	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AC Rao MD	(i)	268,237	0	2,776	0	4,327	275,340	0
	(ii)	0	0	0	0	0	0	0
(2) Leon Kozlowski	(i)	261,135	0	594	0	4,057	265,786	0
	(ii)	0	0	0	0	0	0	0
(3) Frances Heaney	(i)	297,646	0	2,218	0	2,178	302,042	0
	(ii)	0	0	0	0	0	0	0
(4) Rajiv Garg	(i)	694,932	0	1,242	0	6,614	702,788	0
	(ii)	0	0	0	0	0	0	0
(5) David Hoffman	(i)	369,249	0	886	0	0	370,135	0
	(ii)	0	0	0	0	0	0	0
(6) William Thelmo MD	(i)	440,333	0	1,491	0	6,619	448,443	0
	(ii)	0	0	0	0	0	0	0
(7) Bushan Khashu MD	(i)	256,386	0	705	0	4,327	261,418	0
	(ii)	0	0	0	0	0	0	0
(8) Mohammad A Mir MD	(i)	255,101	0	1,505	0	6,614	263,220	0
	(ii)	0	0	0	0	0	0	0
(9) Bernard Chukwuneke MD	(i)	267,840	0	310	0	5,780	273,930	0
	(ii)	0	0	0	0	0	0	0
(10) DOMINICK GIO	(i)	0	0	55,487	0	0	55,487	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
PART I, LINES 1A, 1B AND 2		The Organization is in the process of conducting an internal review of the benefits provided to officers and key employees, the Organization's written policies and the compliance with such policies, including its policy on payment or reimbursement of certain expenses incurred on behalf of the Organization. To the extent that such review results in a determination that the Organization did not properly report additional compensation or payments received by certain individuals, the Organization will report such additional compensation or payments on Forms W-2 and Form 990, and other applicable forms, as required by law.
PART I, LINE 4 - RECEIVED SEVERANCE		DOMINICK GIO RECEIVED SEVERANCE PAYMENTS OF \$55,487 IN 2011.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WYCKOFF HEIGHTS MEDICAL CENTER

Employer identification number
11-1631837

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

\$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

\$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) Frank Chiarello - mortgage	X		2,400,000	500,000		No	Yes		Yes	
Total					\$ 500,000					

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GARY GOFFNER	TRUSTEE	80,234	Federal 340B Program		No
(2) GARY GOFFNER	TRUSTEE	132,891	Rent expense		No
(3) ANDREW BOISSELLE	TRUSTEE	39,085	Employee check cashing service		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Loans to and/or from interested persons	Part II	The \$500,000 remaining balance of a mortgage from Wyckoff Funding Associates, where Frank Chiarello was a partner, was paid off in June 2012
Business Transactions involving interested persons	Part IV	Federal 340B Program with Gary Goffner terminated in 2012 Employee check cashing services from Andrew Boisselle were terminated in 2012

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization WYCKOFF HEIGHTS MEDICAL CENTER	Employer identification number 11-1631837
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Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS		EMIL RUCIGAY AND JOHN RUCIGAY HAVE A FAMILY RELATIONSHIP VICTORIA COOK AND JOHN H COOK, JR HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS		THE FINANCE DIRECTOR AND CFO UNDERTAKE A DETAILED REVIEW OF THE 990 IN ADDITION, BOARD MEMBERS UNDERTAKE A REVIEW OF THE ORGANIZATION'S FORM 990 AND THEN REVIEW WITH THE CFO ANY COMMENTARY, OBSERVATIONS, AND RECOMMENDATIONS, AS APPROPRIATE
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT		BOARD OF TRUSTEES AUDIT AND COMPLIANCE COMMITTEE REVIEWS ALL ANNUAL CONFLICT OF INTEREST QUESTIONNAIRES AND MAKES RECOMMENDATIONS, IF NECESSARY, TO THE FULL BOARD POSITIVE RESPONSES ARE REVIEWED AND ADDITIONAL INFORMATION IS GATHERED TO DETERMINE IF A CONFLICT EXISTS IF A CONFLICT EXISTS, APPROPRIATE ACTION IS TAKEN TO ELIMINATE THE CONFLICT, INCLUDING SUCH STEPS AS REASSIGNMENT OF RESPONSIBILITIES OR ESTABLISHMENT OF PROTECTIVE AGREEMENTS IF A MATTER INVOLVES A BOARD MEMBER OR OFFICER, APPROPRIATE ACTION, INCLUDING RECUSAL AND ADDITIONAL DISCLOSURES, WILL BE DETERMINED BY THE BOARD
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS		EXECUTIVE COMPENSATION IS REVIEWED BY THE BOARD EXECUTIVE COMPENSATION COMMITTEE WHICH HAS ONLY OUTSIDE BOARD MEMBERS
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAIL		UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS
FORM 990, PART IX, LINE 7 - OTHER SALARIES AND WAGES		The Organization is in the process of conducting an internal review of compensation and benefits provided to employees, the Organization's w ritten policies and the compliance with such policies, including its policy on payment or reimbursement of certain expenses incurred on behalf of the Organization To the extent that such review results in a determination that the Organization did not properly report additional compensation or payments received by certain individuals, the Organization will report such additional compensation or payments on Forms W-2 and Form 990, and other applicable forms, as required by law
FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES		NET UNREALIZED GAINS ON INVESTMENTS \$ 740 PRIOR PERIOD ADJUSTMENT - 1,300 TOTAL \$ - 560
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Emil J Rucigay Esq TITLE Chairman HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Vincent Arcuri TITLE Vice Chairman HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Fred T Haller Esq TITLE Secretary HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Edmundo Modica MD TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME John H Cook Esq TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME A C Rao MD TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME John D Rucigay Esq TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Vito J D'Alessandro TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Adam Figueroa TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Gary Goffner TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Andrew Boisselle TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Frank Chiarello TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Albert Wiltshire TITLE Trustee HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Victoria Cook Esq TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Charlene Visconti TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Rajiv Garg TITLE CEO HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Frances Purcell TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Nisha Agarwal TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Marcia Maxwell TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Herman Hochberg TITLE Trustee HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Leon Kozlowski TITLE Treasurer, CFO HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Frances Heaney TITLE COO HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mohammad A Mir, MD TITLE Physician HOURS 35

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
WYCKOFF HEIGHTS MEDICAL CENTER

Employer identification number
11-1631837

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						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)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PREFERRED HEALTH VENTURES INC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974960	INACTIVE	NY	SEE PART VII	C CORP			
(2) PREFERRED HEALTH VENTURES PHARMACY 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974935	INACTIVE	NY	SEE PART VII	C CORP			
(3) PREFERRED HEALTH VENTURES PLACEMENT 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2973953	INACTIVE	NY	SEE PART VII	C CORP			
(4) PREFERRED HEALTH PROPERTIES INC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974963	INACTIVE	NY	SEE PART VII	C CORP			
(5) WYCKOFF EMERGENCY MEDICINE SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3495935	MEDICAL SVCS	NY	SEE PART VII	C CORP			
(6) WYCKOFF PRACTICE MANAGEMENT CORP 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3463990	MANAGEMENT	NY	SEE PART VII	C CORP			
(7) WYCKOFF SURGICAL SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 27-0837125	SURGICAL SVCS	NY	SEE PART VII	C CORP			

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l 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)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
PART IV, column (d) - Direct Controlling Entity		NAME OF RELATED ORGANIZATIONS DIRECT CONTROLLING ENTITY PREFERRED HEALTH VENTURES INC WYCKOFF HEIGHTS MEDICAL CENTER PREFERRED HEALTH VENTURES PHARMACY PREFERRED HEALTH VENTURES INC PREFERRED HEALTH VENTURES PLACEMENT PREFERRED HEALTH VENTURES INC PREFERRED HEALTH VENTURES PROPERTIES PREFERRED HEALTH VENTURES INC WYCKOFF EMERGENCY MEDICINE SERVICES PC WYCKOFF HEIGHTS MEDICAL CENTER WYCKOFF PRACTICE MANAGEMENT CORP WYCKOFF HEIGHTS MEDICAL CENTER WYCKOFF SURGICAL SERVICES PC WYCKOFF HEIGHTS MEDICAL CENTER
PART VII - SUPPLEMENTAL INFORMATION		Respective PC's employ physicians and departmental chairs who provide professional services to the Wyckoff Heights Medical Center

Software ID:

Software Version:

EIN: 11-1631837

Name: WYCKOFF HEIGHTS MEDICAL CENTER

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 512 (b)(13) controlled organization	
BROOKLYN QUEENS HEALTH CARE 374 STOCKHOLM STREET BROOKLYN, NY 11237 31-1650965	SUPPORT WHMC	NY	501(C)(3)	11A	NA	Yes	
STOCKHOLM OBSTETRICS & GYNECOLOGIC 11-3318298	MEDICAL SVCS	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF ANESTHESIA MEDICAL SERVICE 11-3519417	ANESTHESIA	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF FAMILY MEDICAL SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3503139	MEDICAL SVCS	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF HEIGHTS DENTAL SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3440088	DENTISTRY	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF HEIGHTS MEDICAL CENTER FOUND 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3626419	SUPPORT WHMC	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF IMAGING SERVICE PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 86-1061721	MED IMAGING	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF MEDICAL SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3459881	MEDICAL SVCS	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF NEONATAL SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3401138	MEDICAL SVCS	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF ORTHOPAEDIC PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3437602	ORTHOPEDICS	NY	501(C)(3)	11A	WHMC	Yes	
WYCKOFF HEIGHTS HOSPITAL SELF INSURA 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2513146	INACTIVE	NY	501(C)(3)	11A	WHMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) 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
PREFERRED HEALTH VENTURES INC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974960	INACTIVE	NY	SEE PART VII	C CORP			
PREFERRED HEALTH VENTURES PHARMACY 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974935	INACTIVE	NY	SEE PART VII	C CORP			
PREFERRED HEALTH VENTURES PLACEMENT 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2973953	INACTIVE	NY	SEE PART VII	C CORP			
PREFERRED HEALTH PROPERTIES INC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974963	INACTIVE	NY	SEE PART VII	C CORP			
WYCKOFF EMERGENCY MEDICINE SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3495935	MEDICAL SVCS	NY	SEE PART VII	C CORP			
WYCKOFF PRACTICE MANAGEMENT CORP 374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3463990	MANAGEMENT	NY	SEE PART VII	C CORP			
WYCKOFF SURGICAL SERVICES PC 374 STOCKHOLM STREET BROOKLYN, NY 11237 27-0837125	SURGICAL SVCS	NY	SEE PART VII	C CORP			

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) STOCKHOLM OBSTETRICS & GYNECOLOGICAL SVC		1,463,000	COST
(2) WYCKOFF ANESTHESIA MEDICAL SERVICES PC		2,867,500	COST
(3) WYCKOFF FAMILY MEDICAL SERVICES PC		558,000	COST
(4) WYCKOFF HEIGHTS DENTAL SERVICES PC		573,000	COST
(5) WYCKOFF IMAGING SERVICE PC		1,842,249	COST
(6) WYCKOFF NEONATAL SERVICES PC		419,000	COST
(7) WYCKOFF EMERGENCY MEDICINE SERVICES PC		2,690,985	COST



WYCKOFF HEIGHTS MEDICAL CENTER

Consolidated Financial Statements

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

WYCKOFF HEIGHTS MEDICAL CENTER

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KPMG LLP
Suite 200
1305 Walt Whitman Road
Melville, NY 11747-4302

Independent Auditors' Report

The Board of Trustees
Wyckoff Heights Medical Center
Queens, New York

We have audited the accompanying consolidated statements of financial position of Wyckoff Heights Medical Center (the Medical Center) as of December 31, 2011 and the related consolidated statements of operations and net asset deficiency and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. The accompanying consolidated financial statements of the Medical Center as of and for the year ended December 31, 2010, were audited by other auditors whose report thereon dated May 5, 2011, expressed an unqualified opinion on those statements and included an explanatory paragraph regarding the Medical Center's ability to continue as a going concern.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Medical Center at December 31, 2011, and the results of its operations and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

The accompanying consolidated financial statements have been prepared assuming that the Medical Center will continue as a going concern. As more fully described in note 2, the Medical Center has incurred recurring losses from operating and nonoperating activities and has net working capital and net asset deficiencies that raise substantial doubt about the Medical Center's ability to continue as a going concern. Management's plans in regard to these matters are also described in note 2. The consolidated financial statements do not include any adjustments that may result from the outcome of this uncertainty.



Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements of Wyckoff Heights Medical Center as a whole. The supplementary consolidating statement of financial position and consolidating statement of operations as of and for the year ended December 31, 2011 are presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies. 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 consolidating information has been subjected to the auditing procedures applied in the 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 consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole. The supplementary summarized comparative totals as of and for the year ended December 31, 2010, have been derived from supplementary information audited by other auditors whose report thereon dated May 5, 2011, expressed an unqualified opinion on the supplementary information.

KPMG LLP

December 17, 2012

WYCKOFF HEIGHTS MEDICAL CENTER

Consolidated Statements of Financial Position

December 31, 2011 and 2010

(In thousands)

Assets	2011	2010
Current assets		
Cash and cash equivalents	\$ 4,707	12,985
Patient accounts receivable, net of allowance for uncollectible accounts of \$45,900 in 2011 and \$141,900 in 2010	31,091	24,265
Other receivables, net	11,093	2,815
Due from third-party payors	3,112	14,575
Inventories and other current assets	3,038	6,145
Due from related organizations	111	200
Assets limited as to use – current portion	10,886	11,050
Other	419	419
Total current assets	64,457	72,454
Assets limited as to use under bond indenture, net of current portion	8,088	3,704
Property, buildings and equipment, net	62,040	64,086
Insurance claims receivable	27,000	—
Total assets	\$ 161,585	140,244
Liabilities and Net Asset Deficiency		
Current liabilities		
Accounts payable and accrued expenses	\$ 35,874	18,176
Accrued salaries and related liabilities	16,174	19,483
Current portion of due to third-party payors	13,606	25,247
Accrued interest payable	1,727	1,834
Current portion of long-term debt	8,169	9,844
Current portion of estimated professional liabilities	1,070	7,359
Due to related organization	4,471	3,787
Deferred revenue	4,363	4,975
Total current liabilities	85,454	90,705
Long-term liabilities		
Due to third-party payors, less current portion	9,700	7,000
Long-term debt, less current portion	98,759	103,673
Estimated self-insured professional liabilities, less current portion	44,048	29,438
Estimated insured professional liabilities	27,000	—
Total liabilities	264,961	230,816
Commitments and contingencies		
Net asset deficiency – unrestricted	(103,376)	(90,572)
Total liabilities and net asset deficiency	\$ 161,585	140,244

See accompanying notes to consolidated financial statements

WYCKOFF HEIGHTS MEDICAL CENTER

Consolidated Statements of Operations and Net Asset Deficiency

Years ended December 31, 2011 and 2010

(In thousands)

	<u>2011</u>	<u>2010</u>
Operating revenues		
Net patient service revenue	\$ 275,093	260,693
Physician billing	16,206	16,432
Grants	4,676	6,347
Medical training program	6,337	7,203
Other revenue - electronic health records and FICA refund	6,957	—
Total operating revenues	<u>309,269</u>	<u>290,675</u>
Operating expenses		
Salaries and wages	143,630	139,989
Employee benefits	44,158	44,838
Supplies and other	84,410	74,069
Provision for bad debts	17,542	17,507
Interest and amortization of financing fees	4,882	5,648
Depreciation and leasehold improvement amortization	11,181	9,444
Total operating expenses	<u>305,803</u>	<u>291,495</u>
Excess (deficiency) of revenues over expense from operations	<u>3,466</u>	<u>(820)</u>
Nonoperating revenue and expenses		
Investment income	65	73
Other revenue	1,033	2,865
Caritas legacy expenses	(16,869)	(3,496)
Other expenses	(499)	(1,117)
Total nonoperating revenue and expenses	<u>(16,270)</u>	<u>(1,675)</u>
Deficiency of total revenues over total expenses	<u>(12,804)</u>	<u>(2,495)</u>
Net asset deficiency, beginning of year	<u>(90,572)</u>	<u>(88,077)</u>
Net asset deficiency, end of year	<u>\$ (103,376)</u>	<u>(90,572)</u>

See accompanying notes to consolidated financial statements

WYCKOFF HEIGHTS MEDICAL CENTER

Consolidated Statements of Cash Flows

Years ended December 31, 2011 and 2010

(In thousands)

	<u>2011</u>	<u>2010</u>
Cash flows from operating activities		
Deficiency of total revenues over total expense	\$ (12,804)	(2,495)
Adjustments to reconcile deficiency of total revenues over total expenses to net cash provided by operating activities		
Depreciation and leasehold improvement amortization	11,181	9,444
Amortization of deferred financing fees	—	73
Provision for bad debts	17,542	17,507
Changes in assets - (increase) decrease		
Patient accounts receivable	(24,368)	(4,126)
Other receivables, net	(8,278)	(1,202)
Due from third-party payors	11,463	(3,429)
Inventories and other current assets	3,107	45
Due from related organizations	89	238
Insurance claims receivable	(27,000)	—
Changes in liabilities - (decrease) increase		
Accounts payable and accrued expenses	17,698	(24,007)
Accrued salaries and related liabilities	(3,309)	328
Due to third-party payors	(8,941)	7,289
Accrued interest payable	(107)	(110)
Estimated self-insured professional liabilities	8,321	5,413
Estimated insured professional liabilities	27,000	—
Due to related organizations	684	(262)
Deferred revenue	(612)	2,933
Net cash provided by operating activities	<u>11,666</u>	<u>7,639</u>
Cash flows from investing activities		
Change in assets limited as to use	(4,220)	(2,543)
Acquisition of property, buildings, and equipment	(9,135)	(6,133)
Net cash used in investing activities	<u>(13,355)</u>	<u>(8,676)</u>
Cash flows from financing activities		
Repayments of long-term debt	(6,589)	—
Net change in long-term debt	—	8,269
Net cash (used in) provided by financing activities	<u>(6,589)</u>	<u>8,269</u>
Net (decrease) increase in cash and cash equivalents	<u>(8,278)</u>	<u>7,232</u>
Cash and cash equivalents, beginning of year	<u>12,985</u>	<u>5,753</u>
Cash and cash equivalents, end of year	<u>\$ 4,707</u>	<u>12,985</u>
Supplemental disclosure of cash flow information		
Cash paid for interest and financing fees	\$ 5,849	5,758

See accompanying notes to consolidated financial statements

WYCKOFF HEIGHTS MEDICAL CENTER

Notes to consolidated financial statements

December 31, 2011 and 2010

(1) Nature of Organization and Principles of Consolidation

(a) Operating Activity

Wyckoff Heights Medical Center (Wyckoff or the Medical Center) is a tax-exempt organization, which was incorporated under New York State not-for-profit corporation law for the purpose of providing healthcare services primarily to residents of the Brooklyn and Queens, New York areas. Effective December 21, 2006, Brooklyn-Queens Health Care, Inc. ("BQHC"), formerly known as Wyckoff Heights Medical Center Properties, became the sole member of the Medical Center and of Caritas Health Care, Inc. ("Caritas"). Caritas filed a voluntary petition of relief under Chapter 11 of the Federal bankruptcy laws in February 2009 and ceased operations on March 6, 2009 (see note 3(p)). Through December 31, 2011, the Medical Center was an affiliate of the New York-Presbyterian Healthcare System. The affiliation agreement was ended as of January 1, 2012 by mutual agreement (see note 11 (d)).

(b) Principles of Consolidation

The Medical Center consolidates the operations of its tax-exempt and taxable subsidiaries, which are as follows:

Tax-exempt	Taxable
<ul style="list-style-type: none">Stockholm Obstetrics and Gynecological Services, P.C. (Stockholm)Wyckoff Medical Services, P.C. (Wyckoff Medical)Wyckoff Heights Dental Services, P.C. (Wyckoff Dental)Wyckoff Orthopedic, P.C. (Wyckoff Orthopedic)Wyckoff Anesthesia Medical Services, P.C. (Wyckoff Anesthesia)Wyckoff Heights Medical Center Foundation (Wyckoff Foundation)Wyckoff Neonatal Services, P.C. (Wyckoff Neonatal)Wyckoff Imaging Services, P.C. (Wyckoff Imaging)Wyckoff Family Medical Services, P.C. (Wyckoff Family Medical)	<ul style="list-style-type: none">Wyckoff Practice Management Corporation (Wyckoff Practice Management)Wyckoff Emergency Medicine Services, P.C. (Wyckoff Emergency Medicine)Preferred Health Ventures Pharmacy (inactive)Preferred Health Ventures Placement (inactive)Preferred Health Ventures Properties (inactive)

The consolidated financial statements include the accounts of the Medical Center and its subsidiaries. All significant intercompany balances and transactions have been eliminated in consolidation.

WYCKOFF HEIGHTS MEDICAL CENTER

Notes to consolidated financial statements

December 31, 2011 and 2010

(2) **Going Concern**

At December 31, 2011 and 2010, the Medical Center had a working capital deficiency of approximately \$21.0 million and \$18.3 million, respectively, and a net asset deficiency of approximately \$103.4 million and \$90.6 million, respectively. The Medical Center has also incurred recurring losses from operating and nonoperating activities in recent years. Management plans include identifying revenue enhancements and cost reductions and is developing strategies to improve the Medical Center's financial condition. This includes revenue cycle improvements for billings and collections of patient revenue using an outside consultant, workforce reductions, and settlements with vendors. However, there can be no assurance that management's plans will be sufficient or timely enough to generate sufficient cash to meet its operating needs and achieve financial stability for the Medical Center. These uncertainties raise substantial doubt about the Medical Center's ability to continue as a going concern. The consolidated financial statements do not include any adjustments to reflect the possible future effects on the recoverability of assets and classification of liabilities that may result from the outcome of this uncertainty.

(3) **Summary of Significant Accounting Policies**

(a) Basis of Financial Statement Presentation

The accompanying consolidated financial statements are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant estimates included in the preparation of the consolidated financial statements relate to the allowance for doubtful accounts, estimated settlements with third-party payors, malpractice liabilities, and the recoverability and useful lives of long-lived assets. Actual results could differ from those estimates. Changes in prior year estimates included within the consolidated statements of operations increased excess (deficiency) of revenues over expenses from operations by approximately \$1.4 million and \$6.3 million for the years ended December 31, 2011 and 2010, respectively.

(c) Fair Value Measurements

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. To increase the comparability of fair value measurements, a three-tier fair value hierarchy, which prioritizes the inputs used in the valuation methodologies, is as follows:

WYCKOFF HEIGHTS MEDICAL CENTER

Notes to consolidated financial statements

December 31, 2011 and 2010

Level 1 – Valuations based on quoted prices for identical assets and liabilities in active markets

Level 2 – Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data

Level 3 – Valuations based on unobservable inputs reflecting the Medical Center's own assumptions, consistent with reasonably available assumptions made by other market participants. These valuations require significant judgment

At December 31, 2011 and 2010, the fair value of the Medical Center's financial instruments including cash and cash equivalents, patient accounts receivable, accounts payable, and accrued expenses, approximated book value due to the short maturity of these instruments

Refer to note 5 for the disclosures of investments measured at fair value

(d) *Cash and Cash Equivalents*

The Medical Center classifies as cash and cash equivalents all highly liquid investments with maturities of three months or less when purchased, which are not deemed to be assets limited as to use

(e) *Receivables for Patient Care/Allowance for Doubtful Accounts*

The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. Patient accounts receivable are recorded at the reimbursement or contracted amount, and are based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid healthcare coverage, and other collection indicators. Accounts deemed uncollectible, and written off, are deducted from the allowance for doubtful accounts. Revisions in reserve for doubtful accounts estimates are recorded as an adjustment to bad debt expense

(f) *Inventories*

Inventories consist of medical supplies valued at the lower of cost or market with cost determined using the first-in, first-out method and with market defined as the lower of replacement cost or realizable value

(g) *Assets Limited as to Use*

Assets limited as to use represent assets whose use is restricted for specific purposes under internal designation or terms of debt indentures or other agreements. Amounts required to meet current liabilities are reported as current assets

(h) *Deferred Financing Fees*

Deferred financing fees represent costs incurred to obtain financing. These costs are amortized using the effective-interest method over the term that the related debt is outstanding

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Notes to consolidated financial statements

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(i) *Property, Buildings, and Equipment*

Property, buildings, and equipment purchased are recorded at cost and those acquired by gifts and bequests are recorded at appraised or market value established at the date of contribution. Assets acquired under capitalized leases are recorded at the present value of the future minimum lease payments at the inception of the lease. Depreciation is computed using the straight-line method over the estimated useful lives of all assets. Equipment acquired through capital lease obligations is amortized using the straight-line method over the lesser of the estimated useful life of the asset or lease term. The carrying amounts of the 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. The estimated useful lives of the assets are as follows:

Leasehold improvements,	
buildings, and improvements	8 to 40 years
Movable equipment	5 to 20 years
Fixed equipment	5 to 15 years

(j) *Impairment of Long-Lived Assets to be Disposed of*

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 360, *Property, Plant, and Equipment*, provides a single accounting model for long-lived assets to be disposed of. FASB ASC Topic 360 also changes the criteria for classifying an asset as held for sale, and broadens the scope of business to be disposed of that qualify for reporting as discontinued operations and changes the timing of recognizing losses on such operations.

In accordance with FASB ASC Topic 360, long-lived assets, such as property, plant, and equipment, and purchased intangibles subject to amortization are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated fair value of the asset as determined by an independent third party. If the carrying amount of an asset exceeds its fair value, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. The Medical Center has not deemed any long-lived assets to be impaired at December 31, 2011 and 2010.

Assets to be disposed of would be separately presented in the consolidated statements of financial position and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The assets and liabilities of a disposed group classified as held-for-sale would be presented separately in the appropriate asset and liability sections of the consolidated statements of financial position.

(k) *Estimated Self-Insured Malpractice Liability*

The provision for estimated self-insured malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The Medical Center, when evaluating probable losses relating to malpractice claims, reviews the latest information available. When the latest information indicates the probable loss is within a range of amounts, the most likely amount of the loss in the range is accrued.

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Notes to consolidated financial statements

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(l) *Deferred Revenue*

Deferred revenue consists of advance payments made to the Medical Center from the medical schools that have contracted with the Medical Center to provide teaching services to their respective medical students

(m) *Classification of Net Asset Deficiency*

The Medical Center's net asset deficiency is classified as unrestricted. Unrestricted net assets are not externally restricted for identified purposes by donors or grantors

(n) *Net Patient Service Revenue*

The Medical Center has agreements with its third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounts from charges, and per diem payments. Net patient service revenue is reported at estimated net realizable amounts due from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to 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 adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations.

(o) *Functional Expenses*

The Medical Center's program services consist of providing healthcare and related services to residents within its geographic location. Operating expenses related to providing these services are as follows (in thousands):

	2011	2010
Healthcare and related services	\$ 211,392	202,094
Program support and general services	94,411	89,401
	<u>\$ 305,803</u>	<u>291,495</u>

(p) *Caritas Legacy Expenses*

The Caritas legacy expense represents costs incurred by the Medical Center that relate to the Caritas entity. These costs are not part of the normal operations of the Medical Center and are, therefore, presented as non-operating expenses on the consolidated statement of operations and net asset deficiency for 2011. During 2012, the Medical Center entered into settlement agreement with certain creditors of Caritas who had made claims against the Medical Center in connection with the bankruptcy, principally related to claims by medical schools that had claims against Caritas. The Medical Center has recorded these settlements during 2012 and to the best of management's knowledge and belief, there are no additional claims outstanding against the Medical Center associated with the Caritas bankruptcy that have not been accrued for as of December 31, 2011. As of December 31, 2011, the Medical Center had accrued \$8.4 million associated with Caritas.

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(q) *Uncompensated Care*

The Medical Center reports care provided, for which the patient's payment obligation was not fully satisfied, as uncompensated care. Uncompensated care is the sum of the Medical Center's charity care and the provision for bad debts. The total uncompensated care provided was \$22.5 million and \$22.7 million for the years ended December 31, 2011 and 2010, respectively.

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Since the Medical Center does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue. For the years ended December 31, 2011 and 2010, the estimated cost of charity care was approximately \$2.3 million and \$2.5 million, respectively. The estimated cost of charity care includes the direct and indirect costs of providing charity care services and is estimated 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 Medical Center 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 patient's ability to pay. For the years ended December 31, 2011 and 2010, the provision for bad debts was approximately \$17.6 and \$17.5 million, respectively.

(r) *Excess (Deficiency) of Revenue over Expenses*

The (deficiency) excess of revenue over expenses includes results from all healthcare operations and excludes investment income, Caritas legacy expenses, and ancillary income and expenses.

(s) *Tax Status*

The Medical Center and certain subsidiaries were incorporated in the State of New York and have been exempt from federal, state, and local income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code), and, therefore, have made no provision for income taxes in the accompanying consolidated financial statements. There was no unrelated business income for the years ended December 31, 2011 and 2010. The taxable subsidiaries' operations are not material for the calculation of a tax liability.

As of December 31, 2011, the Medical Center had accrued a refund of FICA taxes previously paid for medical residents in prior years in the amount of \$2 million as the result of an appeal. The Medical Center received these funds in 2012.

(t) *Uncertainty in Income Taxes*

Under FASB ASC Topic 740, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will be sustained. The Medical Center does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits. The Medical Center has filed for and received income tax exemptions in the jurisdictions where required.

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Notes to consolidated financial statements

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(u) Reclassifications

Certain accounts relating to the prior year have been reclassified to conform to the current year's presentation. These reclassifications have no effect on net income previously reported.

(v) New Accounting Pronouncements

In September 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-24, *Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries*. The amendments in the ASU clarify that a healthcare entity may not net insurance recoveries against related claim liabilities. In addition, the amount of the claim liability must be determined without consideration of insurance recoveries. The ASU No. 2010-24 is effective for fiscal years beginning after December 15, 2010 and was adopted by the Medical Center in 2011. As a result of the adoption of this standard, the Medical Center increased other noncurrent assets and other noncurrent liabilities by approximately \$27 million as of December 31, 2011 to account for estimated malpractice claims associated with its employed physicians who have malpractice insurance.

In August 2010, the FASB issued ASU No. 2010-23, *Health Care Entities (Topic 954) Measuring Charity Care for Disclosure*. ASU No. 2010-23 is intended to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care. ASU 2010-23 requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care. As a result of the amendments in this ASU, various techniques will likely be used to determine how the direct and indirect costs are identified, such as obtaining the information directly from a costing system or through reasonable estimation techniques. Therefore, ASU No. 2010-23 also requires disclosure of the method used to identify or determine such costs.

ASU No. 2010-24 and ASU No. 2010-23 are effective for fiscal years beginning after December 15, 2010. The adoption of ASU No. 2010-24 and ASU No. 2010-23 did not have a material impact on the Medical Center's consolidated financial statements other than changes to disclosures.

In January 2010, the FASB issued ASU No. 2010-06 (ASU 2010-06) *Fair Value Measurements and Disclosures (Topic 820) Improving Disclosures about Fair Value Measurements*, requiring reporting entities to make new disclosures about recurring or nonrecurring fair value measurements including significant transfers into and out of Level 1 and Level 2 fair value measurements, and information on purchases, sales, issuances, and settlements on a gross basis in the reconciliation of Level 3 fair value measurements. The guidance is effective for interim and annual reporting periods after December 15, 2009, except for Level 3 reconciliation disclosures, which are effective for fiscal years beginning after December 15, 2010, and for interim periods within those fiscal years. The adoption of ASU No. 2010-06 did not have a material impact on the Medical Center's consolidated financial statements.

In September 2011, the FASB issued ASU 2011-09, *Disclosures About an Employer's Participation in a Multiemployer Plan*. This guidance is intended to provide financial statement users with greater transparency about an employer's participation in a multi-employer pension plan. The guidance requires additional qualitative and quantitative information disclosures to assist users of the financial statements in understanding the commitments and risks involved in participating in multi-employer

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pension plans, including the financial health of all of the significant plans in which the employer participates. This ASU does not change the current recognition and measurement guidance for an employer's participation in a multi-employer pension plan. This ASU is effective for the Medical Center for the year ending December 31, 2011. Adoption of this guidance required additional disclosures and did not have an impact on the financial position of the Medical Center.

(4) Concentration of Credit Risk

The Medical Center and its subsidiaries maintain cash balances in several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000 per institution and unlimited coverage on noninterest-bearing accounts. From time to time, the Medical Center and subsidiaries' balances may exceed these limits. There were no uninsured cash balances at December 31, 2011 and 2010. The Medical Center and subsidiaries believe they are not exposed to any significant credit risk for cash and cash equivalents.

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

	2011	2010
Medicare (including Medicare managed care)	32%	28%
Medicaid (including Medicaid managed care)	41	58
Commercial and other payors	25	13
Self-pay	2	1
	<u>100%</u>	<u>100%</u>

(5) Fair Value Measurements

The Medical Center measures its assets limited as to use in the form of marketable securities at fair value. Fair value is an exit price, representing the amount that would be received on the sale of an asset or that would be paid to transfer a liability in an orderly transaction between market participants. As a basis for considering such assumptions, a three-tier fair value hierarchy is used, which prioritizes the inputs in the valuation methodologies in measuring fair value.

Fair Value Hierarchy

The methodology for measuring fair value specifies a hierarchy of valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (observable inputs) or reflect the Medical Center's own assumptions of market participant valuation (unobservable inputs).

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The following table presents the Medical Center's assets that are measured at fair value on a recurring basis at December 31, 2011 (in thousands)

	<u>Total</u>	<u>Level 1</u>
Marketable securities		
U S Treasury bills and notes	\$ 18,974	18,974

The following table presents the Medical Center's assets that are measured at fair value on a recurring basis at December 31, 2010 (in thousands)

	<u>Total</u>	<u>Level 1</u>
Marketable securities		
U S Treasury bills and notes	\$ 14,754	14,754

There were no Level 2 or Level 3 securities at December 31, 2011 and 2010

(6) Assets Limited as to Use

The components of the balance at December 31, 2011 and 2010 are classified in the consolidated statements of financial position as follows (in thousands)

	<u>2011</u>	<u>2010</u>
Cash and cash equivalents	\$ 2,493	2
U S Treasury bills and notes	16,481	14,752
	18,974	14,754
Less current portion	10,886	11,050
Assets limited as to use, net of current portion	\$ 8,088	3,704

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Included within assets limited as to use under bond indenture are assets held by a trustee under the Medical Center's Secured Hospital Revenue Refunding Bonds Series 1998H indenture agreements. At December 31, 2011 and 2010, the assets are held for the following purposes (in thousands)

	<u>2011</u>	<u>2010</u>
Capital reserve fund	\$ 11,070	11,098
Debt service fund	7,551	3,305
Rebate fund	290	289
Construction and renewal, replacement, and depreciation funds	<u>63</u>	<u>62</u>
	18,974	14,754
Less current portion	<u>10,886</u>	<u>11,050</u>
Assets limited as to use, net of current portion	<u><u>\$ 8,088</u></u>	<u><u>3,704</u></u>

(7) Property, Buildings and Equipment

Property, buildings, and equipment, net consist of the following (in thousands)

	<u>2011</u>	<u>2010</u>
Land	\$ 6,075	6,075
Land improvements	1,392	1,392
Leasehold improvements	314	314
Buildings and improvements	94,679	92,816
Movable equipment	104,341	101,974
Fixed equipment	<u>60,808</u>	<u>59,417</u>
	267,609	261,988
Less accumulated depreciation and amortization	<u>210,311</u>	<u>201,419</u>
	57,298	60,569
Construction-in-progress	<u>4,742</u>	<u>3,517</u>
	<u><u>\$ 62,040</u></u>	<u><u>64,086</u></u>

Depreciation and amortization amounted to approximately \$11.2 million (including a loss on abandonment of projects of \$2.1 million) and \$9.4 million for the years ended December 31, 2011 and 2010, respectively. Movable equipment includes gross capitalized leases aggregating approximately \$4.3 million and \$4.6 million, with \$2.6 million and \$3.1 million of accumulated amortization at December 31, 2011 and 2010, respectively.

Substantially all property, buildings, and equipment have been pledged as collateral under various debt agreements.

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Construction in progress at December 31, 2011 includes renovations to several units, as well as a chiller project, within the Medical Center

(8) Long-Term Debt

Long-term debt consists of the following (in thousands)

	2011	2010
Series 1998H bonds (a)	\$ 102,875	109,034
Restructuring pool loan (b)	1,750	1,750
Notes payable (c)	620	1,168
Capitalized lease obligations (d)	1,683	1,565
	106,928	113,517
Less current portion	8,169	9,844
	<u>\$ 98,759</u>	<u>103,673</u>

(a) *Series 1998H Bonds*

In 1998, the Medical Center, through the Dormitory Authority of the State of New York (DASNY), issued tax-exempt Secured Hospital Revenue Refunding Bonds, Series 1998H (the Series 1998H Bonds). The Series 1998H Bonds have maturity dates ranging from February 2011 to August 2021 and interest rates ranging from 5.0% to 5.3% and are secured by a first mortgage lien on the Medical Center's property, buildings and equipment and substantially all other assets. Additional security is provided through the Secured Hospital Program, a special bond financing program, which effectively implements a service agreement between New York State (the State) and DASNY that calls for the State to make payments, if required, at amounts equal to the principal and interest, subject to annual appropriations made by the State Legislature.

At December 31, 2011, there were six bonds that had not yet reached maturity.

Pursuant to the bond documents and related mortgage agreement, the Medical Center is required to maintain a capital reserve fund, a debt service fund, and other funds whose use is limited to debt repayments, capital asset acquisitions, and related items. The funds consist principally of U.S. Treasury securities (note 6). The Medical Center is also required to maintain certain financial ratios as well as other covenants.

In October 2008, the Medical Center stopped making debt service payments into the capital reserve fund. Beginning in December 2009, the Medical Center began to make partial debt service payments. At December 31, 2010, the Medical Center was in arrears on debt service payments to the debt service fund in the amount of \$15.5 million. The Medical Center was in compliance with the debt service fund requirement, however, was in default under the mortgage agreement, specific to arrears on debt service payments.

On May 4, 2011, the Medical Center entered into a forbearance agreement with DASNY, whereby DASNY forbore its rights and remedies under the existing loan documents and the arrearage of

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approximately \$15.7 million, including approximately \$0.2 million in financing fees. This amount has been added to the end of the existing bond maturities, extending the maturity an additional 18 months. The amount due on the first interest payment date equals accrued interest, of one percent, from the date of the forbearance agreement through January 31, 2012. Payments on the arrearage, including monthly principal and interest at a rate of 1.0%, are estimated to begin in September 2021, after the original maturity of the 1998H bonds.

Pursuant to the bond documents and the May 2011 forbearance agreement, between the Medical Center and DASNY, the current portion of the Series 1998H Bonds at December 31, 2011 and 2010 has been restructured and is approximately \$6.5 million and \$6.2 million, respectively. At December 31, 2011 and 2010, the Medical Center did not meet certain financial covenants under the mortgage agreement and obtained a waiver in October 2012 and June 2011, respectively, from DASNY. The October 2012 waiver included a waiver of the financial covenant violation as of December 31, 2011 and the anticipated violation as of December 31, 2012.

Required principal payments on the Series 1998H Bonds for the next five years and thereafter consist of the following (in thousands):

Years ending December 31	
2012	\$ 6,475
2013	6,805
2014	7,155
2015	7,530
2016	7,920
Thereafter	<u>66,990</u>
	<u>\$ 102,875</u>

(b) Restructuring Pool Loan

During January 2002, the Medical Center obtained a \$4.9 million Restructuring Pool Loan (the Loan), through DASNY, with an interest rate of 1.0%, in conjunction with the New York State Department of Health. The Reimbursement Agreement for the Loan provides for repayment over a 36-month period. At December 31, 2011 and 2010, the outstanding balance on this loan was \$0.75 million.

In August 2009, also through the Loan, the Medical Center obtained an additional \$1.0 million, through DASNY, with an interest rate of 1.0%. This additional loan provides for repayment of \$100,000 over a 10-month period. At December 31, 2011 and 2010, the outstanding balance on this loan was \$1.0 million.

In August 2011, these amounts were consolidated into one loan with DASNY, with monthly payments, bearing interest at 1%, beginning in March 2012, and commencing in February 2017.

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Required principal payments this consolidated loan for the next five years and thereafter consist of the following (in thousands)

Years ending December 31	
2012	\$ 285
2013	349
2014	352
2015	356
2016	359
Thereafter	49
	<u>\$ 1,750</u>

(c) Notes Payable

Notes payable consist of the following (in thousands)

	<u>2011</u>	<u>2010</u>
Note payable to a financing agency, due August 2013, payable in current monthly installments of \$5,133, including interest of 4.76%, secured by related property	\$ 120	168
Note payable to a financing agency, due June 1, 2011. Interest is at 12% per annum, the note is secured by related property	<u>500</u>	<u>1,000</u>
Total notes payable	620	1,168
Less current portion	<u>576</u>	<u>1,056</u>
	<u>\$ 44</u>	<u>112</u>

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(d) Capitalized Lease Obligations

During 2011 and 2010, the Medical Center had capital lease obligations with balances aggregating approximately \$1.8 million and \$1.5 million, respectively. The leases, which are secured by the underlying equipment, require monthly payments of principal and interest. Interest rates related to the capitalized leases are at various rates ranging from approximately 0.6% to 11.9% with payments scheduled through 2014 as follows (in thousands):

Years ending December 31	
2012	\$ 946
2013	391
2014	234
2015	197
2016	79
	<hr/>
	1.847
Less amount representing interest	<hr/>
	164
Present value of future minimum lease payments	1.683
Less current portion	<hr/>
	833
	<hr/>
	\$ 850

Interest expense under all borrowings for the years ended December 31, 2011 and 2010 aggregated approximately \$4.9 million and \$5.6 million, respectively.

During 2011, the Medical Center incurred \$867,933 of new capital lease obligations for the acquisition of equipment.

(9) Pension Benefits

On November 1, 2007, the Board of Directors of the Medical Center approved a resolution, which resulted in an amendment to the noncontributory defined contribution plan, effective January 1, 2008. The amendment provided that the noncontributory defined contribution plan cease and shall be a profit sharing plan (the Plan) instead. The Medical Center will make discretionary contributions into the Plan each year, which shall be determined annually by the Board of Directors, with separate contribution determinations made for each employment classification as specified in the Plan.

On June 28, 2007, the Executive Committee of the Medical Center and the Board of Directors of Caritas passed resolutions for the adoption of and participation in the Plan by Caritas for its eligible employees, effective January 1, 2007.

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The Plan is for substantially all full-time employees meeting certain minimum age and service requirements who are not covered by union-sponsored plans. At December 31, 2011 and 2010, the Medical Center has recorded an unfunded pension expense in accrued salaries and related liabilities on the consolidated statements of financial position of approximately \$2.9 million and \$5.6 million, respectively. The Medical Center also included in accrued salaries and related liabilities on the consolidated statements of financial position approximately \$3.1 million of accrued pension expense relating to Caritas' employees for 2007. The Medical Center as the Plan sponsor and, therefore, has the obligation to pay the entire unfunded amount.

On March 14, 2008, the Medical Center submitted a request for waiver of the minimum funding standard to the IRS for the 2007 Plan year. The request for waiver has not yet been approved. However, based on advice from legal counsel, the Medical Center has begun making payments. Monthly payments of \$100,000 commenced in May 2009.

Union employees are generally included in the pension and welfare plans of their collective bargaining units. Under these plans, the Medical Center is required to make payments based on contractual amounts. Expenses incurred under these plans were approximately \$24.6 million and \$24.5 million for the years ended December 31, 2011 and 2010, respectively.

The Medical Center participates in two major multi-employer union pension plans, covering substantially all employees not eligible for the Medical Center's plan.

Local 1199

The Employee Identification Number/three-digit Pension Plan number is 13-3604862/001. The most recent Pension Protection Act (PPA) zone status is green and red at December 31, 2011 and 2010, respectively, which is for the plan years ended December 31, 2010 and 2009, respectively. The zone status is based on information that the Medical Center received from the plan sponsor and, as required by the PPA, is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded.

The financial improvement plan (FIP) or a rehabilitation plan (RP), as required by PPA, has been implemented by the plan's sponsor. The expiration date of the collective-bargaining agreement requiring contributions to the plan is April 30, 2015. The contributions by the Medical Center to the union pension fund were (in thousands) \$3.258 and \$2.816 for the years ended December 31, 2011, and 2010, respectively. There have been no significant changes that affect the comparability of 2011, 2010, and 2009 contributions.

NYSNA

The Employee Identification Number/three-digit Pension Plan number is 13-3604862/001. The most recent Pension Protection Act (PPA) zone status is green at both December 31, 2011 and 2010, which is for the plan years ended December 31, 2010 and 2009, respectively. The zone status is based on information that the Medical Center received from the plan sponsor and, as required by the PPA, is certified by the plan's actuary. Among other factors, plans in the red zone

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are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded

The financial improvement plan (FIP) or a rehabilitation plan (RP), as required by PPA, has been implemented by the plan's sponsor. The expiration date of the collective-bargaining agreement requiring contributions to the plan is December 31, 2013. The contributions by the Medical Center to the union pension fund were (in thousands) \$2,757, and \$2,107 for the years ended December 31, 2011, and 2010, respectively. There have been no significant changes that affect the comparability of 2011, 2010, and 2009 contributions.

If the Medical Center were to withdraw from the plan or should the plan be terminated, the Medical Center could be liable for a proportionate share of the unfunded actuarial present value of plan benefits at the date of withdrawal or termination.

(10) Professional Liabilities Insurance

The Medical Center was self-insured for its primary professional liabilities for the period April 1, 1979 through May 31, 1997.

For the period from June 1, 1997 to May 31, 1998, the Medical Center purchased primary and excess professional liability insurance from a commercial carrier.

Effective June 1, 1998 through September 17, 2004, the Medical Center purchased occurrence-based primary and multiple layers of excess professional and general liability insurance from commercial insurance carriers and Network Insurance Company Ltd (NICL), an offshore captive insurance company that is a related party. Effective September 18, 2004, the Medical Center began a self-insurance program for its primary layer of professional liability. In 2005, the Medical Center retroactively discontinued its initial layer of excess professional liability coverage, provided by NICL, effective September 18, 2004, and assumed this exposure through its self-insurance program through the present.

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

The Medical Center records estimated liabilities related to professional liability claims occurring during self-insured periods for asserted and unasserted claims and for claims incurred but not reported. Such estimates are based upon valuations prepared by consulting actuaries and the advice of legal counsel. Actuarial valuations are based upon complex calculations, which utilize factors such as historical claim experience and related industry factors, trending models, estimates for the payment patterns of future claims, and present value discounting factors. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Revisions to estimated amounts resulting from actual experience differing from projected expectations are recorded in the period the information becomes known. Estimated undiscounted professional liabilities at December 31, 2011 and

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2010 aggregating approximately \$45.1 million and \$36.8 million, respectively, have been recorded in the accompanying consolidated statements of financial position.

The Medical Center utilizes a revocable self-insurance trust fund for purposes of funding its self-insurance program. At December 31, 2011 and 2010, the trust fund was unfunded.

(11) Related Organizations

The following balances are due from the Medical Center's related organizations (in thousands):

	<u>2011</u>	<u>2010</u>
The New York Hospital Medical Center of Queens (Queens) (a)	\$ 11	13
Garity Post (b)	117	117
BQHC (c)	(17)	70
Due from related organizations	<u>\$ 111</u>	<u>200</u>

The following balances are due to the Medical Center's related organizations (in thousands):

	<u>2011</u>	<u>2010</u>
The New York and Presbyterian Hospital (NYPH) (d)	\$ 3,658	2,965
Preferred Health Network, Inc. (PHN) (e)	469	469
Network Recovery Services, Inc. (NRS) (f)	344	353
Due to related organizations	<u>\$ 4,471</u>	<u>3,787</u>

- (a) The net amount due from Queens at December 31, 2011 and 2010 represents costs for the podiatric residency program provided by the Medical Center to Queens.
- (b) Amounts due from Garity Post represent employee salaries and benefits paid by the Medical Center in 2008 and 2007 on behalf of Garity Post.
- (c) Amounts due from BQHC represent salaries and benefits, net of employee parking revenue collected, paid by the Medical Center for the BQHC parking facility staff, which the Medical Center utilizes as onsite parking.
- (d) Amounts due to NYPH at December 31, 2011 and 2010 represent the unpaid balance of amounts owed for the allocation of shared costs, primarily personnel and information systems, incurred by NYPH on behalf of the Medical Center. For the years ended December 31, 2011 and 2010, those costs approximated \$641,000 and \$69,000, respectively (note 1 (a)).
- (e) At December 31, 2011 and 2010, the amount due to PHN represents the unpaid balance of a number of transactions relating to 1997 and prior years, including rent of office space, shared services, and severance obligations.

WYCKOFF HEIGHTS MEDICAL CENTER

Notes to consolidated financial statements

December 31, 2011 and 2010

- (f) NRS was incorporated for the purpose of serving as a collection agency. Amounts due to NRS represent fees for collection services. For the years ended December 31, 2011 and 2010, the Medical Center paid NRS approximately \$0 and \$50,000, respectively.

(12) Commitments

The Medical Center leases office space and equipment under noncancelable operating leases requiring aggregate future minimum rental payments as follows (in thousands):

Years ending December 31	
2012	\$ 2,229
2013	1,062
2014	570
2015	441
2016	195
Thereafter	363
	<hr/>
	\$ 4,860

Rent expense for the years ended December 31, 2011 and 2010 amounted to approximately \$2.4 million and \$4.3 million, respectively, and includes exit costs for one leased location of approximately \$0 million and \$1.1 million, respectively. In accordance with FASB ASC Topic 420, *Exit or Disposal Cost Obligations*, the Medical Center recorded a liability covering rental payments due through the end of the lease, which was terminated early. Included in accrued expenses at December 31, 2011 and 2010 is approximately \$1.4 million and \$1.1 million, respectively, related to the lease exit cost.

(13) Contingencies

At December 31, 2011 and 2010, respectively, approximately 74% and 76% of the Medical Center's employees were union employees covered by collective bargaining agreements.

The Medical Center is a defendant in various legal actions arising out of the normal course of its operations, the final outcome of which cannot presently be determined. Management and legal counsel are of the opinion that the ultimate liability, if any, with respect to all of these matters will not have a material adverse effect on the Medical Center's consolidated financial statements.

In addition, the Medical Center has several government investigations ongoing. The Medical Center has received subpoenas from the Brooklyn District Attorney's office and U.S. Attorney's Office of the Eastern District of New York in connection with certain criminal investigations relating to the Medical Center and certain former officers of the Medical Center. The Medical Center is cooperating with such investigations and no claims have been asserted against the Medical Center arising out of the investigations to date. The Board of Trustees is monitoring these matters with the assistance of independent counsel. If either of these investigations results in a legal proceeding, it could have a material adverse effect on our business and results of operations.

WYCKOFF HEIGHTS MEDICAL CENTER

Notes to consolidated financial statements

December 31, 2011 and 2010

(14) Net Patient Service Revenue

(a) *Non-Medicare Reimbursement*

The New York Health Care Reform Act of 1996 (the Act), as periodically updated, governs nonpayments to hospitals in New York State. The Act is subject to periodic renewal and is effective through March 31, 2011. Under the Governor's current proposal, the Act is proposed to be extended to March 31, 2014. Under the Act, Medicaid, workers' compensation, and no-fault payors pay rates are promulgated by the New York State Department of Health. Fixed payment amounts per inpatient discharge are established based on the patient's assigned case mix intensity, similar to a Medicare DRG. All other third-party payors, principally Blue Cross, other private insurance companies, Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and other managed care plans, negotiate payment rates directly with the Medical Center. Such arrangements include DRG-based payment systems, per diems, case rates, and percentage of billed charges. If such rates are not negotiated, then the payors are billed at the Medical Center's established charges.

New York State regulations provide for the distribution of funds from an indigent care pool, which is intended to partially offset the cost of services provided to the uninsured. The funds are distributed to the Medical Center based on industry-wide and hospital-specific data.

(b) *Medicare Reimbursement*

Under the Medicare program, the Medical Center receives reimbursement under a prospective payment system (PPS) for inpatient services. Under the Medical Center inpatient PPS, fixed payment amounts per inpatient discharge are established based on the patient's assigned diagnosis-related group (DRG). When the estimated cost of treatment for certain patients is higher than the average, providers typically will receive additional "outlier" payments. Under the outpatient PPS, services are paid based on service groups called ambulatory payment classifications.

Both federal and New York State regulations provide for certain adjustments to current and prior years' payment rates and indigent care pool distributions based on industrywide and hospital-specific data. The Medical Center has established estimates based on information presently available of the amounts due to or from Medicare, Medicaid, workers' compensation, and no-fault payors, and amounts due from the indigent care pool for such adjustments.

There are various proposals at the federal and New York State levels that could, among other things, reduce reimbursement rates, modify reimbursement methods, and increase managed care penetration, including Medicare and Medicaid. The ultimate outcome of these proposals and other market changes cannot presently be determined.

For the years ended December 31, 2011 and 2010, respectively, revenue from the Medicare and Medicaid programs (including managed care related revenue) accounted for approximately 87% and 86% of the Medical Center's net patient service revenue. The federal government and many states have aggressively increased enforcement under Medicare and Medicaid antifraud and abuse legislation. Recent federal initiatives have prompted a national review of federally funded healthcare programs. The Medical Center has a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and interpretation exists. The Medical Center believes that it is in compliance.

WYCKOFF HEIGHTS MEDICAL CENTER

Notes to consolidated financial statements

December 31, 2011 and 2010

in all material respects, with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation. Noncompliance with such laws and regulations could result in repayments of amounts improperly reimbursed, substantial monetary fines, civil and criminal penalties, and exclusion from the Medicare and Medicaid programs.

The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the Health Reform Law), which was signed into law on March 23, 2010, will change how healthcare services are covered, delivered, and reimbursed through expanded coverage of uninsured individuals, reduced growth in Medicare program spending, reductions in Medicare and Medicaid Disproportionate Share Hospital (DSH) payments, and the establishment of programs in which reimbursement is tied to quality and integration. In addition, the Health Reform Law reforms certain aspects of health insurance, expands existing efforts to tie Medicare and Medicaid payments to performance and quality, and contains provisions intended to strengthen fraud and abuse enforcement. Because of the many variables involved with the Health Reform Law, the Medical Center is unable to predict the net effect on the Medical Center of the expected increases in insured individuals using its facilities, the reductions in Medicare spending and reductions in Medicare and Medicaid DSH funding, and numerous other provisions in the law that may affect the Medical Center.

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). These provisions were designed to increase the use of electronic health records ("EHR") technology and establish the requirements for a Medicare and Medicaid incentive payments program beginning in 2011 for eligible hospitals and 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, but providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional incentive payments.

During the year ended December 31, 2011, the Medical Center recognized approximately \$4.9 million of revenue for HITECH incentives from the Medicare and Medicaid program that is related to the Medical Center meeting the requirement of the Meaningful Use Incentive program. The Medical Center elected to recognize the revenue associated with the EHR incentive payment under the cliff recognition model and included such amounts in other revenue in the accompanying consolidated statement of operations. The amount of the EHR incentive payment was based on the Medical Center discharges which are subject to audit by CMS or its intermediaries and amounts recognized are the Medical Center's best estimate and are subject to change.

(15) Subsequent Events

The Medical Center has evaluated subsequent events from the date of the Statement of Financial Position through December 17, 2012, the date at which the financial statements were available to be issued, and determined that there are no other items to disclose.

WYCKOFF HEIGHTS MEDICAL CENTER
Supplementary information
Consolidating Statement of Financial Position
December 31, 2011
(With Summarized Comparative Totals at December 31, 2010)
(In thousands)

Assets	Wyckoff	Wyckoff Dental	Wyckoff Medical	Wyckoff Emergency Medicine	Wyckoff Anesthesia	Wyckoff Practice Management	Wyckoff Neonatal	Wyckoff Orthopedic	Wyckoff Family Medical
Current assets:									
Cash and cash equivalents	\$ 2,103	148	711	263	—	58	19	36	1
Patient accounts receivable, net	31,091	—	—	—	—	—	—	—	—
Other receivables, net	10,888	—	—	—	—	—	—	—	—
Due from third-party payors	3,112	—	—	—	—	—	—	—	—
Inventories and other current assets	3,014	—	—	—	3	—	—	—	—
Due from related organizations	5,239	—	—	—	70	—	—	—	—
Assets limited as to use – current portion	10,886	—	—	—	—	—	—	—	—
Other	419	—	—	—	—	—	—	—	—
Total current assets	66,752	148	711	263	73	58	19	36	1
Assets limited as to use under bond indenture	8,088	—	—	—	—	—	—	—	—
Property, buildings and equipment, net	62,040	—	—	—	—	—	—	—	—
Insurance claims receivable	27,000	—	—	—	—	—	—	—	—
Total assets	\$ 163,880	148	711	263	73	58	19	36	1

See accompanying independent auditors' report on supplementary information.

Stockholm	Wyckoff Imaging	Preferred Health Ventures Pharmacy	Preferred Health Ventures Placement	Preferred Health Ventures Properties	Wyckoff Foundation	39 th Hinrod Corp	Subtotal	Elimination entries	Consolidated 2011	Consolidated 2010
6	103	28	1	3	1 227	—	4 707	—	4 707	12 985
—	—	—	—	—	—	—	31 091	—	31 091	24 265
—	—	—	—	—	205	—	11 093	—	11 093	2 815
—	—	—	—	—	—	—	3 112	—	3 112	14 575
—	—	21	—	—	—	—	3 038	—	3 038	6 145
—	—	57	164	—	2 407	—	7 937	(7 826)	111	200
—	—	—	—	—	—	—	10 886	—	10 886	11 050
—	—	—	—	—	—	—	419	—	419	419
6	103	106	165	3	3 839	—	72 283	(7 826)	64 457	72 454
—	—	—	—	—	—	—	8 088	—	8 088	3 704
—	—	—	—	—	—	—	62 040	—	62 040	64 086
—	—	—	—	—	—	—	27 000	—	27 000	—
6	103	106	165	3	3 839	—	169 411	(7 826)	161 585	140 244

WYCKOFF HEIGHTS MEDICAL CENTER
Supplementary Information
Consolidating Statement of Financial Position
December 31, 2011
(With Summarized Comparative Totals at December 31, 2010)
(In thousands)

Liabilities and Net Deficiency	Wyckoff	Wyckoff Dental	Wyckoff Medical	Wyckoff Emergency Medicine	Wyckoff Anesthesia	Wyckoff Practice Management	Wyckoff Neonatal	Wyckoff Orthopedic
Current liabilities:								
Accounts payable and accrued expenses	\$ 35,758	1	14	34	18	1	1	3
Accrued salaries and related liabilities	15,389	15	104	208	144	17	35	—
Current portion of due to third-party payors	13,606	—	—	—	—	—	—	—
Accrued interest payable	1,727	—	—	—	—	—	—	—
Current portion of long-term debt	8,169	—	—	—	—	—	—	—
Current portion of estimated professional liabilities	1,070	—	—	—	—	—	—	—
Due to related organization	6,014	100	435	837	779	1,520	110	9
Deferred revenue	4,363	—	—	—	—	—	—	—
Total current liabilities	86,096	116	553	1,079	941	1,538	146	12
Long-term liabilities:								
Due to third-party payors, less current portion	9,700	—	—	—	—	—	—	—
Long-term debt, less current portion	98,759	—	—	—	—	—	—	—
Estimated self-insured professional liabilities, less current portion	44,048	—	—	—	—	—	—	—
Estimated insured professional liabilities	27,000	—	—	—	—	—	—	—
Total liabilities	265,603	116	553	1,079	941	1,538	146	12
Commitments and contingencies								
Net asset deficiency - unrestricted	(101,723)	32	158	(816)	(868)	(1,480)	(127)	24
	<u>\$ 163,880</u>	<u>148</u>	<u>711</u>	<u>263</u>	<u>73</u>	<u>58</u>	<u>19</u>	<u>36</u>

Wyckoff Family Medical	Stockholm	Wyckoff Imaging	Preferred Health Ventures Pharmacy	Preferred Health Ventures Placement	Preferred Health Ventures Properties	Wyckoff Foundation	39" Hmrod Corp	Subtotal	Elimination entries	Consolidated 2011	Consolidated 2010
2	3	5	34	—	—	—	—	35 874	—	35 874	18 176
72	60	130	—	—	—	—	—	16 174	—	16 174	19 483
—	—	—	—	—	—	—	—	13 606	—	13 606	25 247
—	—	—	—	—	—	—	—	1 727	—	1 727	1 834
—	—	—	—	—	—	—	—	8 169	—	8 169	9 844
148	288	287	218	—	634	918	—	10 070	—	10 070	7 359
—	—	—	—	—	—	—	—	12 297	(7 826)	4 471	3 787
—	—	—	—	—	—	—	—	4 363	—	4 363	4 975
222	351	422	252	—	634	918	—	93 280	(7 826)	85 454	90 705
—	—	—	—	—	—	—	—	9 700	—	9 700	7 000
—	—	—	—	—	—	—	—	98 759	—	98 759	103 673
—	—	—	—	—	—	—	—	44 048	—	44 048	29 438
—	—	—	—	—	—	—	—	27 000	—	27 000	—
222	351	422	252	—	634	918	—	272 787	(7 826)	264 961	230 816
(221)	(345)	(319)	(146)	165	(631)	2 921	—	(103 376)	—	(103 376)	(90 572)
1	6	103	106	165	3	3 839	—	169 411	(7 826)	161 585	140 244

WYCKOFF HEIGHTS MEDICAL CENTER
Supplementary information
Consolidating Statement of Operations and Net Asset Deficiency
December 31, 2011
(With Summarized Comparative Totals at December 31, 2010)
(In thousands)

	Wyckoff	Wyckoff Dental	Wyckoff Medical	Wyckoff Emergency Medicine	Wyckoff Anesthesia	Wyckoff Practice Management	Wyckoff Neonatal	Wyckoff Orthopedic
Operating revenues								
Net patient service revenue	\$ 275,093	369	3,566	4,213	17,63	—	559	146
Physician billing	16,206	—	—	—	—	—	—	—
Grants	4,676	—	—	—	—	—	—	—
Medical training program	6,337	573	20	2,691	2,868	389	419	—
Other revenue - electronic health records and FICA refund	6,957	—	—	—	—	—	—	—
Total operating revenues	309,269	942	3,586	6,904	4,631	389	978	146
Operating expenses								
Salaries and wages	123,140	754	2,267	5,443	4,249	305	921	38
Employee benefits	44,158	—	—	—	—	—	—	—
Supplies and expenses	104,780	106	1,028	1,772	1,023	110	167	25
Provision for bad debts	17,542	—	—	—	—	—	—	—
Interest and amortization of financing fees	4,882	—	—	—	—	—	—	—
Depreciation and leasehold improvement amortization	11,181	—	—	—	—	—	—	—
Total operating expenses	305,683	860	3,295	7,215	5,272	415	1,088	63
Excess (deficiency) of revenues over expense from operations	3,586	82	291	(311)	(641)	(26)	(110)	83
Nonoperating revenue and expenses								
Investment income	65	—	—	—	—	—	—	—
Other revenue	1,030	—	—	—	—	—	—	—
Caritas legacy expenses	(16,869)	—	—	—	—	—	—	—
Other expenses	(110)	(1)	—	—	70	3	(4)	(71)
Total nonoperating revenues and expenses	(15,884)	(1)	—	—	70	3	(4)	(71)
Deficiency of total revenues over total expenses	(12,298)	81	291	(311)	(571)	(23)	(114)	12
Net asset deficiency beginning of year	(89,425)	(49)	(133)	(505)	(297)	(1,457)	(13)	12
Net asset deficiency end of year	\$ (101,723)	32	158	(816)	(868)	(1,480)	(127)	24

See accompanying independent auditors' report on supplementary information

Wyckoff Family Medical	Stockholm	Wyckoff Imaging	Preferred Health Ventures Pharmacy	Preferred Health Ventures Placement	Preferred Health Ventures Properties	Wyckoff Foundation	397 Himrod Corp	Subtotal	Elimination entries	Consolidated 2011	Consolidated 2010
921	2 064	2 311	—	—	—	—	—	291 005	(15 912)	275 093	260 693
—	—	—	—	—	—	—	—	16 206	—	16 206	16 432
558	1 463	1 842	—	—	—	671	—	4 676	—	4 676	6 347
—	—	—	—	—	—	—	—	17 831	(11 494)	6 337	7 203
—	—	—	—	—	—	—	—	6 957	—	6 957	—
1 479	3 527	4 153	—	—	—	671	—	336 675	(27 406)	309 269	290 675
1 054	2 484	2 975	—	—	—	—	—	143 630	—	143 630	139 989
—	—	—	—	—	—	—	—	44 158	—	44 158	44 838
519	1 257	1 192	—	—	—	225	—	112 204	(27 794)	84 410	74 069
—	—	—	—	—	—	—	—	17 542	—	17 542	17 507
—	—	—	—	—	—	—	—	4 882	—	4 882	5 648
—	—	—	—	—	—	—	—	11 181	—	11 181	9 444
1 573	3 741	4 167	—	—	—	225	—	333 597	(27 794)	305 803	291 495
(94)	(214)	(14)	—	—	—	446	—	3 078	388	3 466	(820)
—	—	—	—	—	—	—	—	65	—	65	73
—	—	—	—	—	—	3	—	1 033	—	1 033	2 865
—	—	—	—	—	—	—	—	(16 869)	—	(16 869)	(3 496)
(1)	—	3	3	(3)	1	—	(1)	(111)	(388)	(499)	(1 117)
(1)	—	3	3	(3)	1	3	(1)	(15 882)	(388)	(16 270)	(1 675)
(95)	(214)	(11)	3	(3)	1	449	(1)	(12 804)	—	(12 804)	(2 495)
(126)	(131)	(308)	(149)	168	(632)	2 472	1	(90 572)	—	(90 572)	(88 077)
(221)	(345)	(319)	(146)	165	(631)	2 921	—	(103 376)	—	(103 376)	(90 572)